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Separate Parts In This Issue

Reader Aids
Consult the Reader Aids section at the end of this issue for phone numbers, online resources, finding aids, reminders, and notice of recently enacted public laws.

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.

Rules and Regulations

Federal Register
Vol. 63, No. 211
Monday, November 2, 1998

This section of the FEDERAL REGISTER contains regulatory documents having general applicability and legal effect, most of which are keyed to and codified in the Code of Federal Regulations, which is published under 50 titles pursuant to 44 U.S.C. 1510.

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OFFICE OF GOVERNMENT ETHICS

5 CFR Part 2634

RIN 3209–AA00

Paperwork Revisions to Model Qualified Trust Certificates of Independence and Compliance

AGENCY: Office of Government Ethics (OGE).

ACTION: Final rule; technical amendments.

SUMMARY: The Office of Government Ethics is revising the model qualified trust certificates of independence and compliance, as codified in appendixes to its executive branchwide financial disclosure regulations, to make certain necessary paperwork revisions and a few other minor updating changes.

EFFECTIVE DATE: November 2, 1998.

FOR FURTHER INFORMATION CONTACT: William E. Gressman, Associate General Counsel, Office of Government Ethics, telephone: 202–208–8000, extension 1110; TDD: 202–208–8025; FAX: 202–208–8037.

SUPPLEMENTARY INFORMATION: In this rulemaking, OGE is making paperwork-related revisions to appendixes A, B and C of its executive branchwide financial disclosure regulation codified at 5 CFR part 2634. Those appendixes set forth the certificates of independence and compliance for qualified blind and qualified diversified trusts under the Ethics in Government Act of 1978, 5 U.S.C. appendix. The Office of Government Ethics is adding the paperwork control number—3209–0007—assigned by the Office of Management and Budget (OMB) to the two certificates (as well as to the ten qualified trust draft documents that are not codified). In addition, OGE is removing from appendix A text reflecting an obsolete OGE approval notation that is no longer required. Finally, OGE is revising the portion of appendix C concerning the public burden and paperwork statement, which serves for both appendixes A and B. The revisions indicate that any comments concerning the burden estimate (twenty minutes per certificate) or any other aspect of the information collections can be sent to the OGE Associate Director for Administration and add the statement now required under the 1995 amendments to the Paperwork Reduction Act that an agency may not sponsor, and no person is required to respond to, a collection of information unless it displays a currently valid OMB control number (now displayed in the notice and heading of each model certificate).

The Office of Government Ethics announced that it would make these rule changes to the appendixes in two paperwork notices published in the **Federal Register** at 63 FR 20411–20412 (April 24, 1998) and 63 FR 45817–45819 (August 27, 1998). These notices, on which no comments were received, were prepared as part of OGE's request to OMB for its approval for three-year renewal and clearance (for a new set of model blind trust communications) under the Paperwork Reduction Act for the total of twelve model qualified trust certificates and draft documents. The Office of Management and Budget recently granted the paperwork approval OGE requested.

Administrative Procedure Act

Pursuant to 5 U.S.C. 553(b) and (d), as Director of the Office of Government Ethics, I find good cause exists for waiving the general notice of proposed rulemaking, opportunity for public comment, and 30-day delay in effectiveness as to these revisions. The notice, comment and delayed effective date are being waived because these technical amendments concern matters of agency organization, practice and procedure. Furthermore, as noted above, the underlying paperwork revisions were approved by OMB after OGE published two paperwork notices in the **Federal Register**, on which no comments were received. Finally, it is in the public interest that these technical revisions take effect as soon as possible.

Executive Order 12866

In promulgating these technical amendments to the appendixes to the branchwide financial disclosure regulations, OGE has adhered to the regulatory philosophy and the applicable principles of regulation set forth in section 1 of Executive Order 12866, Regulatory Planning and Review. These amendments have not been reviewed by the Office of Management and Budget under that Executive order, since they are not deemed ''significant'' thereunder.

Regulatory Flexibility Act

As Director of the Office of Government Ethics, I certify under the Regulatory Flexibility Act (5 U.S.C. chapter 6) that this rulemaking will not have a significant economic impact on a substantial number of small entities because it primarily affects high-level Federal executive branch officials and their trust fiduciaries.

Paperwork Reduction Act

The certificates of independence and compliance are information collections within the scope of the Paperwork Reduction Act (44 U.S.C. chapter 35). As noted above, the Office of Management and Budget has granted its paperwork approval for a period of three years for these modified updated certificates as codified in appendixes A, B and C to 5 CFR part 2634, as they are being amended in this rulemaking document.

List of Subjects in 5 CFR Part 2634

Administrative practice and procedure, Certificates of divestiture, Conflict of interests, Financial disclosure, Government employees, Penalties, Privacy, Reporting and recordkeeping requirements, Trusts and trustees.

Approved: October 27, 1998.

Stephen D. Potts,

Director, Office of Government Ethics.

For the reasons set forth in the preamble, the Office of Government Ethics is amending appendixes A, B and C to 5 CFR part 2634 as follows:

PART 2634—[AMENDED]

1. The authority citation for part 2634 continues to read as follows:

Authority: 5 U.S.C. App. (Ethics in Government Act of 1978); 26 U.S.C. 1043; E.O. 12674, 54 FR 15159, 3 CFR, 1989 Comp., p. 215, as modified by E.O. 12731, 55 FR 42547, 3 CFR, 1990 Comp., p. 306.

2. The heading of appendix A to part 2634 is revised to read as follows:

Appendix A to Part 2634—Certificate of Independence (Form Approved: OMB Control No. 3209–0007)

3. The text of appendix A to part 2634 is amended by removing the block of text ''Approved by _____ Director, Office of Government Ethics Date _____'' immediately before the Note.

4. The heading of appendix B to part 2634 is revised to read as follows:

Appendix B to Part 2634—Certificate of Compliance (Form Approved: OMB Control No. 3209–0007)

5. Appendix C to part 2634 is amended by revising the subheading and text following the final paragraph, numbered (7), of the Privacy Act Statement to read as follows:

Appendix C to Part 2634—Privacy Act and Paperwork Reduction Act Notices for Appendixes A and B

* * * * *

Public Burden Information and Paperwork Reduction Act Statement

This collection of information is estimated to take an average of twenty minutes per response. You can send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Associate Director for Administration, U.S. Office of Government Ethics, Suite 500, 1201 New York Avenue, NW., Washington, DC 20005–3917. *Do not* send your completed certificate to that official; rather, send it to the Director of the Office of Government Ethics at that address as provided in the part 2634 regulation.

Pursuant to the Paperwork Reduction Act, as amended, an agency may not conduct or sponsor, and no person is required to respond to, a collection of information unless it displays a currently valid OMB control number (that number, 3209–0007, is displayed here and in the headings of the OGE model qualified trust certificates of independence and compliance, appendixes A and B to this part 2634).

[FR Doc. 98–29309 Filed 10–30–98; 8:45 am]

BILLING CODE 6345–01–P

FEDERAL RESERVE SYSTEM

12 CFR Parts 208, 211, 215, 225, 262, 263, and 265

[Regulations H, K, O, and Y; Docket No. R–1021]

Membership of State Banking Institutions in the Federal Reserve System; International Banking Operations; Loans to Executive Officers, Directors, and Principal Shareholders of Member Banks; Bank Holding Companies and Change in Bank Control; Rules of Practice for Hearings; and Rules Regarding Delegation of Authority

AGENCY: Board of Governors of the Federal Reserve System (Board).

ACTION: Final rule; technical amendments.

SUMMARY: The Board published an amendment to Regulation H (Membership of State Banking Institutions in the Federal Reserve System) that appeared in the **Federal Register** on July 13, 1998. This document corrects cross references to Regulation H that appear in Regulations H, K, O, Y, the Rules of Practice for Hearings, and the Rules Regarding Delegation of Authority (Parts 208, 211, 215, 225, 262, 263, and 265).

EFFECTIVE DATE: November 2, 1998.

FOR FURTHER INFORMATION CONTACT: Jean Anderson, Staff Attorney, Legal Division (202/452–3707). For the hearing impaired only, Telecommunications Device for the Deaf (TDD), Diane Jenkins (202/452–3544).

SUPPLEMENTARY INFORMATION:

Background

The Board published amendments to Regulation H (12 CFR part 208) in the **Federal Register** on July 13, 1998 (63 FR 37629), in order to reorganize, clarify, and reduce the burden of compliance with Subpart A of Regulation H. This document corrects cross references to Regulation H that appear in Regulations H, K, O, Y, the Rules of Practice for Hearings and the Rules Regarding Delegation of Authority (parts 208, 211, 215, 225, 262, 263, and 265).

List of Subjects

12 CFR Part 208

Accounting, Agriculture, Banks, banking, Confidential business information, Crime, Currency, Federal Reserve System, Mortgages, Reporting and recordkeeping requirements, Securities.

12 CFR Part 211

Exports, Federal Reserve System, Foreign banking, Holding companies, Investments, Reporting and recordkeeping requirements.

12 CFR Part 215

Credit, Federal Reserve System, Penalties, Reporting and recordkeeping requirements.

12 CFR Part 225

Administrative practice and procedure, Banks, banking, Federal Reserve System, Holding companies, Reporting and recordkeeping requirements, Securities.

12 CFR Part 262

Administrative practice and procedure, Federal Reserve System.

12 CFR Part 263

Administrative practice and procedure, Claims, Crime, Equal access to justice, Federal Reserve System, Lawyers, Penalties.

12 CFR Part 265

Authority delegations (Government agencies), Banks, banking, Federal Reserve System.

For the reasons set forth in the preamble, the Board is amending parts 208, 211, 215, 225, 262, 263, and 265 in chapter II of title 12 of the Code of Federal Regulations as follows:

PART 208—MEMBERSHIP OF STATE BANKING INSTITUTIONS IN THE FEDERAL RESERVE SYSTEM (REGULATION H)

1.The authority citation for part 208 continues to read as follows:

Authority: 12 U.S.C. 24, 36, 92a, 93a, 248(a), 248(c), 321–338a, 371d, 461, 481–486, 601, 611, 1814, 1816, 1818, 1823(j), 1828(o), 1831o, 1831p–1, 1831r–1, 1835a, 1882, 2901–2907, 3105, 3310, 3331–3351, and 3906–3909; 15 U.S.C. 78b, 78l(b), 78l(g), 78l(i), 78o–4(c)(5), 78q, 78q–1, and 78w; 31 U.S.C. 5318; 42 U.S.C. 4012a, 4104a, 4104b, 4106 and 4128.

2. In § 208.3, paragraph (c)(1)(ii) is amended by adding the acronym ''CAMELS,'' after the word ''received.''

3. Section 208.3 is amended by revising the last sentence in paragraph (d)(1) to read as follows:

§ 208.3 Application and conditions for membership in the Federal Reserve System.

* * * * *

(d) * * *

(1) * * * (The Interagency Guidelines Establishing Standards for Safety and Soundness and Year 2000 Standards for Safety and Soundness prescribed pursuant to section 39 of the FDI Act (12

U.S.C. 1831p–1), as set forth in appendices D–1 and D–2 to this part, apply to all member banks.)

* * * * *

§ 208.6 [Amended]

4. In § 208.6, paragraph (c)(1)(ii) is amended by adding the acronym ''CAMELS,'' on the third line after the word ''received.''

5. In Appendix A to part 208, the following amendments are made:

a. Section *III*.B.5.b. is amended by removing the reference to ''(12 CFR 208.30)'' and adding in its place ''(12 CFR 208.40).''

b. Section *III*.B.5.d.(i) is amended by removing the reference to ''(12 CFR 208.33(b))'' and adding in its place ''(12 CFR 208.43(b)(1)).''

c. Section *III*.B.5.d.(ii) is amended by removing the reference to ''(12 CFR 208.33(c))'' and adding in its place ''(12 CFR 208.43(c)).''

6. In Appendix B to part 208, the following amendments are made:

a. Section II.d. is amended by removing the reference to ''(12 CFR 208.30)'' and adding in its place ''(12 CFR 208.40).''

b. Section II.f.(i) is amended by removing the reference to ''(12 CFR 208.33(b))'' and adding in its place ''(12 CFR 208.43(b)(1)).''

c. Section II.f.(ii) is amended by removing the reference to ''(12 CFR 208.33(c))'' and adding in its place ''(12 CFR 208.43(c)).''

7. In Appendix C to part 208, in the paragraph immediately following the heading, footnote 5 is redesignated as footnote 1 and the new footnote 1 is amended by removing the reference to ''12 CFR part 208, subpart C'' and adding in its place ''12 CFR part 208, subpart E.''

PART 211—INTERNATIONAL BANKING OPERATIONS (REGULATION K)

1. The authority citation for part 211 continues to read as follows:

Authority: 12 U.S.C. 221 *et seq.*, 1818, 1835a, 1841 *et seq.*, 3101 *et seq.*, and 3901 *et seq.*

§ 211.2 [Amended]

2. In § 211.2, paragraph (u)(1) is amended by removing the reference to ''12 CFR 208.33(b)(1)'' and adding in its place ''12 CFR 208.43(b)(1).''

§ 211.8 [Amended]

3. In § 211.8, the paragraph is amended by removing the reference to ''§ 208.20'' and adding in its place ''§ 208.62'' and by removing the reference to ''12 CFR 208.20'' and adding in its place ''12 CFR 208.62.''

211.22 [Amended]

4. In § 211.22, paragraph (d) is amended by removing the reference to ''§ 208.28'' and adding in its place ''§ 208.7'' and by removing the reference to ''(12 CFR 208.28)'' and adding in its place ''(12 CFR 208.7).''

§ 211.24 [Amended]

5. In § 211.24, paragraph (f) is amended by removing the reference to ''§ 208.20'' and adding in its place ''§ 208.62'' and by removing the reference to ''12 CFR 208.20'' and adding in its place ''12 CFR 208.62.''

6. In § 211.24, paragraph (h) is amended by removing the reference to ''12 CFR 208.25'' and by adding in its place ''12 CFR 208.37.''

PART 215—LOANS TO EXECUTIVE OFFICERS, DIRECTORS, AND PRINCIPAL SHAREHOLDERS OF MEMBER BANKS (REGULATION O)

1. The authority citation for part 215 continues to read as follows:

Authority: 12 U.S.C. 248(i), 375a(10), 375b(9) and (10), 1817(k)(3) and 1972(2)(G)(ii); Pub.L. 102–242, 105 Stat. 2236.

§ 215.3 [Amended]

2. In § 215.3, paragraph (a)(3) is amended by removing the reference to ''§ 208.8(d) of this chapter'' and by adding in its place ''§ 208.24 of this chapter.''

PART 225—BANK HOLDING COMPANIES AND CHANGE IN BANK CONTROL (REGULATION Y)

1. The authority citation for part 225 continues to read as follows:

Authority: 12 U.S.C. 1817(j)(13), 1818, 1828(o), 1831i, 1831p–1, 1843(c)(8), 1844(b), 1972(l), 3106, 3108, 3310, 3331–3351, 3907, and 3909.

§ 225.4 [Amended]

2. In § 225.4, paragraph (d) is amended by removing the term ''municipal securities dealer'' from the heading and the phrase ''a municipal securities dealer,'' from the text; by removing the reference to ''§§ 208.8(0)–(j)'' and adding in its place ''§§ 208.31–208.33''; and by removing the reference to ''(12 CFR 208.8(f)–(j))'' and adding in its place ''(12 CFR 208.31–208.33).''

3. In § 225.4, paragraph (f) is amended by removing the reference to ''§ 208.20'' and adding in its place ''§ 208.62'' and by removing the reference to ''(12 CFR 208.20)'' and by adding in its place ''(12 CFR 208.62).''

Appendix A to Part 225 [Amended]

4. In Appendix A to part 225, section III.*B*.5.b. is amended by removing the reference to ''(12 CFR 208.30)'' and adding in its place ''(12 CFR 208.40.)''

PART 262—RULES OF PROCEDURE

1. The authority citation for part 262 continues to read as follows:

Authority: 5 U.S.C. 552, 12 U.S.C. 321, 1828(c), and 1842.

§ 262.3 [Amended]

2. In § 262.3, paragraphs (b)(1)(i)(A) and (b)(1)(i)(C) are removed and paragraphs (b)(1)(i)(B), (b)(1)(i)(D), and (b)(1)(i)(E) are redesignated as paragraphs (b)(1)(i)(A) through (b)(1)(i)(C), respectively.

PART 263—RULES OF PRACTICE FOR HEARINGS

1. The authority citation for part 263 continues to read as follows:

Authority: 5 U.S.C. 504; 12 U.S.C. 248, 324, 504, 505, 1817(j), 1818, 1828(c), 1831o, 1831p–1, 1847(b), 1847(d), 1884(b), 1972(2)(F), 3105, 3107, 3108, 3907, 3909; 15 U.S.C. 21, 78o–4, 78o–5, 78u–2; and 28 U.S.C. 2461 note.

§ 263.201 [Amended]

2. In § 263.201, paragraph (a) is amended by removing the reference to ''subpart B of part 208'' and adding in its place ''subpart D of part 208.''

§ 263.203 [Amended]

3. In § 263.203, paragraph (a)(1)(i)(A) is amended by removing the reference ''§ 208.33(c) of Regulation H (12 CFR 208.33(c))'' and by adding in its place '' 208.43(c) of Regulation H (12 CFR 208.43(c)).''

§ 263.205 [Amended]

4. In § 263.205, paragraph (b)(2) is amended by removing the reference to ''subpart B of Regulation H (12 CFR part 208, subpart B)'' and adding in its place ''subpart D of Regulation H (12 CFR part 208, subpart D).''

PART 265—RULES REGARDING DELEGATION OF AUTHORITY

1. The authority citation for part 265 continues to read as follows:

Authority: 12 U.S.C. 248(i) and (k).

§ 265.7 [Amended]

2. In 265.7, paragraphs (f)(6)(i) and (ii) are amended by removing the reference to ''§ 208.16'' and adding in their place ''§ 208.36.''

3. Section 265.11 is amended as follows:

a. Paragraph (a)(7) is amended by removing the reference to ''(12 CFR 208.11(c))'' and adding in its place ''(12 CFR 209.3(e)).''

b. Paragraph (e)(1) is revised.

c. Paragraph (e)(3) is revised.

d. Paragraph (e)(4) introductory text is revised.

e. Paragraph (e)(5) introductory text is revised.

f. Paragraph (e)(7) is revised.

g. Paragraph (e)(8) is amended by removing the reference to ''Regulation P (12 CFR 216)'' and adding in its place ''Regulation H (12 CFR part 208).''

h. Paragraph (e)(12) is revised.

The revisions read as follows:

§ 265.11 Functions delegated to Federal Reserve Banks.

* * * * *

(e) *Member banks*—(1) *Approval of membership applications.* To approve applications for membership in the Federal Reserve System under section 9 of the Federal Reserve Act (12 USC 321 *et seq.*) and Regulation H (12 CFR part 208) if the Reserve Bank is satisfied that approval is warranted after considering the factors set forth in 12 CFR 208.3(b).

* * * * *

(3) *Approval of branch applications.* To approve a state member bank's establishment of a domestic branch under section 9 of the Federal Reserve Act (12 USC 321 *et seq.*) and Regulation H (12 CFR part 208) if the Reserve Bank is satisfied that approval is warranted after considering the factors set forth in 12 CFR 208.6(b).

(4) *Declaration of dividends in excess of net profits.* To permit a state member bank under section 9(6) of the Federal Reserve Act (12 USC 324 and 60) to declare dividends in excess of the amounts allowed in 12 CFR 208.5(c) if the Reserve Bank is satisfied that approval is warranted after giving consideration to:

* * * * *

(5) *Reduction of capital stock.* To permit a state member bank under section 9(11) of the Federal Reserve Act (12 USC 239) to reduce its capital stock below the amounts set forth in 12 CFR 208.5(d) if the state member bank's capitalization thereafter will be:

* * * * *

(7) *Investment in bank premises in excess of capital stock.* To permit a state member bank to invest in bank premises under section 24A of the Federal Reserve Act (12 USC 371a) in an amount in excess of that set forth in 12 CFR 208.21(a), if the Reserve Bank is satisfied that approval is warranted after giving consideration to the bank's capitalization in relation to the character and condition of its assets and to its deposit liabilities and other corporate responsibilities, including the volume of its risk assets and of its marginal and inferior quality assets, all considered in relation to the strength of its management.

* * * * *

(12) *Public welfare investments.* To permit a state member bank to make a public welfare investment that meets the conditions of 12 CFR 208.22(b)(1)–(3), (b)(5) and (b)(7), if the Reserve Bank is satisfied that:

(i) The state member bank received at least an overall rating of ''3'' as of its most recent consumer compliance examination; and

(ii) The aggregate of all such investments of the state member bank does not exceed 10 percent of its capital stock and surplus as defined under 12 CFR 208.2(d).

* * * * *

By order of the Board of Governors of the Federal Reserve System, October 26, 1998.

Jennifer J. Johnson,

Secretary of the Board.

[FR Doc. 98–29097 Filed 10–30–98; 8:45 am]

BILLING CODE 6210–01–P

DEPARTMENT OF TRANSPORTATION

Federal Aviation Administration

14 CFR Part 39

[Docket No. 95–CE–49–AD; Amendment 39–10861; AD 98–22–14]

RIN 2120–AA64

Airworthiness Directives; Rolladen Schneider Flugzeugbau GmbH Models LS 3–A, LS 4, and LS 4a Sailplanes

AGENCY: Federal Aviation Administration, DOT.

ACTION: Final rule.

SUMMARY: This amendment adopts a new airworthiness directive (AD) that applies to Rolladen Schneider Flugzeugbau GmbH (Rolladen Schneider) Models LS 3–A, LS 4, and LS 4a sailplanes. This AD requires repetitively inspecting the forward elevator mounting bracket on the vertical tail fin for looseness, and, if any loose bracket is found, modifying the area and installing a new forward elevator mounting bracket. This AD is the result of mandatory continuing airworthiness information (MCAI) issued by the airworthiness authority for Germany. The actions specified by this AD are intended to detect and correct loose forward elevator mounting brackets, which could result in these brackets separating from the sailplane with consequent loss of control of the sailplane.

DATES: Effective December 14, 1998.

The incorporation by reference of certain publications listed in the regulations is approved by the Director of the Federal Register as of December 14, 1998.

ADDRESSES: Service information that applies to this AD may be obtained from Rolladen-Schneider Flugzeugbau GmbH, Muhlstrasse 10, D–63329 Egelsbach, Germany. This information may also be examined at the Federal Aviation Administration (FAA), Central Region, Office of the Regional Counsel, Attention: Rules Docket No. 95–CE–49–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: Mike Kiesov, Aerospace Engineer, FAA, Small Airplane Directorate, 1201 Walnut, suite 900, Kansas City, Missouri 64106; 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 to Rolladen Schneider Models LS 3–A, LS 4, and LS 4a sailplanes was published in the **Federal Register** as a notice of proposed rulemaking (NPRM) on August 14, 1998 (63 FR 43649). The NPRM proposed to require repetitively inspecting the forward elevator mounting bracket on the vertical tail fin for looseness, and, if any loose bracket is found, modifying the area and installing a new forward elevator mounting bracket. Accomplishment of the proposed inspections as specified in the NPRM would be in accordance with Rolladen Schneider Technical Bulletin No. 3043/4035, dated July 14, 1993. Accomplishment of the proposed modification and installation as specified in the NPRM would be in accordance with Rolladen Schneider BA–4 Instructions, dated July 7, 1993, as referenced in Rolladen Schneider Technical Bulletin No. 3043/4035, dated July 14, 1993.

The NPRM was the result of mandatory continuing airworthiness information (MCAI) issued by the airworthiness authority for Germany.

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 compliance time for the inspection will initially be within 30 calendar days and thereafter every 12 calendar months. The reason for the initial calendar compliance time of 30 calendar days is to assure in a reasonable time period that all of the affected sailplanes do not have loose forward elevator mounting brackets. The repetitive compliance time of every 12 calendar months is being utilized to allow sailplane owners/operators the opportunity to schedule the inspections to coincide with regularly scheduled maintenance or annual inspections.

Cost Impact

The FAA estimates that 62 sailplanes in the U.S. registry will be affected by this AD, that it will take approximately 1 workhour per sailplane to accomplish the inspection, and that the average labor rate is approximately $60 an hour. Based on these figures, the total cost impact of the inspection on U.S. operators is estimated to be $3,720, or $60 per sailplane.

These figures do not take into account the cost of any modification or installation that will be required by this AD if the forward elevator mounting bracket is found loose during the inspection. The FAA has no way of determining how many sailplanes will have loose forward elevator mounting brackets that will require replacement.

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:

98–22–14 Rolladen Schneider Flugzeugbau GMBH: Amendment 39–10861; Docket No. 95–CE–49–AD.

Applicability: Models LS 3–A, LS 4, and LS 4a sailplanes, all serial numbers, certificated in any category.

Note 1: This AD applies to each sailplane 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 sailplanes 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 in the body of this AD, unless already accomplished.

To detect and correct loose forward elevator mounting brackets, which could result in these brackets separating from the sailplane with consequent loss of control of the sailplane, accomplish the following:

(a) Within the next 30 calendar days after the effective date of this AD, and thereafter at intervals not to exceed 12 calendar months, inspect the forward elevator mounting bracket for looseness. Apply a torque of 130 inches/pounds on the elevator mounting bracket and do not apply a force to the bonded in-ball. Accomplish the inspections in accordance with the Material and Instructions section of Rolladen Schneider Technical Bulletin No. 3043/4035, dated July 14, 1993.

(b) If any loose forward elevator mounting bracket is found during any inspection required by this AD, prior to further flight, modify the area and install a new forward elevator mounting bracket in accordance with Rolladen Schneider BA–4 Instructions, dated July 7, 1993, as referenced in Rolladen Schneider Technical Bulletin No. 3043/4035, dated July 14, 1993. Continue to reinspect as specified in paragraph (a) of this AD at intervals not to exceed 12 calendar months.

(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 sailplane 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, Small Airplane Directorate, 1201 Walnut, suite 900, Kansas City, Missouri 64106. The request shall be forwarded through an appropriate FAA Maintenance Inspector, who may add comments and then send it to the Manager, Small Airplane Directorate.

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

(e) Questions or technical information related to the service information contained in this AD should be directed to Rolladen-Schneider Flugzeugbau GmbH, Muhlstrasse 10, D–63329 Egelsbach, Germany. This service information may be examined at the FAA, Central Region, Office of the Regional Counsel, Room 1558, 601 E. 12th Street, Kansas City, Missouri 64106.

(f) The inspections required by this AD shall be done in accordance with Rolladen Schneider Technical Bulletin No. 3043/4035, dated July 14, 1993. The modification and installation required by this AD shall be done in accordance with Rolladen Schneider BA–4 Instructions, dated July 7, 1993. 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 Rolladen Schneider Flugzeugbau GmbH, Muhlstrasse 10, D–63329 Egelsbach, Germany. Copies may be inspected at the FAA, Central Region, Office of the Regional 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.

Note 3: The subject of this AD is addressed in German AD 93–155, dated July 21, 1993.

(g) This amendment becomes effective on December 14, 1998.

Issued in Kansas City, Missouri, on October 22, 1998.

Michael Gallagher,

Manager, Small Airplane Directorate, Aircraft Certification Service.

[FR Doc. 98–28967 Filed 10–30–98; 8:45 am]

BILLING CODE 4910–13–P

DEPARTMENT OF TRANSPORTATION

Federal Aviation Administration

14 CFR Part 39

[Docket No. 98–CE–67–AD; Amendment 39–10863; AD 98–22–15]

RIN 2120–AA64

Airworthiness Directives; Slingsby Aviation Limited Models Dart T.51, Dart T.51/17, and Dart T.51/17R Sailplanes

AGENCY: Federal Aviation Administration, DOT.

ACTION: Final rule.

SUMMARY: This amendment adopts a new airworthiness directive (AD) that applies to all Slingsby Aviation Limited (Slingsby) Models Dart T.51, Dart T.51/17, and Dart T.51/17R sailplanes that are equipped with aluminum alloy spar booms. This AD requires repetitively inspecting the aluminum alloy spar booms and the wing attach fittings for delamination or corrosion damage, and repairing any delamination or corrosion damage found. This AD is the result of mandatory continuing airworthiness information (MCAI) issued by the airworthiness authority for the United Kingdom. The actions specified by this AD are intended to prevent failure of the spar assembly and adjoining structure caused by delamination or corrosion damage to the aluminum alloy spar booms or the wing attach fittings, which could result in reduced controllability or loss of control of the sailplane.

DATES: Effective December 14, 1998.

The incorporation by reference of certain publications listed in the regulations is approved by the Director of the **Federal Register** as of December 14, 1998.

ADDRESSES: Service information that applies to this AD may be obtained from Slingsby Aviation Ltd., Kirbymoorside, York Y06 6EZ England; telephone: +44(0)1751 432474; facsimile: +44(0)1751 431173. This information may also be examined at the Federal Aviation Administration (FAA), Central Region, Office of the Regional Counsel, Attention: Rules Docket No. 98–CE–67–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. Mike Kiesov, Aerospace Engineer, FAA, Small Airplane Directorate, 1201 Walnut, suite 900, Kansas City, Missouri 64106; 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 to all Slingsby Models Dart T.51, Dart T.51/17, and Dart T.51/17R sailplanes that are equipped with aluminum alloy spar booms was published in the **Federal Register** as a notice of proposed rulemaking (NPRM) on July 15, 1998 (63 FR 38126). The NPRM proposed to require repetitively inspecting the aluminum alloy spar booms and the wing attach fittings for delamination or corrosion damage, and repairing any delamination or corrosion damage found. Accomplishment of the proposed action as specified in the NPRM would be in accordance with Slingsby Technical Instruction (TI) No. 109/T51, Issue No. 2, dated October 7, 1997.

The NPRM was the result of mandatory continuing airworthiness information (MCAI) issued by the airworthiness authority for the United Kingdom.

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 unsafe condition specified by this AD is caused by corrosion. Corrosion can occur regardless of whether the aircraft is in operation or is in storage. Therefore, to assure that the unsafe condition specified in this AD does not go undetected for a long period of time, the compliance is presented in calendar time instead of hours time-in-service (TIS).

Differences Between the British AD, the Technical Instruction, and This AD

Both Slingsby TI No. 109/T51, Issue No. 2, dated October 7, 1997, and British AD 005–09–97, dated October 3, 1997, specify the initial inspection prior to further flight.

The FAA does not have justification through its regulatory process to require the initial inspection prior to further flight. To assure that no affected sailplanes are inadvertently grounded, the FAA is utilizing a compliance time of 6 calendar months for the initial inspection.

Cost Impact

The FAA estimates that 3 sailplanes in the U.S. registry will be affected by this AD, that it will take approximately 40 workhours per sailplane to accomplish the initial inspection, and that the average labor rate is approximately $60 an hour. Based on these figures, the total cost impact of the initial inspection specified in this AD on U.S. operators is estimated to be $7,200, or $2,400 per sailplane.

These figures only take into account the costs of the initial inspection and do not take into account the costs of repetitive inspections and the costs associated with any repair that will be necessary if corrosion or delamination damage is found. The FAA has no way of determining the number of repetitive inspections an owner/operator will incur over the life of the sailplane, or the number of sailplanes that will need repairs.

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:

98–22–15 Slingsby Aviation Limited (Type Certificate No. G5EU formerly held by Slingsby Sailplanes Ltd.): Amendment 39–10863; Docket No. 98–CE–67–AD.

Applicability: Models Dart T.51, Dart T.51/17, and Dart T.51/17R sailplanes, all serial numbers, certificated in any category, that are equipped with aluminum alloy spar booms.

Note 1: This AD applies to each sailplane 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 sailplanes 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 in the body of this AD, unless already accomplished.

To prevent failure of the spar assembly and adjoining structure caused by delamination or corrosion damage to the aluminum alloy spar booms or the wing attach fittings, which could result in reduced controllability or loss of control of the sailplane, accomplish the following:

(a) Within the next 6 calendar months after the effective date of this AD and thereafter at intervals not to exceed 5 years, inspect the aluminum alloy spar booms and the wing attach fittings for delamination or corrosion damage. Accomplish this inspection in accordance with Slingsby Technical Instruction (TI) No. 109/T51, Issue No. 2, dated October 7, 1997.

Note 2: Slingsby TI No. 109/T51, Issue No. 2, dated October 7, 1997, includes guidance to determine whether an affected sailplane is equipped with aluminum alloy spar booms.

(b) If any corrosion or delamination damage is found during any inspection required by paragraph (a) of this AD, prior to further flight, accomplish the following:

(1) Obtain a repair scheme from the manufacturer through the FAA, Small Airplane Directorate, at the address specified in paragraph (d) of this AD; and

(2) Incorporate this scheme and continue to repetitively inspect as required by paragraph (a) of this AD, unless specified differently in the instructions to the repair scheme.

(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 sailplane 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, Small Airplane Directorate, FAA, 1201 Walnut, suite 900, Kansas City, Missouri 64106. The request shall be forwarded through an appropriate FAA Maintenance Inspector, who may add comments and then send it to the Manager, Small Airplane Directorate.

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

(e) Questions or technical information related to Slingsby TI No. 109/T51, Issue No. 2, dated October 7, 1997, should be directed to Slingsby Aviation Ltd., Kirbymoorside, York Y06 6EZ England; telephone: +44(0)1751 432474; facsimile: +44(0)1751 431173. This service information may be examined at the FAA, Central Region, Office of the Regional Counsel, Room 1558, 601 E. 12th Street, Kansas City, Missouri 64106.

(f) The inspection required by this AD shall be done in accordance with Slingsby Technical Instruction No. 109/T51, Issue No. 2, dated October 7, 1997. 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 Slingsby Aviation Ltd., Kirbymoorside, York Y06 6EZ England. Copies may be inspected at the FAA, Central Region, Office of the Regional 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.

Note 4: The subject of this AD is addressed in British AD 005–09–97, dated October 3, 1997.

(g) This amendment becomes effective on December 14, 1998.

Issued in Kansas City, Missouri, on October 22, 1998.

Michael Gallagher,

Manager, Small Airplane Directorate, Aircraft Certification Service.

[FR Doc. 98–28966 Filed 10–30–98; 8:45 am]

BILLING CODE 4910–13–U

DEPARTMENT OF TRANSPORTATION

Federal Aviation Administration

14 CFR Part 39

[Docket No. 98–NM–101–AD; Amendment 39–10847; AD 98–22–01]

RIN 2120–AA64

Airworthiness Directives; Fokker Model F.28 Mark 0100 Series Airplanes

AGENCY: Federal Aviation Administration, DOT.

ACTION: Final rule.

SUMMARY: This amendment adopts a new airworthiness directive (AD), applicable to certain Fokker Model F.28 Mark 0100 series airplanes, that requires a one-time visual inspection and a one-time eddy current and/or dye penetrant inspection of the nose landing gear (NLG) main fitting to detect cracking; and rework of the NLG main fitting, if necessary. This amendment is prompted by issuance of mandatory continuing airworthiness information by a foreign civil airworthiness authority. The actions specified by this AD are intended to prevent cracking of the NLG main fitting, which could lead to collapse of the NLG during takeoff and landing and possible injury to the flightcrew and passengers.

DATES: Effective December 7, 1998.

The incorporation by reference of certain publications listed in the regulations is approved by the Director of the Federal Register as of December 7, 1998.

ADDRESSES: The service information referenced in this AD may be obtained from Fokker Services B.V., Technical Support Department, P.O. Box 75047, 1117 ZN Schiphol Airport, the Netherlands. 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: Norman B. Martenson, Manager, International Branch, ANM–116, FAA, Transport Airplane Directorate, 1601 Lind Avenue, SW., Renton, Washington

98055–4056; telephone (425) 227–2110; fax (425) 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 Fokker Model F.28 Mark 0100 series airplanes was published in the **Federal Register** on May 28, 1998 (63 FR 29157). That action proposed to require a one-time visual inspection and a one-time eddy current and/or dye penetrant inspection of the nose landing gear (NLG) main fitting to detect cracking; and rework of the NLG main fitting, if necessary.

Interested persons have been afforded an opportunity to participate in the making of this amendment. Due consideration has been given to the comments received.

Request To Acknowledge Inspections Accomplished Previously

Two commenters support the intent of the proposal but request that the reporting requirement of the proposed AD be revised to recognize inspections accomplished prior to the effective date of this AD. The commenters indicate that paragraph (d) of the proposed rule specifies that results of the inspections performed in accordance with paragraph (a) or (b) of the AD are to be submitted to the manufacturer within 7 days after accomplishment of the inspections. Both commenters point out that operators that have accomplished the inspections previously, but that did not submit a report of the results to the manufacturer within 7 days after accomplishment of the inspections, would be immediately out of compliance with the AD and would have to accomplish the inspections again in order to comply.

The FAA concurs with the request. Therefore, the FAA has revised paragraph (d) of the final rule to incorporate a grace period for the reporting requirement. Paragraph (d) of the final rule specifies that a report of the inspection results must be submitted to the manufacturer, ''Within 7 days after accomplishing the inspection required by either paragraph (a) or (b) of this AD, or within 7 days after the effective date of this AD, whichever occurs later.''

Conclusion

After careful review of the available data, including the comments noted above, the FAA has determined that air safety and the public interest require the adoption of the rule with the change described previously. The FAA has determined that this change will neither increase the economic burden on any operator nor increase the scope of the AD.

Cost Impact

The FAA estimates that 127 airplanes of U.S. registry will be affected by this AD.

It will take approximately 2 work hours per airplane to accomplish the visual inspection, at an average labor rate of $60 per work hour. Based on these figures, the cost impact of the visual inspection required by this AD on U.S. operators is estimated to be $15,240, or $120 per airplane.

It will take approximately 2 work hours per airplane to accomplish the eddy current and/or dye penetrant inspection, at an average labor rate of $60 per work hour. Based on these figures, the cost impact of the eddy current and/or dye penetrant inspection required by this AD on U.S. operators is estimated to be $15,240, or $120 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:

98–22–01 Fokker Services B.V.: Amendment 39–10847. Docket No. 98–NM–101–AD.

Applicability: Model F.28 Mark 0100 series airplanes, equipped with Messier-Dowty Nose Landing Gear (NLG) having part number (P/N) 201071001 or P/N 201071002, on which the NLG main fitting has not been overhauled in accordance with Component Maintenance Manual 32–20–51; 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 (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 as indicated, unless accomplished previously.

To prevent cracking of the NLG main fitting, which could lead to collapse of the NLG during takeoff and landing and possible injury to the flightcrew and passengers, accomplish the following:

(a) Perform a one-time visual inspection to detect cracking of the NLG main fitting, in accordance with Fokker Service Bulletin SBF100–32–112, dated November 14, 1997, at the applicable time specified in either paragraph (a)(1) or (a)(2) of this AD. If any cracking is found, prior to further flight, accomplish the requirements of paragraph (b) of this AD.

(1) For airplanes that have accumulated fewer than 15,000 total flight cycles as of the effective date of this AD: Inspect prior to the accumulation of 8,000 total flight cycles, or within 90 days after the effective date of this AD, whichever occurs later.

(2) For airplanes that have accumulated 15,000 or more total flight cycles as of the effective date of this AD: Inspect within 30 days after the effective date of this AD.

(b) Perform a one-time eddy current and/or dye penetrant inspection to detect cracking of the NLG main fitting, in accordance with Messier-Dowty Service Bulletin F100–32–92, dated November 14, 1997, at the applicable time specified in either paragraph (b)(1) or (b)(2) of this AD. Accomplishment of the inspection required by paragraph (b) of this AD, if accomplished prior to the inspection required by paragraph (a) of this AD, terminates the inspection requirement of paragraph (a) of this AD.

(1) For airplanes that have accumulated fewer than 15,000 total flight cycles as of the effective date of this AD: Inspect prior to the accumulation of 8,000 total flight cycles, or within 180 days after the effective date of this AD, whichever occurs later.

(2) For airplanes that have accumulated 15,000 or more total flight cycles as of the effective date of this AD: Inspect within 60 days after the effective date of this AD.

(c) If any crack is detected during the inspection required by paragraph (b) of this AD, prior to further flight, rework the NLG main fitting in accordance with Messier-Dowty Service Bulletin F100–32–92, dated November 14, 1997.

(d) Within 7 days after accomplishing the inspection required by either paragraph (a) or (b) of this AD, or within 7 days after the effective date of this AD, whichever occurs later, submit a report of the inspection results (both positive and negative findings) to Fokker Services B.V., Technical Support Department, P.O. Box 75047, 1117 ZN Schiphol Airport, the Netherlands. 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.

(e) 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, International Branch, ANM–116, 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, International Branch, ANM–116.

Note 2: Information concerning the existence of approved alternative methods of compliance with this AD, if any, may be obtained from the International Branch, ANM–116.

(f) 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.

(g) Except as provided by paragraph (d) of this AD, the actions shall be done in accordance with Fokker Service Bulletin SBF100–32–112, dated November 14, 1997, and Messier-Dowty Service Bulletin F100–32–92, dated November 14, 1997. 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 Services B.V., Technical Support Department, P.O. Box 75047, 1117 ZN Schiphol Airport, the Netherlands. 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.

Note 3: The subject of this AD is addressed in Dutch airworthiness directive BLA 1997–116 (A), dated November 28, 1997.

(h) This amendment becomes effective on December 7, 1998.

Issued in Renton, Washington, on October 13, 1998.

Darrell M. Pederson,

Acting Manager, Transport Airplane Directorate, Aircraft Certification Service.

[FR Doc. 98–29002 Filed 10–30–98; 8:45 am]

BILLING CODE 4910–13–P

DEPARTMENT OF TRANSPORTATION

Federal Aviation Administration

14 CFR Part 71

[Airspace Docket No. 98–AWP–12]

Revocation of Class D and Class E Airspace, Crows Landing, CA; Correction

AGENCY: Federal Aviation Administration (FAA), DOT.

ACTION: Direct final rule; confirmation of effective date and correction.

SUMMARY: This document confirms the effective date of a direct final rule which revokes the Class D and Class E airspace areas below 1200 feet above ground level (AGL) associated with Crows Landing, CA and changes the name from Crows Landing NALF to NASA Crows Landing in the legal description of the remaining controlled airspace as published in the direct final rule. The correction adds the removal of the Class D airspace area, which was inadvertently omitted from the direct final rule; request for comments.

DATES: The direct final rule published in 63 FR 45394 is effective at 0901 UTC, December 3, 1998. This correction is effective on December 3, 1998.

FOR FURTHER INFORMATION CONTACT: Debra Trindle, Air Traffic Division, Airspace Specialist, AWP–520.10, Federal Aviation Administration, 15000 Aviation Boulevard, Lawndale, California 90261; telephone: (310) 725–6613.

SUPPLEMENTARY INFORMATION: On August 26, 1998, the FAA published in the **Federal Register** a direct final rule; request for comments which revoked the Class D and Class E airspace areas below 1200 feet AGL associated with Crows Landing Airport, CA. (FR Document 98–22749, 63 FR 45394, Airspace Docket No. 98–AWP–12). An error was subsequently discovered in the publication of the docket. The removal of the Class D airspace area was inadvertently omitted from the direct final rule; request for comments. After review of all available information related to the subject present above, the FAA has determined that air safety and the public interest require adoption of the rule. The FAA has determined that this correction will not change the meaning of the action nor add any additional burden on the public beyond that already published. This action corrects the error and confirms the effective date of the direct final rule.

The FAA uses the direct final rulemaking procedure for a non-controversial rule where the FAA believes that there will be no adverse public comment. This direct final rule advised the public that no adverse comments were anticipated, and that unless a written adverse comment, or a written notice of intent to submit such an adverse comment, were received within the comment period, the regulation would become effective on December 3, 1998. No adverse comments were received, therefore this document confirms that this direct final rule will become effective on that date.

Correction

In rule FR Doc. 98–22749 published in the **Federal Register** on August 26, 1998, 63 FR 45394, make the following correction to the airspace description;

Paragraph 5000 Class D airspace.

* * * * *

AWP CAD Crows Landing NALF, CA [Removed]

* * * * *

Issued in Los Angeles, California on October 19, 1998.

Dawna J. Vicars,

Assistant Manager, Air Traffic Division, Western Pacific Region.

[FR Doc. 98–29298 Filed 10–30–98; 8:45 am]

BILLING CODE 4910–13–M

DEPARTMENT OF TRANSPORTATION

Federal Aviation Administration

14 CFR Part 71

[Airspace Docket No. 98–AWP–20]

Revision of Class E Airspace, San Diego, North Island NAS, CA

AGENCY: Federal Aviation Administration (FAA), DOT.

ACTION: Direct final rule; confirmation of effective date.

SUMMARY: This document confirms the effective date of a direct final rule which revise the Class E airspace extension at San Diego North Island NAS, (NZY), CA.

DATES: The direct final rule published in 63 FR 46166 is effective at 0901 UTC, December 3, 1998.

FOR FURTHER INFORMATION CONTACT: Debra Trindle, Air Traffic Division, Airspace Specialist, AWP–520.10, Federal Aviation Administration, 15000 Aviation Boulevard, Lawndale, California 90261; telephone: (310) 725–6613.

SUPPLEMENTARY INFORMATION: On August 31, 1998, the FAA published in the **Federal Register** a direct final rule; request for comments, which revised the effective hours of the Class E airspace extension for San Diego, North Island Naval Air Station, (NZY) Halsey Field, CA (FR Document 98–23367, 63 FR 46166, Airspace Docket No. 98–AWP–20). In April of 1998 the U.S. Navy reduced the hours of operation of the Airport Traffic Control Tower (ATCT) at NZY. A separate airspace docket has been published in the **Federal Register** amending the effective hours of the NZY Class D airspace surface area. The Class E airspace extension operates in conjunction with the Class D airspace surface area. The reduction of the ATCT hours of operation has made this action necessary. This action does not involve a change in the dimensions or operating requirements of that airspace containing Instrument Flight Rules (IFR) operations at NZY. The FAA uses the direct final rulemaking procedure for a non-controversial rule where the FAA believes that there will be no adverse public comment. This direct final rule advised the public that no adverse comments were anticipated, and that unless a written adverse comment, or a written notice of intent to submit such an adverse comment, were received within the comment period, the regulation would become effective on December 3, 1998. No adverse comments were received, therefore this document confirms that this direct final rule will become effective on that date.

Issued in Los Angeles, California on October 19, 1998.

Dawna J. Vicars,

Assistant Manager, Air Traffic Division, Western Pacific Region.

[FR Doc. 98–29296 Filed 10–30–98; 8:45 am]

BILLING CODE 4910–13–M

DEPARTMENT OF TRANSPORTATION

Federal Aviation Administration

14 CFR Part 71

[Airspace Docket No. 98–AWP–23]

Revision to Class E Airspace; Reno, NV

AGENCY: Federal Aviation Administration (FAA), DOT.

ACTION: Direct final rule; request for comments.

SUMMARY: This action will revise the legal description for the E3 airspace area designated as an extension to the Class C airspace at Reno, NV. In view of the permanent decommissioning of Sparks Non-directional Radio Beacon (NDB), and the recent airport name change from Reno Cannon International Airport to Reno/Tahoe International Airport, a revision to the legal description for this airspace is necessary. This action will not alter the dimensions of the Reno E3 airspace. The rule is intended solely to make editorial changes to update the Reno Class E airspace legal description set forth in FAA Order 7400.9F.

DATES: *Effective date:* 0901 UTC January 28, 1999. Comment date: Comments for inclusion in the Rules Docket must be received on or before December 2, 1998.

ADDRESSES: Send comments on the direct final rule in triplicate to: Federal Aviation Administration, Attn: Manager, Airspace Branch, AWP–520, Docket No. 98–AWP–23, Air Traffic Division, P.O. Box 92007, Worldway Postal Center, Los Angeles, California 90009.

The official docket may be examined in the Office of the Assistant Chief Counsel, Western-Pacific Region, Federal Aviation Administration, Room 6007, 15000 Aviation Boulevard, Lawndale, California 90261.

An informal docket may also be examined during normal business hours at the Office of the Manager, Airspace Branch, Air Traffic Division at the above address.

FOR FURTHER INFORMATION CONTACT: Jeri Carson, Air Traffic Division Airspace Specialist, AWP–520.11, Western-Pacific Region, Federal Aviation Administration, 15000 Aviation Boulevard, Lawndale, California 90261, telephone (301) 725–6611.

SUPPLEMENTARY INFORMATION:

The Direct Final Rule Procedure

The FAA anticipates that this regulation will not result in adverse or negative comment and therefore is issuing it as a direct final rule. Unless a written adverse or negative comment or a written notice of intent to submit an adverse or negative comment is received within the comment period, the regulation will become effective on the date specified above. After the close of the comment period, the FAA will publish a document in the **Federal Register** indicating that no adverse or negative comments were received and confirming the effective date of the final rule. If the FAA does receive, within the comment period, an adverse or negative comment, or written notice of intent to submit such a comment, a document withdrawing the direct final rule will be published in the **Federal Register,** and a notice of proposed rulemaking may be published with a new comment period.

Comments Invited

Although this action is in the form of a final rule and was not preceded by a notice of proposed rulemaking, 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 should identify the Rule 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 or withdrawn in light of the comments received. Factual information that supports the commenter's ideas and suggestions is extremely helpful in evaluating the effectiveness of this 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 action 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 No. 98–AWP–23.'' The postcard will be date stamped and returned to the commenter.

Agency Findings

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 noncontroversial and unlikely to result in adverse or negative comments. For the reasons discussed in the preamble, this regulation only involves an established body of technical regulations for which frequent and routine amendments are necessary to keep them operationally current. Therefore, this regulation—(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—DESIGNATION OF CLASS A, CLASS B, CLASS C, CLASS D, AND CLASS E AIRSPACE AREAS; ROUTES; AND REPORTING POINTS

1. The authority citation for 14 CFR 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 7400.9F, Airspace Designations and Reporting Points, dated September 10, 1998, and effective September 16, 1998, is amended as follows:

Paragraph 6003 Class E Airspace Designated as an Extension

* * * * *

AWP CA E3 Reno, NV [Revised]

Reno/Tahoe International Airport, NV
(Lat. 39°41′50″N, Long. 119°46′08″W)

That airspace extending upward from the surface within 1.8 miles each side of the Reno ILS localizer north course extending from the 5-mile radius of Reno/Tahoe International Airport to 13.1 miles north of the airport, and within 1.8 miles each side of the Reno localizer south course, extending from the 5-mile radius of the airport to 9.7 miles south of the airport.

* * * * *

Issued in Los Angeles, California, on October 19, 1998.

Dawna J. Vicars,

Acting Manager, Air Traffic Division, Western-Pacific Region.

[FR Doc. 98–29297 Filed 10–30–98; 8:45 am]

BILLING CODE 4910–13–M

DEPARTMENT OF TRANSPORTATION

Federal Aviation Administration

14 CFR Part 71

[Airspace Docket No. 98–AWP–22]

Establishment of Class E Airspace; Metropolitan Oakland International Airport, CA

AGENCY: Federal Aviation Administration (FAA), DOT.

ACTION: Direct final rule; request for comments.

SUMMARY: This action will establish a Class E airspace area consisting of airspace extending upward from the surface designated as an extension to the Class C surface area at Metropolitan Oakland International Airport, CA. The establishment of this E3 airspace is necessary in order to retain the existing instrument approach procedure known as the ILS RWY 27R at Metropolitan Oakland International Airport. Recent installation of new Runway Visual Range (RVR) equipment serving Runway 27R at Oakland has resulted in the need to revise the weather minimums for the ILS RWY 27R instrument approach procedure. In conjunction with revising those minimums, a modification to the protected airspace for the ILS RWY 27R is required in order to satisfy current terrain clearance specifications determined by Federal Aviation Administration Flight Standards Service to be essential for ensuring aviation safety.

EFFECTIVE DATE: 0901 UTC January 28, 1999. *Comment date:* Comments for inclusion in the Rules Docket must be received on or before December 2, 1998.

ADDRESSES: Send comments on the direct final rule in triplicate to: Federal Aviation Administration, Attn: Manager, Airspace Branch, AWP–520, Docket No. 98–AWP–22, Air Traffic Division, P.O. Box 92007, Worldway Postal Center, Los Angeles, California 90009.

The official docket may be examined in the Office of the Assistant Chief Counsel, Western-Pacific Region, Federal Aviation Administration, Room 6007, 15000 Aviation Boulevard, Lawndale, California 90261.

An informal docket may also be examined during normal business hours at the Office of the Manager, Airspace Branch, Air Traffic Division at the above address.

FOR FURTHER INFORMATION CONTACT: Jeri Carson, Air Traffic Division Airspace Specialist, AWP–520–11, Western-Pacific Region, Federal Aviation Administration, 15000 Aviation Boulevard, Lawndale, California 90261, telephone (310) 725–6611.

SUPPLEMENTARY INFORMATION:

The Director Final Rule Procedure

The FAA anticipates that this regulation will not result in adverse or negative comment and therefore is issuing it as a direct final rule. Unless a written adverse or negative comment or a written notice of intent to submit an adverse or negative comment is received within the comment period, the regulation will become effective on the date specified above. After the close of the comment period, the FAA will publish a document in the **Federal Register** indicating that no adverse or negative comments were received and confirming the effective date of the final rule. If the FAA does receive, within the comment period, an adverse or negative comment, or written notice of intent to submit such a document withdrawing the direct final rule will be published in the **Federal Register,** and a notice of proposed rulemaking may be published with a new comment period.

Comments Invited

Although this action is in the form of a final rule and was not preceded by a notice of proposed rulemaking, 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 should identify the Rule 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 or withdrawn in light of the comments received. Factual information that supports the commenter's ideas and suggestions is extremely helpful in evaluating the effectiveness of this action and determining whether additional rulemaking action would be needed.

Comments are specifically invited on the overall regulatory, economic, environmental, an 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 action 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 No. 98–AWP–22.'' The postcard will be date stamped and returned to the commenter.

Agency Findings

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 rules does not have sufficient federalism implications to warrant the preparation of a Federalism Assessment.

The FAA has determined that this regulation is noncontroversial and unlikely to result in adverse or negative comments. For the reasons discussed in the preamble, this regulation only involves an established body of technical regulations for which frequent and routine amendments are necessary to keep them operationally current. Therefore, this regulation—(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—DESIGNATION OF CLASS A, CLASS B, CLASS C, CLASS D, AND CLASS E AIRSPACE AREAS; ROUTES; AND REPORTING POINTS

1. The authority citation for 14 CFR 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 7400.9F, Airspace Designations and Reporting Points, dated September 10, 1998, and effective September 16, 1998, is amended as follows:

Paragraph 6003 Class E Airspace Designated as an Extension

* * * * *

AWP CA E3 Oakland, CA [New]

Metropolitan Oakland International Airport, CA
(Lat. 37°43′17″, Long. 122°13′15″W)

That airspace extending upward from the surface within 2.7 miles each side of the 095° bearing from Metropolitan Oakland International Airport extending from the 5-mile radius of the airport to 8.5 miles east of the airport, excluding that airspace within the hayward, CA Class D airspace area when it is effective.

* * * * *

Issued in Los Angeles, California, on October 19, 1998.

Dawna J. Vicars,

Acting Manager, Air Traffic Division, Western-Pacific Region.

[FR Doc. 98–29299 Filed 10–30–98; 8:45 am]

BILLING CODE 4910–13–M

SECURITIES AND EXCHANGE COMMISSION

17 CFR Part 240

[Release No. 34–40587; FR–52; File No. S7–8–98]

RIN 3235–AH42

Year 2000 Readiness Reports To Be Made by Certain Non-Bank Transfer Agents

AGENCY: Securities and Exchange Commission.

ACTION: Final rule.

SUMMARY: The Securities and Exchange Commission (''Commission'') is amending Rule 17Ad–18 under the Securities Exchange Act of 1934 (''Exchange Act'') to require certain non-bank transfer agents to file with the Commission a report prepared by an independent public accountant regarding the non-bank transfer agent's process for preparing for the Year 2000. The report will provide valuable information on the existence and sufficiency of a non-bank transfer agent's process for addressing Year 2000 Problems, will provide an independent verification of the accuracy of the information contained in the non-bank transfer agent's second Form TA–Y2K, will aid the Commission in obtaining a more complete understanding of the industry's overall Year 2000 preparations, and will identify institution-specific and industry wide problems. The independent public accountant's report will be available to the public.

EFFECTIVE DATE: December 2, 1998.

FOR FURTHER INFORMATION CONTACT: Jerry W. Carpenter, Assistant Director, 202/942–4187; Thomas C. Etter, Jr., Special Counsel, 202/942–4187; Jeffrey Mooney, Special Counsel, 202/942–4187; or Gregory J. Dumark, Attorney, 202/942–4187, Division of Market Regulation, Securities and Exchange Commission, 450 Fifth Street, N.W., Mail Stop 10–1, Washington, D.C. 20549.

SUPPLEMENTARY INFORMATION:

I. Introduction

The Commission views the Year 2000 Problem [1] as a serious issue that if not addressed could disrupt the proper functioning of many of the world's

[1] The Commission has defined the term ''Year 2000 Problem'' to include any erroneous result caused by any computer software: (i) Incorrectly reading the date ''01/01/00'' or any year thereafter; (ii) incorrectly identifying a date in the year 1999 or any year thereafter; (iii) failing to detect that the Year 2000 is a leap year, and (iv) any other computer error that is directly or indirectly related to (i), (ii), or (iii) above.

computer systems. At midnight on December 31, 1999, unless the proper modifications have been made, computer systems may start to produce erroneous results because, among other things, the systems may incorrectly read the date ''01/01/00'' as being the year 1900 or another incorrect date. In addition, systems may fail to detect that the Year 2000 is a leap year. Problems can also arise earlier than January 1, 2000, as dates in the next millennium are entered into non-Year 2000 compliant programs. Due to the serious nature of this issue, both non-bank transfer agents and the Commission are working hard to address the industry's Year 2000 problems.

As part of the Commission's ongoing efforts relating to the Year 2000, on July 2, 1998, we adopted Rule 17Ad–18 [2] to require non-bank transfer agents [3] to file reports with us describing their efforts to address Year 2000 problems on new Form TA–Y2K.[4] Part I of Form TA–Y2K is a check-the-box Year 2000 questionnaire. Each non-bank transfer agent that is not eligible for an exemption under existing Rule 17Ad–13(d) [5] is also required to file Part II of Form TA–Y2K, which requires a narrative discussion of its efforts to address Year 2000 Problems.[6] Form TA–Y2K is required to be filed no later than August 31, 1998, reflecting the non-bank transfer agent's Year 2000 efforts as of July 15, 1998, and no later than April 30, 1999, reflecting the non-bank transfer agent's Year 2000 efforts as of March 15, 1999.

[2] 17 CFR 240.17Ad–18.

[3] Non-bank transfer agents are those transfer agents whose appropriate regulatory agency is the Commission. For purposes of this release and Rule 17Ad–18, transfer agents that are saving associations regulated by the Office of Thrift Supervision are considered bank transfer agents.

[4] Release No. 34–40163 (July 2, 1998), 63 FR 37688 (July 13, 1998) (''Adopting Release''). *See also* Release No. 34–39726 (March 5, 1998), 63 FR 12062 (March 12, 1998) (''Proposing Release'') and Release No. 34–39859 (extending the comment period from April 13, 1998 to April 27, 1998).

[5] 17 CFR 240.17 Ad–13(d).

[6] Rule 17Ad–13(d) contains an exemption from the requirement to file an annual study and evaluation of internal accounting control for transfer agents that: (1) Perform transfer agent functions solely for their own securities, securities issued by a subsidiary in which they own 51% or more of the subsidiary's capital stock and securities issued by another corporation that owns 51% or more of the capital stock of the registered transfer agent; (2) received less than 500 items for transfer and less than 500 items for processing during the preceding six months (or in the time that it has been in business, if shorter); and (3) maintained master shareholder files that in the aggregate contained less than 1,000 shareholder accounts or was the named transfer agent for less than 1,000 shareholder accounts at all times during the preceding fiscal year (or in the time that it has been in business, if shorter).

In the Adopting Release, we deferred consideration of our original proposal to require certain assertions by a non-bank transfer agent regarding its process for addressing Year 2000 Problems be attested to or verified in some manner by an independent public accountant. In a Companion Release, also issued on July 2, 1998, we solicited additional comments on the appropriate independent public accountant review, including comments on the feasibility and desirability of an agreed-upon procedures engagement in which an independent public accountant would follow certain established procedures as an independent check on a non-bank transfer-agent's assertions on the Form TA–Y2K.[7]

The Commission received 18 comment letters regarding either the appropriate independent public accountant review or the feasibility and desirability of an agreed-upon procedures engagement.[8] Fifteen of the letters responded to the proposed attestation requirement with the majority of the commenters expressing concern about the scope and workability of an attestation review. Three letters were received in response to our second solicitation of comments on the appropriate scope of the independent public accountant's review, and they were generally opposed to any additional reporting or regulatory requirements. However, three commenters indicated that an agreed-upon procedures approach mitigated some of their concerns regarding the proposed attestation review requirement. After considering the comments received, we are adopting the proposed amendments with the changes discussed below.

II. Description of the Proposed Rule Amendments

Under the original proposal, a non-bank transfer agent that did not qualify for an exemption under existing Rule 17Ad–13(d) would have been required to make certain specific assertions as part of its second Year 2000 report regarding its efforts to address Year 2000 Problems.[9] In addition to making the assertions, the non-bank transfer agent would have been required to engage an independent public accountant to attest to whether there was a reasonable basis for these assertions.

III. Discussion of Final Rule Amendments

A. Independent Public Accountant Review

The American Institute of Certified Public Accountants (''AICPA''), among other commenters, stated that the proposed attestation report would be difficult for independent public accountants to provide. The AICPA said that some of the required non-bank transfer agent assertions are not appropriate for accountant attestation because the assertions are not capable of reasonably consistent measurement against reasonable criteria. Currently, there are no uniform, well established criteria related to Year 2000 remediation efforts. The lack of established criteria would likely result in significant variation in the examination procedures performed by independent public accountants and thus would reduce the usefulness of the attestation reports. In addition, the AICPA expressed concern that the purpose and conclusions of the attestation report could be misunderstood. The AICPA was primarily concerned that uninformed users of the attestation reports would place undue reliance on them. Several other commenters also expressed concern that independent public accountants probably do not have the expertise required to properly evaluate the non-bank transfer agent's Year 2000 efforts and that requiring an attestation engagement would be burdensome.

We believe that requiring a non-bank transfer agent to file a report prepared by an independent public accountant will benefit the securities industry's and our efforts to prepare for the Year 2000 by improving the accuracy of the non-bank transfer agent's second Year 2000 report and by encouraging the non-bank transfer agent to proceed expeditiously with its efforts to address Year 2000

[7] Release No. 34–40165 (July 2, 1998), 63 FR 37710 (July 13, 1998) (''Companion Release'') (reopening the comment period on the appropriate scope of independent public accountant review until August 12, 1998).

[8] All comment letters are available in File No. S7–8–98 at the our Public Reference Room, 450 Fifth Street, N.W., Washington, DC 20549.

[9] Each non-bank transfer agent would have been required to assert: (1) Whether it has developed written plans for preparing and testing its computer systems for potential Year 2000 Problems; (2) whether the board of directors, or similar body, has approved these plans, and whether a member of the non-bank transfer agent's board of directors, or similar body, is responsible for executing the plans; (3) whether its Year 2000 remediation plans address all domestic and international operations, including the activities of its subsidiaries, affiliates, and divisions; (4) whether it has assigned existing employees, hired new employees, or engaged third parties to execute its Year 2000 remediation plans; and (5) whether it has conducted internal and external testing of its Year 2000 solutions and whether the results of those tests indicate that the non-bank transfer agent has modified its software to correct Year 2000 problems. Many of the issues covered by the assertions were adopted as questions in Part II of Form TA–Y2K.

Problems. We will use the reported information to obtain a more complete understanding of the industry's overall Year 2000 preparations and to identify institution-specific and industry-wide problems. Information in the reports will also help us focus Year 2000-related efforts for 1999 on particular industry segments or non-bank transfer agents that appear to pose the greatest risk of not being ready for Year 2000. In sum, the rule amendments will enable the Commission to take a more active role in reducing the Year 2000 risk to the securities industry.

However, we have modified the scope of the independent public accountant review. The rule adopted today requires each non-bank transfer agent that is required to file Part II of Form TA–Y2K, by April 30, 1999, to include with that filing a report prepared by an independent public accountant regarding the non-bank transfer agent's process for addressing Year 2000 Problems. The independent public accountant's report must be prepared in accordance with standards that have been reviewed by the Commission and that have been issued by a national organization that is responsible for promulgating authoritative accounting and auditing standards. In conjunction with adopting this reporting requirement, we have reviewed the procedures included in the Statement of Position 98–8, issued by the Auditing Standards Board.[10] An independent public accountant's report prepared in accordance with SOP 98–8 would satisfy the independent public accountant reporting requirements adopted by the Commission today.[11] Statement of Position 98–8 is discussed in more detail below.

B. Statement of Position 98–8

The AICPA, along with other commenters, suggested that an ''agreed-upon procedures'' engagement, instead of an attestation engagement, would more effectively meet our objectives. Pursuant to such an engagement, a non-bank transfer agent would engage an independent public accountant to perform and report on specific procedures designed to meet the review objectives. This would eliminate the variability of examination procedures performed by independent public accountants and increase the consistency of the reports. In addition, other commenters indicated that an agreed-upon procedures engagement would be less time-consuming, less costly, and less disruptive operationally than the attestation approach.

SOP 98–8 addresses commenters' concerns regarding an attestation engagement by providing independent public accountants a list of procedures to follow when preparing its report on the non-bank transfer agent's process for addressing Year 2000 Problems. More specifically, these procedures require an independent public accountant to consider the non-bank transfer agent's plan for addressing Year 2000 problems, its efforts to repair its affected computer systems, its tests of completed repairs, and its efforts to monitor the progress of the Year 2000 project. In addition, through SOP 98–8 the independent public accountant is provided a reporting format to use when reporting the results of executing the specified procedures. Finally, SOP 98–8 provides the independent public accountant with guidance on how to execute the procedures and how to report any exceptions identified.

We believe that the procedures and reporting format contained in SOP 98–8 meet our regulatory objectives. The execution of the procedures by an independent public accountant (i) will provide valuable information on the existence and sufficiency of a non-bank transfer agent's process for addressing Year 2000 Problems; (ii) will provide an independent verification of the accuracy of the information contained in the non-bank transfer agent's second Form TA–Y2K; (iii) will aid us in obtaining a more complete understanding of the industry's overall Year 2000 preparations; and (iv) will identify institution-specific and industry-wide problems.

C. Public Availability

The proposed rules would have made the independent public accountant's attestation report available to the public. The AICPA, in addition to other commenters, expressed concerns that some users of these reports could place undue reliance on the reports and that the technical nature of the reports could confuse investors. However, we believe that the public's interest is best served by requiring full and open disclosure. Allowing the public to have access to the independent public accountant's report will assist interested persons in determining whether a non-bank transfer agent has a process for addressing Year 2000 Problems. For example, after reviewing a non-bank transfer agent's accountant's report, an issuer using the non-bank transfer agent might request additional information or assurances if the non-bank transfer agent does not appear to be taking the steps necessary to be Year 2000 compliant. In the absence of such assurances, an issuer could determine whether it wishes to continue its dealings with that non-bank transfer agent.

The rule amendments adopted by the Commission today provide that the public will have access to the independent public account's report.[12] In addition, the Commission or its staff, after reviewing Forms TA–Y2K, accompanying accountant's reports, and other pertinent information, may make findings or conclusions or compile information from filings by individual non-bank transfer agents and make non-bank transfer agent specific, aggregate, or derivative information available to the public, Congress, or other members of the securities industry.

We note, however, that the accountant's report has a specific regulatory purpose and is not intended to express an opinion or finding regarding whether a non-bank transfer agent is Y2K compliant. The following excerpts from the sample ''Independent Accountant's Report on Agreed-Upon Procedures'' attached to the AICPA's SOP makes clear the limitations of the accountant's role and report:

> We have performed the procedures enumerated below as specified in the American Institute of Certified Public Accountant's (AICPA's) Statement of Position 98–8 which were agreed to by ABC Transfer Agent (hereinafter referred to as the ''entity'') to assist the users in evaluating the entity's assertions in Parts I and II of Form TA–Y2K (''Form TA–Y2K'') as of March 15, 1999, prepared and filed pursuant to requirements of SEC rule 17Ad–18. Pursuant to Securities and Exchange Commission (SEC) Release No. 40587, these agreed-upon procedures will satisfy the SEC's regulatory requirements. This report is issued solely for these regulatory purposes.

[10] The AICPA's Auditing Standards Board is responsible for the promulgation of auditing and attestation standards and procedures to be observed by members of the AICPA in accordance with the Institute's Bylaws and Code of Professional Conduct.

[11] In reviewing SOP 98–8, the Commission considered whether it required the independent public accountant to perform procedures regarding the non-bank transfer agent's plan for addressing Year 2000 problems, efforts to repair affected computer systems, tests of completed repairs, and efforts to monitor the progress of the non-bank transfer agent's Year 2000 project.

[12] An agreed-upon procedures engagement conducted in accordance with SOP 98–8 must also comply with SSAE No. 4, Agreed-Upon Procedures Engagements. See AICPA, Professional Standards, Vol. 1, AT Sec. 600. SSAE No. 4 states, among other things, that a report on the performance of agreed-upon procedures should restrict the use of the report to parties specifically identified as users within the report. However, SSAE No. 4 does not limit who may have access to the report. While the intended users of an independent public accountant's report prepared in accordance with SOP 98–8 are limited to those parties specifically identified in the report, SSAE No. 4 does not limit who may have access to the report.

This agreed-upon procedures engagement was performed in accordance with standards established by the AICPA. The sufficiency of these procedures is solely the responsibility of the specified users of the report. Consequently, we make no representation regarding the sufficiency of the procedures described below either for the purpose for which this report has been requested or for any other purpose.

We were not engaged to, and did not, perform an examination, the objective of which would be the expression of an opinion on the entity's assertions included in Form TA–Y2K referred to in the introductory paragraph of this report. Accordingly, we do not express such an opinion. Had we performed additional procedures, other matters might have come to our attention that would have been reported to you. Our procedures also do not provide assurances that the entity is or will be year 2000 ready, that its year 2000 project plans will be successful in whole or in part, or that parties with which the entity does business will be year 2000 ready.

This report is intended solely for the information and use of the Board of Directors and Management of ABC Transfer Agent, and the Securities and Exchange Commission, and is not intended to be and should not be used by anyone other than these specified parties.

D. Timing

Rule 17Ad–18 adopted by the Commission in July requires all non-bank transfer agents to file at least Part I of Form TA–Y2K on August 31, 1998 and April 30, 1999. Those non-bank transfer agents that do not qualify for an exemption under Rule 17Ad–13(d) also must complete Part II of Form TA–Y2K. The rule adopted today also requires non-bank transfer agents that do not qualify for an exemption under Rule 17Ad–13(d) to file the report prepared by the independent public accountant by April 30, 1999 reflecting the non-bank transfer agent's Year 2000 efforts as of March 15, 1999.

IV. Costs and Benefits

In the Proposing Release, we requested that commenters provide analysis and data supporting the costs and benefits of the proposed rule. In a second release soliciting additional comments on the appropriate scope of the independent public accountant's review, we solicited comments on the desirability and feasibility of an agreed-upon procedures approach. Several commenters indicated that our cost estimates with regard to the attestation report were too low. However, no commenters provided detailed information or data as to the costs of the proposed amendment.

As discussed more fully in part III. A. above, the Commission is adopting a requirement that certain non-bank transfer agents file with their second Form TA–Y2K a report prepared by an independent public accountant regarding the non-bank transfer agent's process for addressing Year 2000 Problems. In addition, we have determined that an independent public accountant's report prepared in accordance with SOP 98–8 will meet our regulatory objectives. It is important to note that the independent public accountant review adopted by us today is significantly less in scope than the proposed attestation review. As a result, the aggregate cost of complying with the rule should be less.

In the Proposing Release, the Commission estimated that on average a non-bank transfer agent would spend 30 hours working with its independent public accountant and that the cost of the attestation report could range from $5,000 to $200,000 with the average cost likely to be $25,000.[13] Without providing cost figures or analysis, commenters indicated that these estimated costs were too low. Consequently, Commission staff contacted a number of accounting firms and the AICPA to obtain detailed data on the costs to non-bank transfer agents of the independent public accountant's report. However, the parties contacted would not formally submit cost data.

Therefore, despite the reduced scope of the independent public accountant review adopted by us today and based on the comments received and the efforts of its staff, we are retaining our original cost estimates. We estimate that the total cost to the industry of non-bank transfer agents obtaining and filing the independent public accountant's reports is $5,400,000. This is based on the approximately 200 non-bank transfer agents who did not qualify for any exemption spending on average 20 hours at $100 per hour working with their accountants and spending on average $25,000 in additional accounting fees. It is important to note that this is a total cost estimate and not an annual cost. Non-exempt non-bank transfer agents will only be required to file one independent public accountant's report. We further note that by limiting the requirement to those non-bank transfer agents who pose the greatest risk to customers and the market if they are not Year 2000 compliant, we have not imposed this burden on small non-bank transfer agents. For more information on the amendments effect on small non-bank transfer agents see part VI below.

No commenters specifically addressed the potential benefits of the amendments, and the Commission has not been able to quantify those benefits.[14] We are aware of the significant effort the securities industry has put forth and the progress its has made but believe that significant progress still needs to be made by the securities industry to be ready for the Year 2000.

As previously discussed in paragraph III. A. above, we believe that a regulatory requirement to file an independent public accountant's report will improve the accuracy of the non-bank transfer agent's second Year 2000 report and should encourage the non-bank transfer agent to proceed expeditiously with its efforts to prepare for the Year 2000. We will use the reported information to obtain a more complete understanding of the industry's overall Year 2000 preparations and to identify institution-specific and industry-wide problems. Information in the reports will help us focus our Year 2000-related efforts for 1999 on particular industry segments or firms that appear to pose the greatest risk of non-compliance and will enable us to take a more active role in reducing the Year 2000 risk to the securities industry. In light of the seriousness and pervasiveness of the Y2K problem and in light of the systematic risk it presents to the securities industry and investors, we believe the significant benefits that will result from the independent public accountant's report justify the cost.

V. Efficiency, Competition, and Capital Formation

Section 23(a) of the Exchange Act[15] requires the Commission, in adopting rules under the Exchange Act, to consider the impact any such rule would have on competition and to not adopt a rule that would impose a burden on competition not necessary or appropriate in furthering the purposes of the Exchange Act. Furthermore, Section 3(f) of the Exchange Act[16] provides that whenever the Commission is engaged in rulemaking and is required to consider or determine whether an action is necessary or appropriate in the public interest, we also shall consider in addition to the

[13] This estimate has been revised to 20 hours. The Commission believes that 20 hours more accurately reflects the amount of time a non-bank transfer agent must work with its independent public accountant to prepare a report regarding the non-bank transfer agent's process for preparing for the Year 2000.

[14] One commenter expressed concern that the cost of obtaining the independent public accountant's report would outweigh its benefits. However, the commenter did not provide any specific information or analysis.

[15] 15 U.S.C. 78w (a)(2).

[16] 15 U.S.C. 78c.

protection of investors whether the action will promote efficiency, competition, and capital formation.

We have considered the amendments to Rule 17Ad–18 in light of the standards cited in Section 3 and 23 (a)(2) of the Exchange Act. In addition, we sought comments on the proposed amendments' effect on competition, efficiency, and capital formation. No commenters specifically addressed the issue of whether the proposed accountant's review would affect competition, and no comments were received regarding the proposed amendment's effect on efficiency and capital formation.

In the Proposing Release, we stated that the proposed amendments should not unduly burden competition. We have drafted the rule amendments so as to minimize their impact on competition. We have, in adopting the independent public accountant's reporting requirement, differentiated between non-bank transfer agents based upon their size, type of business, and relative risk they pose to customers and the market if they are not Year 2000 compliant. Non-bank transfer agents that qualify for an exemption under existing Rule 17Ad–13(d) are not required to file the accountant's report.[17] We believe that the proposed rule does not impose any burden on competition not necessary or appropriate in furtherance of the Exchange Act.

We believe that the rule should increase the efficiency and effectiveness of the our efforts to prepare for the Year 2000 by enabling the us to obtain a more complete understanding of the industry's overall Year 2000 preparations and to identify institution-specific and industry-wide problems. Information in the reports will also help us focus our Year 2000-related efforts for 1999 on particular industry segments or firms that appear to pose the greatest risk of non-compliance. In addition, we believe that the rule does not adversely affect capital formation. However, failure on the part of the Commission and the securities industry to adequately prepare for the Year 2000 could adversely affect capital formation at the beginning of the next millennium.

VI. Summary of Final Regulatory Flexibility Analysis

Pursuant to Section 605(b) of the Regulatory Flexibility Act, 5 U.S.C. 605(b), the Chairman of the Commission has certified that the amendment to Rule 17Ad–18 would not, if adopted, have an economic impact on small entities. The amendment requires certain non-bank transfer agents not eligible for an exemption under existing Rule 17Ad–13(d) to file with the Commission a report prepared by an independent public accountant regarding the non-bank transfer agent's process for preparing for the Year 2000. All small non-bank transfer agents qualify for an exemption pursuant to Rule 17Ad–13(d). Accordingly, the amendment would have no economic impact on small entities.

VII. Paperwork Reduction Act

The amendments to Rule 17Ad–18 adopted by the Commission today also amend the following collection of information within the meaning of the Paperwork Reduction Act of 1995 (''PRA''): [18] Reports to be Made by Certain Transfer Agents; Rule 17Ad–18—Year 2000 Problem.[19] Accordingly, the collection of information requirements regarding the accountant's report was submitted to OMB for review [and was approved].

The Proposing Release solicited comments on the proposed collections of information. No comments were received that specifically addressed the PRA submission. However, as discussed in sections III. and IV. above, we received suggestions that would improve the accountant's report requirement. Based upon these suggestions, the collection of information has been adjusted as described in section III. above and is in accordance with Section 3507 of the PRA.[20] These adjustments include reducing the scope of accountant's review to increase the consistency, accuracy and comparability of the information collected. In addition, the adjustments will reduce the time required to summarize, track, analyze, and report the information received.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the agency displays a valid OMB control number. Non-bank transfer agents are required to comply with the collection of information pursuant to Rule 17Ad–18, and the information is necessary to provide us with a better understanding of the security industry's readiness for the Year 2000. The information collected pursuant to Rule 17Ad–18 will be public.

As previously discussed, we have reduced the scope of the independent public accountant's review. However, after carefully considering the comments received, we are retaining its original estimate of the burden hours associated with obtaining the independent public accountant's report. Thus, we estimate that under the final rule, a non-bank transfer agent will on average spend 20 hours obtaining the independent public accountant's report. This is in addition to the two hours a non-bank transfer agent will spend preparing Part I of Form TA–Y2K and 35 hours they will spend preparing Part II of Form TA–Y2K.

The total annualized burden to the securities industry is estimated to be 12,480 hours. This is based on approximately 740 respondents spending on average two hours completing Part I of Form TA–Y2K; approximately 200 respondents spending on average 35 hours preparing Part II of Form TA–Y2K and an additional 20 hours working with their independent public accountant on the independent public accountant's report.

VI. Statutory Basis

Pursuant to the Securities Exchange Act of 1934 and particularly Sections 17(a) and 23(a) thereof, 15 U.S.C. 78o(c)(3) and 78w, the Commission is adopting § 240.17Ad–18 of Title 17 of the Code of Federal Regulations in the manner set forth below.

List of Subjects in 17 CFR Part 240 and 249

Reporting and recordkeeping requirements, Securities.

Text of Final Rule

In accordance with the foregoing, Title 17, chapter II, part 240 of the Code of Federal Regulations is amended as follows:

PART 240—GENERAL RULES AND REGULATIONS, SECURITIES EXCHANGE ACT OF 1934

1. The authority citation for Part 240 continues to read in part as follows:

Authority: 15 U.S.C. 77c, 77d, 77g, 77j, 77s, 77z–2, 77eee, 77ggg, 77nnn, 77sss, 77ttt, 78c, 78d, 78f, 78i, 78j, 78j–1, 78k, 78k–1, 78*l*, 78m, 78n, 78o, 78p, 78q, 78s, 78u–5, 78w, 78x, 78*ll*(d), 78mm, 79q, 79t, 80a–20, 80a–23, 80a–29, 80a–37, 80b–3, 80b–4 and 80b–11, unless otherwise noted.

* * * * *

2. Amending § 240.17Ad—18 by adding paragraph (f) to read as follows:

§ 240.17Ad–18 Reports to be made by certain non-bank transfer agents.

* * * * *

[17] Generally, the type of business conducted by a non-bank transfer agent that does not qualify for an exemption poses a greater risk to customers and the markets if the non-bank transfer agent is not Year 2000 compliant.

[18] 44 U.S.C. 3501 *et seq.*

[19] Office of Management and Budget (''OMB'') control number 3235–0512.

[20] 44 U.S.C. 3507.

(f) *Nature and form of reports.* No later than April 30, 1999, every non-bank transfer agent required to file Part II of Form TA–Y2K (§ 249.619 of this chapter) pursuant to paragraph (b)(8) of this section shall file with its Form TA–Y2K an original and two copies of a report prepared by an independent public accountant regarding the non-bank transfer agent's process, as of March 15, 1999, for addressing Year 2000 Problems with the Commission's principal office in Washington, D.C. The independent public accountant's report shall be prepared in accordance with standards that have been reviewed by the Commission and that have been issued by a national organization that is responsible for promulgating authoritative accounting and auditing standards.

* * * * *

Dated: October 22, 1998.

By the Commission.

Margaret H. McFarland,

Deputy Secretary.

[Note: This Certification to the preamble will not appear in the Code of Federal Regulations]

Regulatory Flexibility Act Certification

I, Arthur Levitt, Jr., Chairman of the U.S. Securities and Exchange Commission (''Commission''), hereby certify, pursuant to 5 U.S.C. § 605(b), that the amendment to Rule 17Ad–18 (''Rule'') under the Securities Exchange Act of 1934, (''Exchange Act'')[21] set forth in Securities Exchange Act Release No. 34–40587, will not, if promulgated, have a significant economic impact on a substantial number of small entities. The amendment requires certain non-bank transfer agents not eligible for an exemption under existing Rule 17Ad–13(d)[22] to file with the Commission a report prepared by an independent public accountant regarding the non-bank transfer agent's process for preparing for the Year 2000. All small entities qualify for an exemption pursuant to Rule 17Ad–13(d). Accordingly, the amendment will not, if promulgated, have a significant economic impact on a substantial number of small entities.

Dated: October 22, 1998.

Arthur Levitt, Jr.,

Chairman.

[FR Doc. 98–29116 Filed 10–30–98; 8:45 am]

BILLING CODE 8010–01–U

[21] 15 U.S.C. 78a *et seq.*

[22] 17 CFR 240.17Ad–13(d).

DEPARTMENT OF TRANSPORTATION

Coast Guard

33 CFR Part 165

[CGD 05–98–038]

RIN 2115–AA97

Safety Zone: Atlantic Intracoastal Waterway, Vicinity of Marine Corps Base, Camp Lejeune, NC

AGENCY: Coast Guard, DOT.

ACTION: Final rule.

SUMMARY: The Coast Guard is establishing a safety zone in the Atlantic Intracoastal Waterway (AICW) adjacent to Marine Corps Base (MCB) Camp Lejeune, North Carolina, which encompasses the navigable waters of the AICW and connecting waters between Cedar Point and Bear Creek. The safety zone will improve vessel safety and permit maximum safe nonmilitary use of the AICW during times of military training involving the firing of live ammunition.

DATES: This final rule is effective on December 2, 1998.

ADDRESSES: Documents as indicated in this preamble are available for inspection or copying at the office of the Commanding Officer, U.S. Coast Guard Marine Safety Office Wilmington, 272 North Front Street, Suite 500, Wilmington, NC 28401–3907, between 8 a.m. and 4 p.m., Monday through Friday, except federal holidays. The telephone number is (910) 815–4895.

FOR FURTHER INFORMATION CONTACT: LT D.C. Brown, USCG, Project Officer, c/o Commanding Officer, U.S. Coast Guard Marine Safety Office Wilmington, 272 North Front Street, Wilmington, North Carolina 28401–3907, phone: 1–(800) 325–4956 or (910) 815–4895 ext. 108.

SUPPLEMENTARY INFORMATION:

Regulatory History

On June 16, 1998, the Coast Guard Published a Notice of Proposed Rulemaking (NPRM) entitled ''Safety Zone: Atlantic Intracoastal Waterway, Vicinity of Marine Corps Base Camp Lejeune, NC'' in the **Federal Register** (63 FR 32781). The Coast Guard did not receive any comments on the proposed rulemaking. No public hearing was requested and none was held.

Background and Purpose

Military personnel fire live ammunition on training ranges at Marine Corps Base (MCB) Camp Lejeune. During these live firing exercises, projectiles sometimes travel across the Atlantic Intracoastal Waterway (AICW) and into the Atlantic Ocean. Firing live ammunition across the AICW creates a hazardous condition to vessels that may be near the impact area of the projectiles. Army Corps of Engineers (ACOE) regulations in 33 CFR 334.440 designate certain coastal and connecting waters in the vicinity of Camp Lejeune as either danger zones or restricted areas.

The ACOE regulations at 33 CFR 334.440(e)(2)(ii) prohibit vessels from entering the waters between the south bank of Bear Creek and the north bank of the north connecting channel between the AICW and Browns Inlet at all times. 33 CFR 334.440(e)(2)(iii) prohibits vessels from passing through the north connecting channel and the south connecting channel in the area between the AICW and Browns Inlet to the Atlantic Ocean during times of military use, including live firing and bombing. These ACOE regulations do not preclude vessels from transiting the AICW. The ACOE regulation at 33 CFR 334.440(e)(2)(i) permits vessels to proceed through the area of the AICW between Bear Creek and the Onslow Beach Bridge without stopping except in cases of extreme emergencies.

Notwithstanding the ACOE regulations in 33 CFR 334.440(e)(2)(i), however, the Coast Guard may, in the interest of public safety, restrict vessel movement through the AICW by establishing a safety zone. The Coast Guard's former method of controlling vessel traffic through the AICW during live firing exercises was by establishing temporary safety zones that restrict access to portions of the AICW during live firing exercises. This rule establishes a permanent safety zone that will enhance safety for mariners and still accommodate necessary military training. The permanent regulation will also more adequately notify mariners about the existence and location of the safety zone, which has been established in the past by frequent temporary rules of short duration.

The Marine Corps' firing range training schedule is not extensive. Generally, mariners will not experience extended periods (over 12 consecutive hours) of activity on the ranges. Firing ranges are used an average of two days every month. Encountering more than two consecutive days of range activity would be unusual. Generally, MCB Camp Lejeune provides the Coast Guard 2 or 3 weeks notice of their intent to use the range.

This regulation was developed by the Coast Guard based on discussions with the Marine Corps, local towboat operators, fishermen, and recreational

boaters. Based on those discussions, the Coast Guard believes this final rule is the best method of enhancing public safety, allowing maximum access through the AICW, and facilitating military training aboard the Marine Corps Base.

Discussion of Comments and Changes

The Coast Guard received no comments on the proposed rulemaking. Therefore, the final rule is being implemented without change.

Regulatory Evaluation

This final rule is not a significant regulatory action under section 3(f) of Executive Order 12866 and does not require an assessment of potential costs 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 final rule to be so minimal that a full Regulatory Evaluation under paragraph 10e of the regulatory policies and procedures of DOT is unnecessary. The Coast Guard does not expect extensive activation of this safety zone. Furthermore, general permission to enter the non-hazardous parts of the safety zone may be granted, and the rest of the safety zone will be open to traffic during specified hours. Therefore, the Coast Guard expects the impact on routine navigation to be minimal.

Small Entities

Under the Regulatory Flexibility Act (5 U.S.C. 601–612), the Coast Guard must consider whether this final rule will have a significant economic impact 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 it expects the impact of this final rule to be minimal, the Coast Guard certifies under 5 U.S.C. 605(b) that this final rule will not have a significant economic impact on a substantial number of small entities.

Collection of Information

This final rule contains no information collection requirements under the Paperwork Reduction Act (44 U.S.C. 3501–3520).

Federalism

The Coast Guard has analyzed this final rule under the principles and criteria contained in Executive Order 12612 and has determined that this final rule 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 figure 2–1, paragraph (34)(g) of COMDTINST M16475.1C, this final rule is categorically excluded from further environmental documentation. A Categorical Exclusion Determination statement has been prepared and placed in the rulemaking docket.

List of Subjects in 33 CFR Part 165

Harbors, Marine safety, Navigation (water), Reporting and recordkeeping requirements, Security measures, Waterways.

Regulations

For the reasons set out in the preamble, the Coast Guard amends 33 CFR Part 165 as follows:

PART 165—[AMENDED]

1. The authority citation for Part 165 continues to read as follows:

Authority: 33 U.S.C. 1231; 50 U.S.C. 191; 33 CFR 1.05–1(g), 6.04–1, 6.04–6, and 160.5; 49 CFR 1.46.

2. A new section 165.514 is added to read as follows:

§ 165.514 Safety Zone: Atlantic Intracoastal Waterway and Connecting Waters, Vicinity of Marine Corps Base Camp Lejeune, North Carolina.

(a) *Location.* The following area is a safety zone: All waters of the Atlantic Intracoastal Waterway (AICW) and connecting waters, from Bogue Sound—New River Light 58 (LLNR 39210) at approximate position 34°37′57″ North, 077°12′18″ West, and continuing in the AICW southwest to Bogue Sound—New River Daybeacon 70 (LLNR 39290) at approximate position 34°33′07″ North, 077°20′30″ West. All coordinates reference Datum: NAD 1983.

(b) Notwithstanding the provisions of 33 CFR 334.440(e)(2)(i), no vessel may enter the safety zone described in paragraph (a) of this section while weapons firing exercises are in progress, except as provided in paragraph (c) of this section or unless permitted by the Captain of the Port (COTP) Wilmington.

(1) Red warning flags or red warning lights will be displayed on towers located at both ends of the safety zone (Bear Creek and Cedar Point) while firing exercises are in progress. The flags or lights will be displayed by 8 a.m. on days where firing exercises are scheduled, and will be removed at the end of the firing exercise.

(2) A Coast Guard or U.S. Navy vessel will patrol each end of the safety zone to ensure the public is aware that firing exercises are in progress and that the firing area is clear of vessel traffic before weapons are fired.

(c)(1) The COTP Wilmington will announce the specific times and locations of firing exercises by Broadcast Notice to Mariners and Local Notice to Mariners. Normally, weapons firing for each firing exercise is limited to a two nautical mile portion of the safety zone. The COTP may issue general permission to transit all or specified parts of the safety zone outside of the actual firing area or if firing is temporarily stopped. This general permission will be announced in a Local Notice to Mariners and Broadcast Notice to Mariners.

(2) Weapons firing will be suspended and vessels permitted to transit the specified two nautical mile firing area for a one-hour period beginning at the start of each odd-numbered hour local time (e.g., 9 a.m.; 1 p.m.). A vessel may not enter the specified firing area unless it will be able to complete its transit of the firing area before firing exercises are scheduled to re-start at the beginning of the next even-numbered hour.

(d) U.S. Navy safety vessels may be contacted on VHF marine band radio channels 13 (156.65 Mhz) and 16 (156.8 Mhz). The Captain of the Port may be contacted at the Marine Safety Office, Wilmington, NC by telephone at 1–(800) 325–4956 or (910) 815–4895.

Dated: October 19, 1998.

Roger T. Rufe, Jr.

Vice Admiral, U.S. Coast Guard, Commander, Fifth Coast Guard District.

[FR Doc. 98–29243 Filed 10–30–98; 8:45 am]

BILLING CODE 4910–15–M

ENVIRONMENTAL PROTECTION AGENCY

40 CFR Part 52

[PA 122–4078c; FRL–6182–4]

Approval and Promulgation of Air Quality Implementation Plans; Commonwealth of Pennsylvania; Interim Final Determination That Pennsylvania Continues To Correct the Deficiencies of its Enhanced I/M SIP Revision; Extension of Comment Period

AGENCY: Environmental Protection Agency (EPA).

ACTION: Interim Final Rule; extension of the comment period.

SUMMARY: In this document, EPA is reopening the comment period for a document published on September 16, 1998 (63 FR 49434). In the September 16 document, EPA made an interim final determination that the Commonwealth of Pennsylvania has corrected the deficiency under the Clean Air Act for failure to have an approved enhanced I/M SIP. EPA's September 16 interim final rule deferred the application of Clean Air Act sanctions which would otherwise have been implemented on August 29, 1998. Although that action was effective upon its publication, EPA took comments from the public until October 16, 1998. At the request of a commenter, EPA is re-opening the comment period through November 16, 1998. All comments received on or before November 16, 1998 will be entered into the public record and considered by EPA before taking final action on the interim final rule.

DATES: Comments must be received on or before November 16, 1998.

ADDRESSES: Comments may be mailed to Marcia L. Spink, Associate Director, Air Programs, Mailcode 3AP20, U.S. Environmental Protection Agency, Region III, 1650 Arch Street, Philadelphia, Pennsylvania 19103.

FOR FURTHER INFORMATION CONTACT: Brian Rehn at (215) 814–2176, or Jill Webster at (215) 814–2033; at the EPA address listed above. Information may also be requested by e-mail at webster.jill@epa.gov. However, comments must be submitted in writing to the EPA address listed above.

Dated: October 22, 1998.

Thomas C. Voltaggio,

Acting Regional Administrator, Region III.

[FR Doc. 98–29306 Filed 10–30–98; 8:45 am]

BILLING CODE 6560–50–P

ENVIRONMENTAL PROTECTION AGENCY

40 CFR Parts 52 and 81

[CT051–7209a; A–1–FRL–6182–2]

Approval and Promulgation of Air Quality Implementation Plans and Designations of Areas for Air Quality Planning Purposes; State of Connecticut; Approval of Maintenance Plan, Carbon Monoxide Redesignation Plan and Emissions Inventory for the Connecticut Portion of the New York—N. New Jersey—Long Island Area

AGENCY: Environmental Protection Agency (EPA).

ACTION: Direct final rule.

SUMMARY: EPA is approving a request by the Connecticut Department of Environmental Protection (CTDEP) on May 29, 1998 to redesignate the Connecticut portion of the New York—N. New Jersey—Long Island carbon monoxide nonattainment area (hereinafter the southwest Connecticut nonattainment area) from nonattainment to attainment for carbon monoxide (CO). EPA is approving this request which establishes the area as attainment for carbon monoxide and requires the State to implement their 10 year maintenance plan that will insure that the area remains in attainment. Under the Clean Air Act (CAA) as amended in 1990, designations can be revised if sufficient air quality data is available to warrant such revisions. EPA is approving the Connecticut request because it meets the redesignation requirements set forth in the CAA. In this action, EPA is also approving the 1993 periodic emission inventory for CO emissions.

DATES: This action is effective January 4, 1999, unless EPA receives adverse or critical comments by December 2, 1998. Should the Agency receive such comments, it will publish a timely withdrawal informing the public that this rule will not take effect.

ADDRESSES: Comments may be mailed to Susan Studlien, Deputy Director, Office of Ecosystem Protection (mail code CAA), U.S. Environmental Protection Agency, Region I, JFK Federal Bldg., Boston, MA 02203–2211. Copies of the documents relevant to this action are available for public inspection during normal business hours, by appointment at the Office of Ecosystem Protection, U.S. Environmental Protection Agency, Region I, One Congress Street, 11th floor, Boston, MA and the Bureau of Air Management, Department of Environmental Protection, State Office Building, 79 Elm Street, Hartford, CT 06106–1630.

FOR FURTHER INFORMATION CONTACT: Jeffrey S. Butensky, Environmental Planner, Air Quality Planning Unit of the Office of Ecosystem Protection (mail code CAQ), U.S. Environmental Protection Agency, Region I, JFK Federal Bldg., Boston, MA 02203–2211, (617) 565–3583 or at butensky.jeff@epamail.epa.gov

SUPPLEMENTARY INFORMATION: On May 29, 1998, the State of Connecticut submitted a formal redesignation request consisting of air quality data showing that the southwest Connecticut area is attaining the standard and a maintenance plan with all applicable requirements. In addition, in December, 1996, the State of Connecticut submitted a 1993 periodic carbon monoxide inventory which is also being approved in today's action.

I. Summary of SIP Revision

A. Background

On March 31, 1978, (See 43 FR 8962), EPA published a rulemaking which set forth the attainment status for all States in relation to the National Ambient Air Quality Standards (NAAQS). The Connecticut portion of the New York—N. New Jersey-Long Island area was designated as nonattainment for carbon monoxide (CO) through this notice. This includes the municipalities in southwest Connecticut of Bethel, Bridgeport, Bridgewater, Brookfield, Danbury, Darien, Easton, Fairfield, Greenwich, Monroe, New Canaan, New Fairfield, New Milford, Newtown, Norwalk, Redding, Ridgefield, Sherman, Stamford, Stratford, Trumbull, Weston, Westport, and Wilton.

In a letter dated March 14, 1991 from the Connecticut Department of Environmental Protection to the EPA Administrator, the State recommended that the area be classified as moderate nonattainment for CO. The moderate classification was based on monitoring data measured outside the Connecticut portion of the nonattainment area. Therefore, this area is subject to the requirements of section 187 of the Clean Air Act which sets forth requirements for CO nonattainment areas. The 1990 CAA required such areas to achieve the standard by December 31, 1995 as per CAA section 186 (a)(1). Two one year extensions were granted pursuant to section 186 (a)(4), and the entire New York—N. New Jersey—Long Island Area has been attaining the NAAQS since 1997.

The southwest Connecticut area makes up a portion of the New York—N. New Jersey-Long Island CO nonattainment area. However, EPA has determined that Connecticut can

redesignate to attainment while the remaining two states remain designated as nonattainment. Specifically, the counties in New York and New Jersey will remain designated as nonattainment due to shortfalls in their respective state implementation plans (see further discussion below). However, since Connecticut has fulfilled all Clean Air Act requirements required to redesignate, the Connecticut portion of the tri-state nonattainment area can redesignate to attainment. Therefore, in an effort to comply with the CAA and to ensure continued attainment of the NAAQS, on May 29, 1998, the State of Connecticut submitted a CO redesignation request and a maintenance plan for the southwest Connecticut area. Connecticut submitted evidence that a public hearing was held on April 21, 1998.

B. Evaluation Criteria

Rationale for Redesignating the Connecticut Portion of the New York—N. New Jersey—Long Island Area

EPA has concluded that the southwest Connecticut area can redesignate to attainment even though the New York and New Jersey portions of the nonattainment area will not be redesignating at this time. The entire tri-state area has the required two years of clean air quality data needed to allow an area to redesignate. Both New York and New Jersey have not, however, fulfilled all the Clean Air Act requirements for a CO State Implementation Plan (SIP). Therefore, New York and New Jersey cannot redesignate their CO nonattainment areas until all requirements are fulfilled. Connecticut has implemented all required control measures, including an enhanced inspection and maintenance program. EPA believes it is not reasonable in this case to prevent Connecticut from redesignating because of the failure of the other two states to fulfill their SIP obligations. To do so would have the effect of penalizing the one state of the three that has most diligently met its obligations under the Act.

As a safeguard to assure that redesignating in Connecticut will not eliminate the tracking of multi-state impacts in this nonattainment area, Connecticut has agreed in this redesignation request to provide a broad, early trigger for contingency measures. Connecticut has committed to treating an exceedance of the CO standard in any of the three States as a trigger for contingency measures in Connecticut, rather than a violation in the area (further discussed in the continency measures section of this notice.) An exceedance in any part of the nonattainment area will trigger Connecticut's commitment to assess its impact on the area of exceedance and to take an appropriate response, if any, to address the exceedance.

Current data suggest that Connecticut's contribution to CO exceedances in New York and New Jersey is not substantial. To support the fact that Connecticut has a minimal impact on CO concentrations in the other two states, EPA requested that Connecticut provide data on vehicle miles traveled (VMT) for Connecticut vehicles entering New York for work purposes. Approximately 1.1 percent of the total work trips entering the seven county New York CO nonattainment area originate from Connecticut (see the Technical Support Document for more information). Statistics on work trips to New Jersey that originate in Connecticut are not available at this time but would likely show a similar trend or even less contribution than in New York. Therefore, EPA concludes that vehicle trips originating in Connecticut make only a minor contribution to CO emissions in the New York and New Jersey portions of this nonattainment area.

Section 107(d)(3)(A) of the Act provides for EPA to redesignate portions of nonattainment areas, including ''any area or portion of an area within the State *or interstate area.*'' Given the discretion provided under the Act to act on only a portion of an interstate nonattainment area, EPA is prepared to allow Connecticut to redesignate to attainment separately from New York and New Jersey. Not to do so would penalize Connecticut for other states' failure to meet their SIP obligations. Though the entire nonattainment area now has clean air data that support redesignation, Connecticut has committed to assessing its impact on any future CO exceedances anywhere in the area if air quality should deteriorate in the future. And finally, Connecticut's contribution to VMT and CO emissions in the other states is not substantial.

Requirements for Redesignation

Section 107(d)(3)(E) of the 1990 Clean Air Act Amendments provides five specific requirements that an area must meet in order to be redesignated from nonattainment to attainment.

1. The area must have attained the applicable NAAQS;

2. The area must have a fully approved SIP under section 110(k) of CAA;

3. The air quality improvement must be permanent and enforceable;

4. The area must have a fully approved maintenance plan pursuant to section 175A of the CAA;

5. The area must meet all applicable requirements under section 110 and Part D of the CAA.

C. Review of State Submittal

The Connecticut redesignation request for the southwest Connecticut area meets the five requirements of section 107(d)(3)(E) noted above. The following is a brief description of how the State has fulfilled each of these requirements.

1. Attainment of the CO NAAQS

Connecticut has quality-assured CO ambient air monitoring data which shows that the southwest Connecticut area has met the CO NAAQS. In addition, both New York and New Jersey have met the CO NAAQS but cannot redesignate due to shortfalls in their State implementation plans (as previously discussed). The request by Connecticut to redesignate is based on an analysis of quality-assured monitoring data which is relevant to the maintenance plan and to the redesignation request. To attain the CO NAAQS, an area must have complete quality-assured data showing no more than one exceedance of the standard over at least two consecutive years. The ambient air CO monitoring data for calendar year 1995 through calendar year 1996 relied upon by Connecticut in its redesignation request shows no violations of the CO NAAQS, and the area has had no exceedances since then. Therefore, the area has complete quality assured data showing no more than one exceedance of the standard per year over at least two consecutive years and the area has met the first statutory criterion of attainment of the CO NAAQS (40 CFR 50.9 and appendix C). Connecticut also committed to continue to monitor CO in the cities of Stamford and Bridgeport.

In addition, the State has used the MOBILE5A emission model and the CAL3QHC (version 2.0) dispersion model, and the modeling results show no violations of the CO NAAQS in the year 2010. No violations are expected throughout the maintenance period (through 2010).

2. Fully Approved SIP

Connecticut's CO SIP is fully approved by EPA as meeting all the requirements of Section 110 of the Act, including the requirement in Section 110(a)(2)(I) to meet all the applicable requirements of Part D (relating to nonattainment), which were due prior to the date of Connecticut's

redesignation request. The Southwest Connecticut CO SIP was fully approved by EPA on July 25, 1996 as meeting the CO SIP requirements in effect under the CAA. The 1990 CAA required that CO nonattainment areas achieve specific new requirements depending on the severity of the nonattainment classification. The requirements for the southwest Connecticut area include the development of an attainment demonstration, vehicle miles traveled forecasts, data providing proof that the standard has been achieved, the development of continency measures and a maintenance plan, preparation of a 1990 emission inventory with periodic updates, and adherence to the conformity rules. These requirements are discussed in greater detail below.

New Source Review: Consistent with the October 14, 1994 EPA guidance from Mary D. Nichols entitled ''Part D New Source Review (part D NSR) Requirements for Areas Requesting Redesignation to Attainment,'' EPA is not requiring as a prerequisite to redesignation to attainment EPA's full approval of a part D NSR program by Connecticut. Under this guidance, nonattainment areas may be redesignated to attainment notwithstanding the lack of a fully-approved part D NSR program, so long as the program is not relied upon for maintenance. Connecticut has not relied on a NSR program for CO sources to maintain attainment. Although EPA is not treating a part D NSR program as a prerequisite for redesignation, it should be noted that EPA is in the process of taking final action on the State's revised NSR regulation. Since the southwest Connecticut area is being redesignated to attainment by this action, Connecticut's Prevention of Significant Deterioration (PSD) requirements will be applicable to new or modified sources in the southwest Connecticut area.

Emission Inventory: Under the Clean Air Act as amended, States have the responsibility to inventory emissions contributing to NAAQS nonattainment, to track these emissions over time, and to ensure that control strategies are being implemented that reduce emissions and move areas towards attainment. The inventory is designed to address actual CO emissions for the area during the peak CO season.

Section 187(a)(1) of the CAA requires that nonattainment plan provisions include a comprehensive, accurate, and current inventory of actual emissions from all sources of relevant pollutants in the nonattainment area, and this was accomplished. Connecticut included the requisite inventory in the CO SIP, and the base year for the inventory was 1990 and used a three month CO season of November 1989 through January 1990. Stationary point sources, stationary area sources, on-road mobile sources, and non-road mobile sources of CO were included in the inventory. Available guidance for preparing emission inventories is provided in the General Preamble (57 FR 13498, April 16, 1992). In this action, EPA is approving the 1990 emissions inventory for the Connecticut portion of the New York—N. New Jersey—Long Island Area.

Connecticut submitted its 1993 periodic inventory to EPA in December, 1996, and this included estimates for CO emissions for all three previously designated CO nonattainment areas (i.e., the Hartford/ New Britain/Middletown area, the New Haven/Meriden Waterbury area, and the southwest Connecticut area). EPA is approving the 1993 CO periodic emission inventory with this redesignation request based on a technical review of the inventory. The following list presents a summary of the 1990 and 1993 CO peak season daily emissions estimates in tons per winter day (tpd) by source category for the southwest Connecticut area.

	Area	Non road	Mobile	Point	Total
1990 CO Emissions (tpd)	155.18	71.62	413.54	13.11	653.45
1993 CO Emissions (tpd)	188.93	73.54	277.29	2.64	542.40

Oxygenated fuel: On July 25, 1996, EPA approved in the **Federal Register** a SIP revision satisfying the requirements of section 211(m) of the CAA. This action approved Connecticut's oxygenated gasoline program as it applies to the southwestern control area. At this time, EPA determined that the length of the period prone to high ambient concentrations of CO for the New York-New Jersey-Connecticut CMSA to be from November 1 through the last day of February in this area. The scope of the Connecticut oxygenated gasoline program corresponds with this required control period, thereby satisfying that element of the section 211(m) requirements.

The oxygenated gasoline program is one in which all oxygenated gasoline must contain a minimum oxygen content of 2.7 percent by weight of oxygen. Under Section 211(m)(4) of the CAA, EPA also issued requirements for the labeling of gasoline pumps used to dispense oxygenated gasoline, as well as guidelines on the establishment of an appropriate control period. These labeling requirements and control period guidelines may be found at 57 FR 47849, dated October 20, 1992.

Connecticut's oxygenated gasoline regulation requires the minimum 2.7 percent oxygen content in gasoline sold in the southwestern control area. The regulation also contains the necessary labeling regulations, enforcement procedures, and oxygenate test methods.

Conformity: Under section 176(c) of the CAA, states are required to submit revisions to their SIPs that include criteria and procedures to ensure that Federal actions conform to the air quality planning goals in the applicable SIPs. The requirement to determine conformity applies to transportation plans, programs, and projects developed, funded or approved under Title 23 U.S.C. or the Federal Transit Act (''transportation conformity''), as well as all other federal actions (''general conformity''). Congress provided for the State revisions to be submitted one year after the date of promulgation of final EPA conformity regulations. EPA promulgated revised final transportation conformity regulations on August 15, 1997 (62 FR 43780) and final general conformity regulations on November 30, 1993 (58 FR 63214).

These conformity rules require that the States adopt both transportation and general conformity provisions in the SIP for areas designated nonattainment or subject to a maintenance plan approved under CAA section 175A. Pursuant to 40 CFR 51.390 of the transportation conformity rule, the State of Connecticut is required to submit a SIP revision containing transportation conformity criteria and procedures consistent with those established in the federal rule by August 15, 1998. Similarly, pursuant to 40 CFR 51.851 of the general conformity rule, Connecticut was required to submit a SIP revision containing general conformity criteria and procedures consistent with those established in the federal rule by December 1, 1994. Connecticut has not yet submitted either of these conformity SIP revisions.

Although Connecticut has not yet adopted and submitted conformity SIP revisions, EPA believes it is reasonable to interpret the conformity requirements as not being applicable requirements for purposes of evaluating the redesignation request under section 107(d). The rationale for this is based on two factors. First, the requirement to submit SIP revisions to comply with the conformity provisions of the Act applies to maintenance areas and thereby continues to apply after redesignation to attainment. Therefore, Connecticut remains obligated to adopt the transportation and general conformity rules even after redesignation. While redesignation of an area to attainment enables the area to avoid further compliance with most requirements of section 110 and part D, since those requirements are linked to the nonattainment status of an area, the conformity requirements apply to both nonattainment and maintenance areas.

Second, EPA's federal conformity rules require the performance of conformity analyses in the absence of state-adopted rules. Therefore, a delay in adopting state rules does not relieve an area from the obligation to implement conformity requirements. Areas are subject to the conformity requirements regardless of whether they are redesignated to attainment and must implement conformity under federal rules if state rules are not yet adopted, therefore, it is reasonable to view these requirements as not being applicable requirements for purposes of evaluating a redesignation request. Furthermore, Connecticut has continually fulfilled all of the requirements of the federal transportation conformity and general conformity rules, so it is not necessary that the State have either their transportation or general conformity rules approved in the SIP prior to redesignation to insure that Connecticut meets the substance of the conformity requirements. It should be noted that approval of Connecticut's redesignation request does not obviate the need for Connecticut to submit the required conformity SIPs to EPA, and EPA will continue to work with Connecticut to assure that State rules are promulgated.

On April 1, 1996, EPA modified its national policy regarding the interpretation of the provisions of section 107(d)(3)(E) concerning the applicable requirements for purposes of reviewing a CO redesignation request (61 FR 2918, January 30, 1996). Under this new policy, for the reasons discussed, EPA believes that the CO redesignation request may be approved notwithstanding the lack of submitted and approved state transportation and general conformity rules.

For transportation conformity purposes, the 2010 on-road emission totals outlined in the chart later in this notice is designated as the emissions budget for the southwest Connecticut CO nonattainment/ maintenance area.

3. Improvement in Air Quality Due to Permanent and Enforceable Measures

EPA approved Connecticut's CO SIP on July 25, 1996. Emission reductions achieved through the implementation of control measures contained in that SIP are enforceable. These measures were: a basic inspection and maintenance program, reformulated gasoline, the federal motor vehicle control program, and the tier 1 emissions standards for new cars and trucks (began in the 1994 model year). The air quality improvements are due to the permanent and enforceable measures contained in the CO SIP. EPA finds that the combination of certain existing EPA-approved SIP and federal measures contribute to the permanence and enforceability of reduction in ambient CO levels that have allowed the area to attain the NAAQS.

4. Fully Approved Maintenance Plan Under Section 175A

Section 175A of the CAA sets forth the elements of a maintenance plan for areas seeking redesignation from nonattainment to attainment. The plan must demonstrate continued attainment of the applicable NAAQS for at least ten years after the Administrator approves a redesignation to attainment. Eight years after the redesignation, the state must submit a revised maintenance plan which demonstrates attainment for the ten years following the initial ten-year period. To provide for the possibility of future NAAQS violations, the maintenance plan must contain contingency measures, with a schedule for implementation adequate to assure prompt correction of any air quality problems. The contingency plan includes the investigation of traffic conditions that caused any exceedance of the nine parts per million CO NAAQS threshold, the implementation of the enhanced inspection and maintenance program (which began implementation on January 1, 1998), and the low emission vehicle program (LEV). Although most of these programs are being implemented as measures to achieve the NAAQS for ground level ozone, they are not required in carbon monoxide nonattainment areas under the Clean Air Act and can therefore be used as contingency measures. In this notice, EPA is approving the State of Connecticut's maintenance plan for the southwest Connecticut area because EPA finds that Connecticut's submittal meets the requirements of section 175A. In addition, although vehicle miles traveled (VMT) may increase over the maintenance period, the decrease in emissions per vehicle will more than offset growth in VMT.

A. Attainment Emission Inventory

As previously noted, the State of Connecticut submitted a comprehensive inventory of CO emissions from the southwest Connecticut area. The inventory includes 1997 emissions from area, stationary, and mobile sources using 1993 as the base year for calculations. In addition, a conformity budget of 205 tons/day for on-road mobile sources is being established to ensure that total projected CO emission during the maintenance period do not exceed the total attainment year inventory. This budget supersedes all previous budgets and should be used for all future transportation conformity determination made by the regional planning agencies.

The 1997 inventory is considered representative of attainment conditions because the NAAQS was not violated during 1997 in the nonattainment area and the inventory was prepared in accordance with EPA guidance. Connecticut established CO emissions for the attainment year, 1997, as well as for the year 2010. The southwest Connecticut portion of the tri-state CO nonattainment area has measured compliance with the CO NAAQS since 1985. However, Connecticut is establishing the 1997 inventory as the attainment inventory because 1997 was the first year that the entire tri-state area compiled two years of violation free monitoring data necessary to redesignate to attainment. These estimates were derived from the State's 1993 emissions inventory. The State submittal contains the following data:

SOUTHWEST CONNECTICUT NONATTAINMENT AREA CO EMISSIONS INVENTORY SUMMARY

[Tons per day]

Year	Area	Non road	Mobile	Point	Total
1993	188.9	73.5	277.3	2.7	542.3
1997	189.4	73.7	216.1	2.7	481.9
2010	196.3	76.4	205.1	2.7	480.5

To fulfill the requirements of a redesignation request, a maintenance plan must extend out 10 years or more from the date of this notice. Therefore, this information had to be provided through the year 2010. This has fulfilled the 10 year requirement for maintenance plans.

B. Demonstration of Maintenance-Projected Inventories

Total CO emissions were projected from the 1993 base year out to 2010 as shown in the table in the preceding section. Connecticut projects that total CO emissions in 2010 will be less than CO emissions in the 1997 attainment year. These projected inventories were prepared in accordance with EPA guidance and included the benefits of federal motor vehicle controls, reformulated gasoline, and basic inspection and maintenance. These estimates are extremely conservative because they do not include oxygenated gasoline, enhanced inspection and maintenance, or the low emission vehicle program. Therefore, it is anticipated that the area will maintain the CO standard.

C. Verification of Continued Attainment

Continued attainment of the CO NAAQS in the southwest Connecticut area depends, in part, on the State's efforts toward tracking indicators of continued attainment during the maintenance period, and the State will submit periodic inventories of CO emissions. In addition, 8 years from today the state is required to submit another 10 year maintenance plan covering the period from 2010 through 2020.

D. Contingency Plan

The level of CO emissions in the southwest Connecticut area will largely determine its ability to stay in compliance with the CO NAAQS in the future. Despite the State's best efforts to demonstrate continued compliance with the NAAQS, the ambient air pollutant concentrations may exceed or violate the NAAQS, although highly unlikely. Also, section 175A(d) of the CAA requires that the contingency provisions include a requirement that the State implement all measures contained in the SIP prior to redesignation. Therefore, Connecticut has provided contingency measures in the event of a future CO air quality problem.

Connecticut has decided to implement contingency measures when an exceedance occurs even though they are only required if a violation occurs, therefore making the continency plan more stringent than is required. An exceedance occurs when a monitor measures CO levels above nine parts per million as a mean concentration over an eight hour period, and the NAAQS is violated if there are two or more exceedances in a given year. The State believes that an early trigger will allow Connecticut to take early measures in response to the emission problem to avoid another exceedance and/or persistence of a problem that could lead to a NAAQS violation.

Connecticut has developed a three-stage contingency plan for the southwest Connecticut area. The first stage of the plan is to investigate the local traffic conditions where the exceedance occurred. The second stage is the implementation of the enhanced inspection and maintenance program as indicated earlier in this notice. The third is the low emission vehicle program, also as indicated earlier. In order to be adequate, the maintenance plan should include at least one contingency measure that will go into effect with a triggering event. Connecticut is relying largely on these three contingency measures, the later two of which will go into effect regardless of any triggering event, thereby fulfilling this requirement.

E. Subsequent Maintenance Plan Revisions

In accordance with section 175A(b) of the CAA, the State has agreed to submit a revised maintenance SIP eight years after the area is redesignated to attainment. Such revised SIP will provide for maintenance for an additional ten years.

5. Meeting Applicable Requirements of Section 110 and Part D

In section C.2. of this notice, EPA has set forth the basis for its conclusion that Connecticut has a fully approved SIP which meets the applicable requirements of Section 110 and Part D of the CAA.

EPA is publishing this redesignation and approving the emissions budget for the southwest Connecticut area without prior proposal because the Agency views this as noncontroversial and anticipates no adverse comments. However, in the proposed rules section of this **Federal Register** publication, EPA is publishing a separate document that will serve as the proposal should relevant adverse comments be filed. This action will be effective January 4, 1999, without further notice unless the Agency receives relevant adverse comments by December 2, 1998.

If the EPA receives such comments, then EPA will publish a timely withdrawal of the final rule informing the public that it will not take effect. All public comments received will then be addressed in a subsequent final rule based on the proposal. The EPA will not institute a second comment period on this rule. Any parties interested in commenting on this rule should do so at this time. If no such comments are received, the public is advised that this redesignation will be effective on January 4, 1999, and no further action will be taken on the proposal.

II. Final Action

EPA is approving the southwest Connecticut CO redesignation because the State has demonstrated compliance with the requirements of section 107(d)(3)(E) for redesignation and EPA is approving the maintenance plan because it meets the requirements set forth in section 175A of the CAA.

Nothing in this action should be construed as permitting or allowing or establishing a precedent for any future request for revision to any State implementation plan. Each request for revision to the State implementation plan shall be considered separately in light of specific technical, economic, and environmental factors and in relation to relevant statutory and regulatory requirements.

III. Administrative Requirements

A. Executive Order 12866

The Office of Management and Budget (OMB) has exempted this regulatory

action from Executive Order 12866 entitled ''Regulatory Planning and Review.''

B. Executive Order 12875

Under E.O. 12875, EPA may not issue a regulation that is not required by statute and that creates a mandate upon a state, local, or tribal government, unless the Federal government provides the funds necessary to pay the direct compliance costs incurred by those governments. If the mandate is unfunded, EPA must provide to the Office of Management and Budget a description of the extent of EPA's prior consultation with representatives of affected state, local, and tribal governments, the nature of their concerns, copies of written communications from the governments, and a statement supporting the need to issue the regulation. In addition, E.O. 12875 requires EPA to develop an effective process permitting elected officials and other representatives of state, local, and tribal governments ''to provide meaningful and timely input in the development of regulatory proposals containing significant unfunded mandates.'' Today's rule does not create a mandate on state, local or tribal governments. The rule does not impose any enforceable duties on these entities. Accordingly, the requirements of section 1(a) of E.O. 12875 do not apply to this rule.

C. Executive Order 13045

Protection of Children from Environmental Health Risks and Safety Risks (62 FR 19885, April 23, 1997), applies to any rule that: (1) is determined to be ''economically significant'' as defined under E.O. 12866, and (2) concerns an environmental health or safety risk that EPA has reason to believe may have a disproportionate effect on children. If the regulatory action meets both criteria, the Agency must evaluate the environmental health or safety effects of the planned rule on children, and explain why the planned regulation is preferable to other potentially effective and reasonably feasible alternatives considered by the Agency.

This rule is not subject to E.O. 13045 because it does not involve decisions intended to mitigate environmental health or safety risks.

D. Executive Order 13084

Under E.O. 13084, EPA may not issue a regulation that is not required by statute, that significantly affects or uniquely affects the communities of Indian tribal governments, and that imposes substantial direct compliance costs on those communities, unless the Federal government provides the funds necessary to pay the direct compliance costs incurred by the tribal governments. If the mandate is unfunded, EPA must provide to the Office of Management and Budget, in a separately identified section of the preamble to the rule, a description of the extent of EPA's prior consultation with representatives of affected tribal governments, a summary of the nature of their concerns, and a statement supporting the need to issue the regulation. In addition, Executive Order 13084 requires EPA to develop an effective process permitting elected and other representatives of Indian tribal governments ''to provide meaningful and timely input in the development of regulatory policies on matters that significantly or uniquely affect their communities.''

Today's rule does not significantly or uniquely affect the communities of Indian tribal governments. This action does not involve or impose any requirements that affect Indian Tribes. Accordingly, the requirements of section 3(b) of E.O. 13084 do not apply to this rule.

E. Regulatory Flexibility

The Regulatory Flexibility Act (RFA) generally requires an agency to conduct a regulatory flexibility analysis of any rule subject to notice and comment rulemaking requirements unless the agency certifies that the rule will not have a significant economic impact on a substantial number of small entities. Small entities include small businesses, small not-for-profit enterprises, and small governmental jurisdictions. This final rule will not have a significant impact on a substantial number of small entities because SIP approvals under section 110 and subchapter I, part D of the Clean Air Act do not create any new requirements but simply approve requirements that the State is already imposing. Therefore, because the Federal SIP approval does not create any new requirements, I certify that this action will not have a significant economic impact on a substantial number of small entities. Moreover, due to the nature of the Federal-State relationship under the Clean Air Act, preparation of flexibility analysis would constitute Federal inquiry into the economic reasonableness of state action. The Clean Air Act forbids EPA to base its actions concerning SIPs on such grounds. *Union Electric Co.*, v. *U.S. EPA*, 427 U.S. 246, 255–66 (1976); 42 U.S.C. 7410(a)(2).

F. Unfunded Mandates

Under Sections 202 of the Unfunded Mandates Reform Act of 1995 (''Unfunded Mandates Act''), signed into law on March 22, 1995, EPA must prepare a budgetary impact statement to accompany any proposed or final rule that includes a Federal mandate that may result in estimated costs to State, local, or tribal governments in the aggregate; or to the private sector, of $100 million or more. Under Section 205, EPA must select the most cost-effective and least burdensome alternative that achieves the objectives of the rule and is consistent with statutory requirements. Section 203 requires EPA to establish a plan for informing and advising any small governments that may be significantly or uniquely impacted by the rule.

EPA has determined that the approval action promulgated does not include a Federal mandate that may result in estimated costs of $100 million or more to either State, local, or tribal governments in the aggregate, or to the private sector. This Federal action approves pre-existing requirements under State or local law, and imposes no new requirements. Accordingly, no additional costs to State, local, or tribal governments, or to the private sector, result from this action.

G. Submission to Congress and the Comptroller General

The Congressional Review Act, 5 U.S.C. 801 *et seq.*, as added by the Small Business Regulatory Enforcement Fairness Act of 1996, generally provides that before a rule may take effect, the agency promulgating the rule must submit a rule report, which includes a copy of the rule, to each House of the Congress and to the Comptroller General of the United States. EPA will submit a report containing this rule and other required information to the U.S. Senate, the U.S. House of Representatives, and the Comptroller General of the United States prior to publication of the rule in the **Federal Register**. A major rule cannot take effect until 60 days after it is published in the **Federal Register**. This rule is not a ''major rule'' as defined by 5 U.S.C. 804(2).

H. Petitions for Judicial Review

Under section 307(b)(1) of the Clean Air Act, petitions for judicial review of this action must be filed in the United States Court of Appeals for the appropriate circuit by January 4, 1999. Filing a petition for reconsideration by the Administrator of this final rule does not affect the finality of this for the purposes of judicial review nor does it

extend the time within which a petition for judicial review may be filed, and shall not postpone the effectiveness of such an action. This action may not be challenged later in proceedings to enforce its requirements. (See section 307(b)(2).) EPA encourages interested parties to comment in response to the proposed redesignation rather than petition for judicial review, unless the objection arises after the comment period allowed for in the proposal.

List of Subjects

40 CFR Part 52

Environmental protection, Air pollution control, Carbon monoxide, Hydrocarbons, Intergovernmental relations, Ozone.

40 CFR Part 81

Air pollution control, National parks, Wilderness areas.

Dated: October 21, 1998.

John P. DeVillars,

Regional Administrator, Region I.

40 CFR Parts 52 and 81 are amended as follows:

PART 52—[AMENDED]

1. The authority citation for part 52 continues to read as follows:

Authority: 42 U.S.C. 7401—7671q.

Subpart H—Connecticut

2. Section 52.374 is amended by revising the table to read as follows:

§ 52.374 Attainment dates for national standards.

* * * * *

Air quality control region	Pollutant					
	SO_2		PM_{10}	NO_2	CO	O_3
	Primary	Secondary				
AQCR 41: Eastern Connecticut Intrastate (See 40 CFR 81.183)	(a)	(a)	(a)	(a)	(a)	(d)
AQCR 42: Hartford-New Haven-Springfield Interstate Area (See 40 CFR 81.26).						
All portions except City of New Haven	(a)	(a)	(a)	(a)	(a)	(d)
City of New Haven	(a)	(a)	(c)	(a)	(a)	(d)
AQCR 43: New Jersey-New York-Connecticut Interstate Area (See 40 CFR 81.13)	(a)	(a)	(a)	(a)	(a)	(e)
AQCR 44: Northwestern Connecticut Intrastate (See 40 CFR 81.184)	(a)	(a)	(a)	(a)	(a)	(d)

a. Air quality levels presently below primary standards or area is unclassifiable.
b. Air quality levels presently below secondary standards or area is unclassifiable.
c. December 31, 1996 (two 1-year extensions granted).
d. November 15, 1999.
e. November 15, 2007.

3. Section 52.376 is amended by revising paragraphs (a) and (d) and by adding paragraphs (e) and (f) to read as follows:

§ 52.376 Control strategy: Carbon Monoxide.

(a) Approval—On January 12, 1993, the Connecticut Department of Environmental Protection submitted a revision to the carbon monoxide State Implementation Plan for the 1990 base year emission inventory. The inventory was submitted by the State of Connecticut to satisfy Federal requirements under sections 172(c)(3) and 187(a)(1) of the Clean Air Act as amended in 1990, as a revision to the carbon monoxide State Implementation Plan for the Hartford/New Britain/Middletown carbon monoxide nonattainment area, the New Haven/Meriden/Waterbury carbon monoxide nonattainment area, and the Connecticut Portion of the New York—N. New Jersey—Long Island carbon monoxide nonattainment area.

* * * * *

(d) Approval—On January 17, 1997, the Connecticut Department of Environmental Protection submitted a request to redesignate the New Haven/Meriden/Waterbury carbon monoxide nonattainment area to attainment for carbon monoxide. As part of the redesignation request, the State submitted a maintenance plan as required by 175A of the Clean Air Act, as amended in 1990. Elements of the section 175A maintenance plan include a base year emission inventory for carbon monoxide, a demonstration of maintenance of the carbon monoxide NAAQS with projected emission inventories to the year 2008 for carbon monoxide, a plan to verify continued attainment, a contingency plan, and an obligation to submit a subsequent maintenance plan revision in 8 years as required by the Clean Air Act. If the area records a violation of the carbon monoxide NAAQS (which must be confirmed by the State), Connecticut will implement one or more appropriate contingency measure(s) which are contained in the contingency plan. The menu of contingency measure includes reformulated gasoline and the enhanced motor vehicle inspection and maintenance program. The redesignation request establishes a motor vehicle emissions budget of 229 tons per day for carbon monoxide to be used in determining transportation conformity for the New Haven/Meriden/Waterbury area. The redesignation request and maintenance plan meet the redesignation requirements in sections 107(d)(3)(E) and 175A of the Act as amended in 1990, respectively.

(e) Approval—In December, 1996, the Connecticut Department of Environmental Protection submitted a revision to the carbon monoxide State Implementation Plan for the 1993 periodic emission inventory. The inventory was submitted by the State of Connecticut to satisfy Federal requirements under section 187(a)(5) of the Clean Air Act as amended in 1990, as a revision to the carbon monoxide State Implementation Plan.

(f) Approval—-On May 29, 1998, the Connecticut Department of Environmental Protection submitted a request to redesignate the Connecticut portion of the New York-N. New Jersey-Long Island carbon monoxide nonattainment area to attainment for carbon monoxide. As part of the redesignation request, the State submitted a maintenance plan as required by 175A of the Clean Air Act, as amended in 1990. Elements of the section 175A maintenance plan include a periodic emission inventory for carbon

monoxide, a demonstration of maintenance of the carbon monoxide NAAQS with projected emission inventories to the year 2010 for carbon monoxide, a plan to verify continued attainment, a contingency plan, and an obligation to submit a subsequent maintenance plan revision in 8 years as required by the Clean Air Act. If the area records an exceedance of the carbon monoxide NAAQS (which must be confirmed by the State), Connecticut will implement one or more appropriate contingency measure(s) which are contained in the contingency plan. The menu of contingency measure includes investigating local traffic conditions, the enhanced motor vehicle inspection and maintenance program, and the low emissions vehicles program (LEV). The redesignation request establishes a motor vehicle emissions budget of 205 tons per day for carbon monoxide to be used in determining transportation conformity in the Connecticut Portion of the New York—N. New Jersey—Long Island Area. The redesignation request and maintenance plan meet the redesignation requirements in sections 107(d)(3)(E) and 175A of the Act as amended in 1990, respectively.

PART 81—[AMENDED]

1. The authority citation for part 81 continues to read as follows:

Authority: 42 U.S.C. 7401 *et seq.*

Subpart C—Section 107 Attainment Status Designations

2. The table in 81.307 entitled ''Connecticut-Carbon Monoxide'' is revised to read as follows:

§ 81.307 Connecticut.

* * * * *

CONNECTICUT-CARBON MONOXIDE

Designated Area	Designation		Classification	
	Date [1]	Type	Date [1]	Type
Hartford-New Britain-Middletown Area				
Hartford County (part) Bristol City, Burlington Town, Avon Town, Bloomfield Town, Canton Town, E. Granby Town, E. Hartford Town, E. Windsor Town, Enfield Town, Farmington Town, Glastonbury Town, Granby Town, Hartford City, Manchester Town, Marlborough Town, Newington Town, Rocky Hill Town, Simsbury Town, S. Windsor Town, Suffield Town, W. Hartford Town, Wethersfield Town, Windsor Town, Windsor Locks Town, Berlin Town, New Britain City, Plainville Town, and Southington Town	1/2/96	Attainment		
Litchfield County (part). Plymouth Town	1/2/96	Attainment		
Middlesex County (part) Cromwell Town, Durham Town, E. Hampton Town, Haddam Town, Middlefield Town, Middletown City, Portland Town, E. Haddam Town	1/2/96	Attainment		
Tolland County (part) Andover Town, Bolton Town, Ellington Town, Hebron Town, Somers Town, Tolland Town, and Vernon Town	1/2/96	Attainment		
New Haven—Meriden—Waterbury Area				
Fairfield County (part) Shelton City	12/4/98	Attainment		
Litchfield County (part) Bethlehem Town, Thomaston Town, Watertown, Woodbury Town	12/4/98	Attainment		
New Haven County	12/4/98	Attainment		
New York-N. New Jersey-Long Island Area				
Fairfield County (part) All cities and townships except Shelton City	1/4/99	Attainment		
Litchfield County (part) Bridgewater Town, New Milford Town	1/4/99	Attainment		
AQCR 041 Eastern Connecticut Intrastate Middlesex County (part) All portions except cities and towns in Hartford Area New London County Tolland County (part) All portions except cities and towns in Harfford Area Windham County		Unclassifiable/Attainment		
AQCR 044 Northwestern Connecticut Intrastate		Unclassifiable/Attainment		

CONNECTICUT-CARBON MONOXIDE—Continued

Designated Area	Designation		Classification	
	Date [1]	Type	Date [1]	Type
Hartford County (part) Hartland Township Litchfield County (part) All portions except cities and towns in Hartford, New Haven, and New York Areas				

[1] This date is Novemer 15, 1990, unless otherwise noted.

* * * * * * *

[FR Doc. 98–29304 Filed 10–30–98; 8:45 am]
BILLING CODE 6560–50–U

FEDERAL COMMUNICATIONS COMMISSION

47 CFR PARTS 2 AND 90

[WT Docket No. 96–86; FCC 98–191]

The Development of Technical and Spectrum Requirements for Meeting Federal, State and Local Public Safety Agency Communication Requirements Through the Year 2010, Establishment of Rules and Requirements for Priority Access Service

AGENCY: Federal Communications Commission.

ACTION: Final rule.

SUMMARY: The Federal Communications Commission (Commission) adopted a *First Report and Order* (''*First Report*'') contemporaneously with a *Third Notice of Proposed Rulemaking* that is summarized elsewhere in this edition of the Federal Register. In the *First Report*, the Commission amends its rules relating to public safety communications in the 764–806 MHz band (''700 MHz band'') that the Commission previously reallocated for public safety services and in general. This action commences the process of assigning licenses for frequencies in the 700 MHz band and addresses an urgent need for additional public safety radio spectrum and the need for nationwide interoperability among local, state, and federal entities. By this action, the Commission also takes additional steps toward achieving its goals of developing a flexible regulatory framework to meet vital current and future public safety communications needs and ensuring that sufficient spectrum to accommodate efficient, effective telecommunications facilities and services will be available to satisfy public safety communications needs into the 21st century.

DATES: Effective January 4, 1999, except for §§ 90.523, 90.527, 90.545, and 90.551 which contain information collection requirements that are not effective until approved by the Office of Management and Budget. FCC will publish a document in the **Federal Register** announcing the effective date for those sections. Written comments on these revised and modified information collection requirements should be submitted on or before December 2, 1998. If you anticipate that you will be submitting comments, but find it difficult to do so within the period of time allowed by this notice, you should advise the contact listed below as soon as possible.

ADDRESSES: Direct all comments on the revised information collection requirements to Judy Boley, Federal Communications Commission, Room 234, 1919 M St., N.W., Washington, DC 20554 or via internet to jboley@fcc.gov., and to Timothy Fain, OMB Desk Officer, 10236 NEOB, 725–17th Street, N.W., Washington, D.C. 20503, or via the internet to fain__t@eop.gov.

FOR FURTHER INFORMATION CONTACT: Peter Daronco or Michael Pollak, at the Public Safety & Private Wireless Division, (202) 418–0680. For additional information concerning the information collections contained in this *First Report*, contact Judy Boley at (202) 418–0214, or via the Internet at jboley@fcc.gov.

SUPPLEMENTARY INFORMATION: This is a summary of the Commission's *First Report* in WT Docket No. 96–86, adopted on August 6, 1998, and released on September 29, 1998, contemporaneously with a *Third Notice of Proposed Rulemaking* (''*Third Notice*'') in WT Docket No. 96–86 (collectively FCC 98–191). The *Third Notice* is summarized elsewhere in this edition of the **Federal Register**. The full text of the *First Report and Third Notice* is available for inspection and copying during normal business hours in the FCC Reference Center, Room 239, 1919 M Street, NW, Washington, DC. The complete text of this decision may also be purchased from the Commission's duplicating contractor, International Transcription Services, 1231 20th Street, NW, Washington, DC 20036, 202–857–3800. Alternative formats (computer diskette, large print, audio cassette and Braille) are available to persons with disabilities by contacting Martha Contee at (202) 418–0260, TTY (202) 418–2555, or at mcontee@fcc.gov. The complete (but unofficial) text is also available under the name ''fcc98191.wp'' on the Commission's Internet site at <http://www.fcc.gov/Bureaus/Wireless/Orders/1998/index.html>.

Paperwork Reduction Act

The Federal Communications Commission, as part of its continuing effort to reduce paperwork burden invites the general public and other Federal agencies to take this opportunity to comment on the following proposed and/or continuing information collections, as required by the Paperwork Reduction Act of 1995, Public Law 104–13. An agency may not conduct or sponsor a collection of information unless it displays a currently valid control number. No person shall be subject to any penalty for failing to comply with a collection of information subject to the Paperwork Reduction Act (PRA) that does not display a valid control number. Comments are requested concerning (a) whether the proposed collection of information is necessary for the proper performance of the functions of the Commission, including whether the information shall have practical utility; (b) the accuracy of the Commissions burden estimates; (c) ways to enhance the quality, utility, and clarity of the information collected; and (d) ways to minimize the burden of the collection of information on the respondents, including the use of automated collection techniques or other forms of information technology.

OMB Approval Number: 3060–0221.

Title: 90.155 Time in which station must be placed in operation.

Form No.: N/A.

Type of Review: Revision of a previously approved collection.

Respondents: Business or other for-profit.

Number of Respondents: 2,055.

Estimated Time Per Response: 1 hours.

Total Annual Burden: 2,055 hours.

Frequency of Response: On occasion.

Total Annual Cost: No annual cost burden on respondents from either capital or start-up costs.

Needs and Uses: The information collection requirement contained in § 90.155 is needed to provide flexibility to state and local governments that would normally be unable to meet the requirement of placing their radio station in operation within 8 months or 12 months, as applicable. The information is used to evaluate if the exception to construction and operation requirement is warranted. If the information was not collected the Commission's information regarding actual loading of frequencies would be inaccurate. As a result of the record developed in response to the *Second Notice of Proposed Rulemaking,* 62 FR 60199, November 7, 1997 (*Second Notice*), the Commission decided in the *First Report* to extend the scope of the flexibility provisions of § 90.155 to state and local governmental licensees in the 700 MHz band. As this decision modifies the information collection for § 90.155 as previously approved by OMB, the Commission is now revising the total burden hours to approximately 2,055 respondents that would take an average of one hour to comply with the rules.

OMB Approval Number: 3060–0805.

Title: 90.527 Regional plan requirements, 90.523 Eligibility, & 90.545 TV/DTV interference protection criteria.

Form No.: N/A.

Type of Review: Revision of a previously approved collection.

Respondents: State or local governmental entities.

Number of Respondents: There is a potential of 65,656 respondents but it is anticipated that there will only be 26,656 responses.

Estimated Time Per Response: 24.3 hours.

Total Annual Burden: 647,675.

Frequency of Response: On occasion.

Total Annual Cost: No annual cost burden on respondents from either capital or start-up costs.

Needs and Uses: The *First Report* in WT Docket No. 96–86 amended service rules to make the spectrum available for licensing to public safety entities in accordance with the 1997 Budget Act. In order to satisfy local and regional needs and preferences, the Commission required submission of regional plans drafted by planning committees made up of representatives from the public safety community. Creation of these plans will necessarily impose some burden, both on the eligible entities that make their needs known, and on the planners who seek to accommodate them. The Commission also established a National Coordination Committee that will develop and recommend national standards for the operation and use of the spectrum allocated for nationwide interoperability. These requirements differ from those proposed in the *Second Notice*, in that the Commission established a National Coordination Committee instead of two national committees to develop national standards for the operation and use of the spectrum allocated for nationwide interoperability. To be eligible for licensing, the Commission also required nongovernmental organizations to be specifically authorized by appropriate state or local governmental agencies. Additionally, the Commission is requiring public safety applicants to select one of three methods to meet TV/DTV interference protection criteria. These changes increase the total burden hours requested at the Notice of Proposed Rulemaking stage.

Synopsis of the First Report and Order

1. In 1993, Congress directed the Commission to develop a framework to ensure that public safety communications needs are met through the year 2010. Pursuant to that directive, the Commission issued a report to Congress identifying a need to gather additional information on the present and future communications requirements of public safety agencies. In 1995, the Commission, together with the National Telecommunications and Information Administration (NTIA), established the Public Safety Wireless Advisory Committee (PSWAC), pursuant to the Federal Advisory Committee Act (FACA), to provide advice and recommendations regarding the communications needs of public safety agencies through the year 2010. Shortly thereafter, the Commission sought comment on a wide variety of public safety communications issues, *see Notice of Proposed Rule Making,* 61 FR 25185, May 20, 1996 (*First Notice*), and in September 1996 the *PSWAC Final Report* was submitted to the Commission as part of the record in this proceeding. Briefly, the *PSWAC Final Report* found that the spectrum then allocated to public safety was insufficient to support the current and projected voice and data needs of the public safety community, did not provide adequate capacity for obtaining interoperability, and was inadequate to meet future needs, based on projected population growth and demographic changes.

2. In the 1997 Budget Act, Congress directed the Commission to reallocate 24 megahertz of spectrum (recovered from TV channels 60–69 as a result of digital television implementation) for public safety services. The Commission adopted this reallocation on December 31, 1997. *See* ET Docket No. 97–157, *Report and Order,* 63 FR 6669, February 10, 1998, *(recon. denied) Memorandum Opinion and Order,* FCC 98–161 (rel. Oct. 9, 1998).

3. In the *Second Notice* in this proceeding (WT Docket 96–86), the Commission continued its inquiry into the present and future public safety communications needs and how best to use the newly reallocated 24 megahertz of spectrum in the 700 MHz band. It sought comment on a broad range of options to promote the efficient and effective use of the 700 MHz band to meet those needs. The Commission also noted that the *Second Notice* did not address all the issues raised in the *First Notice* or in the *PSWAC Final Report* and that, to the extent that important issues remain, they would be addressed in future proceedings. Fifty comments, forty reply comments, and numerous *ex parte* presentations were received in response to the *Second Notice.*

4. The *First Report* fulfills the Congressional mandate expressed in the Balanced Budget Act of 1997, Public Law 105–33, § 3004, 111 Stat. 251 (1997) (1997 Budget Act), codified at 47 U.S.C. 337(a)(1), to establish the terms and conditions that will govern use of the 24 megahertz of spectrum recently reallocated from broadcast to public safety services. The statute defines in detail the services for which Congress intends this spectrum to be used and requires the Commission to establish service rules, by September 30, 1998, that will commence the process of assigning licenses for this spectrum. The legislative history reflects that the licensing commencement date was added to the statute in light of the critical need for public safety spectrum in some markets. As such, the service rules are balanced to give effect to each provision of the statutory definition of public safety services for which the spectrum is allocated, in order to commence licensing expeditiously, and with minimal information submission requirements or similar regulatory burdens. With these aims in mind, the Commission also concluded that Congress expected it to draw on its extensive, relevant experience in allocating and licensing other Private

Land Mobile Radio (PLMR) spectrum designated for public safety-related activities.

5. The *First Report* establishes a band plan, eligibility criteria, and other service rules necessary to commence the licensing process for the new public safety spectrum in the 700 MHz band. The Commission's band plan designates approximately 10 percent of the 700 MHz public safety spectrum (a total of 2.6 megahertz) for nationwide interoperable communications. Interoperability is the ability of units from two or more government agencies to effectively interact with one another and exchange the full range of information needed for public safety entities to apply their best efforts to resolution of even the most critical situations. As a result of the interaction of numerous political, technological, financial and regulatory obstacles that work to inhibit attempts to establish universal public safety interoperability, this deficiency has persisted despite many years of efforts to eradicate it. In view of this situation, we believe that it is necessary for the Commission to dedicate sufficient spectrum to nationwide interoperability, and charter a federal advisory committee (The National Coordinating Committee [NCC]) that will develop operational and technical recommendations. The operational recommendations (*e.g.*, protocols for prioritizing user access) of the NCC will, however, be subject to Commission approval. Because the NCC or a working group to develop and recommend technical standards will be required to become American National Standards Institute-certified, the Commission will not unnecessarily disturb technical standards recommended through this open and neutral process.

6. The band plan also designates approximately 53 percent of the new 700 MHz band (a total of 12.6 megahertz of spectrum) for general (*i.e.*, local, regional or state) use. Regional Planning Committees (RPCs) will determine the specific uses of these channels, and they may begin the planning process to use these channels upon release of the *First Report.* This action is taken as part of the Commission's compliance with its mandate under the Balanced Budget Act of 1997. The *First Report* designates the remainder of the band (approximately 37 percent of the band or a total of 8.8 megahertz of spectrum) as ''reserve spectrum'' during the pendency of the *Third Notice.*

7. The band plan also accommodates all of the existing operational modes that we described in the *Second Notice* (voice, data, image/HSD, and video) but is also flexible enough to allow deployment of the technologies of tomorrow. As recommended by some of the commenters, the Commission divided the band into separate segments for narrowband and wideband communications. To promote efficient spectrum usage and flexibility, the Commission's band plan incorporates a ''building block'' channelization approach, based on the smallest practical channel sizes for narrowband and wideband public safety communications. The RPCs will be allowed to combine these minimum size standard channels, to create larger channels as needed to accommodate transitional technology, such as 12.5 kHz voice and data, or communications requiring wider bandwidths, such as 19.2 kilobits per second (kbps) data. The Commission also adopted technical specifications that enhance spectrum efficiency, promote nationwide interoperability, and minimize harmful interference.

8. By establishing a flexible regulatory framework for public safety use of the 700 MHz band, the Commission seeks to enable public safety organizations to effectively use this new allocation for a variety of operational modes (voice, data, image/high speed data (HSD), and video), to promote competition in the equipment markets through flexible technical standards, and to promote development of innovative public safety technologies. The band plan is supported by a direct outgrowth of the record and will provide some technical features common to the entire band, while allowing local public safety entities, through RPCs, the discretion to configure channels to meet their individual needs. This band plan strikes an appropriate balance between the standardization necessary to achieve nationwide interoperability, the development of competitive equipment markets, and the degree of regional flexibility necessary to allow entities the opportunity to fashion approaches tailored to meet the individual needs of diverse regional communities. The Commission also adopted technical regulations sufficient to establish a general framework for seamless nationwide interoperability, facilitate spectrum management, encourage efficient and effective spectrum use, promote competition and avoid undue delays in equipment development.

9.The First Report also establishes a three-pronged test for determining eligibility to hold a license in the 700 MHz band which follows the 1997 Budget Act definition of ''public safety services.'' The three prongs for determining eligibility are: (a) Purpose of use; (b) identity of licensee; and (c) noncommercial *proviso*. Based on this criteria, the Commission concluded that entities eligible to be licensed in the 700 MHz band public safety spectrum are: (1) State and local governments and (2) non-governmental organizations (NGOs) expressly authorized by a state or local governmental entity whose mission is the oversight of or provision of services to protect the safety of life, health or property. In situations where a state or local governmental licensee needs to communicate by radio with a public safety service provider that is not licensed in the 700 MHz band, the licensee may permit the unlicensed provider to share the use of its system for noncommercial public safety services under 47 CFR 90.179 of the Commission's Rules.

10. Federal public safety providers may be authorized to use the public safety spectrum in the 700 MHz band pursuant to the existing NTIA/FCC process for Federal government use of non-Federal government spectrum, as set forth in part 2 of the Commission's Rules, 47 CFR 2.103. In sum, if a state or local governmental licensee desires for a Federal public safety entity to receive access to some or all of its licensed frequencies, the licensee can join in the request, under the NTIA/FCC process, to authorize Federal use of its non-government frequencies for noncommercial public safety services. The Commission adopted conforming revisions to § 2.103 to clarify the standards for this process for spectrum governed by section 337 of the Act. Federal use of the nationwide interoperability channels will be addressed in the recommendations to the Commission made by the NCC.

11. The Commission will charter the NCC in accordance with the procedural steps contained in the Federal Advisory Committee Act, 5 U.S.C., App. 2 (1988) (FACA) that will seek American National Standards Institute (ANSI) certification and provide a national structure for use of the 700 MHz band nationwide interoperability spectrum. The major responsibilities of this committee will be to: (1) Formulate and submit for Commission review and approval an operational plan to achieve national interoperability that includes a shared or priority system among users of the interoperability spectrum, for both day-to-day and emergency operations, and recommendations regarding Federal users' access to the interoperability spectrum; (2) recommend interoperability technical standards for Commission review and approval; (3) provide voluntary assistance in the development of coordinated regional

plans; and (4) provide general recommendations to the Commission on operational plans of the public safety community.

12. The regional planning process to spectrum management adopted for specific channels throughout the 700 MHz band designated as ''General Use'' (a total of 12.6 megahertz of spectrum) will be similar to that which governs management of public safety spectrum in the 821–824 MHz and the 866–869 MHz bands. *See, e.g.*, 47 CFR 90.16. To allow for additional flexibility, however, the Commission provides a mechanism that allows states that either are included in multi-state regions or have portions of their states included in more than one region to opt out of their current regions and to form new regions along geographical lines conforming to state boundaries. Thus, a state split among more than one RPC may opt, through consensus of the state representatives, to reform RPC boundaries so that the state participates in a single RPC. Similarly, all representatives to RPCs from the same state may, by consensus, create a new RPC that conforms to the boundaries of that state.

13. The Commission will allow all of the certified public safety frequency coordinators to provide coordination in the 700 MHz band, so that competition among coordinators will provide incentives for lower coordination fees and better quality services. The four Commission certified public safety coordinators are: Association of Public-Safety Communications Officials-International, Inc. (APCO) International Association of Fire Chiefs, Inc. (IAFC)/ International Municipal Signal Association (IMSA); Forestry Conservation Communications Association (FCCA); and American Association of State Highway and Transportation Officials (AASHTO).

14. The Commission adopted geographic separation requirements based on a 40 dB Desired-to-Undesired signal strength ratio (D/U) to protect the TV/DTV stations and public safety spectrum users from harmful interference to each other and to comply with the requirements of the 1997 Budget Act. The Commission emphasized that the necessity for public safety licensees to share this 24 megahertz of spectrum with both analog and digital TV broadcast stations until December 31, 2006 will require the utmost cooperation between the TV stations and the public safety community.

15. The Commission adopted rules requiring that licenses for public safety facilities proposed to be located within 75 miles of the U.S.-Canada border or the U.S.-Mexico border be conditioned on avoiding harmful interference to television station receivers in those countries. The Commission also noted that additional licensing conditions governing cross-border sharing between public safety and television operations may be required after final agreements with the governments of those countries are signed.

Administrative Matters

16. The *First Report* in WT Docket No. 96–86 also contained a Final Regulatory Flexibility Act Analysis pursuant to the Regulatory Flexibility Act, 5 U.S.C. 604. It is substantially as follows:

As required by the Regulatory Flexibility Act, 5 U.S.C. 603 (RFA), Initial Regulatory Flexibility Analyses (IRFA) were incorporated in the Notice of Proposed Rule Making (Public Safety Notice) and the Second Notice of Proposed Rule Making (Second Notice) in WT Docket 96–86. The Commission sought written public comments on the proposals in the Public Safety Notice and Second Notice, including on the IRFAs. The Commission's Final Regulatory Flexibility Analysis (FRFA) conforms to the RFA, as amended by the Contract With America Advancement Act of 1996. 5 U.S.C. 604 Public Law 104–121, 110 Stat. 847 (1996) (CWAAA). Title II of the CWAAA is ''The Small Business Regulatory Enforcement Fairness Act of 1996'' (SBREFA).

Need For and Objective of the Rules

Our objective is to establish a band plan and adopt service rules for 24 megahertz of spectrum in the 746–776 MHz and 794–806 MHz bands (''700 MHz band''). The spectrum, which previously has been allocated for use by television (TV) broadcasting on TV Channels 60–69, is now being made available to meet various public safety communications needs in accordance with 47 U.S.C. 337. Additionally, with these rules, we designate 2.6 megahertz of spectrum in the 700 MHz band for interoperability purposes. This will enable different agencies to communicate across jurisdictions and with each other. With these rules, we also adopt certain technical specifications that enhance spectrum efficiency, promote nationwide interoperability, and minimize harmful interference.

We sought comments on a broad range of options to achieve these goals. The Second Notice contained a section, prompted by a Petition for Rule Making filed by the National Communications System (NCS), seeking comment on the establishment of Cellular Priority Access Service (CPAS) designed to meet the communications needs of public safety services in emergency and disaster situations. Second Notice, 12 FCC Rcd at 17,779–17,800. We have deferred action on this matter to a later notice. In the First Report and Order section of this combined First Report and Order and Third Notice of Proposed Rule Making (hereinafter First Report and Third Notice as applicable), we continue to progress toward our goal of developing a flexible regulatory framework designed to provide sufficient spectrum for public safety purposes and to ensure that efficient, effective telecommunications facilities and services will be available to satisfy public safety communications needs into the 21st century. Our actions herein also continue the process of addressing the public safety spectrum insufficiency cited by the Public Safety Wireless Advisory Committee (PSWAC) in its Final Report.

In the First Report herein, we establish a band plan and adopt service rules necessary to commence the process of assignment of licenses for public safety stations to operate in the newly reallocated spectrum at 746–776 MHz and 794–806 MHz (hereinafter ''the 700 MHz band''). This new public safety spectrum allocation is the largest single allocation ever made for public safety communications and represents a significant public benefit that is derived from the upcoming evolution of television broadcasting in the United States from analog technology of the 1950s to state of the art digital technology. In the 1997 Budget Act, Congress directed the Commission to commence assignment of licenses for public safety services in the 700 MHz band no later than September 30, 1998. Balanced Budget Act of 1997, Public Law 105–33, Sec. 3004, 111 Stat. 251 (1997) (1997 Budget Act), codified at 47 U.S.C. 337(b)(1). Our action herein will allow us to fulfill that mandate. Additionally, we designate a portion of the 700 MHz band for interoperability purposes, provide for national, state, and local roles in the administration and channel coordination of the new band, adopt eligibility and licensing rules, establish fundamental technical criteria such as transmitting power limits, and adopt rules to protect the service of transitional television broadcast stations from interference.

Summary of Significant Issues Raised by the Public Comments in Response to the Initial Regulatory Flexibility Analyses

In the IRFA, the Commission found that the rules we proposed to adopt in

this proceeding may have a significant impact on a substantial number of small businesses. The IRFA solicited comment on alternatives to our proposed rules that would minimize the impact on small entities consistent with the objectives of this proceeding. No comments were submitted directly in response to the IRFAs. However, as described below, we have taken into account the comments submitted generally by small entities.

Description and Estimate of the Small Entities Involved

The RFA directs agencies to provide a description of and, where feasible, an estimate of the number of small entities that may be affected by the proposed rules, if adopted. 5 U.S.C. 603(b)(3). The RFA generally defines the term ''small entity'' as having the same meaning as the terms ''small business,'' ''small organization,'' and ''small governmental jurisdiction.'' In addition, the term ''small business'' has the same meaning as the term ''small business concern'' under the Small Business Act. A small business concern is one which: (1) is independently owned and operated; (2) is not dominant in its field of operation; and (3) satisfies any additional criteria established by the Small Business Administration (SBA). A small organization is generally ''any not-for-profit enterprise which is independently owned and operated and is not dominant in its field.'' Nationwide, as of 1992, there were approximately 275,801 small organizations. ''Small governmental jurisdiction'' generally means ''governments of cities, counties, towns, townships, villages, school districts, or special districts, with a population of less than 50,000.'' As of 1992, there were approximately 85,006 such jurisdictions in the United States. This number includes 38,978 counties, cities, and towns; of these, 37,566, or 96 percent, have populations of fewer than 50,000. The Census Bureau estimates that this ratio is approximately accurate for all governmental entities. Thus, of the 85,006 governmental entities, we estimate that 81,600 (91 percent) are small entities. Below, we further describe and estimate the number of small entity licensees and regulatees that may be affected by the proposed rules, if adopted.

Public Safety Radio Pool Licensees. As a general matter, Public Safety Radio Pool licensees include police, fire, local government, forestry conservation, highway maintenance, and emergency medical services. Spectrum in the 700 MHz band for public safety services is governed by 47 U.S.C. 337 which includes non-Federal governmental entities as well as certain private businesses as potential licensees for this spectrum. As indicated above in this FRFA, all governmental entities with populations of less than 50,000 fall within the definition of a small entity.

Radio and Television Equipment Manufacturers. We anticipate that at least six radio equipment manufacturers will be affected by our decisions in this proceeding. According to the SBA's regulations, a radio and television broadcasting and communications equipment manufacturer must have 750 or fewer employees in order to qualify as a small business concern. Census Bureau data indicate that there are 858 U.S. firms that manufacture radio and television broadcasting and communications equipment, and that 778 of these firms have fewer than 750 employees and would therefore be classified as small entities. We do not have information that indicates how many of the six radio equipment manufacturers associated with this proceeding are among these 778 firms. However, Motorola and Ericsson are major, nationwide radio equipment manufacturers, and, thus, we conclude that these manufacturers would not qualify as small businesses.

Television Stations. This First Report will affect full service TV station licensees (Channels 60–69), TV translator facilities, and low power TV (LPTV) stations. The Small Business Administration defines a TV broadcasting station that has no more than $10.5 million in annual receipts as a small business. TV broadcasting stations consist of establishments primarily engaged in broadcasting visual programs by TV to the public, except cable and other pay TV services. Included in this industry are commercial, religious, educational, and other TV stations. Also included are establishments primarily engaged in TV broadcasting and which produce taped TV program materials. Separate establishments primarily engaged in producing taped TV program materials are classified under another SIC number.

There were 1,509 TV stations operating in the Nation in 1992. That number has remained fairly constant as indicated by the approximately 1,551 operating TV broadcasting stations in the Nation as of February 28, 1997. For 1992 the number of TV stations that produced less than $10.0 million in revenue was 1,155 establishments, or approximately 77 percent of the 1,509 establishments. There are currently 95 full service analog TV stations, either operating or with approved construction permits on channels 60–69. In the *DTV Proceeding*, we adopted a DTV Table which provides only 15 allotments for DTV stations on channels 60–69 in the continental United States. There are seven DTV allotments in channels 60–69 outside the continental United States. Thus, the rules will affect approximately 117 TV stations; approximately 90 of those stations may be considered small businesses. These estimates may overstate the number of small entities since the revenue figures on which they are based do not include or aggregate revenues from non-TV affiliated companies. We recognize that the rules may also impact minority-owned and women-owned stations, some of which may be small entities. In 1995, minorities owned and controlled 37 (3.0 percent) of 1,221 commercial TV stations in the United States. According to the U.S. Bureau of the Census, in 1987 women owned and controlled 27 (1.9 percent) of 1,342 commercial and non-commercial TV stations in the United States.

There are currently 4,977 TV translator stations and 1,952 LPTV stations. Approximately 1,309 low power TV and TV translator stations are on channels 60–69 which could be affected by policies in this proceeding. The Commission does not collect financial information of any broadcast facility and the Department of Commerce does not collect financial information on these broadcast facilities. We will assume for present purposes, however, that most of these broadcast facilities, including LPTV stations, could be classified as small businesses. As indicated earlier, approximately 77 percent of TV stations are designated under this analysis as potentially small businesses. Given this, LPTV and TV translator stations would not likely have revenues that exceed the SBA maximum to be designated as small businesses.

Summary of the Projected Reporting, Recordkeeping, and Other Compliance Requirements

The First Report *and Order* adopts a number of rules that will entail reporting, recordkeeping, and/or third party consultation. However, the Commission believes that these requirements are the minimum needed. The *First Report and Order* establishes a 700 MHz band plan, and establishes and requires planning committees to develop and submit to the Commission organizational and operational plans for the use of this spectrum. Accordingly, this *First Report and Order* imposes recordkeeping and reporting requirements on individuals or organizations involved in establishing

the national and regional planning processes including the nationwide interoperability plan, and on individuals and organizations that assist us in developing technical standards, and on entities such as applicants and licensees, that are subject to these plans, including small government agencies who may request extended implementation. Additionally, in accordance with 47 U.S.C. 337(f)(1)(B)(ii), nongovernmental organizations (NGO) are required to submit, along with their request to operate in the 700 MHz band, a written statement by the authorizing state or local government entity supporting the NGO's application.

Steps Taken by Agency To Minimize Significant Economic Impact on Small Entities and Significant Alternatives Considered

We have reduced economic burdens wherever possible. The regulatory burdens we have retained, such as filing applications on appropriate forms, are necessary in order to ensure that the public receives the benefits of innovative new services in a prompt and efficient manner.

We have incorporated technical rules that promote competition in the equipment market. We believe that the rules we adopt must be as competitively and technologically-neutral as possible to allow for competing equipment designs and to avoid hindering or precluding future innovative technological developments. We note that tighter technical specifications generally allow more intense spectrum use, but may result in higher equipment costs. Conversely, while wider tolerances may allow manufacturers to use less costly component parts in transmitting equipment, they may also result in less efficient spectrum use. With these considerations in mind, we believe the technical regulations we adopt herein provide a reasonable balance of these concerns.

Under the regional planning process, frequency coordination is now competitive. Frequency coordination is the process by which a private organization recommends to the Commission the most appropriate frequencies for private land mobile radio (PLMR) service applicants. Frequency coordinators provide a valuable service to the Commission by eliminating common application errors, thereby improving the quality of the applications, resolving potential interference problems at the source. There are currently four frequency coordinators certified to coordinate frequencies for public safety applicants. We have authorized, for the general use portion of this band, each of the four currently certified frequency coordinators to coordinate public safety spectrum, whereas in the 800 MHz National Plan, coordination is limited to APCO, the sole frequency coordinator. We continue to believe that by encouraging competition among coordinators, we will promote cost-based pricing of coordination services and provide incentives for enhancing service quality. Therefore, we will allow any of the certified public safety coordinators to provide coordination in the 700 MHz band.

To minimize any negative impact from the licensing plan we adopt for the 700 MHz band, we have offered each state and local governments the option of utilizing the existing infrastructure of the regional planning process. Of the nation's 55 public safety regional planning committees, most were designed along state boundaries. There were, however, states that were divided into different regions and states in multi-state regions; 700 MHz band committee memberships within each of these states will have the option to agree to be part of only one multistate region, or to form a region designated along state boundaries.

Report to Congress: The Commission will send a copy of this *First Report and Order and Third Notice of Proposed Rule Making*, including this FRFA, in a report to be sent to Congress pursuant to the Small Business Regulatory Enforcement Fairness Act of 1996, 5 U.S.C. 801(a)(1)(A). In addition, the Commission will send a copy of this *First Report and Order and Third Notice of Proposed Rule Making*, including this FRFA, to the Chief Counsel for Advocacy of the Small Business Administration.

Ordering Clauses

17. Authority for issuance of this *First Report and Order and Third Notice of Proposed Rule Making* is contained in Sections 4(i), 302, 303(f) and (r), 332, and 337 of the Communications Act of 1934, as amended, 47 U.S.C. 154(i), 302, 303(f) and (r), 332, 337.

18. Accordingly, it is ordered that Part 90 of the Commission's Rules, 47 CFR Part 90, is amended effective January 4, 1999, except for §§ 90.523, 90.527, 90.545, and 90.551 which contain information collection requirements that are not effective until approved by the Office of Management and Budget. FCC will publish a document in the **Federal Register** announcing the effective date for those sections.

19. It is further ordered that the Wireless Telecommunications Bureau shall take all necessary steps, pursuant to the Federal Advisory Committee Act, 5 U.S.C., App., to establish a Public Safety National Coordination Committee, and charge the Committee with the duty, among others to be set forth in the Committee Charter, with recommending a national interoperability operational plan for review and approval by the Commission as well as the technical standards in accordance with American National Standards Institute process to apply to all public safety interoperability channel equipment.

20. It is further ordered that the Commission's Office of Public Affairs, Reference Operations Division, shall send a copy of this *First Report and Order and Third Notice of Proposed Rule Making* including the Final and Initial Regulatory Flexibility Analyses, to the Chief Counsel for Advocacy of the Small Business Administration.

List of Subjects

47 CFR Part 2

Communications equipment, Radio.

47 CFR Part 90

Administrative practice and procedure, Communications equipment, Radio.

Federal Communications Commission.

Magalie Roman Salas,

Secretary.

For the reasons discussed in the preamble, the Federal Communications Commission amends 47 CFR parts 2 and 90 as follows:

PART 2—FREQUENCY ALLOCATION AND RADIO TREATY MATTERS; GENERAL RULES AND REGULATIONS

1. The authority citation for part 2 is revised to read as follows:

Authority: 47 U.S.C. 154, 302, 303, 307, 336, and 337, unless otherwise noted.

2. Section 2.103 is revised to read as follows:

§ 2.103 Government use of non-Government frequencies.

(a) Government stations may be authorized to use non-Government frequencies in the bands above 25 MHz (except the 764–776 MHz and 794–806 MHz public safety bands) if the Commission finds that such use is necessary for coordination of Government and non-Government activities: Provided, however, that:

(1) Government operation on non-Government frequencies shall conform with the conditions agreed upon by the Commission and the National Telecommunications and Information

Administration (the more important of which are contained in paragraphs (a)(2), (a)(3) and (a)(4) of this section);

(2) Such operations shall be in accordance with Commission rules governing the service to which the frequencies involved are allocated;

(3) Such operations shall not cause harmful interference to non-Government stations and, should harmful interference result, that the interfering Government operation shall immediately terminate; and

(4) Government operation has been certified as necessary by the non-Government licensees involved and this certification has been furnished, in writing, to the Government agency with which communication is required.

(b) Government stations may be authorized to use channels in the 764–776 MHz and 794–806 MHz public safety bands with non-Government entities if the Commission finds such use necessary; where:

(1) The stations are used for interoperability or part of a Government/non-Government shared or joint-use system;

(2) The Government entity obtains the approval of the non-Government (State/local government) licensee(s) or applicant(s) involved;

(3) Government operation is in accordance with the Commission's Rules governing operation of this band and conforms with any conditions agreed upon by the Commission and the National Telecommunications and Information Administration; and

(4) Interoperability, shared or joint-use systems are the subject of a mutual agreement between the Government and non-Government entities. This section does not preclude other arrangements or agreements as permitted under part 90 of the rules. *See* 47 CFR 90.179 and 90.421 of this chapter.

PART 90—PRIVATE LAND MOBILE RADIO SERVICES

3. The authority citation for Part 90 is revised to read as follows:

Authority: Secs. 4, 251–2, 303, 309, 332 and 337, 48 Stat 1066, 1082, as amended; 47 U.S.C. 154, 251–2, 303, 309 and 337, unless otherwise noted.

4. Section 90.20 is amended by adding two entries to the table in paragraph (c)(3) and by adding a new paragraph (d)(77), to read as follows:

§ 90.20 Public Safety Pool.

* * * * *

(c) * * *

(3) * * *

PUBLIC SAFETY POOL FREQUENCY TABLE

Frequency or band	Class of station(s)	Limitations	Coordinator
* * *	* * *		*
764 to 776	Base, mobile	77	PX
794 to 806	Mobile	77	PX
* * *	* * *		*

(d) * * *

(77) Subpart R of this part contains rules for assignment of channels in the 764–776 MHz and 794–806 MHz bands.

* * * * *

5. Section 90.205 is amended by revising paragraph (i) to read as follows:

§ 90.205 Power and antenna height limits.

* * * * *

(i) *764–776 MHz, 794–824 MHz, 851–869 MHz, 896–901 MHz and 935–940 MHz.* Power and height limitations are specified in § 90.635.

* * * * *

6. A new Subpart R is added to read as follows:

Subpart R—Regulations Governing the Licensing and Use of Frequencies in the 764–776 and 794–806 MHz Bands

Sec.

Subpart R—Regulations Governing the Licensing and Use of Frequencies in the 764–776 and 794–806 MHz Bands

§ 90.521 Scope.

This subpart sets forth the regulations governing the licensing and operations of all systems operating in the 764–776 MHz and 794–806 MHz frequency bands. It includes eligibility, operational, planning and licensing requirements and technical standards for stations licensed in these bands. The rules in this subpart are to be read in conjunction with the applicable requirements contained elsewhere in this part; however, in case of conflict, the provisions of this subpart shall govern with respect to licensing and operation in these frequency bands.

§ 90.523 Eligibility.

This section implements the definition of public safety services contained in 47 U.S.C. § 337(f)(1). The following are eligible to hold Commission authorizations for systems operating in the 764–776 MHz and 794–806 MHz frequency bands:

(a) *State or local government entities.* Any territory, possession, state, city, county, town, or similar State or local governmental entity is eligible to hold authorizations in the 764–776 MHz and 794–806 MHz frequency bands.

(b) *Nongovernmental organizations.* A nongovernmental organization (NGO) that provides services, the sole or principal purpose of which is to protect the safety of life, health, or property, is eligible to hold an authorization for a system operating in the 764–776 MHz and 794–806 MHz frequency bands for transmission or reception of communications essential to providing such services if (and only for so long as) the NGO applicant/licensee:

(1) Has the written, ongoing support (to operate such system) of a state or local governmental entity whose mission is the oversight of or provision of services, the sole or principal purpose of which is to protect the safety of life, health, or property; and

(2) Operates such authorized system solely for transmission of communication essential to providing services the sole or principal purpose of which is to protect the safety of life, health, or property.

(c) *All NGO authorizations are conditional.* NGOs assume all risks associated with operating under conditional authority. Authorizations issued to NGOs to operate systems in the 764–776 MHz and 794–806 MHz frequency bands include the following condition: If at any time the supporting governmental entity (see paragraph (b)(1)) notifies the Commission in writing of such governmental entity's termination of its authorization of a NGO's operation of a system in the 764–776 MHz and 794–806 MHz frequency bands, the NGO's application shall be dismissed automatically or, if authorized by the Commission, the NGO's authorization shall terminate automatically.

(d) Paragraphs (a) and (b) notwithstanding, no entity is eligible to hold an authorization for a system operating in the 764–776 MHz and 794–806 MHz frequency bands on the basis of services, the sole or principal purpose of which is to protect the safety of life, health or property, that such entity makes commercially available to the public.

§ 90.527 Regional plan requirements.

Each regional planning committee must submit a regional plan for approval by the Commission.

(a) *Common elements.* Regional plans must incorporate the following common elements:

(1) Identification of the document as the regional plan for the defined region with the names, business addresses, business telephone numbers, and organizational affiliations of the chairpersons and all members of the planning committee.

(2) A summary of the major elements of the plan and an explanation of how all eligible entities within the region were given an opportunity to participate in the planning process and to have their positions heard and considered fairly.

(3) A general description of how the spectrum would be allotted among the various eligible users within the region with an explanation of how the requirements of all eligible entities within the region were considered and, to the degree possible, met.

(4) An explanation as to how needs were assigned priorities in areas where not all eligible entities could receive licenses.

(5) An explanation of how the plan had been coordinated with adjacent regions.

(6) A detailed description of how the plan put the spectrum to the best possible use by requiring system design with minimum coverage areas, by assigning frequencies so that maximum frequency reuse and offset channel use may be made, by using trunking, and by requiring small entities with minimal requirements to join together in using a single system where possible.

(7) A detailed description of the future planning process, including, but not limited to, amendment process, meeting announcements, data base maintenance, and dispute resolution.

(8) A certification by the regional planning chairperson that all planning committee meetings, including subcommittee or executive committee meetings, were open to the public.

(b) *Modification of regional plans.* Regional plans may be modified by submitting a written request, signed by the regional planning committee, to the Chief, Wireless Telecommunications Bureau. The request must contain the full text of the modification, and must certify that successful coordination of the modification with all adjacent regions has occurred and that all such regions concur with the modification.

§ 90.531 Band plan.

This section sets forth the band plan for the 764–776 MHz and 794–806 MHz public safety bands.

(a) *Base and mobile use.* The 764–776 MHz band may be used for base, mobile or fixed (repeater) transmissions. The 794–806 MHz band may be used only for mobile or fixed (control) transmissions.

(b) *Narrowband segments.* There are four band segments that are designated for use with narrowband emissions. Each of these narrowband segments is divided into 480 channels having a channel size of 6.25 kHz as follows:

Frequency range	Channel Nos.
764–767 MHz	1–480
773–776 MHz	481–960
794–797 MHz	961–1440
803–806 MHz	1441–1920

(1) *Narrowband nationwide interoperability channels.* The following narrowband channels are designated for nationwide interoperability licensing and use: 55, 56, 59, 60, 67, 68, 135, 136, 139, 140, 147, 148, 215, 216, 219, 220, 227, 228, 295, 296, 299, 300, 307, 308, 375, 376, 379, 380, 387, 388, 467, 468, 535, 536, 539, 540, 547, 548, 615, 616, 619, 620, 627, 628, 695, 696, 699, 700, 707, 708, 775, 776, 779, 780, 787, 788, 855, 856, 859, 860, 867, 868, 947, 948, 1015, 1016, 1019, 1020, 1027, 1028, 1095, 1096, 1099, 1100, 1107, 1108, 1175, 1176, 1179, 1180, 1187, 1188, 1255, 1256, 1259, 1260, 1267, 1268, 1335, 1336, 1339, 1340, 1347, 1348, 1427, 1428, 1495, 1496, 1499, 1500, 1507, 1508, 1575, 1576, 1579, 1580, 1587, 1588, 1655, 1656, 1659, 1660, 1667, 1668, 1735, 1736, 1739, 1740, 1747, 1748, 1815, 1816, 1819, 1820, 1827, 1828, 1907, 1908.

(2) *Reserved narrowband channels.* The following narrowband channels are reserved pending further Commission action in WT Docket No. 96–86 (*proceeding pending*): 53, 54, 57, 58, 61–66, 69–80, 133, 134, 137, 138, 141–146, 149–160, 213, 214, 217, 218, 221–226, 229–240, 293, 294, 297, 298, 301–306, 309–320, 373, 374, 377, 378, 381–386, 389–400, 453–466, 469–480, 533, 534, 537, 538, 541–546, 549–560, 613, 614, 617, 618, 621–626, 629–640, 693, 694, 697, 698, 701–706, 709–720, 773, 774, 777, 778, 781–786, 789–800, 853, 854, 857, 858, 861–866, 869–880, 933–946, 949–960, 1013, 1014, 1017, 1018, 1021–1026, 1029–1040, 1093, 1094, 1097, 1098, 1101–1106, 1109–1120, 1173, 1174, 1177, 1178, 1181–1186, 1189–1200, 1253, 1254, 1257, 1258, 1261–1266, 1269–1280, 1333, 1334, 1337, 1338, 1341–1346, 1349–1360, 1413–1426, 1429–1440, 1493, 1494, 1497, 1498, 1501–1506, 1509–1520, 1573, 1574, 1577, 1578, 1581–1586, 1589–1600, 1653, 1654, 1657, 1658, 1661–1666, 1669–1680, 1733, 1734, 1737, 1738, 1741–1746, 1749–1760, 1813, 1814, 1817, 1818, 1821–1826, 1829–1840, 1893–1906, 1909–1920.

(3) *Narrowband general use channels.* All narrowband channels established in paragraph (b), other than those listed in paragraphs (b)(1) and (b)(2), are designated for exclusive assignment to public safety eligibles subject to Commission-approved regional planning committee regional plans.

(c) *Wideband segments.* There are two band segments that are designated for use with wideband emissions. Each of these wideband segments is divided into 120 channels having a channel size of 50 kHz as follows:

Frequency range	Channel Nos.
767–773 MHz	1–120
797–803 MHz	121–240.

(1) *Wideband nationwide interoperability channels.* The following wideband channels are designated for nationwide interoperability licensing and use: 7–9, 34–36, 58–63, 85–87, 112–114, 127–129, 154–156, 178–183, 205–207, 232–234.

(2) *Reserved wideband channels.* The following wideband channels are reserved pending further Commission action in WT Docket No. 96–86 (*proceeding pending*): 1–6, 37–57, 64–

84, 115–126, 157–177, 184–204, 235–240.

(3) *Wideband general use channels.* All wideband channels established in paragraph (c), except for those listed in paragraphs (c)(1) and (c)(2), are designated for shared assignment to public safety eligibles subject to Commission-approved regional planning committee regional plans.

(d) *Combining channels.* At the discretion of the appropriate regional planning committee, contiguous channels may be used in combination in order to accommodate requirements for larger bandwidth emissions, in accordance with this paragraph. As an exception to this general rule, channels designated for nationwide interoperability use must not be combined with channels that are not designated for nationwide interoperability use.

(1) *Narrowband.* Two or four contiguous narrowband (6.25 kHz) channels may be used in combination as 12.5 kHz or 25 kHz channels, respectively. The lower (in frequency) channel for two channel combinations must be an odd (*i.e.*, 1, 3, 5 8 * * *) numbered channel. The lowest (in frequency) channel for four channel combinations must be a channel whose number is equal to 1+(4×n), where n = any integer between 0 and 479, inclusive (*e.g.*, channel number 1, 5, * * * 1917). Channel combinations are designated by the lowest and highest channel numbers separated by a hyphen, *e.g.*, ''1–2'' for a two channel combination and ''1–4'' for a four channel combination.

(2) *Wideband.* Two or three contiguous wideband (50 kHz) channels may be used in combination as 100 kHz or 150 kHz channels, respectively. The lower (in frequency) channel for two channel combinations must be a channel whose number is equal to 1+(3×n) or 2+(3×n), where n = any integer between 0 and 79, inclusive (*e.g.*, channel number 1, 2, 5, 6, * * * 238, 239). The lowest (in frequency) channel for three channel combinations must be a channel whose number is equal to 1+(3×n), where n = any integer between 0 and 79, inclusive (*e.g.*, channel number 1, 5, * * * 238). Channel combinations are designated by the lowest and highest channel numbers separated by a hyphen, *e.g.*, ''1–2'' for a two channel combination and ''1–3'' for a three channel combination.

(e) *Channel pairing.* In general, channels must be planned and assigned in base/mobile pairs that are separated by 30 MHz. However, until December 31, 2006, channels other than those listed in paragraphs (b)(1) and (c)(1), may be planned and assigned in base/mobile pairs having a different separation, where necessary because 30 MHz base/mobile pairing is precluded by the presence of one or more co-channel or adjacent channel TV/DTV broadcast stations.

§ 90.533 Transmitting sites near the U.S./Canada or U.S./Mexico border.

This section applies to each license to operate one or more public safety transmitters in the 764–776 MHz and 794–806 MHz bands, at a location or locations North of Line A (see § 90.7) or within 120 kilometers (75 miles) of the U.S.-Mexico border, until such time as agreements between the government of the United States and the government of Canada or the government of the United States and the government of Mexico, as applicable, become effective governing border area non-broadcast use of these bands. Public safety licenses are granted subject to the following conditions:

(a) Operation of public safety transmitters must not cause harmful interference to the reception of television broadcasts transmitted by UHF TV broadcast stations located in Canada or Mexico. In addition, public safety base, control, and mobile transmitters must comply with the interference protection criteria in § 90.545 for TV/DTV stations in Canada and Mexico.

(b) Public safety facilities must accept any interference that may be caused by operations of UHF television broadcast transmitters in Canada and Mexico.

(c) Conditions may be added during the term of the license, if required by the terms of international agreements between the government of the United States and the government of Canada or the government of the United States and the government of Mexico, as applicable, regarding non-broadcast use of the 764–776 MHz and 794–806 MHz bands.

§ 90.535 Modulation and spectrum usage efficiency requirements.

Transmitters designed to operate in 764–776 MHz and 794–806 MHz frequency bands must meet the following modulation standards:

(a) All transmitters in the 764–776 MHz and 794–806 MHz frequency bands must use digital modulation. Mobile and portable transmitters may have analog modulation capability only as a secondary mode in addition to its primary digital mode.

(b) Transmitters designed to operate in the narrowband segment using digital modulation must be capable of maintaining a data throughput of not less than 4.8 kbps in a 6.25 kHz bandwidth.

(c) Transmitters designed to operate in the wideband segment using digital modulation must be capable of maintaining a data throughput of not less than 384 kbps in a 150 kHz bandwidth.

§ 90.537 Trunking requirement.

All systems using six or more narrowband channels in the 764–776 MHz and 794–806 MHz frequency bands must be trunked systems, except for those using the designated nationwide interoperability channels.

§ 90.539 Frequency stability.

Transmitters designed to operate in 764–776 MHz and 794–806 MHz frequency bands must meet the frequency stability requirements in this section.

(a) Mobile, portable and control transmitters must normally use automatic frequency control (AFC) to lock on to the base station signal.

(b) The frequency stability of base transmitters operating in the narrowband segment must be 100 parts per billion or better.

(c) The frequency stability of mobile, portable and control transmitters operating in the narrowband segment must be 400 parts per billion or better when AFC is locked to a base station, and 2.5 parts per million or better when AFC is not locked.

(d) The frequency stability of base transmitters operating in the wideband segment must be 1 part per million or better.

(e) The frequency stability of mobile, portable and control transmitters operating in the wideband segment must be 1.25 parts per million or better when AFC is locked to a base station, and 5 parts per million or better when AFC is not locked.

§ 90.541 Transmitting power limits.

The transmitting power of base, mobile, portable and control stations operating in the 764–776 MHz and 794–806 MHz frequency bands must not exceed the maximum limits in this section, and must also comply with any applicable effective radiated power limits in § 90.545.

(a) The transmitting power of base transmitters must not exceed the limits given in paragraphs (a), (b) and (c) of § 90.635.

(b) The transmitter output power of mobile and control transmitters must not exceed 30 Watts.

(c) The transmitter output power of portable (hand-held) transmitters must not exceed 3 Watts.

(d) Mobile and portable transmitters must be designed to employ automatic power control.

§ 90.543 Emission limitations.

Transmitters designed to operate in 764–776 MHz and 794–806 MHz frequency bands must meet the emission limitations in this section.

(a) The adjacent channel coupled power (ACCP) requirements for transmitters designed for various channel sizes are shown in the following tables. Mobile station requirements apply to handheld, car mounted and control station units. The tables specify a maximum value for the ACCP relative to maximum output power as a function of the displacement from the channel center frequency. In addition, the ACCP for a mobile station transmitter at the specified frequency displacement must not exceed the value shown in the tables. For transmitters that have power control, the latter ACCP requirement can be met at maximum power reduction. In the following charts, ''(s)'' means a swept measurement is to be used.

6.25 kHz Mobile Transmitter ACCP Requirements

Offset from Center Frequency (kHz)	Measurement Bandwidth (kHz)	Maximum ACCP Relative (dBc)	Maximum ACCP Absolute (dBm)
6.25	6.25	−40	(1)
12.5	6.25	−60	−45
18.75	6.25	−60	−45
25	6.25	−65	−50
37.5	25	−65	−50
62.5	25	−65	−50
87.5	25	−65	−50
150	100	−65	−50
250	100	−65	−50
>400 to receive band	30(s)	−75	−55
in the receive band	30(s)	−100	−70

[1] Not specified.

12.5 kHz Mobile Transmitter ACCP Requirements

Offset from center frequency (kHz)	Measurement bandwidth (kHz)	Maximum ACCP relative (dBc)	Maximum ACCP absolute (dBm)
9.375	6.25	−40	(1)
15.625	6.25	−60	−45
21.875	6.25	−60	−45
37.5	25	−65	−50
62.5	25	−65	−50
87.5	25	−65	−50
150	100	−65	−50
250	100	−65	−50
>400 to receive band	30(s)	−75	−55
in the receive band	30(s)	−100	−70

[1] Not specified.

25 kHz Mobile Transmitter ACCP Requirements

Offset from center Frequency (kHz)	Measurement Bandwidth (kHz)	Maximum ACCP Relative (dBc)	Maximum ACCP Absolute (dBm)
15.625	6.25	−40	(1)
21.875	6.25	−60	−45
37.5	25	−65	−50
62.5	25	−65	−50
87.5	25	−65	−50
150	100	−65	−50
250	100	−65	−50
> 400 to receive band	30(s)	−75	−55
in the receive band	30(s)	−100	−70

[1] Not specified.

150 kHz Mobile Transmitter ACCP Requirements

Offset from center Frequency (kHz)	Measurement Bandwidth (kHz)	Maximum ACCP Relative (dBc)	Maximum ACCP Absolute (dBm)
100	50	−40	(1)
200	50	−50	−35
300	50	−50	−35
400	50	−50	−35
600 to 1000	30(s)	−60	−45
1000 to receive band	30(s)	−70	−55

150 kHz Mobile Transmitter ACCP Requirements—Continued

Offset from center Frequency (kHz)	Measurement Bandwidth (kHz)	Maximum ACCP Relative (dBc)	Maximum ACCP Absolute (dBm)
in the receive band	30(s)	−100	−75

[1] Not specified.

6.25 kHz Base Transmitter ACCP Requirements

Offset from center frequency (kHz)	Measurement bandwidth (kHz)	Maximum ACCP (dBc)
6.25	6.25	−40
12.5	6.25	−60
18.75	6.25	−60
25	6.25	−65
37.5	25	−65
62.5	25	−65
87.5	25	−65
150	100	−65
250	100	−65
>400 to receive band	30(s)	([1])
In the receive band	30(s)	-100

[1] −80 (continues @-6dB/oct)

12.5 kHz Base Trasmitter ACCP Requirements

Offset from center Frequency (kHz)	Measurement Bandwidth (kHz)	Maximum ACCP (dBc)
9.375	6.25	−40
15.625	6.25	−60
21.875	6.25	−60
37.5	25	−60
62.5	25	−65
87.5	25	−65
150	100	−65
250	100	−65
>400 to receive band	30(s)	([1])
In the receive band	30(s)	−100

[1] −80 (continues @-6dB/oct)

25 kHz Base Transmitter ACCP Requirements

Offset from center frequency (kHz)	Measurement bandwidth (kHz)	Maximum ACCP (dBc)
15.625	6.25	−40
21.875	6.25	−60
37.5	25	−60
62.5	25	−65
87.5	25	−65
150	100	−65
250	100	−65
>400 to receive band	30(s)	([1])
In the receive band	30(s)	−100

[1] −80 (continues @-6dB/oct)

150 kHz Base Transmitter ACCP Requirements

Offset from center Frequency (kHz)	Measurement bandwidth (kHz)	Maximum ACCP (dBc)
100	50	−40
200	50	−50
300	50	−55
400	50	−60

150 kHz BASE TRANSMITTER ACCP REQUIREMENTS—Continued

Offset from center Frequency (kHz)	Measurement bandwidth (kHz)	Maximum ACCP (dBc)
600 to 1000	30 (s)	−65
1000 to receive band	30 (s)	([1])
In the receive band	30 (s)	-100

[1] −75 (continues @ −6dB/oct)

(b) *ACCP measurement procedure.* The following are procedures for making transmitter measurements. For time division multiple access (TDMA) systems, the measurements are to be made under TDMA operation only during time slots when the transmitter is on. All measurements must be made at the input to the transmitter's antenna. Measurement bandwidth used below implies an instrument that measures the power in many narrow bandwidths (e.g. 300 Hz) and integrates these powers across a larger band to determine power in the measurement bandwidth.

(1) *Setting reference level.* Using a spectrum analyzer capable of ACCP measurements, set the measurement bandwidth to the channel size. For example, for a 6.25 kHz transmitter, set the measurement bandwidth to 6.25 kHz; for a 150 kHz transmitter, set the measurement bandwidth to 150 kHz. Set the frequency offset of the measurement bandwidth to zero and adjust the center frequency of the spectrum analyzer to give the power level in the measurement bandwidth. Record this power level in dBm as the ''reference power level''.

(2) *Measuring the power level at frequency offsets <600kHz.* Using a spectrum analyzer capable of ACCP measurements, set the measurement bandwidth as shown in the tables above. Measure the ACCP in dBm. These measurements should be made at maximum power. Calculate the coupled power by subtracting the measurements made in this step from the reference power measured in the previous step. The absolute ACCP values must be less than the values given in the table for each condition above.

(3) *Measuring the power level at frequency offsets >600kHz.* Set a spectrum analyzer to 30 kHz resolution bandwidth, 1 MHz video bandwidth and sample mode detection. Sweep ±6 MHz from the carrier frequency. Set the reference level to the RMS value of the transmitter power and note the absolute power. The response at frequencies greater than 600 kHz must be less than the values in the tables above.

(4) *Upper power limit measurement.* The absolute coupled power in dBm measured above must be compared to the table entry for each given frequency offset. For those mobile stations with power control, these measurements should be repeated with power control at maximum power reduction. The absolute ACCP at maximum power reduction must be less than the values in the tables above.

(c) *Out-of-band emission limit.* On any frequency outside of the frequency ranges covered by the ACCP tables in this section, the power of any emission must be reduced below the unmodulated carrier power (P) by at least 43 + 10 log (P) dB.

(d) *Authorized bandwidth.* Provided that the ACCP requirements of this section are met, applicants may request any authorized bandwidth that does not exceed the channel size.

§ 90.545 TV/DTV interference protection criteria.

Public safety base, control, and mobile transmitters in the 764–776 MHz and 794–806 MHz frequency bands must be operated only in accordance with the rules in this section, to reduce the potential for interference to public reception of the signals of existing TV and DTV broadcast stations transmitting on TV Channels 62, 63, 64, 65, 67, 68 or 69.

(a) *D/U ratios.* Licensees of public safety stations must choose site locations that are a sufficient distance from co-channel and adjacent channel TV and DTV stations, and/or must use reduced transmitting power or transmitting antenna height such that the following minimum desired signal to undesired signal ratios (D/U ratios) are met:

(1) The minimum D/U ratio for co-channel stations is 40 dB at the hypothetical Grade B contour (64 dBμV/m) (88.5 kilometers or 55.0 miles) of the TV station or 17 dB at the equivalent Grade B contour (41 dBμV/m) (88.5 kilometers or 55.0 miles) of the DTV station.

(2) The minimum D/U ratio for adjacent channel stations is 0 dB at the hypothetical Grade B contour (64 dBμV/m) (88.5 kilometers or 55.0 miles) of the TV station or −23 dB at the equivalent Grade B contour (41 dBμV/m) (88.5 kilometers or 55.0 miles) of the DTV station.

(b) *Maximum ERP and HAAT.* The maximum effective radiated power (ERP) and the antenna height above average terrain (HAAT) of the proposed land mobile base station, the associated control station, and the mobile transmitters shall be determined using the methods described in this section.

(1) Each base station is limited to a maximum ERP of 1000 watts.

(2) Each control station is limited to a maximum ERP of 200 watts and a maximum HAAT of 61 m. (200 ft).

(3) Each mobile station is limited to a maximum ERP of 30 watts and a maximum antenna height of 6.1 m. (20 ft.).

(4) Each portable (handheld) transmitter is limited to a maximum ERP of 3 watts.

(5) All transmitters are subject to the power reductions given in Figure B of § 90.309 of this chapter, for antenna heights higher than 152 meters (500 ft).

(c) *Methods.* The methods used to calculate TV contours and antenna heights above average terrain are given in §§ 73.683 and 73.684 of this chapter. Tables to determine the necessary minimum distance from the public safety station to the TV/DTV station, assuming that the TV/DTV station has a hypothetical or equivalent Grade B contour of 88.5 kilometers (55.0 miles), are located in § 90.309 and labeled as Tables B, D, and E. Values between those given in the tables may be determined by linear interpolation. The locations of existing and proposed TV/DTV stations during the transition period are given in Part 73 of this chapter and in the final proceedings of MM Docket No. 87–268. The DTV allotments are:

State	City	NTSC TV Ch.	DTV Ch.	ERP (kW)	HAAT (m)
California	Stockton	64	62	63.5	874
California	Los Angeles	11	65	688.7	896
California	Riverside	62	68	180.1	723
California	Concord	42	63	61.0	856
Pennsylvania	Allentown	39	62	50.0	302
Pennsylvania	Philadelphia	6	64	1000.0	332
Pennsylvania	Philadelphia	10	67	791.8	354
Puerto Rico	Aguada	50	62	50.0	343
Puerto Rico	Mayaguez	16	63	50.0	347
Puerto Rico	Naranjito	64	65	50.0	142
Puerto Rico	Aguadilla	12	69	691.8	665

The transition period is scheduled to end on December 31, 2006. After that time, unless otherwise directed by the Commission, public safety stations will no longer be required to protect reception of co-channel or adjacent channel TV/DTV stations.

(1) Licensees of stations operating within the ERP and HAAT limits of paragraph (b) must select one of three methods to meet the TV/DTV protection requirements, subject to Commission approval:

(i) utilize the geographic separation specified in the tables referenced below;

(ii) submit an engineering study justifying the proposed separations based on the actual parameters of the land mobile station and the actual parameters of the TV/DTV station(s) it is trying to protect; or,

(iii) obtain written concurrence from the applicable TV/DTV station(s). If this method is chosen, a copy of the agreement must be submitted with the application.

(2) The following is the method for geographic separations.

(i) Base stations having an antenna height (HAAT) less than 152 m. (500 ft.) shall afford protection to co-channel and adjacent channel TV/DTV stations in accordance with the values specified in Table B (co-channel frequencies based on 40 dB protection) and Table E (adjacent channel frequencies based on 0 dB protection) in § 90.309 of this part. For base stations having an antenna height (HAAT) between 152–914 meters (500–3,000 ft.) the effective radiated power must be reduced below 1 kilowatt in accordance with the values shown in the power reduction graph in Figure B in § 90.309 of this part. For heights of more than 152 m. (500 ft.) above average terrain, the distance to the radio path horizon will be calculated assuming smooth earth. If the distance so determined equals or exceeds the distance to the hypothetical or equivalent Grade B contour of a co-channel TV/DTV station (*i.e.*, it exceeds the distance from the appropriate Table in § 90.309 to the relevant TV/DTV station) an authorization will not be granted unless it can be shown in an engineering study (method 2) that actual terrain considerations are such as to provide the desired protection at the actual Grade B contour (64 dBμV/m for TV and 41 dBμV/m for DTV stations), or that the effective radiated power will be further reduced so that, assuming free space attenuation, the desired protection at the actual Grade B contour (64 dBμV/m for TV and 41 dBμV/m coverage contour for DTV stations) will be achieved. Directions for calculating powers, heights, and reduction curves are listed in § 90.309 for land mobile stations. Directions for calculating coverage contours are listed in §§ 73.683–685 for TV stations and in § 73.625 for DTV stations.

(ii) Control and mobile stations (including portables) are limited in height and power and therefore shall afford protection to co-channel and adjacent channel TV/DTV stations in accordance with the values specified in Table D (co-channel frequencies based on 40 dB protection) in § 90.309 of this part and a minimum distance of 8 kilometers (5 miles) from all adjacent channel TV/DTV station hypothetical or equivalent Grade B contours (adjacent channel frequencies based on 0 dB protection for TV stations and −23 dB for DTV stations). Since control and mobile stations may affect different TV/DTV stations than the associated base station, particular care must be taken by applicants to ensure that all the appropriate TV/DTV stations are considered (*e.g.*, a base station may be operating on TV Channel 64 and the mobiles on TV Channel 69, in which case TV Channels 63, 64, 65, 68, and 69 must be protected). Control and mobile stations shall keep a minimum distance of 96.5 kilometers (60 miles) from all adjacent channel TV/DTV stations. Since mobiles and portables are able to move and communicate with each other, licensees or coordinators must determine the areas where the mobiles can and cannot roam in order to protect the TV/DTV stations, and advise the mobile operators of these areas and their restrictions.

(iii) In order to protect certain TV/DTV stations and to ensure protection from these stations which may have extremely large contours due to unusual height situations, an additional distance factor must be used by all public safety base, control and mobile stations. For all co-channel and adjacent channel TV/DTV stations which have an HAAT between 350 and 600 meters, public safety stations must add the following DISTANCE FACTOR to the value obtained from the referenced Tables in § 90.309 and to the distance for control and mobile stations on adjacent TV/DTV channels (96.5 km).

DISTANCE FACTOR = (TV/DTV HAAT − 350) ÷ 14 in kilometers, where HAAT is the TV or DTV station antenna height above average terrain obtained from its authorized or proposed facilities, whichever is greater.

(iv) For all co-channel and adjacent channel TV/DTV stations which have an antenna height above average terrain greater than 600 meters, public safety stations must add 18 kilometers as the DISTANCE FACTOR to the value obtained from the referenced Tables in § 90.309 and to the distance for control and mobile stations on adjacent TV/DTV channels (96.5 km).

Note to § 90.545.—The 88.5 km (55.0 mi) Grade B service contour (64 dBμV/m) is based on a hypothetical TV station operating at an effective radiated power of one megawatt, a transmitting antenna height above average terrain of 610 meters (2000 feet) and the Commission's R–6602 F(50,50) curves. *See* § 73.699 of this chapter. Maximum facilities for TV stations operating in the UHF band are 5 megawatts effective radiated power at an antenna HAAT of 610 meters (2,000 feet). *See* § 73.614 of this chapter. The equivalent contour for DTV stations is based on a 41 dBμV/m signal strength and the distance to the F(50,90) curve. *See* § 73.625 of this chapter.

§ 90.547 Interoperability channel capability requirement.

Mobile and portable transmitters designed pursuant to standards adopted

by the National Coordination Committee to operate in the 764–776 MHz and 794–806 MHz frequency bands must be capable of operating on any of the designated nationwide narrowband interoperability channels approved by the Commission.

§ 90.549 Transmitter certification.

Transmitters operated in the 764–776 MHz and 794–806 MHz frequency bands must be certificated as required by § 90.203.

§ 90.551 Construction requirements.

Each station authorized under this subpart to operate in the 764–776 MHz and 794–806 MHz frequency bands must be constructed and placed into operation within 12 months from the date of grant of the authorization. However, licensees may request a longer construction period, up to but not exceeding 5 years, pursuant to § 90.155(b).

[FR Doc. 98–28975 Filed 10–30–98; 8:45 am]

BILLING CODE 6712–01–U

DEPARTMENT OF COMMERCE

National Oceanic and Atmospheric Administration

50 CFR Part 679

[Docket No. 971208297–8054–02; I.D. 102798A]

Fisheries of the Exclusive Economic Zone Off Alaska; Pollock in the Gulf of Alaska Statistical Area 620

AGENCY: National Marine Fisheries Service (NMFS), National Oceanic and Atmospheric Administration (NOAA), Commerce.

ACTION: Modification of a closure.

SUMMARY: NMFS is opening directed fishing for pollock for 72 hours in Statistical Area 620 in the Gulf of Alaska (GOA). This action is necessary to fully utilize the total allowable catch (TAC) of pollock in that area.

DATES: Effective 1200 hours, Alaska local time (A.l.t.), October 27, 1998, until 1200 hours, October 30, 1998.

FOR FURTHER INFORMATION CONTACT: Nick Hindman, 907–581–2062.

SUPPLEMENTARY INFORMATION: NMFS manages the groundfish fishery in the GOA exclusive economic zone according to the Fishery Management Plan for Groundfish of the Gulf of Alaska (FMP) prepared by the North Pacific Fishery Management Council under authority of the Magnuson-Stevens Fishery Conservation and Management Act. Regulations governing fishing by U.S. vessels in accordance with the FMP appear at subpart H of 50 CFR part 600 and 50 CFR part 679.

In accordance with § 679.20(a)(5)(ii)(A), the Final 1998 Harvest Specifications for Groundfish established the allowance for the pollock TAC apportioned to Statistical Area 620 in the GOA as 50,045 metric tons (mt) (63 FR 12027, March 12, 1998). The Acting Administrator, Alaska Region, NMFS (Acting Regional Administrator), has established a directed fishing allowance of 49,945 mt, and set aside 100 mt as bycatch to support other anticipated groundfish fisheries.

The fishery for pollock in Statistical Area 620 was closed to directed fishing under § 679.20(d)(1)(iii) on October 12, 1998 (63 FR 55342, October 15, 1998), in order to reserve amounts anticipated to be needed for incidental catch in other fisheries. NMFS has determined that as of October 23, 1998, 1,867 mt remain in the directed fishing allowance. Therefore, NMFS is terminating the previous closure and is opening directed fishing for pollock in Statistical Area 620 of the GOA effective 1200 hrs, A.l.t., October 27, 1998.

In accordance with § 679.20(d)(1)(iii), the Acting Regional Administrator finds that this directed fishing allowance will soon be reached. Therefore, NMFS is prohibiting directed fishing for pollock in Statistical Area 620 at 12 noon, A.l.t., October 30, 1998.

Maximum retainable bycatch amounts may be found in the regulations at § 679.20(e) and (f). All other closures remain in full force and effect.

Classification

This action responds to the best available information recently obtained from the fishery. It must be implemented immediately to provide an opportunity to harvest the directed fishing allowance for pollock in Statistical Area 620 in the GOA and to prevent overharvesting the 1998 TAC. A delay in the effective date is impracticable and contrary to the public interest. Further delay would only result in loss of fishing opportunity and potential overharvest. NMFS finds for good cause that the implementation of this action should not be delayed for 30 days. Accordingly, under 5 U.S.C. 553(d), a delay in the effective date is hereby waived.

This action is required by § 679.20 and is exempt from review under E.O. 12866.

Authority: 16 U.S.C. 1801 *et seq.*

Dated: October 27, 1998.

Richard W. Surdi,

Acting Director, Office of Sustainable Fisheries, National Marine Fisheries Service.

[FR Doc. 98–29198 Filed 10–27–98; 5:07 pm]

BILLING CODE 3510–22–F

Proposed Rules

Federal Register
Vol. 63, No. 211
Monday, November 2, 1998

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.

OFFICE OF PERSONNEL MANAGEMENT

5 CFR Part 532

RIN 3206–AI48

Prevailing Rate Systems; Lead Agency Responsibility

AGENCY: Office of Personnel Management.

ACTION: Proposed rule with request for comments.

SUMMARY: The Office of Personnel Management (OPM) is issuing a proposed rule that would change the lead agency responsibility for certain Federal Wage System (FWS) appropriated fund wage areas from the Department of Veterans Affairs (VA) to the Department of Defense (DOD). A lead agency under the FWS is the Federal agency designated by OPM to conduct local wage surveys and establish wage schedules for FWS employees according to local prevailing rates within a wage area. There are currently 133 FWS appropriated fund wage areas. DOD is currently the lead agency in 110 wage areas, and VA is the lead agency in 23 wage areas. VA has requested that OPM designate DOD as the lead agency in all of the wage areas where VA currently has lead agency responsibility. This change would make DOD the lead agency in all FWS wage areas and is proposed because it would make more efficient use of the resources devoted by agencies to determining FWS pay rates.

DATES: Comments must be received on or before December 2, 1998.

ADDRESSES: Send or deliver comments to Donald J. Winstead, Assistant Director for Compensation Administration, Workforce Compensation and Performance Service, Office of Personnel Management, Room 7H31, 1900 E Street NW., Washington, DC 20415, or FAX: (202) 606–4264.

FOR FURTHER INFORMATION CONTACT: Mark A. Allen at (202) 606–2848, or email: maallen@opm.gov.

SUPPLEMENTARY INFORMATION: Under 5 U.S.C. 5343(a)(2), the Office of Personnel Management (OPM) is responsible for designating lead agencies in Federal Wage System (FWS) wage areas. Lead agencies are responsible for conducting surveys of private sector employers to establish wage schedules for FWS employees based on local prevailing rates. The Department of Defense (DOD) is the lead agency in 110 FWS wage areas, and the Department of Veterans Affairs (VA) is the lead agency in 23 FWS wage areas. VA is currently the lead agency in the New Haven-Hartford, Connecticut; Miami, Florida; Tampa-St. Petersburg, Florida; Champaign-Urbana, Illinois; Chicago, Illinois; Cedar Rapids-Iowa City, Iowa; Des Moines, Iowa; Augusta, Maine; Boston, Massachusetts; Southwestern Michigan; Minneapolis-St. Paul, Minnesota; New York, New York; Rochester, New York; Asheville, North Carolina; Charlotte, North Carolina; Cincinnati, Ohio; Cleveland, Ohio; Southwestern Oregon; Pittsburg, Pennsylvania; Eastern Tennessee; Houston-Galveston-Texas City, Texas; Roanoke, Virginia; and Milwaukee, Wisconsin, FWS wage areas.

VA has requested that OPM designate DOD as the lead agency in the wage areas where VA is currently designated as the lead agency. Since the establishment of the FWS in 1972, VA has played a key role in the administration of the pay program for FWS employees. However, for the past few years, VA has experienced reductions in overall employment in the human resources management areas both in field and headquarters activities. At the headquarters level, two out of three experienced specialists assigned to oversee FWS wage surveys are no longer available to work in that area because of retirements and reassignments. VA believes that a consolidation of the FWS survey function within one agency would be more efficient and would provide a consistency in the survey process that would strengthen the FWS program nationwide. DOD has expressed its willingness and indicated its ability to assume lead agency responsibility in the wage areas where VA is currently assigned lead agency responsibility.

This proposed change was reviewed by the Federal Prevailing Rate Advisory Committee (FPRAC), the national labor-management committee responsible for advising OPM on matters that affect the pay of FWS employees. The Committee recommended approval of the change by majority vote. The management members of FPRAC proposed this change because diminishing staff resources within VA headquarters have made it very difficult for VA to accomplish its wage survey work in an effective manner, and DOD has expressed its ability and willingness to assume lead agency responsibility in all FWS wage areas. All Committee members voted for the proposal except for the National Federation of Federal Employees, which abstained. The remaining labor members of FPRAC supported the proposed change with reservations, stating that although no reasonable alternative exists, they are concerned about the placement of Governmentwide FWS wage determinations within a single agency.

Regulatory Flexibility Act

I certify that these regulations would not have a significant economic impact on a substantial number of small entities because they would affect only Federal agencies and employees.

List of Subjects in 5 CFR Part 532

Administrative practice and procedure, Freedom of information, Government employees, Reporting and recordkeeping requirements, Wages.

Office of Personnel Management.

Janice R. Lachance,

Director.

Accordingly, the Office of Personnel Management is proposing to amend 5 CFR part 532 as follows:

PART 532—PREVAILING RATE SYSTEMS

1. The authority citation for part 532 continues to read as follows:

Authority: 5 U.S.C. 5343, 5346; § 532.707 also issued under 5 U.S.C. 552.

2. Appendix A to subpart B is amended for the New Haven-Hartford, Connecticut; Miami, Florida; Tampa-St. Petersburg, Florida; Champaign-Urbana, Illinois; Chicago, Illinois; Cedar Rapids-Iowa City, Iowa; Des Moines, Iowa; Augusta, Maine; Boston, Massachusetts; Southwestern Michigan; Minneapolis-St. Paul, Minnesota; New York, New York; Rochester, New York; Asheville, North Carolina; Charlotte, North

Carolina; Cincinnati, Ohio; Cleveland, Ohio; Southwestern Oregon; Pittsburg, Pennsylvania; Eastern Tennessee; Houston-Galveston-Texas City, Texas; Roanoke, Virginia; and Milwaukee, Wisconsin, wage areas by revising the lead agency listings for those areas from ''VA'' to ''DOD''.

[FR Doc. 98–29190 Filed 10–30–98; 8:45 am]
BILLING CODE 6325–01–P

DEPARTMENT OF TRANSPORTATION

Federal Aviation Administration

14 CFR Part 23

[Docket No. CE145, Notice No. 23–98–01–SC]

Special Conditions; Raytheon Model 390 Airplane

AGENCY: Federal Aviation Administration (FAA), DOT.

ACTION: Notice of proposed special conditions.

SUMMARY: This notice proposes special conditions for the Raytheon Aircraft Company Model 390 airplane. This new airplane will have novel and unusual design features not typically associated with normal, utility, acrobatic, and commuter category airplanes. These design features include turbofan engines, engine location, swept wings and stabilizer, and certain performance characteristics necessary for this type of airplane, for which the applicable regulations do not contain adequate or appropriate airworthiness standards. This notice contains the additional airworthiness standards that the Administrator considers necessary to establish a level of safety equivalent to that existing in the current business jet fleet and expected by the user of this class of aircraft.

DATES: Comments must be received on or before December 2, 1998.

ADDRESSES: Comments on this proposal may be mailed in duplicate to: Federal Aviation Administration, Regional Counsel, ACE–7, Attention: Rules Docket Clerk, Docket No. CE145, Room No. 1558, 601 East 12th Street, Kansas City, Missouri 64106. All comments must be marked: Docket No. CE145. Comments may be inspected in the Rules Docket weekdays, except Federal holidays, between 7:30 a.m. and 4 p.m.

FOR FURTHER INFORMATION CONTACT: Lowell Foster, Aerospace Engineer, Standards Office (ACE–110), Small Airplane Directorate, Aircraft Certification Service, Federal Aviation Administration, Room 1544, 601 East 12th Street, Kansas City, Missouri 64106; telephone (816) 426–5688.

SUPPLEMENTARY INFORMATION:

Comments Invited

Interested persons are invited to participate in the making of these special conditions by submitting such written data, views, or arguments as they may desire. Communications should identify the regulatory docket or notice number and be submitted in duplicate to the address specified above. All communications received on or before the closing date for comments specified above will be considered by the Administrator before taking further rulemaking action on this proposal. Commenters wishing the FAA to acknowledge receipt of their comments submitted in response to this notice must include a self-addressed, stamped postcard on which the following statement is made: ''Comments to Docket No. CE145.'' The postcard will be date stamped and returned to the commenter. The proposals contained in this notice may be changed in light of the comments received. All comments received will be available, both before and after the closing date for comments, in the rules docket for examination by interested parties. A report summarizing each substantive public contact with FAA personnel concerned with this rulemaking will be filed in the docket.

Background

On August 1, 1995, Raytheon Aircraft Company (then Beech Aircraft Corporation), 9707 East Central, Wichita, Kansas 67201, made application for 14 CFR part 23 normal category type certification of its Model 390 airplane. The Model 390 has a composite fuselage, a metal wing with 22.8 degrees of leading-edge sweepback, and a combination composite/metal empennage in a T-tail configuration with trimmable horizontal tail with 27.3 degrees of leading-edge sweepback. The airplane will accommodate six passengers and a crew of two. The Model 390 will have a V_{MO}/M_{MO} of 320 knots/M.83, and has two turbofan engines mounted on the aft fuselage above and behind the wing.

Type Certification Basis

Type certification basis of the Model 390 airplane is as follows: 14 CFR part 23, effective February 1, 1965, through Amendment 23–52, effective July 25, 1996; 14 CFR part 36, effective December 1, 1969, through the amendment effective on the date of type certification; 14 CFR part 34; exemptions, if any; and the special conditions adopted by this rulemaking action.

Discussion

Special conditions may be issued and amended, as necessary, as part of the type certification basis if the Administrator finds that the airworthiness standards designated in accordance with 14 CFR part 21, § 21.17(a)(1), do not contain adequate or appropriate safety standards because of novel or unusual design features of an airplane. Special conditions, as appropriate, are issued in accordance with 14 CFR part 11, § 11.49, after public notice, as required by §§ 11.28 and 11.29(b), effective October 14, 1980, and become part of the type certification basis as provided by part 21, § 21.17(a)(2).

Raytheon plans to incorporate certain novel and unusual design features into the Model 390 airplane for which the airworthiness regulations do not contain adequate or appropriate safety standards. These features include turbofan engines, engine location, swept wings and stabilizer, and certain performance characteristics necessary for this type of airplane.

Performance

The Raytheon Model 390 has a wing with 22.8 degrees of leading-edge sweepback and a T-tail configuration with trimmable horizontal stabilizer with 27.3 degrees of leading-edge sweepback. The Model 390 will have a V_{MO}/M_{MO} of 320 knots/M.83, and it will have two turbofan engines mounted on the aft fuselage.

Previous certification and operational experience with airplanes of like design in the transport category reveal certain unique characteristics compared to conventional aircraft certificated under part 23. These characteristics have caused safety problems in the past when pilots attempted takeoffs and landings, particularly with a large variation in temperature and altitude, using procedures and instincts developed with conventional airplanes.

One of the major distinguishing features of a swept-wing design not considered in current part 23 is a characteristically flatter lift curve without a ''stall'' break near the maximum coefficient of lift, as in a conventional wing. The ''stall'' separation point may occur at a much higher angle of attack than the point of maximum lift, and the angle of attack for maximum lift can be only recognized by precise test measurements or specific detection systems. This phenomenon is not apparent to a pilot accustomed to operating a conventional airplane where

increasing angle of attack produces increased lift to the point where the wing stalls. In a swept-wing design, if the pilot does not operate in accordance with established standards developed through a dedicated test program, increasing angle of attack may produce very little lift yet increase drag markedly to the point where flight is impossible. These adverse conditions may be further compounded by the characteristics of turbofan engines, including specified N_1/N_2 rotational speeds, temperature, and pressure limits that make its variation in thrust output with changes in temperature and altitude more complex and difficult to predict. In recognition of these characteristics, Special Civil Air Regulations No. SR–422 and follow-on regulations established weight-altitude-temperature (WAT) limitations and procedures for scheduling takeoff and landing for turbine powered transport category airplanes, so the pilot could achieve reliable and repeatable results under all expected conditions of operation. This entails specific tests such as minimum unstick speed, V_{MU}, to ensure that rotation and fly-out speeds are correct and that the airplane speed schedule will not allow the airplane to lift off in ground effect and then be unable to accelerate and continue to climb out. In conjunction with the development of takeoff and landing procedures, it was also necessary to establish required climb gradients and data for flight path determination under all approved weights, altitudes, and temperatures. This enables the pilot to determine, before takeoff, that a safe takeoff, departure, and landing at destination can be achieved.

Takeoff

Based upon the knowledge and experience gained with similar high speed, high efficiency turbojet airplanes, special conditions require performance standards for takeoff, takeoff speeds, accelerate-stop distance, takeoff path, takeoff distance, takeoff run, and takeoff flight path.

Additionally, procedures for takeoff, accelerate-stop distance, and landing are proposed as those established for operation in service and must be executable by pilots of average skill and include reasonably expected time delays.

Climb

To maintain a level of safety that is equivalent to the current business jet fleet for takeoff, takeoff speeds, takeoff path, takeoff distance, and takeoff run, it is appropriate to require specific climb gradients, airplane configurations, and consideration of atmospheric conditions that will be encountered. These special conditions include climb with one engine inoperative, balked landing climb, and general climb conditions.

Landing

Landing distance determined for the same parameters is consistent with takeoff information for the range of weights, altitudes, and temperatures approved for operation. Further, it is necessary to consider time delays to provide for in-service variation in the activation of deceleration devices such as spoilers and brakes.

Trim

Special conditions are issued to maintain a level of safety that is consistent with the use of V_{MO}/M_{MO} and the requirements established for previous part 23 jet airplanes. Current standards in part 23 did not envision this type of airplane and the associated trim considerations.

Demonstration of Static Longitudinal Stability

To maintain a level of safety consistent with existing business jet airplanes, it is appropriate to define applicable requirements for static longitudinal stability. Current standards in part 23 did not envision this type of airplane and the associated stability considerations. Special conditions will establish static longitudinal stability requirements that include a stick force versus speed specification and stability requirements applicable to high speed jet airplanes.

Consistent with the concept of V_{MO}/M_{MO} being a maximum operational speed limit, rather than a limiting speed for the demonstration of satisfactory flight characteristics, it is appropriate to extend the speed for demonstration of longitudinal stability characteristics from the V_{MO}/M_{MO} of 14 CFR part 23 to the maximum speed for stability characteristics, V_{FC}/M_{FC}, for this airplane.

Static Directional and Lateral Stability

Consistent with the concept of V_{MO}/M_{MO} being a maximum operational speed limit, rather than a limiting speed for the demonstration of satisfactory flight characteristics, it is appropriate to extend the speed for demonstration of lateral/directional stability characteristics from the V_{MO}/M_{MO} of part 23 to the maximum speed for stability characteristics, V_{FC}/M_{FC} for this airplane.

Stall Characteristics

The stall characteristics requirements are relaxed from part 23 to be equivalent to that acceptable in current business jets. These special conditions reflect a higher expected pilot proficiency level, the remote chance that a stall will be encountered in normal operation, and the requirements are relaxed as compensation for meeting the higher performance requirements in these special conditions.

Vibration and Buffeting

The Raytheon Model 390 will be operated at high altitudes where stall-Mach buffet encounters (small speed margin between stall and transonic flow buffet) are likely to occur, which is not presently addressed in part 23. The special condition will require buffet onset tests and the inclusion of information in the Airplane Flight Manual (AFM) to provide guidance to the flightcrew. This information will enable the flightcrew to plan flight operations that will maximize the maneuvering capability during high altitude cruise flight and preclude intentional operations exceeding the boundary of perceptible buffet. Buffeting is considered to be a warning to the pilot that the airplane is approaching an undesirable and eventually dangerous flight regime, that is, stall buffeting, high speed buffeting or maneuvering (load factor) buffeting. In straight flight, therefore, such buffet warning should not occur at any normal operating speed up to the maximum operating limit speed, V_{MO}/M_{MO}.

High Speed Characteristics and Maximum Operating Limit Speed

The Raytheon Model 390 will be operated at high altitude and high speeds. The proposed operating envelope includes areas in which Mach effects, which have not been considered in part 23, may be significant. The anticipated low drag of the airplane and the proposed operating envelope are representative of the conditions not envisioned by the existing part 23 regulations. These conditions may degrade the ability of the flightcrew to promptly recover from inadvertent excursions beyond maximum operating speeds. The ability to pull a positive load factor is needed to ensure, during recovery from upset, that the airplane speed does not continue to increase to a value where recovery may not be achievable by the average pilot or flightcrew.

Additionally, to allow the aircraft designer to conservatively design to higher speeds than may be operationally

required for the airplane, the concept of V_{DF}/M_{DF}, the highest demonstrated flight speed for the type design, is appropriate for this airplane. This permits V_D/M_D, the design dive speed, to be higher than the speed actually required to be demonstrated in flight. Accordingly, the special conditions allow one to determine a maximum demonstrated flight speed and to relate the speeds V_{MO}/M_{MO} and V_{DF}/M_{DF}.

Flight Flutter Tests

Flight flutter test special conditions are proposed to V_{DF}/M_{DF} rather than to V_D, in keeping with the V_{DF}/M_{DF} concept.

Out-of-Trim Characteristics

High speed airplanes have experienced a number of upset incidents involving out-of-trim conditions. This is particularly true for swept-wing airplanes and airplanes with a trimmable stabilizer. Service experience has shown that out-of-trim conditions can occur in flight for various reasons and that the control and maneuvering characteristics of the airplane may be critical in recovering from upsets. The existing part 23 regulations do not address high speed out-of-trim conditions. These special conditions test the out-of-trim flight characteristics by requiring the longitudinal trim control be displaced from the trimmed position by the amount resulting from the three-second movement of the trim system at this normal rate with no aerodynamic load, or the maximum mis-trim that the autopilot can sustain in level flight in the high speed cruise condition, whichever is greater. Special conditions require the maneuvering characteristics, including stick force per g, be explored throughout a specified maneuver load factor speed envelope. The dive recovery characteristics of the aircraft in the out-of-trim condition specified would be investigated to determine that safe recovery can be made from the demonstrated flight dive speed V_{DF}/M_{DF}.

Takeoff Warning System

Jet airplanes incorporating leading-edge sweep in the wing and horizontal tail and incorporating a trimmable horizontal tail have had accidents because of the criticality of the airplane's configuration at takeoff. Unlike simple, straight wing airplanes, an incorrect flap or horizontal tail trim setting can significantly alter the takeoff distance. Special conditions to require a takeoff warning system are proposed to maintain a level of safety appropriate for this class of aircraft.

Engine Fire Extinguishing System

The Model 390 design includes engines mounted aft on the fuselage; therefore, early visual detection of engine fires is precluded. The applicable existing regulations do not require fire extinguishing systems for engines. Aft mounted engine installations were not envisaged in the development of part 23; therefore, special conditions for a fire extinguishing system with the applicable agents, containers, and materials for the engines of the Model 390 are appropriate.

Airspeed Indicating System

To maintain a level of safety consistent with that existing in the current business jet fleet, and to be consistent with the establishment of speed schedule performance requirements, it is appropriate to establish applicable requirements for determining and providing airspeed indicating system calibration information. Additionally, it is appropriate to establish special conditions requiring protection of the pilot tube from malfunctions associated with icing conditions. Special conditions will establish airspeed indicating system calibration and pilot tube ice protection requirements applicable to transport category jet airplanes.

Static Pressure System

Special conditions are appropriate to establish applicable requirements for providing static pressure system calibration information in the AFM. Since aircraft of this type are frequently equipped with devices to correct the altimeter indication, it is also appropriate to establish requirements to ensure the continued availability of altitude information where such a device malfunctions. Current standards in part 23 did not envision this type of airplane and the associated static pressure requirements.

Minimum Flightcrew

The Raytheon Model 390 operates at high altitudes and speeds not envisioned in part 23 and must be flown in a precise speed schedule to achieve flight manual takeoff and landing distances. Therefore, it is appropriate to specify workload considerations. Special conditions will specify the items to be considered in workload determination.

Airplane Flight Manual (AFM) Information

To be consistent with the performance special conditions, it is also necessary to require that the maximum takeoff and landing weights, takeoff distances, and associated atmospheric conditions be made available to the pilot in the AFM and that the airplane be operated within its performance capabilities. Special conditions will add maximum takeoff weights, maximum landing weights, and minimum takeoff distances as limitations in the AFM. Additionally, special conditions are included to add takeoff flight path and procedures necessary to achieve the performance in the limitations section as information in the AFM.

Effects of Contamination on Natural Laminar Flow Airfoils

Airfoil configurations similar to the Raytheon Model 390 had measurable degradations of handling qualities and performance when laminar flow was lost due to airfoil contamination. Tripping of the boundary layer could be caused from flight in precipitation conditions or by the presence of contamination such as insects. If measurable effects are detected, it should be determined that the minimum flight characteristics standards continue to be met and that any degradations to performance information are identified. This may be accomplished by a combination of analysis and testing. Current standards in part 23 did not envision this type of airplane and the associated airfoil contamination considerations. Special considerations are issued since existing regulations do not require these adverse effects to be evaluated.

Conclusion

In view of the design features discussed for the Raytheon Model 390 airplane, the following special conditions are proposed. This action is not a rule of general applicability and affects only the model/series of airplane identified.

List of Subjects in 14 CFR Part 23

Aircraft, Aviation Safety, Signs and Symbols.

Citation

The authority citation for these Special Conditions is as follows:

Authority: 49 U.S.C. 106(g); 40113, 44701, 44702, and 44704; 14 CFR 21.16 and 21.17; and 14 CFR 11.28 and 11.29(b).

The Proposed Special Conditions

Accordingly, pursuant to the authority delegated to me by the Administrator, the Federal Aviation Administration proposes the following special conditions as part of the type

certification basis for the Raytheon Model 390 airplane:

SC23.45 Performance: General.

Instead of the requirements of § 23.45(g) and (h), the following apply:

(g) The following, as applicable, must be determined on a smooth, dry, hard-surfaced runway—

(1) Takeoff distance of special condition SC23.53;

(2) Accelerate-stop distance of special condition SC23.55;

(3) Takeoff distance and takeoff run of special condition SC23.59; and

(4) Landing distance of special condition SC23.75.

Note: The effect on these distances of operation on other types of surfaces (for example, grass, gravel), when dry, may be determined or derived and these surfaces listed in the Airplane Flight Manual.

(h) Unless otherwise prescribed, the applicant must select the takeoff, enroute, approach, and landing configurations for the airplane.

In addition to the requirements of § 23.45 and the paragraphs above, the following apply:

(i) The airplane configurations may vary with weight, altitude, and temperature to the extent that they are compatible with the operating procedures required by paragraph (d) of this special condition.

(j) Unless otherwise prescribed, in determining the accelerate-stop distances, takeoff flight paths, takeoff distances, and landing distances, changes in the airplane's configuration, speed, power, and thrust, must be made in accordance with procedures established by the applicant for operation in service.

(k) Procedures for the execution of balked landings and discontinued approaches associated with the conditions prescribed in special conditions SC23.77 and SC23.67(d) must be established.

(l) The procedures established under paragraphs (d) and (e) of this special condition must:

(1) Be able to be consistently executed in service by crews of average skill;

(2) Use methods or devices that are safe and reliable; and

(3) Include allowance for any time delays in the execution of the procedures that may reasonably be expected in service.

SC23.49 Stalling speed.

In § 23.49(b), change the reference from ''§ 23.201'' to ''§ 23.201 and special condition SC23.201.''

SC23.51 Takeoff speeds.

Instead of compliance with § 23.51, the following apply:

(a) V_1 must be established in relation to V_{EF}, as follows:

(1) V_{EF} is the calibrated airspeed at which the critical engine is assumed to fail. V_{EF} must be selected by the applicant, but may not be less than V_{MCG} determined under § 23.149(f) and special condition SC23.149(f).

(2) V_1, in terms of calibrated airspeed, is the takeoff decision speed selected by the applicant; however, V_1 may not be less than V_{EF} plus the speed gained with the critical engine inoperative during the time interval between the instant at which the critical engine failed and the instant at which the pilot recognizes and reacts to the engine failure, as indicated by the pilot's application of the first retarding means during the accelerate-stop test.

(b) $V_{2\ min}$, in terms of calibrated airspeed, may not be less than the following:

(1) 1.2 V_{S1}, or

(2) 1.10 times V_{MC} established under § 23.149.

(c) V_2, in terms of calibrated airspeed, must be selected by the applicant to provide at least the gradient of climb required by special condition SC23.67(b), but may not be less than the following:

(1) $V_{2\ min}$, and

(2) V_R plus the speed increment attained (in accordance with special condition SC23.57(c)(2)) before reaching a height of 35 feet above the takeoff surface.

(d) V_{MU} is the calibrated airspeed at and above which the airplane can safely lift off the ground and continue the takeoff. V_{MU} speeds must be selected by the applicant throughout the range of thrust-to-weight ratios to be certified. These speeds may be established from free-air data if these data are verified by ground takeoff tests.

(e) V_R, in terms of calibrated airspeed, must be selected in accordance with the following conditions of paragraphs (e)(1) through (e)(4) of this special condition:

(1) V_R may not be less than the following:

(i) V_1;

(ii) 105 percent of V_{MC};

(iii) The speed (determined in accordance with special condition SC23.57(c)(2)) that allows reaching V_2 before reaching a height of 35 feet above the takeoff surface; or

(iv) A speed that, if the airplane is rotated at its maximum practicable rate, will result in a V_{LOF} of not less than 110 percent of V_{MU} in the all-engines-operating condition and not less than 105 percent of V_{MU} determined at the thrust-to-weight ratio corresponding to the one-engine-inoperative condition.

(2) For any given set of conditions (such as weight, configuration, and temperature), a single value of V_R, obtained in accordance with this special condition, must be used to show compliance with both the one-engine-inoperative and the all-engines-operating takeoff provisions.

(3) It must be shown that the one-engine-inoperative takeoff distance, using a rotation speed of 5 knots less than V_R, established in accordance with paragraphs (e)(1) and (e)(2) of this special condition, does not exceed the corresponding one-engine-inoperative takeoff distance using the established V_R. The takeoff distances must be determined in accordance with special condition SC23.59(a)(1).

(4) Reasonably expecting variations in service from the established takeoff procedures for the operation of the airplane (such as over-rotation of the airplane and out-of-trim conditions) may not result in unsafe flight characteristics or in marked increases in the scheduled takeoff distances established in accordance with special condition SC23.59.

(f) V_{LOF} is the calibrated airspeed at which the airplane first becomes airborne.

SC23.53 Takeoff performance.

Instead of complying with § 23.53, the following apply:

(a) In special conditions SC23.51, SC23.55, SC23.57 and SC23.59, the takeoff speeds, the accelerate-stop distance, the takeoff path, the takeoff distance, and takeoff run described must be determined:

(1) At each weight, altitude, and ambient temperature within the operation limits selected by the applicant; and

(2) In the selected configuration for takeoff.

(b) No takeoff made to determine the data required by this section may require exceptional piloting skill or alertness.

(c) The takeoff data must be based on a smooth, dry, hard-surfaced runway.

(d) The takeoff data must include, within the established operational limits of the airplane, the following operational correction factors:

(1) Not more than 50 percent of nominal wind components along the takeoff path opposite to the direction of takeoff, and not less than 150 percent of nominal wind components along the takeoff path in the direction of takeoff; and

(2) Effective runway gradients.

SC23.55 Accelerate-stop distance.

In the absence of specific accelerate-stop distance requirements, the following apply:

(a) The accelerate-stop distance is the sum of the distances necessary to—

(1) Accelerate the airplane from a standing start to V_{EF} with all engines operating;

(2) Accelerate the airplane from V_{EF} to V_1, assuming that the critical engine fails at V_{EF}; and

(3) Come to a full stop from the point at which V_1 is reached assuming that, in the case of engine failure, the pilot has decided to stop as indicated by application of the first retarding means at the speed V_1.

(b) Means other than wheel brakes may be used to determine the accelerate-stop distance if that means—

(1) Is safe and reliable;

(2) Is used so that consistent results can be expected under normal operating conditions; and

(3) Is such that exceptional skill is not required to control the airplane.

(c) The landing gear must remain extended throughout the accelerate-stop distance.

SC23.57 Takeoff path.

In the absence of specific takeoff path requirements, the following apply:

(a) The takeoff path extends from a standing start to a point in the takeoff at which the airplane is 1,500 feet above the takeoff surface or at which the transition from the takeoff to the enroute configuration is completed and a speed is reached at which compliance with special condition SC23.67(c) is shown, whichever point is higher. In addition, the following apply:

(1) The takeoff path must be based on procedures prescribed in special condition SC23.45;

(2) The airplane must be accelerated on the ground to V_{EF}, at which point the critical engine must be made inoperative and remain inoperative for the rest of the takeoff; and

(3) After reaching V_{EF}, the airplane must be accelerated to V_2.

(b) During the acceleration to speed V_2, the nose gear may be raised off the ground at a speed not less than V_R. However, landing gear retraction may not begin until the airplane is airborne.

(c) During the takeoff path determination, in accordance with paragraphs (a) and (b) of this special condition, the following apply:

(1) The slope of the airborne part of the takeoff path must be positive at each point;

(2) The airplane must reach V_2 before it is 35 feet above the takeoff surface and must continue at a speed as close as practical to, but not less than, V_2 until it is 400 feet above the takeoff surface;

(3) At each point along the takeoff path, starting at the point at which the airplane reaches 400 feet above the takeoff surface, the available gradient of climb may not be less than 1.2 percent; and

(4) Except for gear retraction, the airplane configuration may not be changed, and no change in power or thrust that requires action by the pilot may be made, until the airplane is 400 feet above the takeoff surface.

(d) The takeoff path must be determined by a continuous demonstrated takeoff or by synthesis from segments. If the takeoff path is determined by the segmental method, the following apply:

(1) The segments must be clearly defined and must be related to the distinct changes in the configuration, speed, and power or thrust;

(2) The weight of the airplane, the configuration, and the power or thrust must be constant throughout each segment and must correspond to the most critical condition prevailing in the segment;

(3) The flight path must be based on the airplane's performance without ground effect; and

(4) The takeoff path data must be checked by continuous demonstrated takeoffs, up to the point at which the airplane is out of ground effect and its speed is stabilized, to ensure that the path is conservative relative to the continuous path.

Note: The airplane is considered to be out of the ground effect when it reaches a height equal to its wing span.

SC23.59 Takeoff distance and takeoff run.

In the absence of specific takeoff distance and takeoff run requirements, the following apply:

(a) Takeoff distance is the greater of the following:

(1) The horizontal distance along the takeoff path from the start of the takeoff to the point at which the airplane is 35 feet above the takeoff surface, determined under special condition SC23.57; or

(2) 115 percent of the horizontal distance along the takeoff path, with all engines operating, from the start of the takeoff to the point at which the airplane is 35 feet above the takeoff surface, as determined by a procedure consistent with special condition SC23.57.

(b) If the takeoff distance includes a clear way, the takeoff run is the greater of the following:

(1) The horizontal distance along the takeoff path from the start of the takeoff to a point equidistant between the point at which V_{LOF} is reached and the point at which the airplane is 35 feet above the takeoff surface, as determined under special condition SC23.57; or

(2) 115 percent of the horizontal distance along the takeoff path, with all engines operating, from the start of the takeoff to a point equidistant between the point at which V_{LOF} is reached and the point at which the airplane is 35 feet above the takeoff surface, determined by a procedure consistent with special condition SC23.57.

SC23.61 Takeoff flight path.

In the absence of specific takeoff flight path requirements, the following apply:

(a) The takeoff flight path begins 35 feet above the takeoff surface at the end of the takeoff distance determined in accordance with special condition SC23.59.

(b) The net takeoff flight path data must be determined so that they represent the actual takeoff flight paths (determined in accordance with special condition SC23.57 and with paragraph (a) of this special condition) reduced at each point by a gradient of climb equal to 0.8 percent.

(c) The prescribed reduction in climb gradient may be applied as an equivalent reduction in acceleration along that part of the takeoff flight path at which the airplane is accelerated in level flight.

SC23.63 Climb: general.

Instead of compliance with § 23.63, the following applies:

Compliance with the requirements of special conditions SC23.67 and SC23.77 must be shown at each weight, altitude, and ambient temperature within the operational limits established for the airplane and with the most unfavorable center of gravity for each configuration.

SC23.65 Climb: all engines operating.

Delete requirement of § 23.65.

SC23.66 Takeoff climb: One engine inoperative.

Delete requirement of § 23.66.

SC23.67 Climb: One engine inoperative.

Instead of compliance with § 23.67, the following apply:

(a) Takeoff; landing gear extended. In the critical takeoff configuration existing along the flight path (between the points at which the airplane reaches V_{LOF} and at which the landing gear is fully retracted) and in the configuration used in special condition SC23.57 without

ground effect, unless there is a more critical power operating condition existing later along the flight path before the point at which the landing gear is fully retracted, the steady gradient of climb must be positive at V_{LOF} and with the following:

(1) The critical engine inoperative and the remaining engines at the power or thrust available when retraction of the landing gear begins in accordance with special condition SC23.57, and

(2) The weight equal to the weight existing when retraction of the landing gear begins, determined under special condition SC23.57.

(b) Takeoff; landing gear retracted. In the takeoff configuration existing at the point of the flight path at which the landing gear is fully retracted and in the configuration used in special condition SC23.57, without ground effect, the steady gradient of climb may not be less than 2.4 percent at V_2 and with the following:

(1) The critical engine inoperative, the remaining engines at the takeoff power or thrust available at the time the landing gear is fully retracted, determined under special condition SC23.57 unless there is a more critical power operating condition existing later along the flight path but before the point where the airplane reaches a height of 400 feet above the takeoff surface; and

(2) The weight equal to the weight existing when the airplane's landing gear is fully retracted, determined under special condition SC23.57.

(c) Final takeoff. In the enroute configuration at the end of the takeoff path, determined in accordance with special condition SC23.57, the steady gradient of climb may not be less than 1.2 percent at not less than 1.25 V_S and with the following:

(1) The critical engine inoperative and the remaining engines at the available maximum continuous power or thrust; and

(2) The weight equal to the weight existing at the end of the takeoff path, determined under special condition SC23.57.

(d) Approach. In the approach configuration corresponding to the normal all-engines-operating procedure in which V_S for this configuration does not exceed 110 percent of the V_S for the related landing configuration, the steady gradient of climb may not be less than 2.1 percent with the following:

(1) The critical engine inoperative, the remaining engine at the available in-flight takeoff power or thrust;

(2) The maximum landing weight; and

(3) A climb speed established in connection with normal landing procedures, but not exceeding 1.5 V_S.

SC23.73 Reference landing approach speed.

In § 23.73(b), change the reference from ''§ 23.149(c)'' to ''special condition SC23.149.''

SC23.75 Landing distance.

Instead of compliance with § 23.75, the following apply:

(a) The horizontal distance necessary to land and to come to a complete stop from a point 50 feet above the landing surface must be determined (for each weight, altitude, temperature, and wind within the operational limits established by the applicant for the airplane), as follows:

(1) The airplane must be in the landing configuration;

(2) A steady approach at a gradient of descent not greater than 5.2 percent (3 degrees), with an airspeed of not less than V_{REF}, determined in accordance with special condition SC23.73, must be maintained down to the 50-foot height;

(3) Changes in configuration, power or thrust, and speed must be made in accordance with the established procedures for service operation;

(4) The landing must be made without excessive vertical acceleration, tendency to bounce, nose over, ground loop, or porpoise;

(5) The landings may not require exceptional piloting skill or alertness; and

(6) It must be shown that a safe transition to the balked landing conditions of special condition SC23.77 can be made from the conditions that exist at the 50-foot height.

(b) The landing distance must be determined on a level, smooth, dry, hard-surfaced runway. In addition, the following apply:

(1) The brakes may not be used so as to cause excessive wear of brakes or tires; and

(2) Means other than wheel brakes may be used if that means is as follows:

(i) Is safe and reliable;

(ii) Is used so that consistent results can be expected in service; and

(iii) Is such that exceptional skill is not required to control the airplane.

(c) The landing distance data must include correction factors for not more than 50 percent of the nominal wind components along the landing path opposite to the direction of landing and not less than 150 percent of the nominal wind components along the landing path in the direction of landing.

(d) If any device is used that depends on the operation of any engine, and if the landing distance would be noticeably increased when a landing is made with that engine inoperative, the landing distance must be determined with that engine inoperative unless the use of compensating means will result in a landing distance not more than that with each engine operating.

SC23.77 Balked landing.

Instead of compliance with § 23.77, the following apply:

In the landing configuration, the steady gradient of climb may not be less than 3.2 percent with the following:

(a) The engines at the power or thrust that is available eight seconds after initiation of movement of the power or thrust controls from the minimum flight idle to the inflight takeoff position; and

(b) A climb speed of not more than V_{REF}, as defined in § 23.73(b).

SC23.145 Longitudinal control.

In § 23.145(c), change the reference from ''§ 23.251'' to ''special condition SC23.251.''

SC23.149 Minimum control speed.

In § 23.149(c), change the reference from ''§ 23.75'' to ''special condition SC23.75.''

Delete § 23.149(d).

In § 23.149(f), delete ''At the option of the applicant, to comply with the requirements of § 23.51(c)(1), V_{MCG} may be determined.''

SC23.153 Control during landings.

In § 23.153(c), change the reference from ''§ 23.75'' to ''special condition SC23.75.''

SC23.161 Trim.

Instead of compliance with § 23.161, the following apply:

(a) General. Each airplane must meet the trim requirements of this special condition after being trimmed, and without further pressure upon or movement of the primary controls or their corresponding trim controls by the pilot or the automatic pilot.

(b) Lateral and directional trim. The airplane must maintain lateral and directional trim with the most adverse lateral displacement of the center of gravity within the relevant operating limitations during normally expected conditions of operation (including operation at any speed from 1.4 V_{S1} to V_{MO}/M_{MO}).

(c) Longitudinal trim. The airplane must maintain longitudinal trim during the following:

(1) A climb with maximum continuous power at a speed not more than 1.4 V_{S1}, with the landing gear retracted, and the flaps in the following positions:

(i) Retracted, and

(ii) In the takeoff position.

(2) A power approach with a 3 degree angle of descent, the landing gear extended, and with the following:

(i) The wing flaps retracted and at a speed of 1.4 V_{S1}; and

(ii) The applicable airspeed and flap position used in showing compliance with special condition SC23.75.

(3) Level flight at any speed from 1.4 V_{S1} to V_{MO}/M_{MO} with the landing gear and flaps retracted, and from 1.4 V_{S1} to V_{LE} with the landing gear extended.

(d) Longitudinal, directional, and lateral trim. The airplane must maintain longitudinal, directional, and lateral trim (for the lateral trim, the angle of bank may not exceed five degrees) at 1.4 V_{S1} during climbing flight with the following:

(1) The critical engine inoperative;

(2) The remaining engine at maximum continuous power or thrust; and

(3) The landing gear and flaps retracted.

SC23.171 [Stability] General.

In § 23.171, change reference from ''§§ 23.173 through 23.181'' to ''special conditions SC23.173, SC23.175, SC23.177, SC23.181, and § 23.181.''

SC23.173 Static longitudinal stability.

Instead of compliance with § 23.173, the following apply:

Under the conditions specified in special condition SC23.175, the characteristics of the elevator control forces (including friction) must be as follows:

(a) A pull must be required to obtain and maintain speeds below the specified trim speed, and a push must be required to obtain and maintain speeds above the specified trim speed. This must be shown at any speed that can be obtained except speeds higher than the landing gear or wing flap operating limit speeds or V_{FC}/M_{FC}, whichever is appropriate, or lower than the minimum speed for steady unstalled flight.

(b) The airspeed must return to within 10 percent of the original trim speed for the climb, approach, and landing conditions specified in special condition SC23.175, paragraph (a), (c), and (d), and must return to within 7.5 percent of the original trim speed for the cruising condition specified in special condition SC23.175, paragraph (b), when the control force is slowly released from any speed within the range specified in paragraph (a) of this special condition.

(c) The average gradient of the stable slope of the stick force versus speed curve may not be less than 1 pound for each 6 knots.

(d) Within the free return speed range specified in paragraph (b) of this special condition, it is permissible for the airplane, without control forces, to stabilize on speeds above or below the desired trim speeds if exceptional attention on the part of the pilot is not required to return to and maintain the desired trim speed and altitude.

SC23.175 Demonstration of static longitudinal stability.

Instead of compliance with § 23.175, static longitudinal stability must be shown as follows:

(a) Climb. The stick force curve must have a stable slope at speeds between 85 and 115 percent of the speed at which the airplane—

(1) Is trimmed, with—

(i) Wing flaps retracted;

(ii) Landing gear retracted;

(iii) Maximum takeoff weight; and

(iv) The maximum power or thrust selected by the applicant as an operating limitation for use during climb; and

(2) Is trimmed at the speed for best rate of climb except that the speed need not be less than 1.4 V_{S1}

(b) Cruise. Static longitudinal stability must be shown in the cruise condition as follows:

(1) With the landing gear retracted at high speed, the stick force curve must have a stable slope at all speeds within a range which is the greater of 15 percent of the trim speed plus the resulting free return speed range, or 50 knots plus the resulting free return speed range, above and below the trim speed (except that the speed range need not include speeds less than 1.4 V_{S1}, nor speeds greater than V_{FC}/M_{FC}, nor speeds that require a stick force of more than 50 pounds), with—

(i) The wing flaps retracted;

(ii) The center of gravity in the most adverse position;

(iii) The most critical weight between the maximum takeoff and maximum landing weights;

(iv) The maximum cruising power selected by the applicant as an operating limitation, except that the power need not exceed that required at V_{MO}/M_{MO}; and

(v) The airplane trimmed for level flight with the power required in paragraph (b)(1)(iv) of this special condition.

(2) With the landing gear retracted at low speed, the stick force curve must have a stable slope at all speeds within a range which is the greater of 15 percent of the trim speed plus the resulting free return speed range, or 50 knots plus the resulting free return speed range, above and below the trim speed (except that the speed range need not include speeds less than 1.4 V_{S1}, nor speeds greater than the minimum speed of the applicable speed range prescribed in paragraph (b)(1), nor speeds that require a stick force of more than 50 pounds), with—

(i) Wing flaps, center of gravity position, and weight as specified in paragraph (b)(1) of this special condition;

(ii) Power required for level flight at a speed equal to $(V_{MO} + 1.4\ V_{S1})/2$; and

(iii) The airplane trimmed for level flight with the power required in paragraph (b)(2)(ii) of this special condition.

(3) With the landing gear extended, the stick force curve must have a stable slope at all speeds within a range which is the greater of 15 percent of the trim speed plus the resulting free return speed range, or 50 knots plus the resulting free return speed range, above and below the trim speed (except that the speed range need not include speeds less than 1.4 V_{S1}, nor speeds greater than V_{LE}, nor speeds that require a stick force of more than 50 pounds), with—

(i) Wing flap, center of gravity position, and weight as specified in paragraph (b)(1) of this section;

(ii) The maximum cruising power selected by the applicant as an operating limitation, except that the power need not exceed that required for level flight at V_{LE}; and

(iii) The aircraft trimmed for level flight with the power required in paragraph (b)(3)(ii) of this section.

(c) Approach. The stick force curve must have a stable slope at speeds between 1.1 V_{S1} and 1.8 V_{S1}, with—

(1) Wing flaps in the approach position;

(2) Landing gear retracted;

(3) Maximum landing weight; and

(4) The airplane trimmed at 1.4 V_{S1} with enough power to maintain level flight at this speed.

(d) Landing. The stick force curve must have a stable slope, and the stick force may not exceed 80 pounds, at speeds between 1.1 V_{S0} and 1.8 V_{S0} with—

(1) Wing flaps in the landing position;

(2) Landing gear extended;

(3) Maximum landing weight;

(4) Power or thrust off on the engines; and

(5) The airplane trimmed at 1.4 V_{S0} with power or thrust off.

SC23.177 Static directional and lateral stability.

Instead of compliance with § 23.177, the following apply:

(a) The static directional stability (as shown by the tendency to recover from a skid with the rudder free) must be positive for any landing gear and flap position, and it must be positive for any

symmetrical power condition to speeds from 1.2 V_{S1} up to V_{FE}, V_{LE}, or V_{FC}/M_{FC} (as appropriate).

(b) The static lateral stability (as shown by the tendency to raise the low wing in a sideslip with the aileron controls free and for any landing gear position and flap position, and for any symmetrical power conditions) may not be negative at any airspeed (except speeds higher than V_{FE} or V_{LE}, when appropriate) in the following airspeed ranges:

(1) From 1.2 V_{S1} to V_{MO}/M_{MO}.

(2) From V_{MO}/M_{MO} to V_{FC}/M_{FC}, unless the Administrator finds that the divergence is—

(i) Gradual;

(ii) Easily recognizable by the pilot; and

(iii) Easily controllable by the pilot.

(c) In straight, steady, sideslips (unaccelerated forward slips) the aileron and rudder control movement and forces must be substantially proportional to the angle of the sideslip. The factor of proportionality must lie between limits found necessary for safe operation throughout the range of sideslip angles appropriate to the operation of the airplane. At greater angles, up to the angle at which full rudder control is used or when a rudder pedal force of 180 pounds is obtained, the rudder pedal forces may not reverse and increased rudder deflection must produce increased angles of sideslip. Unless the airplane has a yaw indicator, there must be enough bank accompanying sideslipping to clearly indicate any departure from steady unyawed flight.

SC23.181 Dynamic stability.

In § 23.181(d), change the reference from § 23.175 to SC23.175.

SC23.201 Wings level stall.

In § 23.201 (c), change the reference from ''§ 23.49'' to ''§ 23.49 and special condition SC23.49.''

Instead of compliance with § 23.201 (d) and (e), the following apply:

(d) The roll occurring between the stall and the completion of the recovery may not exceed approximately 20 degrees.

(e) Compliance with the requirements of this section must be shown with:

(1) Power—

(i) Off; and

(ii) The thrust necessary to maintain level flight at 1.6 V_{S1} (where V_{S1} corresponds to the stalling speed with flaps in the approach position, the landing gear retracted, and maximum landing weight).

(2) Flaps and landing gear in any likely combination of positions.

(3) Trim at 1.4 V_{S1} or at the minimum trim speed, whichever is higher.

(4) Representative weights within the range for which certification is requested.

(5) The most adverse center of gravity for recovery.

SC23.203 Turning flight and accelerated turning stalls.

Instead of compliance with § 23.203(c), the following apply:

(c) Compliance with the requirements of this section must be shown with:

(1) The thrust necessary to maintain level flight at 1.6 V_{S1} (where V_{S1} corresponds to the stalling speed with flaps in the approach position, the landing gear retracted, and maximum landing weight).

(2) Flaps and landing gear in any likely combination of positions.

(3) Trim at 1.4 V_{S1} or at the minimum trim speed, whichever is higher.

(4) Representative weights within the range for which certification is requested.

(5) The most adverse center of gravity for recovery.

SC23.207 Stall warning.

Instead of compliance with § 23.207(c), the following applies:

(c) During the stall tests required by § 23.201(b) and § 23.203(a)(1), the stall warning must begin at a speed exceeding the stalling speed by seven percent or at any lesser margin if the stall warning has enough clarity, duration, distinctiveness, or similar properties.

SC23.251 Vibration and buffeting.

Instead of compliance with § 23.251, the following apply:

(a) The airplane must be designed to withstand any vibration and buffeting that might occur in any likely operating condition. This must be shown by calculations, resonance tests, or other tests found necessary by the Administrator.

(b) Each part of the airplane must be shown in flight to be free from excessive vibration, under any appropriate speed and power conditions up to V_{DF}/M_{DF}. The maximum speeds shown must be used in establishing the operating limitations of the airplane in accordance with special condition SC23.1581.

(c) Except as provided in paragraph (d) of this special condition, there may be no buffeting condition in normal flight, including configuration changes during cruise, severe enough to interfere with the control of the airplane, to cause excessive fatigue to the flightcrew, or to cause structural damage. Stall warning buffeting within these limits is allowable.

(d) There may be no perceptible buffeting condition in the cruise configuration in straight flight at any speed up to V_{MO}/M_{MO}, except that stall warning buffeting is allowable.

(e) With the airplane in the cruise configuration, the positive maneuvering load factors at which the onset of perceptible buffeting occurs must be determined for the ranges of airspeed or Mach Number, weight, and altitude for which the airplane is to be certified. The envelopes of load factor, speed, altitude, and weight must provide a sufficient range of speeds and load factors for normal operations. Probable inadvertent excursions beyond the boundaries of the buffet onset envelopes may not result in unsafe conditions.

SC23.253 High speed characteristics.

Instead of compliance with § 23.253, the following apply:

(a) Speed increase and recovery characteristics. The following speed increase and recovery characteristics must be met:

(1) Operating conditions and characteristics likely to cause inadvertent speed increases (including upsets in pitch and roll) must be simulated with the airplane trimmed at any likely cruise speed up to V_{MO}/M_{MO}. These conditions and characteristics include gust upsets, inadvertent control movements, low stick force gradient in relation to control friction, passenger movement, leveling off from climb, and descent from Mach to airspeed limit altitudes.

(2) Allowing for pilot reaction time after effective inherent or artificial speed warning occurs, it must be shown that the airplane can be recovered to a normal attitude and its speed reduced to V_{MO}/M_{MO} without the following:

(i) Exceptional piloting strength or skill;

(ii) Exceeding V_D/M_D, or V_{DF}/M_{DF}, or the structural limitations; and

(iii) Buffeting that would impair the pilot's ability to read the instruments or control the airplane for recovery.

(3) There may be no control reversal about any axis at any speed up to V_{DF}/M_{DF} with the airplane trimmed at V_{MO}/M_{MO}. Any tendency of the airplane to pitch, roll, or yaw must be mild and readily controllable, using normal piloting techniques. When the airplane is trimmed at V_{MO}/M_{MO}, the slope of the elevator control force versus speed curve need not be stable at speeds greater than V_{FC}/M_{FC}, but there must be a push force at all speeds up to V_{DF}/M_{DF} and there must be no sudden or excessive reduction of elevator control force as V_{DF}/M_{DF} is reached.

(b) Maximum speed for stability characteristics. V_{FC}/M_{FC}. V_{FC}/M_{FC} is the maximum speed at which the requirements of special conditions SC23.173, SC23.175, SC23.177, SC23.181 and § 23.181 must be met with the flaps and landing gear retracted. It may not be less than a speed midway between V_{MO}/M_{MO} and V_{DF}/M_{DF} except that, for altitudes where Mach number is the limiting factor, M_{FC} need not exceed the Mach number at which effective speed warning occurs.

SC23.255 Out-of-trim characteristics.

In the absence of specific requirements for out-of-trim characteristics, the Raytheon Model 390 must comply with the following:

(a) From an initial condition with the airplane trimmed at cruise speeds up to V_{MO}/M_{MO}, the airplane must have satisfactory maneuvering stability and controllability with the degree of out-of-trim in both the airplane nose-up and nose-down directions, which results from the greater of the following:

(1) A three-second movement of the longitudinal trim system at its normal rate for the particular flight condition with no aerodynamic load (or an equivalent degree of trim for airplanes that do not have a power-operated trim system), except as limited by stops in the trim system, including those required by § 23.655(b) for adjustable stabilizers; or

(2) The maximum mis-trim that can be sustained by the autopilot while maintaining level flight in the high speed cruising condition.

(b) In the out-of-trim condition specified in paragraph (a) of this special condition, when the normal acceleration is varied from +l g to the positive and negative values specified in paragraph (c) of this special condition, the following apply:

(1) The stick force versus g curve must have a positive slope at any speed up to and including V_{FC}/M_{FC}; and

(2) At speeds between V_{FC}/M_{FC} and V_{DF}/M_{DF}, the direction of the primary longitudinal control force may not reverse.

(c) Except as provided in paragraph (d) and (e) of this special condition, compliance with the provisions of paragraph (a) of this special condition must be demonstrated in flight over the acceleration range as follows:

(1) -1 g to +2.5 g; or

(2) 0 g to 2.0 g, and extrapolating by an acceptable method to -1 g and +2.5 g.

(d) If the procedure set forth in paragraph (c)(2) of this special condition is used to demonstrate compliance and marginal conditions exist during flight test with regard to reversal of primary longitudinal control force, flight tests must be accomplished from the normal acceleration at which a marginal condition is found to exist to the applicable limit specified in paragraph (b)(1) of this special condition.

(e) During flight tests required by paragraph (a) of this special condition, the limit maneuvering load factors, prescribed in §§ 23.333(b) and 23.337, need not be exceeded. Also, the maneuvering load factors associated with probable inadvertent excursions beyond the boundaries of the buffet onset envelopes determined under special condition SC23.251(e), need not be exceeded. In addition, the entry speeds for flight test demonstrations at normal acceleration values less than 1g must be limited to the extent necessary to accomplish a recovery without exceeding V_{DF}/M_{DF}.

(f) In the out-of-trim condition specified in paragraph (a) of this special condition, it must be possible from an overspeed condition at V_{DF}/M_{DF} to produce at least 1.5 g for recovery by applying not more than 125 pounds of longitudinal control force using either the primary longitudinal control alone or the primary longitudinal control and the longitudinal trim system. If the longitudinal trim is used to assist in producing the required load factor, it must be shown at V_{DF}/M_{DF} that the longitudinal trim can be actuated in the airplane nose-up direction with the primary surface loaded to correspond to the least of the following airplane nose-up control forces:

(1) The maximum control forces expected in service, as specified in §§ 23.301 and 23.397.

(2) The control force required to produce 1.5 g.

(3) The control force corresponding to buffeting or other phenomena of such intensity that is a strong deterrent to further application of primary longitudinal control force.

SC23.629 Flutter.

Instead of the term/speed ''V_D'' in § 23.629(b), use ''V_{DF}/M_{DF}.''

SC23.703 Takeoff warning system.

In the absence of specific requirements for a takeoff warning system, the following apply:

Unless it can be shown that a lift or longitudinal trim device that affects the takeoff performance of the aircraft would not give an unsafe takeoff configuration when selected out of an approved takeoff position, a takeoff warning system must be installed and meet the following requirements:

(a) The system must provide to the pilots an aural warning that is automatically activated during the initial portion of the takeoff roll if the airplane is in a configuration that would not allow a safe takeoff. The warning must continue until—

(1) The configuration is changed to allow safe takeoff, or

(2) Action is taken by the pilot to abandon the takeoff roll.

(b) The means used to activate the system must function properly for all authorized takeoff power settings and procedures and throughout the ranges of takeoff weights, altitudes, and temperatures for which certification is requested.

SC23.1195 Engine Fire Extinguishing System.

(a) Fire extinguishing systems must be installed and compliance must be shown with the following:

(1) Except for combustor, turbine, and tailpipe sections of turbine-engine installations that contain lines or components carrying flammable fluids for which a fire originating in these sections can be controllable, a fire extinguisher system must serve each engine compartment.

(2) The fire extinguishing system, the quantity of the extinguishing agent, the rate of discharge, and the discharge distribution must be adequate to extinguish fires.

(3) The fire extinguishing system for a nacelle must be able to simultaneously protect each compartment of the nacelle for which protection is provided.

(b) Fire extinguishing agents must meet the following requirements:

(1) Be capable of extinguishing flames emanating from any burning of fluids or other combustible materials in the area protected by the fire extinguishing system;

(2) Have thermal stability over the temperature range likely to be experienced in the compartment in which they are stored; and

(3) If any toxic extinguishing agent is used, provisions must be made to prevent harmful concentrations of fluid or fluid vapors from entering any personnel compartment even though a defect may exist in the extinguishing system. This must be shown by test except for built-in carbon dioxide fuselage compartment fire extinguishing systems for which:

(i) Five pounds or less of carbon dioxide will be discharged, under established fire control procedures, into any fuselage compartment; or

(ii) Protective breathing equipment is available for each flight crew member on flight deck duty.

(c) Fire extinguishing agent containers must meet the following requirements:

(1) Each extinguishing agent container must have a pressure relief to prevent bursting of the container by excessive internal pressures.

(2) The discharge end of each discharge line from a pressure relief connection must be located so the discharge of the fire extinguishing agent would not damage the airplane. The line must also be located or protected to prevent clogging caused by ice or other foreign matter.

(3) A means must be provided for each fire extinguishing agent container to indicate that the container has discharged or that the charging pressure is below the established minimum necessary for proper functioning.

(4) The temperature of each container must be maintained, under intended operating conditions, to prevent the pressure in the container from falling below that necessary to provide an adequate rate of discharge, or rising high enough to cause premature discharge.

(5) If a pyrotechnic capsule is used to discharge the fire extinguishing agent, each container must be installed so that temperature conditions will not cause hazardous deterioration of the pyrotechnic capsule.

(d) Fire extinguisher system materials must meet the following requirements:

(1) No material in any fire extinguishing system may react chemically with any extinguishing agent so as to create a hazard; and

(2) Each system component in an engine compartment must be fireproof.

SC23.1323 Airspeed indicating system.

In addition to the requirements of § 23.1323, the following apply:

(a) The airspeed indicating system must be calibrated to determine the system error in flight and during the accelerate-takeoff ground run. The ground run calibration must be determined as follows:

(1) From 0.8 of the minimum value of V_1 to the maximum value of V_2, considering the approved ranges of altitude and weight; and

(2) With the flaps and power settings corresponding to the values determined in the establishment of the takeoff path under special condition SC23.57, assuming that the critical engine fails at the minimum value of V_1.

(b) The information showing the relationship between IAS and CAS, determined in accordance with paragraph (a) of this special condition, must be shown in the Airplane Flight Manual.

SC23.1325 Static pressure system.

In addition to the requirements of § 23.1325, the following apply:

(a) The altimeter system calibration required by § 23.1325(e) must be shown in the Airplane Flight Manual.

(b) If an altimeter system is fitted with a device that provides corrections to the altimeter indication, the device must be designed and installed in such manner that it can be by-passed when it malfunctions, unless an alternate altimeter system is provided. Each correction device must be fitted with a means for indicating the occurrence of reasonably probable malfunctions, including power failure, to the flightcrew. The indicating means must be effective for any cockpit lighting condition likely to occur.

SC23.1501 [Operating Limitations and Information] General.

Instead of the requirements of § 23.1501(a), the following apply:

(a) Each operating limitation specified in §§ 23.1505 through 23.1522, 23.1524 through 23.1527 and special conditions SC23.1505, SC23.1513, and SC23.1523.

SC23.1505 Airspeed limitations.

In § 23.1505(a)(2)(ii), change the reference from ''§ 23.251'' to ''special condition SC23.251.''

Instead of compliance with § 23.1505(c), the following applies: The maximum operating limit speed (V_{MO}/M_{MO} airspeed or Mach number, whichever is critical at a particular altitude) is a speed that may not be deliberately exceeded in any regime of flight (climb, cruise, or descent), unless a higher speed is authorized for flight test or pilot training operations. V_{MO}/M_{MO} must be established so that it is not greater than the design cruising speed, V_C, and so that it is sufficiently below V_D/M_D, or V_{DF}/M_{DF}, to make it highly improbable that the latter speeds will be inadvertently exceeded in operations. The speed margin between V_{MO}/M_{MO} and V_D/M_D, or V_{DF}/M_{DF}, may not be less than that determined under § 23.335(b) or found necessary during the flight tests conducted under special condition SC23.253.

SC23.1513 Minimum control speed.

In § 23.1513, change the reference from ''§ 23.149'' to ''§ 23.149 and special condition SC23.149.''

SC23.1523 Minimum flightcrew.

Instead of compliance with § 23.1523, the following apply:

The minimum flightcrew must be established so that it is sufficient for safe operation considering:

(a) The workload on individual flightcrew members and each flightcrew member workload determination must consider the following:

(1) Flight path control,

(2) Collision avoidance,

(3) Navigation,

(4) Communications,

(5) Operation and monitoring of all essential airplane systems,

(6) Command decisions, and

(7) The accessibility and ease of operation of necessary controls by the appropriate flightcrew member during all normal and emergency operations when at the flightcrew member station.

(b) The accessibility and ease of operation of necessary controls by the appropriate flightcrew member; and

(c) The kinds of operation authorized under § 23.1525.

SC23.1541 [Markings and Placards] General.

Instead of § 23.1541(a)(1), the following applies:

(a)(1) The markings and placards specified in §§ 23.1545 to 23.1567 and special condition SC23.1545; and

SC23.1545 Airspeed indicator.

In § 23.1545(d), change the reference from ''§ 23.1505(c)'' to ''special condition SC23.1505.''

SC23.1581 [Airplane Flight Manual and Approved Manual Material.] General.

In § 23.1581 replace references to § 23.1583, § 23.1585, and § 23.1587 with special conditions SC23.1583, SC23.1585, and SC23.1587, respectively.

SC23.1583 Operating limitations.

Instead of the requirements of § 23.1583, the following apply:

(a) Airspeed limitations. The following airspeed limitations and any other airspeed limitations necessary for safe operation must be furnished:

(1) The maximum operating limit speed, V_{MO}/$M_{MO,}$ and a statement that this speed limit may not be deliberately exceeded in any regime of flight (climb, cruise, or descent) unless a higher speed is authorized for flight test or pilot training.

(2) If an airspeed limitation is based upon compressibility effects, a statement to this effect and information as to any symptoms, the probable behavior of the airplane, and the recommended recovery procedures.

(3) The maneuvering speed, $V_{O,}$ and a statement that full application of rudder and aileron controls, as well as maneuvers that involve angles of attack near the stall, should be confined to speeds below this value.

(4) The maximum speed for flap extension, $V_{FE,}$ for the takeoff, approach, and landing positions.

(5) The landing gear operating speed or speeds, V_{LO}.

(6) The landing gear extended speed, V_{LE} if greater than $V_{LO,}$ and a statement that this is the maximum speed at which the airplane can be safely flown with the landing gear extended.

(b) Powerplant limitations. The following information must be furnished:

(1) Limitations required by § 23.1521.

(2) Explanation of the limitations, when appropriate.

(3) Information necessary for marking the instruments, required by § 23.1549 through § 23.1553.

(c) Weight and loading distribution. The weight and extreme forward and aft center of gravity limits required by §§ 23.23 and 23.25 must be furnished in the Airplane Flight Manual. In addition, all of the following information and the information required by § 23.1589 must be presented either in the Airplane Flight Manual or in a separate weight and balance control and loading document, which is incorporated by reference in the Airplane Flight Manual:

(1) The condition of the airplane and the items included in the empty weight, as defined in accordance with § 23.29.

(2) Loading instructions necessary to ensure loading of the airplane within the weight and center of gravity limits, and to maintain the loading within these limits in flight.

(d) Maneuvers. A statement that acrobatic maneuvers, including spins, are not authorized.

(e) Maneuvering flight load factors. The positive maneuvering limit load factors for which the structure is proven, described in terms of accelerations, and a statement that these accelerations limit the angle of bank in turns and limit the severity of pull-up maneuvers must be furnished.

(f) Flightcrew. The number and functions of the minimum flightcrew must be furnished.

(g) Kinds of operation. The kinds of operation (such as VFR, IFR, day, or night) and the meteorological conditions in which the airplane may or may not be used must be furnished. Any installed equipment that affects any operating limitation must be listed and identified as to operational function.

(h) Additional operating limitations must be established as follows:

(1) The maximum takeoff weights must be established as the weights at which compliance is shown with the applicable provisions of part 23 (including the takeoff climb provisions of special condition SC23.67(a) through (c) for altitudes and ambient temperatures).

(2) The maximum landing weights must be established as the weights at which compliance is shown with the applicable provisions of part 23 (including the approach climb and balked landing climb provisions of special conditions SC23.67(d) and SC23.77 for altitudes and ambient temperatures).

(3) The minimum takeoff distances must be established as the distances at which compliance is shown with the applicable provisions of part 23 (including the provisions of special conditions SC23.55 and SC23.59 for weights, altitudes, temperatures, wind components, and runway gradients).

(4) The extremes for variable factors (such as altitude, temperature, wind, and runway gradients) are those at which compliance with the applicable provision of part 23 and these special conditions is shown.

(i) Maximum operating altitude. The maximum altitude established under § 23.1527 must be furnished.

(j) Maximum passenger seating configuration. The maximum passenger seating configuration must be furnished.

(k) Maximum operating temperature. The maximum operating temperature established under § 23.1521 must be furnished.

SC23.1585 Operating procedures.

Instead of the requirements of § 23.1585, the following applies:

(a) Information and instruction regarding the peculiarities of normal operations (including starting and warming the engines, taxiing, operation of wing flaps, slats, landing gear, speed brake, and the automatic pilot) must be furnished, together with recommended procedures for the following:

(1) Engine failure (including minimum speeds, trim, operation of the remaining engine, and operation of flaps);

(2) Restarting turbine engines in flight (including the effects of altitude);

(3) Fire, decompression, and similar emergencies;

(4) Use of ice protection equipment;

(5) Operation in turbulence (including recommended turbulence penetration airspeeds, flight peculiarities, and special control instructions);

(6) Procedures for transition from landing approach to balk landing climb; and

(7) The demonstrated crosswind velocity and procedures and information pertinent to operation of the airplane in crosswinds.

(b) Information identifying each operating condition in which the fuel system independence prescribed in § 23.953 is necessary for safety must be furnished, together with instructions for placing the fuel system in a configuration used to show compliance with that section.

(c) For each airplane showing compliance with § 23.1353(g)(2) or (g)(3), the operating procedures for disconnecting the battery from its charging source must be furnished.

(d) If the unusable fuel supply in any tank exceeds 5 percent of the tank capacity, or 1 gallon, whichever is greater, information must be furnished indicating that, when the fuel quantity indicator reads ''zero'' in level flight, any fuel remaining in the fuel tank cannot be used safely in flight.

(e) Information on the total quantity of usable fuel for each fuel tank must be furnished.

(f) The buffet onset envelopes determined under special condition SC23.251 must be furnished. The buffet onset envelopes presented may reflect the center of gravity at which the airplane is normally loaded during cruise if corrections for the effect of different center of gravity locations are furnished.

SC23.1587 Performance information.

Instead of the requirements of § 23.1587, the following applies:

(a) Each Airplane Flight Manual must contain information to permit conversion of the indicated temperature to free air temperature if other than a free air temperature indicator is used to comply with the requirements of § 23.1303(d).

(b) Each Airplane Flight Manual must contain the performance information computed under the applicable provisions of this part for the weights, altitudes, temperatures, wind components, and runway gradients, as applicable, within the operational limits of the airplane, and must contain the following:

(1) The conditions under which the performance information was obtained, including the speeds associated with the performance information.

(2) V_S determined in accordance with special condition SC23.49.

(3) The following performance information (determined by extrapolation and computed for the range of weights between the maximum landing and maximum takeoff weights):

(i) Climb in the landing configuration.

(ii) Climb in the approach configuration.

(iii) Landing distance.

(4) Procedures established under special condition SC23.45(d), (e), and (f) that are related to the limitations and

information required by special condition SC23.1583(h) and by this paragraph. These procedures must be in the form of guidance material, including any relevant limitations or information.

(5) An explanation of significant or unusual flight or ground handling characteristics of the airplane.

SC23.A Effects of contamination on natural laminar flow airfoils.

In the absence of specific requirements for airfoil contamination, airplane airfoil designs that have airfoil pressure gradient characteristics and smooth aerodynamic surfaces that may be capable of supporting natural laminar flow must comply with the following:

(a) It must be shown by tests, or analysis supported by tests, that the airplane complies with the requirements of §§ 23.141 through 23.207, 23.233, 23.251, 23.253 (and any changes made to these paragraphs by these special conditions) with any airfoil contamination that would normally be encountered in service and that would cause significant adverse effects on the handling qualities of the airplanes resulting from the loss of laminar flow.

(b) Significant performance degradations identified as resulting from the loss of laminar flow must be provided as part of the information required by special conditions SC23.1585 and SC23.1587.

Issued in Kansas City, Missouri on October 11, 1998.

Michael Gallagher,

Manager, Small Airplane Directorate, Aircraft Certification Service.

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FEDERAL TRADE COMMISSION

16 CFR Part 305

Rule Concerning Disclosures Regarding Energy Consumption and Water Use of Certain Home Applicances and Other Products Required Under the Energy Policy and Conservation Act (''Appliance Labeling Rule'')

AGENCY: Federal Trade Commission.

ACTION: Notice of proposed rulemaking.

SUMMARY: The Federal Trade Commission (''the Commission'') proposes amending Appendix F to its Appliance Labeling Rule (''the Rule'') to eliminate the ''Front-Loading'' and ''Top-Loading'' sub-categories for clothes washers.

DATES: Written comments will be accepted until December 17, 1998.

ADDRESSES: Written comments should be directed to: Secretary, Federal Trade Commission, Room H–159, Sixth St. and Pennsylvania Ave., NW, Washington, DC 20580. Comments about this proposed amendment to the Appliance Labeling Rule should be identified as: ''Appliance Labeling Rule Clothes Washer Categories, 16 CFR Part 305—Comment.''

FOR FURTHER INFORMATION CONTACT: James Mills, Attorney, Division of Enforcement, Rm 4616, Federal Trade Commission, Washington, DC 20580 (202–326–3035).

SUPPLEMENTARY INFORMATION:

I. Background

A. The Commission's Appliance Labeling Rule

The Commission issued the Appliance Labeling Rule on November 19, 1979, pursuant to a directive in section 324 of Title III of the Energy Policy and Conservation Act of 1975, 42 U.S.C. 6294 (''EPCA''). The Rule requires manufacturers to disclose energy information about major household appliances to enable consumers purchasing appliances to compare the energy use or efficiency of competing models. When published, the Rule applied to eight appliance categories: Refrigerators, refrigerator-freezers, freezers, dishwashers, water heaters, clothes washers, room air conditioners, and furnaces. Since then, the Commission has expanded the Rule's coverage five times: in 1987 (central air conditioners, heat pumps, and certain new types of furnaces, 52 FR 46888 (Dec. 10, 1987)); 1989 (fluorescent lamp ballasts, 54 FR 28031 (July 5, 1989)); 1993 (certain plumbing products, 58 FR 54955 (Oct. 25, 1993)); and twice in 1994 (certain lighting products, 59 FR 25176 (May 13, 1994)), and pool heaters and certain other types of water heaters (59 FR 49556 (Sept. 28, 1994)).

Manufacturers of all covered appliances must disclose specific energy consumption or efficiency information at the point of sale in the form of an ''EnergyGuide'' label affixed to the covered product. The information on the EnergyGuide also must appear in catalogs from which covered products can be ordered. Manufacturers must derive the information from standardized tests that EPCA directs the Department of Energy (''DOE'') to promulgate. 42 U.S.C. 6293. Manufacturers of furnaces, central air conditioners, and heat pumps also either must provide fact sheets showing additional cost information or be listed in an industry directory that shows the cost information for their products. Required labels for appliances and required fact sheets for heating and cooling equipment must include a highlighted energy consumption or efficiency disclosure and a ''range of comparability,'' which appears as a bar on the label below the main energy use or efficiency figure, that shows the highest and lowest energy consumption or efficiencies for all similar appliance models. Labels for clothes washers and some other appliance products also must disclose estimated annual operating cost based on a specified national average cost for the fuel the appliances use.

B. Ranges of Comparability and the Categories in Appendix F

The ''range of comparability'' on the EnergyGuide is intended to enable consumers to compare the energy consumption or efficiency of the other models (perhaps competing brands) in the marketplace that are similar to the labeled model they are considering. Section 305.8(b) of the Rule, 16 CFR 305.8(b), requires manufacturers to report annually (by specified dates for each product type) the estimated annual energy consumption or energy efficiency ratings for the appliances derived from the DOE test procedures. To keep the required information on labels consistent with these changes, the Commission publishes new range figures (but not more often than annually) for manufacturers to use on labels if an analysis of the reported information indicates that the upper or lower limits of the ranges have changed by more than 15%. 16 CFR 305.10. Otherwise, the Commission publishes a statement that the prior ranges remain in effect for the next year.

Each category of the products covered by the Rule is divided to some extent into sub-categories for purposes of the ranges of comparability. These subcategories, which are the same as those developed by DOE in connection with its efficiency standards program,[1] are based on fuel type, size, and/or functional features, depending on the type of product.

When the Commission published the Rule in 1979, the clothes washer category in Appendix F was divided into the sub-categories ''Standard'' and

[1] Section 325 of EPCA, 42 U.S.C. 6295, directs DOE to develop efficiency standards for major household appliances to achieve the maximum improvement in energy efficiency for residential appliances that is technologically feasible and economically justified. As amended, the statute itself sets the initial national standards for appliances and establishes a schedule for regular DOE review of the standards for each product category.

''Compact'' only. 44 FR 66466, 66486 (Nov. 19, 1979). These sub-categories stayed in effect until 1994, when the Commission amended Appendix F in response to comments received in connection with a comprehensive review of the Rule. The amendment to Appendix F created the additional subdivisions of ''Top Loading'' and ''Front Loading'' that appear in the current Rule. In the **Federal Register** notice announcing the amendments that grew out of the review, the Commission discussed the comments on clothes washer subcategories and its reasons for the amendment to Appendix F:

> Four comments * * * suggested changing the subcategories for clothes washers by adding two further subdivisions—horizontal axis and vertical axis. In support, AHAM (the Association of Home Appliance Manufacturers, a trade association of appliance manufacturers) stated that the technologies of the two proposed subdivisions are different and that consumers interested in the horizontal axis market niche should be able to compare products within that subdivision.
>
> Horizontal axis clothes washers (which are generally front-loading) are significantly more energy-efficient than vertical axis washers (generally top-loading). Because the typical door configurations for these products are different, consumers may shop for only one configuration, and information respecting the energy usage of products having the other configuration may not be useful. For example, consumers wanting to stack a clothes dryer on top of their washer to conserve space would only be interested in a front loading washer. The Commission finds, therefore, that separate ranges of comparability for these products would benefit consumers. Accordingly, the Commission is * * * amending the sub-categories for clothes washers to reflect a further subdivision into top-loading and front-loading models. See Appendix F—Clothes Washers.
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> 59 FR 34014, 34019 (July 1, 1994).

C. CEE's Petition

The Consortium for Energy Efficiency, Inc. (''CEE'')[2] has petitioned the Commission to amend the Rule by changing the clothes washer category in Appendix F to eliminate the ''Front-Loading'' and ''Top-Loading'' subdivisions of the ''Standard'' and ''Compact'' sub-categories. In its petition, CEE stated that, since 1994, it has promoted the manufacture of and consumer demand for high-efficiency clothes washers through its High-efficiency Clothes Washer Initiative. CEE asserted that, because of the recent introduction of high-efficiency products from major domestic manufacturers, it is at a critical point in its efforts to promote high-efficiency clothes washers, and its members have committed to significant expansions of their consumer-targeted campaigns to promote the purchase of these products. CEE believes that Appendix F to the Rule confuses consumers and undermines CEE's and its members' efforts to promote high-efficiency clothes washers. In its petition, CEE indicates that eliminating the ''Front-Loading'' and ''Top-Loading'' subdivisions of the ''Standard'' and ''Compact'' sub-categories will remedy these concerns.

CEE asserts that, since the Commission's 1994 statement in the **Federal Register**, the clothes washer market has changed, and front-loading washers are no longer merely a niche product. According to CEE, consumer research in the Northwest has shown that a significant proportion of consumers who were shopping for top-loading machines were also interested in, and had looked at, front-loading models, and that many were ready to pay a premium for the front-loading models. The research showed that many consumers could be persuaded to purchase front-loading washers at the point of sale, suggesting that they did not have pre-determined reasons in mind for buying a front-loading model when they began their search.[3]

CEE explains that, because the most highly efficient clothes washers are all front-loading,[4] an EnergyGuide comparison only among front-loading models provides an incomplete picture of the efficiencies available in the clothes washer market. According to the petition, the least efficient of the high-efficiency front-loading clothes washers, will, of necessity, appear at the ''Uses Most Energy'' end of the comparability range on the label attached to it, even though it consumes only half the energy that the average top-loading model does. This situation, according to CEE, confuses consumers and creates the erroneous impression that these highly-efficient products (when compared to top-loading models) are high energy users.

CEE also asserts that the current front-loading and top-loading subdivisions are particularly problematical in connection with the DOE/EPA Energy Star Program.[5] Under that Program, all front-loading clothes washers produced by manufacturers participating in the Program will qualify for the Energy Star logo. This means that the label on the least energy efficient of these highly efficient products will indicate that the product ''Uses Most Energy'' while also bearing the Energy Star endorsement. CEE believes that this situation will create consumer confusion and undermine the credibility of both the EnergyGuide and Energy Star Programs.

In addition, CEE points out that the Canadian EnerGuide appliance labeling program (which is very similar to the EnergyGuide Program) does not distinguish between front-loading and top-loading clothes washers for range purposes. The Canadian Program divides the clothes washer category into only the ''Compact'' and ''Standard'' sub-categories.

Finally, CEE asserts that technological advances in the clothes washer industry have begun to soften the distinction between the front-loading and top-loading subdivisions. As examples, CEE cites the Maytag Neptune model, which has a basket that operates on an axis that is 15 degrees off of vertical and an opening mounted on a plane angled between the top and front of the machine (Maytag classifies this as a front-loading model), and the Staber Industries horizontal axis model that loads from the top (and is thus a top-loading model). CEE maintains that, perhaps in recognition of this incipient blurring of the distinction between the subdivisions, DOE is considering eliminating the separate classes from its testing and standards program. CEE urges that the Commission grant its petition to help achieve consistency on this issue at the federal level.

II. Discussion

A. Market Changes

The market for clothes washers has changed since the Commission

[2] According to its Mission Statement, CEE is a non-profit, public benefit corporation that expands national markets for super-efficient technologies, using market transformation strategies. Its members include more than 40 electric and gas utilities, public interest groups, research and development organizations, and state energy offices. Major support is provided to CEE by DOE and the Environmental Protection Agency (''EPA'').

[3] A summary by CEE of the results of the intercept interviews and surveys CEE cited in its petition has been placed on the public rulemaking record.

[4] There is an exception, mentioned later in CEE's petition: One manufacturer makes a horizontal-axis, highly efficient washer that loads from the top and is thus classified as a ''Top Loading'' model.

[5] Commission staff have been working with DOE and EPA staff to help them implement statutory directives to promote high-efficiency household appliances in the marketplace. The resulting joint effort is called the ''Energy Star'' Program, which defines what constitutes a high-efficiency product and identifies products that qualify for the designation. A product's qualification for the Program is indicated by the Energy Star logo, currently either on the product or a separate Energy Star label. A proposal is under consideration to permit manufacturers of qualifying appliances to place the Energy Star logo on the Appliance Labeling Rule EnergyGuides attached to the products.

promulgated the ''Front-loading'' and ''Top-loading'' subdivisions. While in 1993–94 front-loading machines may merely have been a ''niche'' product, as suggested by AHAM's comment (referenced in I.B., above), the availability of and technology for these products have advanced considerably since that time.[6] There are currently ten front-loading models out of the total of 228 models that were reported to the Commission in March of this year, compared to the five models offered in 1993–94. CEE's research suggests that a significant proportion of consumers now shopping for clothes washers are receptive to the idea of buying a more efficient front-loading machine—even if they began by looking for a top-loading model. This, coupled with the significant increase in availability of front-loading models, suggests that eliminating the distinction between the two subdivisions on labels could result in more purchases of the more efficient products.

There are other indications that the current ''Front-loading'' and ''Top-loading'' subdivisions may be causing confusion among consumers shopping for clothes washers. Commission staff has received two letters, dated April 27, 1998, and May 19, 1998, in support of CEE's petition from the Office of Energy of the Oregon Department of Consumer and Business Services (''Oregon Energy Office,'' or ''OEO'').[7] In the April 27 letter, the Oregon Energy Office asserts that there is no reason for or benefit from leaving the subdivisions of the clothes washer category as they are. In the May 19 letter, OEO reiterates its support, noting the specific example of the Maytag Neptune model and stating that DOE does not consider loading method in its clothes washer test procedure and is considering phasing the top-loading and front-loading subdivisions out of the energy standards for the clothes washer product category. In both letters, the Oregon Energy Office expresses concern that consumers are confused by the current subdivisions and that such confusion undermines consumer confidence in the EnergyGuide itself, which, according to OEO, has been rising steadily since the Rule was promulgated in 1979.

This consumer confusion may occur because, although the label for clothes washers states that ''Only standard size, front-loading (or top-loading) clothes washers are used in this scale,'' not all consumers may notice the disclosure. Consumers looking at top-loading machines may not realize how much more efficient front-loading models are, and may not even consider purchasing a front-loading model simply because the energy consumption figures for front-loading machines are not included in the ranges appearing on labels for top-loading models. And, consumers shopping for front-loading machines may get the incorrect impression that some of the most efficient models (front-loading) on the market are not really highly energy efficient, only because they are being compared unfavorably to other even higher-efficiency models (also front-loading), instead of to the less efficient top-loading models. Finally, because some front-loading clothes washers that have qualified for the Energy Star logo are shown on the EnergyGuide to be at or near the ''Uses Most Energy'' end of the comparability bar, this may cause consumer confusion about the Energy Star Program.

On the other hand, without the subdivisions, it may be more difficult for consumers to determine the range of energy use possibilities for each type of washer. Thus, for a consumer who, because of price or some other reason, wishes to purchase a top-loading washer, the proposed amendment would make it more difficult to determine which top-loading machine achieves the highest energy efficiency possible for a top-loader. Although a given retail outlet will likely have several brands and models for comparison, and such a consumer would be able to find the most efficient top-loader in the store by comparing EnergyGuides, the consumer still would not know whether he should seek other choices, say, by going to another retailer. Consumers' search costs should not be significantly increased, however, because consumers already do not know the range of possibilities for other characteristics (such as price) of the washer, and thus already need to search various retailers.

B. The DOE Energy Conservation Standards and Possible Changes to the DOE Test Procedure

DOE has announced that it may eliminate any reference to front-loading or top-loading (or horizontal-or vertical-axis) in its standards for clothes washers. In connection with its review of the energy and water consumption standards for clothes washers, DOE published an Advance Notice of Proposed Rulemaking on November 14, 1994, in which it indicated its intention to consider only two classes for the clothes washer category—''Compact'' and ''Standard.'' 59 FR 56423, at 56425. Later in the review process, DOE issued a Draft Report on Design Options for Clothes Washers for use in a November 1996 DOE workshop in which DOE again proposed reducing the number of clothes washer categories to ''Compact'' and ''Standard.'' In July 1997, DOE published a draft Clothes Washer Rulemaking Framework, which DOE staff describes as a ''roadmap'' for the review process. In that document, DOE stated that it ''believes that there is no basis for maintaining separate classes for horizontal and vertical clothes washers.''[8] Thus, when DOE completes its review of the clothes washer standards rule, it is reasonable to expect that DOE will no longer use the ''Front-loading'' and ''Top-loading'' (or ''horizontal-axis'' and ''vertical-axis'') subdivisions to describe clothes washers.

In an August 14, 1998 letter to Commission staff, DOE's Assistant Secretary for Energy Efficiency and Renewable Energy asked that the Commission consider eliminating the top-loading and front-loading subcategories for clothes washers because they are causing consumer confusion about washer efficiency and appear to be undermining the Energy Star Program's credibility. The Assistant Secretary also stated that, although the amendments to DOE's rules will not take effect for several years, DOE believes ''that it is in the consumer's best interest for FTC to adopt the new classifications for labeling purposes as soon as possible.'' Therefore, the Commission seeks comment on whether, if the proposed amendment were adopted, it should postpone the effective date to coincide with DOE's changes, or whether the proposed amendment should be issued and effective regardless of the timing of any changes regarding clothes washer categories that DOE may make to its standards rule.

[6] These products may have been considered a niche market in part because they were so much more expensive than top-loading models and because they may have been favored by consumers with limited space looking for stackable models. Although front-loading models are on average still more expensive than top-loading, the price differential is now much smaller. See ''A New Spin on Clothes Washers,'' Consumer Reports (July 1998).

[7] These two letters have been placed on the public rulemaking record.

[8] Although the current DOE test procedure for clothes washers (''Appendix J'') contains separate definitions for ''front-loader,'' ''top-loader-horizontal-axis,'' and ''top-loader-vertical-axis'' clothes washers, it does not materially distinguish between top-loading or front-loading, or horizontal axis or vertical axis, in measuring the energy consumption of clothes washers. 10 CFR part 430, subpart B, Appendix J, 1.7, 1.23, and 1.24 (1998).

C. The Canadian EnerGuide Program Does Not Distinguish Between ''Top-Loading'' and ''Front Loading''

Over the past few years, the Commission has taken action to harmonize the Rule's labeling requirements with those of the EnerGuide Program in accordance with the North American Free Trade Agreement (''NAFTA'') goals of reducing or eliminating non-tariff barriers to trade (e.g., labeling requirements). The Commission staff has worked with staff at Natural Resources Canada (''NRCan'') since 1992 to harmonize the two countries'' appliance labeling programs as much as possible (e.g., the Commission changed the primary energy use descriptor for most appliances from estimated annual operating cost to kiloWatt-hours per year (the descriptor used in the EnerGuide Program), and simplified the EnergyGuide by removing the cost grids, making it more similar to the EnerGuide. 59 FR 34014 (July 1, 1994)).[9]

The Canadian EnerGuide Program does not divide the ''Standard'' and ''Compact'' clothes washer sub-categories further into top-loading and front-loading (or horizontal-axis and vertical-axis) subdivisions.[10] Thus, eliminating the ''Top-loading'' and ''Front-loading'' subdivisions also would have the salutary effect of promoting international harmonization and furthering the NAFTA goal of making the standards-related measures of the treaty signatories compatible, thereby facilitating trade among the parties.

III. Request for Comment

A. General Information for Commenters

The Commission requests interested persons to submit written comments on any issue of fact, law or policy that may bear upon the proposed amendment. Although the Commission welcomes comments on any aspect of the proposed amendment, the Commission is particularly interested in comments on the questions listed below. All written comments should state clearly the question or issue that the commenter wishes to address.

The Commission requests that commenters provide representative factual data in support of their comments. Individual firms' experiences are relevant to the extent they typify industry experience in general or the experience of similar-sized firms. Comments opposing the proposed amendment should, if possible, suggest specific alternatives. Proposals for alternatives to the proposed amendment should include reasons and data that indicate why the alternatives would better serve the requirements of the Appliance Labeling Rule. Comments should be supported by a full discussion of all the relevant facts and/or be based on firsthand knowledge, personal experience, or general understanding of the particular issues addressed.

CEE's March 5, 1998 petition, its research results, the letters from the Oregon Energy Office, and written comments submitted will be available for public inspection in accordance with the Freedom of Information Act, 5 U.S.C. 552, where applicable, and Commission regulations on normal business days from 8:30 a.m. to 5 p.m. at the Federal Trade Commission, 6th St. and Pennsylvania Ave., NW., Room 130, Washington, DC 20580.

B. Questions for Comment

The Commission is particularly interested in comments addressing the following questions and issues:

1. What is the effect of the current ''Top-Loading'' and ''Front-Loading'' subdivisions of the ''Standard'' and ''Compact'' subcategories for clothes washers on consumers'' ability to choose the most energy efficient model that will fill their clothes washing needs?

2. To what extent do consumers looking for a new clothes washer shop exclusively for either a top-loading or a front-loading model? To what extent do they shop without looking specifically for either type of washer?

3. What would be the economic impact on manufacturers of the proposed amendment?

4. What would be the benefits of the proposed amendment? Who would receive those benefits? What would be the costs of the proposed amendment? Who would incur those costs?

5. What would be the benefits and economic impact of the proposed amendment on small businesses?

6. If the Commission eliminates the current ''Top-Loading'' and ''Front-Loading'' subdivisions from Appendix F, should the only remaining descriptors of clothes washer capacity be ''Standard'' and ''Compact,'' or should there be additional descriptors? For example, should the Commission require that the internal tub volume of clothes washers, in cubic feet or in gallons (or both), also be required on labels for clothes washers?

7. If DOE were to amend its clothes washer standards rule as discussed in II.B., above, and the Commission were to adopt the amendment proposed today, should the Commission postpone the effective date to coincide with DOE's changes, or should it issue and make effective the proposed amendment regardless of the timing of any changes in clothes washer categories that DOE may make to its standards rule?

IV. Regulatory Flexibility Act

This notice does not contain a regulatory analysis under the Regulatory Flexibility Act (''RFA''), 5 U.S.C. 603–604, because the Commission believes that the proposed amendment, if adopted, would not have ''a significant economic impact on a substantial number of small entities,'' 5 U.S.C. 605. The proposed amendment would not impose any new requirements on manufacturers of clothes washers. Instead, it would require less information than is currently required on labels that clothes washer manufacturers already must affix to their products. The Commission, therefore, believes that the impact of the proposed amendment on all entities within the affected industry, if any, would be de minimis.

In light of the above, the Commission certifies, pursuant to section 605 of the RFA, 5 U.S.C. 605, that the proposed amendment would not, if promulgated, have a significant impact on a substantial number of small entities. To ensure that no substantial economic impact is being overlooked, however, the Commission solicits comments concerning the effects of the proposed amendment, including any benefits and burdens on manufacturers or consumers and the extent of those benefits and burdens, beyond those imposed or conferred by the current Rule, that the proposed amendment would have on manufacturers, retailers, or other sellers. The Commission is particularly interested in comments regarding the effects of the proposed amendment on small businesses. After reviewing any comments received, the Commission will determine whether it is necessary to prepare a final regulatory flexibility analysis if it determines to promulgate the amendment.

V. Paperwork Reduction Act

The Paperwork Reduction Act (''PRA''), 44 U.S.C. 3501 *et seq.*, requires

[9] In addition, in 1996, the Commission amended the Rule to permit Canada's EnerGuide, as well as Mexico's energy label, to be placed ''directly adjoining'' the Rule's required ''EnergyGuide'' label. Previously the Rule prohibited the affixation of non-required information ''on or directly adjoining'' the EnergyGuide. 61 FR 33651 (June 28, 1996).

[10] According to NRCan staff, this is because the definition of ''clothes washer'' in the Canadian regulations encompasses both top-loading and front-loading technologies, and the rulemaking staff saw no reason for further differentiation.

government agencies, before promulgating rules or other regulations that require ''collections of information'' (i.e., recordkeeping, reporting, or third-party disclosure requirements), to obtain approval from the Office of Management and Budget (''OMB''), 44 U.S.C. 3502. The Commission currently has OMB clearance for the Rule's information collection requirements (OMB No. 3084–0069). The proposed amendment would not impose any new information collection requirements. To ensure that no additional burden has been overlooked, however, the Commission seeks public comment on what, if any, additional information collection burden the proposed amendment may impose.

VI. Communications by Outside Parties to Commissioners or Their Advisors

Pursuant to Rule 1.18(c) of the Commission's Rules of Practice, 16 CFR 1.18(c) (1997), communications with respect to the merits of this proceeding from any outside party to any Commissioner or Commissioner's advisor during the course of this rulemaking shall be subject to the following treatment. Written communications, including written communications from members of Congress, shall be forwarded promptly to the Secretary for placement on the public record. Oral communications, not including oral communications from members of Congress, are permitted only when such oral communications are transcribed verbatim or summarized, at the discretion of the Commissioner or Commissioner's advisor to whom such oral communications are made, and are promptly placed on the public record, together with any written communications and summaries of any oral communications relating to such oral communications. Oral communications from members of Congress shall be transcribed or summarized, at the discretion of the Commissioner or Commissioner's advisor to whom such oral communications are made, and promptly placed on the public record, together with any written communications and summaries of any oral communications relating to such oral communications.

List of Subjects in 16 CFR Part 305

Advertising, Energy conservation, Household appliances, Labeling, Reporting and recordkeeping requirements.

Authority: 42 U.S.C. 6294.

VII. Proposed Amendment

In consideration of the foregoing, the Commission proposes to amend title 16, chapter I, subchapter C of the Code of Federal Regulations, as follows:

PART 305—RULE CONCERNING DISCLOSURES REGARDING ENERGY CONSUMPTION AND WATER USE OF CERTAIN HOME APPLIANCE AND OTHER PRODUCTS REQUIRED UNDER THE ENERGY POLICY AND CONSERVATION ACT (''APPLIANCE LABELING RULE'')

1. The authority for part 305 continues to read as follows:

Authority: 42 U.S.C. 6294.

2. Appendix F to part 305—Clothes Washers is revised to read as follows:

Appendix F To Part 305—Clothes Washers

Range Information

''Compact'' includes all household clothes washers with a tub capacity of less than 1.6 cu. ft. or 13 gallons of water.

''Standard'' includes all household clothes washers with a tub capacity of 1.6 cu. ft. or 13 gallons of water or more.

Capacity	Range of Estimated Annual Energy Consumption (kWh/yr.)	
	Low	High
Compact	592	607
Standard	241	1231

By direction of the Commission.

Donald S. Clark,

Secretary.

[FR Doc. 98–29287 Filed 10–30–98; 8:45 am]

BILLING CODE 6750–01–P

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

24 CFR Part 5

[Docket No. FR–4321–N–04]

RIN 2501–AC49

Uniform Financial Reporting Standards for HUD Housing Programs; Intent To Issue Technical Amendment

AGENCY: Office of the Assistant Secretary for Housing—Federal Housing Commissioner, HUD.

ACTION: Intent to issue technical amendment.

SUMMARY: The purpose of this document is to advise the public that within the next few weeks HUD will publish a final rule to make a technical amendment to its new regulations creating uniform financial reporting standards, issued on September 1, 1998. The technical amendment will change for certain entities whose fiscal year ends December 31st, as described in the Supplementary Information section of this document, the annual report submission date from April 30, 1999 to June 30, 1999, only for the first year of compliance with these standards.

FOR FURTHER INFORMATION CONTACT: For further information contact Kenneth Hannon, Office of Housing, Department of Housing and Urban Development, 451 Seventh St., SW, Room 6274, Washington, DC 20410; telephone (202) 708–0547, ext. 2599 (this is not a toll-free number). Persons with hearing or speech impairments may access that number via TTY by calling the Federal Information Relay Service at (800) 877–8399.

SUPPLEMENTARY INFORMATION: On September 1, 1998 (63 FR 46582), HUD published a final rule that established uniform annual financial reporting standards for HUD's Public Housing, Section 8 housing, and multifamily insured housing programs. The rule provides that the financial information already required to be submitted to HUD on an annual basis under program requirements is to be submitted electronically to HUD and to be prepared in accordance with generally accepted accounting principles. The rule also established annual financial report filing dates for the covered entities.

The September 1, 1998 rule provides an April 30, 1999 annual report submission date (for the first year of compliance only) for (1) owners of housing assisted under Section 8 project-based housing assistance payments programs, described in § 5.801(a)(3) of the new rule, and owners of multifamily projects receiving direct or indirect assistance from HUD, or with mortgages insured, coinsured, or held by HUD, including but not limited to housing under certain HUD programs described in § 5.801(a)(4) of the new rule; and (2) which group of owners have fiscal years ending December 31, 1998. The April 30, 1999 date with its proximity to Federal income tax filing deadline makes conversion to the new reporting system and completion of the required report by April 30, 1999 burdensome for affected entities. The final rule that HUD plans to issue will change the April 30, 1999 date to June 30, 1999 for the first year of reporting only.

Dated: October 26, 1998.

William C. Apgar,

Assistant Secretary for Housing—Federal Housing Commissioner.

[FR Doc. 98–29280 Filed 10–28–98: 3:35 pm]

BILLING CODE 4210–27–P

DEPARTMENT OF TRANSPORTATION

Coast Guard

33 CFR Part 117

[CGD05–98–090]

RIN 2115–AE47

Drawbridge Operation Regulations; Elizabeth River, Eastern Branch, Norfolk, Virginia

AGENCY: Coast Guard, DOT.

ACTION: Notice of proposed rulemaking.

SUMMARY: At the request of Norfolk Southern Corporation, the Coast Guard is proposing to change the regulations that govern the operation of the Norfolk and Western Railroad drawbridge across the Eastern Branch of the Elizabeth River, mile 2.7, at Norfolk, Virginia. The proposed rule would reduce the hours when on-demand openings of the bridge are required during the boating season, and openings at all other times would require three-hours advance notice. This change is intended to reduce on-demand openings at times when there is minimal use of the bridge while still providing for the reasonable needs of navigation.

DATES: Comments must be received on or before January 4, 1999.

ADDRESSES: Comments may be mailed to Commander (Aowb), Fifth Coast Guard District, Federal Building, 4th Floor, 431 Crawford Street, Portsmouth, Virginia 23704–5004, or may be hand delivered to the same address between 8 a.m. and 4 p.m., Monday through Friday, except Federal holidays. The telephone number is (757) 398–6222. Comments will become a part of this docket and will be available for inspection and copying at the above address.

FOR FURTHER INFORMATION CONTACT: Ann B. Deaton, Bridge Administrator, Fifth Coast Guard District, at (757) 398–6222.

SUPPLEMENTARY INFORMATION:

Request for Comments

The Coast Guard encourages interested parties to participate in this rulemaking by submitting written data, views, or arguments. Persons submitting comments should include their names and addresses, identify this rulemaking (CGD05–98–090) and the specific section of this proposal to which each comment applies, and give the reason for each comment. The Coast Guard requests that all comments and attachments be submitted in an unbound format suitable for copying and electronic filing. If not practical, a second copy of any bound material is requested. Persons wanting acknowledgement of receipt of comments should enclose a stamped self-addressed postcard or envelope.

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, Fifth Coast Guard District, at the address under **ADDRESSES**. The request should include reasons why a hearing would be beneficial. If it determines that the opportunity for oral presentations will aid in this proposed rulemaking, the Coast Guard will hold a public hearing at a time and place announced by a later notice in the **Federal Register**.

Background and Purpose

33 CFR 117.1007(a) currently requires the Norfolk and Western Railroad Bridge, mile 2.7, across the Eastern Branch of the Elizabeth River, to open on signal from 6 a.m. to 10 p.m., seven days a week, year round. At all other times, the bridge only opens with at least a three-hour advance notice.

The Norfolk Southern Corporation has requested that the Coast Guard change the operating schedule of the Norfolk and Western Railroad bridge by reducing the hours when on-demand openings are provided during the boating season and requiring three-hours advance notice for openings outside of the boating season. Specifically, Norfolk Southern Corporation has requested that the drawbridge open on demand from April 15 to September 30, Monday through Thursday from 10 a.m. to 6 p.m., and Friday through Sunday from 6 a.m. to 11 p.m. At all other times, the drawbridge would only open with at least a three-hour advance notice.

The Norfolk Southern Corporation has based their request on data obtained from the 1996 and 1997 drawlogs. The logs revealed that from April to October during the weekdays (Monday through Thursday) from 10 a.m. to 6 p.m., and during the weekends (Friday through Sunday) from 6 a.m. to 11 p.m., the waterway traffic was at its peak. From 6 p.m. to 10 a.m. weekdays, and from 11 p.m. to 6 a.m. weekends during these same months, waterway traffic decreased sufficiently to request placing the bridge in advance-notice status. Norfolk Southern Corporation has also requested that from October to April, all bridge openings be provided only with a three-hour advance notice.

A Coast Guard review of the drawlogs revealed that waterway traffic, particularly recreational, remains active through October and November. From December to mid-April, recreational waterway traffic decreases by 80% while commercial waterway traffic remains steady. The majority of bridge openings during the weekends from April through November were a result of recreational boaters. Additional information provided by Norfolk Southern Corporation showed that during October and November 1996, the number of draw openings were 86 and 73, respectively. During October and November 1997, the number of openings were 88 and 59, respectively. During the months of June, July and August of 1996, the number of openings were 180, 106, and 137. In 1997 during the same months, the number of openings were 155, 107, and 148. Even though draw openings are lower from October through November than during the peak summer months, it is apparent the need exists to extend the boating season to the end of November to meet the needs of navigation.

Located upstream of the railroad bridge are commercial businesses that depend on this waterway for their livelihood and numerous property owners who own boats and frequent the river during the boating season. The Coast Guard's goal is to provide practical and feasible scheduled opening times for drawbridges during seasons of the year, and during times of the day, when scheduled openings would benefit users and owners of the bridge as well as users of the waterway. Even though Norfolk Southern Corporation has requested that the boating season begin in mid-April and end in September, the Coast Guard feels it is necessary to extend the boating season to the end of November based on information acquired from the drawlogs and local knowledge of the Eastern Branch of the Elizabeth River. It is also felt that, since this railroad bridge currently opens on-demand year round from 6 a.m. to 10 p.m., extending the boating season by two months is a reasonable compromise between the waterway users and the railroad. The Coast Guard believes that this proposed rule would reduce the need for providing a bridgetender for on-demand bridge openings at times of the year when there is minimal need for one

while still providing for the reasonable needs of navigation.

Discussion of Proposed Amendment

The Coast Guard proposes to amend 33 CFR 117.1007(a), which governs the Norfolk and Western Railroad bridge across the Eastern Branch of the Elizabeth River, mile 2.7, at Norfolk, Virginia, by requiring on-demand openings from April 15 to November 30, Monday through Thursday from 10 a.m. to 6 p.m., and Friday through Sunday from 6 a.m. to 11 p.m. At all other times, the bridge would be required to open only upon three-hours advance notice.

Regulatory Evaluation

This proposed rule is not a significant regulatory action under section 3(f) of Executive Order 12866 and does not require an assessment of potential costs 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 reached this conclusion based on the fact that the proposed changes will not prevent mariners from transiting the bridge, but merely require mariners to adhere to the proposed new operation procedures during transits of the bridge.

Small Entities

Under the Regulatory Flexibility Act (5 U.S.C. 601–612), the U.S. Coast Guard must consider whether this proposed rule, if adopted, will have a significant economic impact on a substantial number of small entities. ''Small entities'' include small independently owned and operated 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 it expects the impact of this proposal to be minimal, the Coast Guard certifies under 5 U.S.C. 605(b) that this proposed rule, 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. 3510–3520).

Federalism

This action has been analyzed in accordance with the principles and criteria contained in Executive Order 12612, and it has been determined that this proposed regulation will not raise 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 figure 2–1, paragraph (32)(e) of Commandant Instruction M16475.1C this proposed rule is categorically excluded from further environmental documentation based on the fact that this is a promulgation of an operating regulation for a drawbridge. A Categorical Exclusion Determination statement has been prepared and placed in the rulemaking docket.

List of Subjects in 33 CFR Part 117

Bridges.

Regulations

In consideration of the foregoing, the Coast Guard proposes to amend Part 117 of Title 33, Code of Federal Regulations, to read 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. In section 117.1007, paragraph (a) is revised to read as follows:

§ 117.1007 Elizabeth River—Eastern Branch.

(a) The draw of the Norfolk and Western Railroad bridge, mile 2.7 at Norfolk, shall open on signal from April 15 to November 30, Monday through Thursday from 10 a.m. to 6 p.m., and Friday through Sunday from 6 a.m. to 11 p.m. At all other times, openings shall require three-hours advance notice.

* * * * *

Dated: October 22, 1998.

Roger T. Rufe, Jr.,

Vice Admiral, U.S. Coast Guard, Commander, Fifth Coast Guard District.

[FR Doc. 98–29244 Filed 10–30–98; 8:45 am]

BILLING CODE 4910–15–M

DEPARTMENT OF VETERANS AFFAIRS

38 CFR Part 17

RIN 2900–AJ28

Medical: Advance Healthcare Planning

AGENCY: Department of Veterans Affairs.

ACTION: Proposed rule.

SUMMARY: This document proposes to amend the VA medical regulations to codify VA policy regarding advance healthcare planning. The proposed rule sets forth a mechanism for the use of written advance directives, i.e., a VA Living Will, a VA durable power of attorney for health care, and a state-authorized advance directive. The proposed rule also sets forth a mechanism for honoring verbal or nonverbal instructions from a patient when the patient is admitted to care when critically ill and loss of capacity may be imminent *and* the patient is not physically able to sign an advance directive form, or the appropriate form is not readily available. This is intended to help ensure that VA acts in compliance with patients' wishes concerning future healthcare.

DATES: Comments must be received on or before January 4, 1999.

ADDRESSES: Mail or hand-deliver written comments to: Director, Office of Regulation Management (02D), Department of Veterans Affairs, 810 Vermont Avenue, NW, Room 1154, Washington, DC 20420. Comments should indicate that they are submitted in response to ''RIN: 2900–AJ28.'' All written comments received will be available for public inspection at the above address in the Office of Regulations Management, Room 1158, between the hours of 8:00 AM and 4:30 PM, Monday through Friday (except holidays).

FOR FURTHER INFORMATION CONTACT: Ruth-Ann Phelps, Ph.D., Veterans Health Administration, National Center for Clinical Ethics (10AE), 810 Vermont Avenue, NW, Washington, DC 20420, at 202–273–8473 (this is not a toll-free number).

SUPPLEMENTARY INFORMATION: Under the authority of 38 U.S.C. 7331 through 7333, this document proposes to amend the medical regulations (38 CFR Part 17) to codify VA policy concerning advance healthcare planning. Advance healthcare planning provides an opportunity for patients to give guidance to their caregivers regarding their treatment preferences for the future should they become incapable of participating fully in the decision-making process.

The proposed rule sets forth a mechanism for the use of written advance directives, i.e., a VA Living Will, a VA durable power of attorney for health care, and a state-authorized advance directive. The proposed rule also sets forth a mechanism for honoring verbal or nonverbal instructions from a

patient when the patient is admitted to care when critically ill and loss of capacity may be imminent *and* the patient is not physically able to sign an advance directive form, or the appropriate form is not readily available.

The proposed rule asserts that a patient's specific instructions must be followed unless contrary to VA policy. The proposed rule also states that a patient who has decision-making capacity may revoke an Advance Directive or instructions in a critical situation at any time by using any means expressing the intent to revoke.

The Secretary hereby certifies that this proposed rule will not have a significant economic impact on a substantial number of small entities as they are defined in the Regulatory Flexibility Act, 5 U.S.C. 601–612. The rule will affect only individuals and will not directly affect any small entities. Therefore, pursuant to 5 U.S.C. 605(b), this rule is exempt from the initial and final regulatory flexibility analysis requirements of sections 603 and 604.

There are no applicable Catalog of Federal Domestic Assistance program numbers.

List of Subjects in 38 CFR Part 17

Administrative practice and procedure, Alcohol abuse, Alcoholism, Claims, Day care, Dental health, Drug abuse, Foreign relations, Government contracts, Grant programs-health, Grant programs-veterans, Health care, Health facilities, Health professions, Health records, Homeless, Medical and dental schools, Medical devices, Medical research, Mental health programs, Nursing homes, Philippines, Reporting and recordkeeping requirements, Scholarships and fellowships, Travel and transportation expenses, Veterans.

Approved: June 17, 1998.

Togo D. West, Jr.,

Secretary.

In consideration of the foregoing, 38 CFR part 17 is proposed to be amended as set forth below:

PART 17—MEDICAL

1. The authority citation for part 17 continues to read as follows:

Authority: 38 U.S.C. 501, 1721, unless otherwise noted.

2. In § 17.32, the section heading is revised, paragraph (a) is amended by adding a new definition, and paragraph (h) is added immediately following paragraph (g)(4), to read as follows:

§ 17.32 Informed consent and advance healthcare planning.

(a) * * *

Advance directive. Specific written statements made by a patient who has decision-making capacity regarding future healthcare decisions in one of the following:

(i) *VA Living Will.* A written statement made by a patient on an authorized VA form which sets forth the patient's wishes regarding the patient's healthcare treatment preferences including the withholding and withdrawal of life-sustaining treatment.

(ii) *VA Durable Power of Attorney for Health Care.* A written instruction on a VA form which designates the patient's choice of health care agent.

(iii) *State-Authorized Advance Directive.* A *Non-VA* Living Will, Durable Power of Attorney for Health Care, or other advance healthcare planning document, the validity of which is determined pursuant to the applicable state law.

* * * * *

(h) *Advance healthcare planning.* Subject to the provisions of paragraphs (h)(1) through (h)(4) of this section, VA will follow the wishes of a patient expressed in an Advance Directive when the attending physician determines and documents in the patient's medical record that the patient lacks decision-making capacity and is not expected to regain it.

(1) *Witnesses.* A VA Living Will or A VA Durable Power of Attorney for Health Care must be signed by the patient in the presence of two witnesses. Neither witness may be entitled to, or a claimant against, any portion of the patient's estate; or be financially responsible for the patient's care. Also, neither witness may be employed by the VA facility in which the patient is being treated; except that when other witnesses are not reasonably available, employees of the Chaplain Service, Psychology Service, Social Work Service, or nonclinical employees (e.g., Medical Administration Service, Voluntary Service, or Environmental Management Service) may serve as witnesses. Witnesses are attesting only to the fact that they saw the patient sign the form.

(2) *Instructions in critical situations.* VA will follow the verbal or non-verbal instructions of a patient when the patient is admitted to care when critically ill and loss of capacity may be imminent *and* the patient is not physically able to sign an advance directive form, or the appropriate form is not readily available. The patient's instructions must have been expressed to at least two members of the healthcare team. The substance of the patient's instructions must be recorded in a progress note in the patient's medical record and must be co-signed by both members of the healthcare team who were present and can attest to the wishes expressed by the patient. These instructions will be given effect only if the patient loses decision-making capacity during the presenting situation. If the patient regains decision-making capacity, these instructions will not be given effect for future treatment decisions.

(3) *Revocation.* A patient who has decision-making capacity may revoke an Advance Directive or instructions in a critical situation at any time by using any means expressing the intent to revoke.

(4) *VA Policy and Disputes.* Neither the treatment team nor surrogate may override a patient's specific instructions in an Advance Directive or in instructions in critical situations; except that those portions of an Advance Directive or instructions given in a critical situation that are not consistent with VA policy will not be given effect.

* * * * *

[FR Doc. 98–29247 Filed 10–30–98; 8:45 am]

BILLING CODE 8320–01–P

ENVIRONMENTAL PROTECTION AGENCY

40 CFR Parts 52 and 81

[CT051–7209b; A–1–FRL–6182–1]

Approval and Promulgation of Air Quality Implementation Plans and Designations of Areas for Air Quality Planning Purposes; State of Connecticut; Approval of Maintenance Plan, Carbon Monoxide Redesignation Plan and Emissions Inventory for the Connecticut Portion of the New York—N. New Jersey—Long Island Area

AGENCY: Environmental Protection Agency (EPA).

ACTION: Proposed rule.

SUMMARY: EPA is proposing to approve a redesignation request, maintenance plan, and emissions inventory submitted by the State of Connecticut to redesignate the Connecticut portion of the New York—N. New Jersey—Long Island Area carbon monoxide nonattainment area (hereinafter the southwest Connecticut nonattainment area) to attainment for carbon monoxide (CO). Under the Clean Air Act amendments of 1990 (CAA), designations can be revised if sufficient

air quality data is available to warrant such revisions. This revision proposes to establish the area as attainment for carbon monoxide and require the state to implement their 10 year maintenance plan. In addition, EPA is proposing to approve the 1993 periodic emissions inventory for CO emissions. In the final rules portion of this **Federal Register**, EPA is approving the redesignation request as direct final rule without prior proposal because the Agency views this as a noncontroversial revision and anticipates no adverse comments. A detailed rationale for the approval is set forth in the direct final rule. If no adverse comments are received in response to that direct final rule, no further activity is contemplated in relation to this proposal. If EPA receives adverse comments, the direct final rule will be withdrawn in a timely manner and all public comments received will be addressed in a subsequent final rule based on this proposal. EPA will not institute a second comment period on this rule. Any parties interested in commenting on this rule should do so at this time.

DATES: Comments must be received on or before December 2, 1998.

ADDRESSES: Comments may be mailed to Susan Studlien, Deputy Director, Office of Ecosystem Protection (mail code CAA), U.S. Environmental Protection Agency, Region I, JFK Federal Bldg., Boston, MA 02203–2211. Copies of the State submittal and EPA's technical support document are available for public inspection during normal business hours, by appointment at the Office of Ecosystem Protection, U.S. Environmental Protection Agency, Region I, One Congress Street, 11th floor, Boston, MA and the Bureau of Air Management, Department of Environmental Protection, State Office Building, 79 Elm Street, Hartford, CT 06106–1630.

FOR FURTHER INFORMATION CONTACT: Jeffrey S. Butensky, Environmental Planner, Air Quality Planning Unit of the Office of Ecosystem Protection (mail code CAQ), U.S. Environmental Protection Agency, Region I, JFK Federal Bldg., Boston, MA 02203–2211, (617) 565–3583.

SUPPLEMENTARY INFORMATION: For additional information, see the direct final rule which is located in the appropriate Section of this **Federal Register**.

Authority: 42 U.S.C. 7401–7671q.

Dated: October 21, 1998.

John P. DeVillars,

Regional Administrator, Region I.

[FR Doc. 98–29305 Filed 10–30–98; 8:45 am]

BILLING CODE 6560–50–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

42CFR Parts 5 and 51c

RIM 0906–AA44

Designation of Medically Underserved Populations and Health Professional Shortage Areas

AGENCY: Health Resources and Services Administration, DHHS.

ACTION: Proposed rules; extension of public comment period.

SUMMARY: This action extends for 60 days the period for public comment on the proposed rules published in the **Federal Register** (63 FR 46538–46555) on September 1, 1998, which would revise the methodology and procedures for designating medically underserved populations and health professional shortage areas. All other information remains unchanged. Because these designations affect numerous areas and providers and because the potential impact of the proposed rules is difficult to ascertain in some cases due to the technical nature of the calculations involved, the agency has decided to extend the period for public comment to enable commenters to provide more thorough and helpful comments.

DATES: Comments on these proposed rules are invited, and, to be considered, must be submitted on or before January 4, 1999.

ADDRESSES: Comments should be submitted in writing to: Office of Program and Policy Development, Bureau of Primary Health Care, 7th Floor, 4350 East-West Highway, Bethesda, MD 20814.

FOR FURTHER INFORMATION CONTACT: Richard Lee, 301–594–4280.

(**Authority:** 42 U.S.C. 254c and 42 U.S.C. 2543.)

Dated: October 22, 1998.

Claude Earl Fox,

Administrator, Health Resources and Services Administration.

Approved: October 27, 1998.

Donna E. Shalala,

Secretary, Department of Health and Human Services.

[FR Doc. 98–29273 Filed 10–30–98; 8:45 am]

BILLING CODE 4160–15–M

DEPARTMENT OF TRANSPORTATION

Coast Guard

46 CFR Part 45

[USCG 1998–4623]

RIN 2115–AF38

Limited Service Domestic Voyage Load Lines for River Barges on Lake Michigan

AGENCY: Coast Guard, DOT.

ACTION: Notice of proposed rulemaking.

SUMMARY: The Coast Guard proposes to allow certain unmanned dry cargo river barges to be exempt from the normal Great Lakes load line requirements to operate on Lake Michigan. Instead, these river barges would need to obtain a limited domestic service load line for two specific routes (between Chicago, Illinois and Milwaukee, Wisconsin; and between Chicago and Muskegon, Michigan). This proposed rule will allow certain non-hazardous cargoes originating at inland river ports to be directly transported as far as Milwaukee and Muskegon by river barge, thereby realizing the benefits of the relatively low cost-per-ton-mile of river barge transportation.

DATES: Comments must reach the Coast Guard on or before January 4, 1999.

ADDRESSES: You may mail comments to the Docket Management Facility, (USCG 1998–4623), U.S. Department of Transportation, Room PL–401, 400 Seventh Street SW, Washington, DC 20593–001, or deliver them to room PL–401, on the Plaza Level of the Nassif Building at the same address, between 9 a.m. and 5 p.m., Monday through Friday, except Federal holidays. The telephone number is 202–267–1477.

The Docket Management Facility maintains the public docket for this rulemaking. Comments and documents, as indicated in this preamble, will become part of this docket and will be available for inspection or copying at room PL–401 on the Plaza Level of the Nassif Building at the same address between 9 a.m. and 5 p.m., Monday through Friday, except Federal holidays. You may also access this docket on the Internet at *http://dms.dot.gov*.

FOR FURTHER INFORMATION CONTACT: For questions on this proposed rule, contact Mr. Thomas Jordan, Office of Marine Safety and Environmental Protection (G–MSE–2), U.S. Coast Guard Headquarters, Room 1308, telephone 202–267–0142. For questions on viewing or submitting material to the docket, contact Dorothy Walker, Chief,

Dockets, Department of Transportation, telephone 202–366–9329.

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 (USCG 1998–4623) and the specific section of this document to which each comment applies, and give the reason for each comment. Please submit all comments and attachments in an 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 proposed rule in view of the comments.

The Coast Guard plans no public hearing. Persons may request a public hearing by writing to the Docket Management Facility 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**.

Background and Purpose

Before the establishment of limited service domestic voyage load line routes on Lake Michigan, barge cargoes originating at inland river ports and destined for Lake Michigan ports had to be transferred to a Great Lakes load lined vessel at Chicago (Calumet Harbor). This transshipment was necessary because the present load line regulations do not allow vessels onto the Great Lakes without a Great Lakes load line, and river barges typically do not meet all the requirements for unrestricted service on the Great Lakes.

In January 1991, the Port of Milwaukee approached the Coast Guard to explore the possibility of establishing a relaxed domestic load line that would allow river barges to operate along the western shore of Lake Michigan between Chicago and Milwaukee. Later that year, a barge company made a similar request for an eastern Lake Michigan route between Chicago and Muskegon, Michigan. The motivation for these route requests was economic. River barges offer relatively low costs per ton-mile to move cargo and can therefore deliver cargoes to the Lake ports less expensively. These routes could thereby stimulate more economic activity in the port regions as well.

Because river barges are not designed to operate in the severe weather conditions experienced on the Great Lakes, the American Bureau of Shipping (ABS), the Coast Guard, and the industry worked together to determine the appropriate operational restrictions and other requirements that would allow river barges to safely venture onto Lake Michigan. It was recognized that river barges can only operate on Lake Michigan during fair-weather periods and only on carefully selected routes. The group reviewed weather conditions and available ports of refuge along the proposed routes.

On September 21, 1992, the Coast Guard published a notice in the **Federal Register** (57 FR 43479) that established a limited service domestic load line route on western Lake Michigan between Chicago, Illinois (Calumet Harbor) and Milwaukee, Wisconsin.

On March 31, 1995, the Coast Guard published a second notice in the **Federal Register** (60 FR 16693), announcing establishment of another limited service route. This route is along the eastern side of Lake Michigan between Chicago (Calumet Harbor) and St. Joseph, Michigan (Benton Harbor). With the exception of the limiting wind conditions, the requirements are the same for both routes. The prevailing weather patterns on the new eastern route make it necessary for the requirements to be different from the western route. In addition, the second notice also imposed a new requirement for both routes. This new requirement stated that the lead barge in the tow had to be rake-ended rather than box-ended. The notice also allowed the initial load line survey of barges less than 10 years old to be conducted afloat, and it also prohibited cargo movements between ports on the two different routes without first entering the river system at Calumet Harbor.

On September 28, 1995, the Coast Guard published a third notice in the **Federal Register** (60 FR 50234) revoking the rake-ended barge requirement imposed by the second notice. This notice was in response to several comments pointing out that the restriction was not necessary.

On August 26, 1996, the Coast Guard published a fourth notice in the **Federal Register** (61 FR 43804) extending the eastern route from St. Joseph, Michigan to Muskegon, Michigan. This extension required some special considerations, principally because the ports of refuge are further apart. Accordingly, the Coast Guard, ABS, and local barge industry representatives developed some additional operational requirements for barges traveling this extended route.

Discussion of Proposed Rules

The requirements for the Chicago/Milwaukee and Chicago/Muskegon routes have already been presented and discussed in the previous **Federal Register** notices (see Background section of this notice).

Subpart E of 46 CFR part 45, ''Unmanned River Service Dry Cargo Barges,'' already provides a load line exemption for river barges operating on Lake Michigan on the Chicago/Burns Harbor route. Therefore, this subpart is being reorganized to incorporate the new Milwaukee and Muskegon route requirements.

With four exceptions (discussed below), all of the requirements appearing in the original subpart E or the **Federal Register** notice of 61 FR 43804 of August 26, 1996 have been retained. Some parts of subpart E have been reworded and consolidated using Plain Language to make the organization of the material easier to read.

The first exception concerns the proposed wind speed limits for the Milwaukee and Muskegon routes. As published in the **Federal Register** of August 26, 1996, these were originally set at continuous wind speeds of 15 knots and 20 knots for certain wind directions. In response to the **Federal Register** notice, two comments were received which recommended revising these limits to be sustained wind speeds of 16 and 21 knots, respectively. The reason for this recommendation is that the Great Lakes Marine Weather Forecast (MAFORS) reports ''sustained winds'' (vice ''continuous winds'') in slightly different speed ranges. For example, MAFORS 1 is winds of 11 to 16 knots, and MAFORS 2 is winds of 17 to 21 knots. The commenters believe that the Federal wind speed limits should align with actual forecasts that are used by most mariners on the Lake. The Coast Guard agrees with this recommendation and has incorporated it into this proposal.

The second exception concerns the ban on having cargo originating at one Lake Michigan port from being delivered to another Lake port without first entering the river system at Calumet Harbor. The original reason behind this ban was that the Lake Michigan routes were intended to connect Milwaukee and Muskegon to inland (river) ports, not to each other. Comments have been received, however, arguing that this ban is economically based, not safety based and therefore is not an appropriate

limitation. The Coast Guard concurs and the proposed regulations remove this ban; however, further comments on this issue are requested.

The third exception is that the allowable offshore distances for the different routes have been harmonized. Specifically, the original regulations for the Burns Harbor route did not specify any horsepower requirement but limited the tow to ''not farther than 5 miles from a harbor of refuge.'' The later notices for the other routes (Milwaukee, St. Joseph, and Muskegon) specify a minimum horsepower requirement but allow the tows to be ''not more than 5 nautical miles from shore,'' which is a more flexible standard. The proposed regulations remove the harbor-of-refuge limitation for Burns Harbor tows and allow them 5 nautical miles offshore, but also impose a minimum requirement of 1,000 HP for the towboat (same as for tows to St. Joseph).

Similarly, the fourth exception harmonizes the Burns Harbor weather restrictions with the restrictions applicable to all tows on the eastern side of Lake Michigan, (which sail past Burns Harbor). Specifically, the present regulations for the Burns Harbor route limit tows to ''fair weather conditions'' whereas the St. Joseph/Muskegon route weather limits are more specifically defined (wind speeds and wave heights). Tows to Burns Harbor are now subject to the same limits as the other eastern Lake routes.

Regulatory Evaluation

This proposed rule is not a significant regulatory action under section 3(f) of Executive Order 12866 and does not require an assessment of potential costs 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 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 regulatory action imposes costs only on those unmanned dry cargo river barge operators who voluntarily decide to obtain this particular load line for their barges. The American Bureau of Shipping (ABS) issues U.S. load lines. ABS indicates that approximately 12 barges may obtain load line certificates each year. The principal cost of obtaining a load line under this rule results from ABS's level of effort to survey barges and review their design. The unit cost is typically less than $3,000, although costs will vary from barge to barge, depending upon its design and material condition. In return for this cost investment, the barge operator will have commercial opportunities to move certain cargoes on Lake Michigan from inland river ports to Milwaukee, Muskegon, and intermediate Lake ports. It is expected that the barge operators will not incur the load line cost unless they anticipate a satisfactory return on their investment.

The economic impact of this rulemaking on the local region is expected to be generally beneficial, since these regulations are likely to promote intermodal competition among waterborne and overland modes. It has been several years now since these barges have been permitted to operate in Milwaukee. The Coast Guard requests estimates of cargo volumes that may be shipped by barge as a result of this proposal and prospective effects on other transportation modes. The Coast Guard also requests comments on the costs, benefits, and other economic impacts of this load line program.

Small Entities

Under the Regulatory Flexibility Act (5 U.S.C. 601 *et seq.*), the Coast Guard considers whether this proposed rule, if adopted, will have a significant economic impact on a substantial number of small entities. ''Small entities'' include small businesses, not-for-profit organizations that are independently owned and operated and are not dominant in their fields, and governmental jurisdictions with populations of less than 50,000.

This new load line program proposal will be open to all river barge operators, including those that qualify as small entities. The Coast Guard believes that many of the affected operators are small entities. While compliance with these load line regulations would require an initial investment of about $3,000, the regulations are voluntary and provide flexibility and choice to small entities, as well as other affected operators.

The proposed program is expected to expand the cargo base and potential business of barges on the affected routes and increase modal and intermodal competition for certain cargoes.

Therefore, the Coast Guard certifies under 5 U.S.C. 605(b) that this proposed rule, if adopted, will not have a significant economic impact on a substantial number of small entities. If however, you think that your business or organization qualifies as a small entity and that this proposed rule will have a significant economic impact on your business or organization, please submit a comment to the Docket Management Facility at the address under **ADDRESSES** explaining why you think it qualifies and in what way and to what degree this proposed rule will economically affect it.

Assistance for Small Entities

In accordance with section 213(a) of the Small Business Regulatory Enforcement Fairness Act of 1996 (Pub. L. 104–121), the Coast Guard wants to assist small entities in understanding this proposed rule so that they can better evaluate its effects on them and participate in the rulemaking process. If your small business or organization is affected by this rule and you have questions concerning its provisions or options for compliance, please contact Mr. Thomas Jordan, Office of Marine Safety and Environmental Protection (G–MSE–2), 202–267–0142. Copies of this NPRM will also be mailed to local Small Business Development Centers.

The Small Business and Agriculture Regulatory Enforcement Ombudsman and 10 Regional Fairness Boards were established to receive comments from small businesses about Federal agency enforcement actions. The Ombudsman will annually evaluate the enforcement activities and rate each agency's responsiveness to small business. If you wish to comment on the enforcement actions of the Coast Guard, call 1–888–REG–FAIR (1–888–734–3247).

Collection of Information

This proposed rule provides for a collection of information under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501 *et seq.*). As defined in 5 CFR 1320.3(c), ''collection of information'' includes reporting, recordkeeping, monitoring, posting, labeling, and other, similar actions. The title and description of the information collections, a description of the respondents, and an estimate of the total annual burden follow. Included in the estimate of the time for reviewing instructions, searching existing sources of data, gathering and maintaining the data needed, and completing and reviewing the collection.

Title: Limited Service Domestic Voyage Load Lines for River Barges on Lake Michigan.

Summary of the Collection of Information: This proposal contains collection of information requirements for 46 CFR part 45.

Need for Information: This proposal extends load line provisions to unmanned dry cargo river barges operating on certain areas of Lake Michigan.

Proposed Use of Information: Information collection is necessary so that the Coast Guard may determine that the vessel complies with minimum design standards before and after certification, as well as prove noncompliance in case of delinquent vessels.

Description of the Respondents: Unmanned dry cargo river barges operating on certain areas of Lake Michigan may obtain load line certification.

Number of Respondents: The Coast Guard estimates that 12 such barges may seek certification.

Frequency of Response: Each vessel must respond once annually.

Burden of Response: The Coast Guard estimates that 9.33 hours will be spent by each vessel that chooses to gain load line certification.

Estimates Total Annual Burden: The total annual burden of extending these load line provisions to the 12 unmanned dry cargo barges operating on certain areas of Lake Michigan is 112 hours.

As required by section 3507(d) of the Paperwork Reduction Act of 1995, the Coast Guard has submitted a copy of this proposed rule to the Office of Management and Budget (OMB) for its review of the collection of information.

The Coast Guard solicits public comment on the proposed collection of information to (1) evaluate whether the information is necessary for the proper performance of the functions of the Coast Guard, including whether the information would have practical utility; (2) evaluate the accuracy of the Coast Guard's estimate of the burden of the collection, including the validity of the methodology and assumptions used; (3) enhance the quality, utility, and clarity of the collection on those who are to respond, as by allowing the submittal of responses by electronic means or use of other forms of information technology.

Persons submitting comments on the collection of information should submit their comments both to OMB and to the Docket Management Facility where indicated under **ADDRESSES** by the date under **DATES**.

Persons are not required to respond to a collection of information unless it displays a currently valid OMB control number. Before the requirements for this collection of information become effective, the Coast Guard will publish a notice in the **Federal Register** of OMB's decision to approve, modify, or disapprove the collection.

Unfunded Mandates

Title II of the Unfunded Mandates Reform Act of 1995 (UMRA), (Pub. L. 104–4, 109 Stat. 48), requires Federal agencies to assess the effects of certain regulatory actions on State, local, and tribal governments, and the private sector. UMRA requires a written statement of economic and regulatory alternatives for proposed and final rules that contain Federal mandates. A ''Federal mandate'' is a new or additional enforceable duty imposed on any State, local, or tribal government, or the private sector. If any Federal mandate causes those entities to spend, in the aggregate, $100 million or more in one year, the UMRA analysis is required. This rule does not impose Federal mandates on any State, local, or tribal governments, or the private sector.

Federalism

The Coast Guard has analyzed this proposed rule under the principles and criteria contained in Executive Order 12612 and has determined that this proposed rule does not have sufficient federalism implications to warrant the preparation of a Federalism Assessment.

Environment

The Coast Guard considered the environmental impact of this proposed rule and concluded that under figure 2–1, paragraph (34)(d)(e), of Commandant Instruction M16475.1C, that it 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 46 CFR Part 45

Great Lakes, Reporting and recordkeeping requirements, Vessels.

For the reasons set out in the preamble, the Coast Guard proposes to amend 46 CFR part 45 as follows:

PART 45—GREAT LAKES LOAD LINES

1. The authority citation for part 45 continues to read as follows:

Authority: 46 U.S.C. 5115; 49 CFR 1.46.

2. Revise Subpart E to read as follows:

Subpart E—Unmanned River Barges on Lake Michigan Routes

Sec.

Subpart E—Unmanned River Barges on Lake Michigan Routes

§ 45.171 What is the purpose of this subpart?

(a) This subpart defines conditions under which certain unmanned, river-service, dry-cargo barges may be exempted from the Great Lakes load line requirements of this part while operating on certain Lake Michigan routes.

(b) The requirements of this subpart are summarized in the following table:

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BILLING CODE 4910-15-C

Table 45.171(b)
Load Line Requirements for
Dry Cargo River Barges Operating on Lake Michigan

	Voyages between Calumet Harbor (Chicago), IL and:				
	Milwaukee	**Burns Harbor**	**St Joseph**	**Muskegon**	**Comments**
Load line required:	Yes	Load line exemption	Yes	Yes	Limited service domestic voyage load line in lieu of full Great Lakes load line For Burns Harbor LL exemption, see 45.181
Where to apply:	ABS	MSO Chicago	ABS	ABS	ABS Americas, 16855 Northchase Dr, Houston, TX 77060 USCG Marine Safety Office, 215 W. 83rd St - Suite D, Burr Ridge, IL 60521
Freeboard requirement:	All barges: freeboard at least 24 inches (610mm). Additionally, open hopper barges: coaming height + freeboard at least 54 inches (1,372mm).				
Tow limitations:	Barges must be unmanned. Not more than 3 barges per tow. Not more than 5 nautical miles from shore.				
Cargo limitations:	Dry cargoes only. No hazardous materials.				Liquid cargoes, even in drums or tank containers, may not be carried. HazMats are defined in 46 CFR part 148 and 49 CFR chapter 1, subchapter C.
Weather limitations:					Voyage may not begin, or must be broken off and proceed to shelter, if conditions exceed these limits.
Ice conditions:	Adverse conditions that imperil tow or access to shelter.				
Wave height:	4 feet (1.2 m)				
Sustained winds:	16 kts from NE, E, SE 21 kts from N, NW, W, SW, S	16 kts from N, NW, W, SW 21 kts from NE, E, SE, S			
Pre-departure preps::	Yes	Yes	Yes	Yes	As specified in 45.191
Towboat requirements:					
Power:	Sufficient to handle tow, but at least 1,000 HP.			Sufficient to handle tow, but at least 1,500 HP.	As specified in 45.193
Communication system:	Recommended.			Required.	As specified in 45.195(a)
Cutting gear:	"			"	As specified in 45.195(b)
Operational plan:	"			"	As specified in 45.197

§ 45.173 Which barges are eligible for the exemptions under this subpart?

The barges eligible for the exemption under this subpart are as follows:

(a) Unmanned, dry-cargo barges operating between Calumet Harbor (Chicago), IL, and Burns Harbor, IN, may be exempted from the requirements that they have a load line if they are operated in accordance with this subpart.

(b) Unmanned, dry-cargo barges operating between Calumet Harbor (Chicago), IL, and Milwaukee, WI, or between Calumet Harbor and Muskegon, MI, may be exempted from the Great Lakes load line requirement if they are issued a limited-service, domestic-voyage load line, and are operated in accordance with this subpart.

§ 45.175 What routes does this subpart apply to?

This subpart applies to the following routes on Lake Michigan, between Chicago (Calumet Harbor), IL, and—

(a) Milwaukee, WI;

(b) Burns Harbor, IN;

(c) St. Joseph, MI; and

(d) Muskegon, MI.

§ 45.177 What are the freeboard requirements?

The freeboard requirements are as follows:

(a) All barges operating under this subpart must have a minimum freeboard of 24 inches (610 mm).

(b) Additionally, open hopper barges must have a combined freeboard plus cargo-box-coaming height of at least 54 inches (1,372 mm).

§ 45.179 What are the cargo limitations?

The cargo limitations are as follows:

(a) Only dry cargoes may be carried. Liquid cargoes, even in drums or tank containers, may not be carried.

(b) Hazardous materials, as defined in part 148 of this chapter and 49 CFR chapter 1, subchapter C, may not be carried.

§ 45.181 What are the exemption requirements for the Burns Harbor route?

In order for a barge on the Burns Harbor route to be exempt from the requirements that it have a load line, the following requirements must be met:

(a) The barge must be operated only between Calumet Harbor and Burns Harbor and must be operated in accordance with this subpart.

(b) The owner of the barge must apply for this exemption in writing to the Officer in Charge, Marine Inspection (OCMI), U.S. Coast Guard Marine Safety Office, 215 W. 83rd St—Suite D, Burr Ridge, IL 60521. The application may be in any form and must be signed by the owner or an officer authorized to represent the barge's owner. No form or certificate will be returned. However, the owner's certification will be kept on file. The owner of a barge for which a load line exemption is in effect must notify the OCMI of the transfer of ownership, change of service, or other disposition of the barge.

(c) The owner and operator must agree to maintain the barge and comply with the operational requirements of this subpart.

(d) The application must include the following general information:

(1) Barge name.

(2) Type.

(3) External dimensions.

(4) Types of cargo.

(5) Official number or other classification number.

(6) Owner and operator addresses and telephone numbers.

(7) Place and date built.

(e) The application must state and certify—

(1) That the barge has been designed and built to at least the minimum scantlings of the ABS River Rules which were in effect at the time of construction; and

(2) That the applicable provisions of 46 CFR part 45, subpart E, will be complied with before and during all voyages between Chicago (Calumet Harbor), IL, and Burns Harbor, IN, and intermediate ports on Lake Michigan.

§ 45.183 What are the load line requirements for the Milwaukee, St. Joseph, and Muskegon routes?

The load line requirements for the Milwaukee, St. Joseph, and Muskegon routes are as follows:

(a) *Load line certificate*:

(1) The load line issued under this subpart must be a limited-service, domestic-voyage load line.

(2) Except as provided under paragraph (b)(2)(vi) of this section, the term of the certificate is five years.

(3) The load line certificate is valid for the Milwaukee, St. Joseph, and Muskegon routes and intermediate ports. However, operators must comply with the route-specific requirements on the certificate.

(4) The freeboard assignment, operational limitations, and towboat requirements of this subpart must appear on the certificate.

(b) *Conditions of assignment.*

(1) An initial load line survey under § 42.09–25 of this chapter and subsequent annual surveys under § 42.09–40 of this chapter are required.

(2) At the request of the barge owner, the initial load line survey may be conducted with the barge afloat if the following conditions are met:

(i) The barge is less than 10 years old.

(ii) The draft during the survey does not exceed 15 inches (380 millimeters).

(iii) The barge is empty and thoroughly cleaned of all debris, excessive rust, scale, mud, and water. All internal structure must be accessible for inspection.

(iv) Gaugings are taken to the extent necessary to verify that the scantlings are in accordance with approved drawings.

(v) The hull plating (bottom and sides) and stiffeners below the light waterline are closely examined internally. If the surveyor determines that sufficient cause exists, the surveyor may require that the barge be drydocked or hauled out and further external examination conducted.

(vi) The initial load line certificate is to be issued for a term of 5 years or until the barge reaches 10 years of age, whichever occurs first. At that time, the barge must be drydocked or hauled out and be fully examined internally and externally.

§ 45.185 What are the tow limitations?

The tow restrictions are as follows:

(a) Barges cannot be manned.

(b) No more than three barges per tow.

(c) Tows cannot be more than 5 nautical miles from shore.

§ 45.187 What are the weather limitations?

The weather restrictions are as follows:

(a) The weather limits (ice conditions, wave height, and sustained winds) are specified in § 45.171(b), table 45.171(b).

(b) If weather conditions are expected to exceed these limits at any time during the voyage, the tow may not leave harbor or, if already underway, must proceed to the nearest appropriate harbor of safe refuge.

§ 45.191 What are the pre-departure requirements?

Before beginning each voyage, the towing vessel master must conduct the following:

(a) *Weather forecast.* Determine the marine weather forecast along the planned route, and contact the dock operator at the destination port to get an update on local weather conditions.

(b) *Inspection.* Inspect each barge of the tow to ensure that each meet the following requirements:

(1) A valid load line certificate, if required, is on board.

(2) The barge is not loaded deeper than permitted.

(3) The deck and side shell plating are free of visible holes, fractures, or serious indentations, as well as damage that would be considered in excess of normal wear.

(4) The cargo box side and end coamings are watertight.

(5) All manholes are covered and secured watertight.

(6) All voids are free of excess water.

(7) Precautions have been taken to prevent shifting of cargo.

(c) *Verifications.* On voyages north of St. Joseph, the towing vessel master must contact a mooring/docking facility in St. Joseph, Holland, Grand Rapid, and Muskegon to verify that sufficient space is available to accommodate the tow. The tow cannot venture onto Lake Michigan without confirmed space available.

(d) *Log entries.* Before getting underway, the towing vessel master must note in the logbook that the pre-departure barge inspections, verification of mooring/docking space availability, and weather forecast checks were performed.

§ 45.193 What are the towboat power requirements?

The towing vessel must meet the following requirements:

(a) *General.* Have adequate horsepower to handle the tow, but not less than the amount specified for the route in this section.

(b) *Milwaukee, Burns Harbor, and St. Joseph routes.* Have a minimum of 1,000 HP.

(c) *Muskegon route.* Have a minimum of 1,000 HP to St. Joseph and a minimum of 1,500 HP from St. Joseph to Muskegon.

§ 45.195 What are the additional equipment requirements for towboats on the Muskegon route?

The additional equipment requirements for towboats on the Muskegon route that go beyond St. Joseph are as follows:

(a) *Communication equipment.* Two independent voice communication systems in operable condition, such as Very High Frequency (VHF) radio, radiotelephone, or cellular phone. At least two persons aboard the vessel must be capable of using the communication systems.

(b) *Cutting gear.* Equipment that can quickly cut the towline at the towing vessel. The cutting gear must be in operable condition and appropriate for the type of towline being used, such as wire, polypropylene, or nylon. At least two persons aboard the vessel must be capable of using the cutting gear.

§ 45.197 What are the operational plan requirements for the Muskegon route?

The towing vessel on the Muskegon Route must have aboard an operational plan that is available for ready reference by the master. The plan must include the following:

(a) The cargo limitations, the general operational requirements, and the special operational requirements of this subpart.

(b) A list of mooring and docking facilities (with phone numbers and area codes) in St. Joseph, Holland, Grand Haven, and Muskegon that can accommodate the tow.

(c) A list of towing firms (with phone numbers and area codes) that have the capability to render assistance to the tow, if required.

(d) Guidelines for possible emergency situations, such as barge handling under adverse weather conditions, and other emergency procedures.

Dated: October 20, 1998.

Joseph J. Angelo,

Acting Assistant Commandant for Marine Safety and Environmental Protection.

[FR Doc. 98–29245 Filed 10–30–98; 8:45 am]

BILLING CODE 4910–15–U

FEDERAL COMMUNICATIONS COMMISSION

47 CFR Part 54

[DA 98–2112]

Federal-State Joint Board; En Banc Meeting on Universal Service

AGENCY: Federal Communications Commission.

ACTION: Proposed rule; en banc meeting.

SUMMARY: The Commission has released a Public Notice that announces an en banc to discuss whether the goal of affordable telephone service is being met and whether there are policies that the Joint Board should consider recommending to continue to meet the goal of affordable service. Participants also will discuss whether federal state regulators are adequately informing consumers of the issues surrounding the new competitive marketplace and the new federal universal service support mechanisms.

DATES: Thursday, October 29, 1998, from 1:00 p.m. to 5:00 p.m.

ADDRESSES: The en banc will be held in the Commission Meeting Room (Room 856) at 1919 M Street, N.W., Washington, D.C.

FOR FURTHER INFORMATION CONTACT: Lori Wright at (202) 418–7391.

SUPPLEMENTARY INFORMATION: The en banc is open to the public, and seating will be available on a first come, first served basis. A transcript of the en banc will be available 10 days after the event on the FCC's Internet site. The URL address for the FCC's Internet Home Page is <http://www.fcc.gov>. The en banc will also be carried live on the Internet. Internet users may listen to the real-time audio feed of the en banc by accessing the FCC Internet Audio Broadcast Home Page. Step-by-step instructions on how to listen to the audio broadcast, as well as information regarding the equipment and software needed, are available on the FCC Internet Audio Broadcast Home Page. The URL address for this home page is http://www.fcc.gov/realaudio/. Audio and video tapes of the en banc may be purchased from Infocus, 341 Victory Drive, Herndon, VA 20170, by calling Infocus at (703) 834–0100 or by faxing infocus at (703) 834–0111.

Federal Communications Commission.

Lisa S. Gelb,

Chief, Accounting Policy Division, Common Carrier Bureau.

[FR Doc. 98–29105 Filed 10–27–98; 3:38 pm]

BILLING CODE 6712–01–M

FEDERAL COMMUNICATIONS COMMISSION

47 CFR Part 90

[WT Docket No. 96–86; FCC 98–191]

The Development of Technical and Spectrum Requirements for Meeting Federal, State and Local Public Safety Agency Communication Requirements Through the Year 2010, Establishment of Rules and Requirements for Priority Access Service

AGENCY: Federal Communications Commission.

ACTION: Proposed rule.

SUMMARY: The Federal Communications Commission (Commission) adopted a *Third Notice of Proposed Rule Making* (''*Third Notice*'') contemporaneously with a *First Report and Order* (''*First Report*'') that is summarized elsewhere in this edition of the **Federal Register**. By its *Third Notice,* the Commission makes a range of proposals and seeks comment relating to public safety communications in the 746–806 MHz band (''700 MHz band'') and in general. The Commission invites comment on how to license the 8.8 megahertz of 700 MHz band spectrum designated as reserved in the *First Report* and on whether to directly license each state or use a regional planning process to administer the nationwide interoperability frequencies (2.6 MHz of spectrum designated in the *First Report*) pursuant to the national interoperability plan to be established by the National

Coordination Committee. The *Third Notice* also discusses protection requirements for the Global Navigation Satellite Systems and offers proposals to facilitate use of nationwide interoperability in public safety bands below 512 MHz. Finally, because many of the automated and intelligent machines and systems on which public safety entities depend for their operations were not designed to take into account the date change that will occur on January 1, 2000, the Commission also seeks comment on how best to ascertain the extent, reach, and effectiveness of Year 2000 compliance initiatives that have been or are being undertaken by public safety entities, to better understand the nature of the Year 2000 problem and the potential risks posed to public safety communications networks.

This action addresses an urgent need for additional public safety radio spectrum and the need for nationwide interoperability among local, state, and federal entities. By this action, the Commission also takes additional steps toward achieving its goals of developing a flexible regulatory framework to meet vital current and future public safety communications needs and ensuring that sufficient spectrum to accommodate efficient, effective telecommunications facilities and services will be available to satisfy public safety communications needs into the 21st century.

DATES: Comments are due on or before January 4, 1999, and reply comments are due on or before February 1, 1999. Written comments by the public on the proposed information collections are due January 4, 1999. Written comments on the proposed information collections must be submitted by the Office of Management and Budget (OMB) on or before January 4, 1999.

ADDRESSES: Federal Communications Commission, Office of the Secretary, Room 222, Washington, D.C. 20554. In addition to filing comments with the Secretary, a copy of any comments on the information collections contained herein should be submitted to Judy Boley, Federal Communications Commission, Room 234, 1919 M Street, N.W., Washington, DC 20554, or via the Internet to jboley@fcc.gov, and to Timothy Fain, OMB Desk Officer, 10236 NEOB, 725–17th Street, N.W., Washington, D.C. 20503, or via the internet to fain__t@eop.gov.

FOR FURTHER INFORMATION CONTACT: Peter Daronco or Michael Pollak, at the Public Safety & Private Wireless Division, (202) 418–0680. For additional information concerning the information collections contained in this *Third Notice,* contact Judy Boley at (202) 418–0214, or via the Internet at jboley@fcc.gov.

SUPPLEMENTARY INFORMATION: This is a summary of the Commission's Third Notice in WT Docket No. 96–86, adopted on August 6, 1998, and released on September 29, 1998, contemporaneously with a *First Report* in WT Docket No. 96–86 (collectively FCC 98–191). The *First Report* is summarized elsewhere in this edition of the **Federal Register**. The full text of the *First Report and Third Notice* is available for inspection and copying during normal business hours in the FCC Reference Center, Room 239, 1919 M Street, NW, Washington, DC. The complete text of this decision may also be purchased from the Commission's duplicating contractor, International Transcription Services, 1231 20th Street, NW, Washington, DC 20036, 202–857–3800. Alternative formats (computer diskette, large print, audio cassette and Braille) are available to persons with disabilities by contacting Martha Contee at (202) 418–0260, TTY (202) 418–2555, or at mcontee@fcc.gov. The complete (but unofficial) text is also available under the name ''fcc98191.wp'' on the Commission's Internet site at <http://www.fcc.gov/Bureaus/Wireless/Orders/1998/index.html≤.

Paperwork Reduction Act

The Federal Communications Commission, as part of its continuing effort to reduce paperwork burden invites the general public and other Federal agencies to take this opportunity to comment on the following proposed and/or continuing information collections, as required by the Paperwork Reduction Act of 1995, Public Law 104–13. An agency may not conduct or sponsor a collection of information unless it displays a currently valid control number. No person shall be subject to any penalty for failing to comply with a collection of information subject to the Paperwork Reduction Act (PRA) that does not display a valid control number. Comments are requested concerning (a) whether the proposed collection of information is necessary for the proper performance of the functions of the Commission, including whether the information shall have practical utility; (b) the accuracy of the Commission's burden estimates; (c) ways to enhance the quality, utility, and clarity of the information collected; and (d) ways to minimize the burden of the collection of information on the respondents, including the use of automated collection techniques or other forms of information technology.

OMB Approval Number: 3060–0262.

Title: 90.179 Shared use of radio stations.

Form No.: N/A.

Type of Review: Revision of a previously approved collection.

Respondents: Business or other for-profit, State and local governments.

Number of Respondents: 41,000.

Estimated Time Per Response: .75 hours per respondent.

Total Annual Burden: 30,750 hours.

Total Annual Cost: No annual cost burden on respondents from either capital or setup costs.

Needs and Uses: The *Third Notice* in WT Docket No. 96–86 invites comment on how to license 8.8 megahertz of spectrum in the 700 MHz band that is allocated for public safety services. For example, comment is sought on whether to license 700 MHz band spectrum directly to each individual state; the Commission further invites comment on whether to revise § 90.179 to allow state licensees to authorize approximately 39,000 additional public safety agencies within the states and their political subdivisions to use the spectrum. We assume that the respondents would spend .75 hours to keep a written sharing agreement as part of the station records.

OMB Approval Number: 3060–XXXX.

Title: State Public Safety Regional Plans & Year 2000 Readiness.

Form No.: N/A.

Type of Review: New collection.

Respondents: State and local governments.

Number of Respondents: 100,050.

Estimated Time Per Response: 6.49 hours per respondent.

Total Annual Burden: 649,500 hours.

Total Annual Cost: No annual cost burden on respondents from either capital or setup costs.

Needs and Uses: The *Third Notice* in WT Docket No. 96–86 invites comments on how to license 8.8 megahertz of spectrum in the 700 MHz band that is allocated for public safety services. For example, comment is sought on whether to license 700 MHz band spectrum directly to each individual state and, if so, whether the state licensee should have to adhere to the same planning process as the Regional Planning Committees. We assume that the individual states would spend 10,270 hours to complete its public safety communications plan. The *Third Notice* in WT Docket No. 96–86 also invites comments on possible alternative methods of obtaining the current state of

Y2K readiness and the progress and range of compliance initiatives that have been taken in the public safety community. We assume that the individual entities would spend 1 hour to file this information with the Commission.

Synopsis of the Third Notice of Proposed Rulemaking

1. In accordance with the 1997 Budget Act, the Commission allocated 24 megahertz of spectrum in the 700 MHz band for public safety services. By its *First Report*, the Commission designated 12.6 megahertz of this new spectrum for General Use, 2.6 megahertz of this new spectrum for nationwide interoperability. The remaining frequencies (a total of 8.8 megahertz of the new spectrum) were reserved and the *Third Notice* seeks comment on how to license this 8.8 megahertz of spectrum. Specifically, we request comment on whether some or all of the reserve spectrum should be licensed by means of the regional planning committee (RPC) process or directly to each state for deployment of statewide systems. The *Third Notice* also invites commenters to suggest other proposals for licensing of the 8.8 megahertz of spectrum.

2. The Commission also seeks comment on whether the channels designated in the *First Report* for nationwide interoperability (2.6 megahertz of the 700 MHz band subject to interoperability guidelines to be recommended by the NCC and approved by the Commission) should be licensed by means of the RPC process or licensed directly to each state.

3. In response to the extensive public safety comments submitted in this record that additional interoperability spectrum is needed below 512 MHz to fully address interoperability nationwide, we examine three additional possible interoperability solutions. The Commission proposes to designate five channels in each of the existing public safety bands at 150–174 MHz and 450–512 MHz for mutual aid purposes. We also seek further comment on the need for a separate interoperability band below 512 MHz. Specifically, we seek comment on the feasibility of using the 138–144 MHz band currently used by the U.S. Department of Defense and the Federal Emergency Management Agency as a separate interoperability band. *See* Petition of the National Public Safety Telecommunications Council for Further Rulemaking to Allocate Spectrum in the 138–144 MHz Band for Public Safety (April 9, 1998). The Commission also seeks comment on our proposed reallocation of two channel pairs in the VHF 156–162 MHz band for interoperable channels of communication in 33 Economic Areas (EAs), which are now available for assignment to public safety entities. These channel pairs were formerly allocated in § 80.371 of the Commission's Rules for VHF Public Coast Stations as public correspondence channels and were also shared under § 90.283.

4. We also propose technical solutions and invite comments on how to protect certain global navigation satellite systems, particularly the Global Orbiting Navigation Satellite Systems (GLONASS) and Global Positioning System (GPS). GLONASS utilizes the Radionavigation-Satellite Service (space-to-Earth) band of 1598–1605 MHz. We are concerned that second harmonic emissions from public safety equipment operating in the 794–806 MHz band (TV channels 68 and 69) may cause harmful interference to aeronautical users of GLONASS and GPS receivers and seek further comment to supplement the record on this matter.

5. We also seek comment on how best to ascertain the extent, reach, and effectiveness of Year 2000 compliance initiatives that have been or are being undertaken by public safety entities, so that we can better understand the nature of the Year 2000 problem and the potential risks it poses to public safety communications networks.

Administrative Matters

6. Pursuant to applicable procedures set forth in §§ 1.415 and 1.419 of the Commission's rules, 47 CFR 1.415 and 1.419, interested parties may file comments on or before January 4, 1999, and reply comments are due on or before February 1, 1999. All relevant and timely comments will be considered by the Commission before final action is taken in this proceeding. Comments may be filed using the Commission's Electronic Filing System (ECFS) or by filing paper copies. *See Electronic Filing of Documents in Rulemaking Proceedings*, 63 FR 24121 (May 1, 1998).

7. To file formally in this proceeding, parties who choose to file by paper must file an original and four copies of each filing. If participants want each Commissioner to receive a personal copy of their comments, an original plus nine copies must be filed. If more than one docket or rulemaking number appears in the caption of this proceeding, commenters must submit two additional copies for each additional docket or rulemaking number. All filings must be sent to the Commission's Secretary, Magalie Roman Salas, Office of the Secretary, Federal Communications Commission, 1919 M St., N.W., Room 222, Washington, D.C. 20554. Parties who choose to file by paper should also submit their comments on diskette to: Peter Daronco, Public Safety and Private Wireless Division, Wireless Telecommunications Bureau, Room 8332, 2025 M Street, N.W., Washington, D.C. 20554. Such a submission should be on a 3.5 inch diskette formatted in an IBM compatible format using WordPerfect 5.1 for Windows or compatible software. The diskette should be accompanied by a cover letter and should be submitted in ''read only'' mode. The diskette should be clearly labelled with the commenter's name, proceeding (including the lead docket number in this case, WT Docket No. 96–86), type of pleading (comment or reply comment), date of submission, and the name of the electronic file on the diskette. The label should also include the following phrase ''Disk Copy—Not an Original.'' Each diskette should contain only one party's pleadings, preferably in a single electronic file. In addition, commenters must send diskette copies to the Commission's copy contractor, International Transcription Services, Inc., 1231 20th Street, N.W., Washington, D.C. 20037.

8. Comments filed through the ECFS can be sent as an electronic file via the Internet to<http://www.fcc.gov/e-file/ecfs.html>. Generally, only one copy of an electronic submission must be filed. If multiple docket or rulemaking numbers appear in the caption of this proceeding, however, commenters must transmit one electronic copy of the comments to each docket or rulemaking number referenced in the caption. In completing the transmittal screen, commenters should include their full name, Postal Service mailing address, and the applicable docket or rulemaking number. Parties may also submit an electronic comment by Internet e-mail. To get filing instructions for e-mail comments, commenters should send an e-mail to ecfs@fcc.gov, and should include the following words in the body of the message, ''get form <your e-mail address>.'' A sample form and directions will be sent in reply.

9. Comments and reply comments will be available for public inspection during regular business hours in the FCC Reference Center (Room 239), 1919 M Street, N.W., Washington, D.C. 20554. Copies of comments and reply comments are available through the Commission's duplicating contractor: International Transcription Services,

Inc. (ITS, Inc.), 1231 20th Street, N.W., Washington, D.C. 20036 (202) 857–3800.

10. The *Third Notice* in WT Docket No. 96–86 also contained an Initial Regulatory Flexibility Act Analysis pursuant to the Regulatory Flexibility Act, 5 U.S.C. § 603. It is substantially as follows:

As required by the Regulatory Flexibility Act (RFA), the Commission has prepared this present Initial Regulatory Flexibility Analysis (IRFA) of the possible significant economic impact on small entities by the policies and rules proposed in the present *Third Notice of Proposed Rule Making* (*Third Notice*). *See* 5 U.S.C. § 603. The RFA, 5 U.S.C. § 601 *et seq.*, has been amended by the Contract With America Advancement Act of 1996, Public Law 104–121, 110 Stat. 847 (1996) (CWAAA). Title II of the CWAAA is the Small Business Regulatory Enforcement Fairness Act of 1996 (SBREFA). Written public comments are requested on this IRFA. Comments must be identified as responses to the IRFA and must be filed by the deadlines for comments on the *Third Notice* as provided above in the Procedural Matters section of this *First Report and Order and Third Notice of Proposed Rule Making.* The Commission will send a copy of the *Third Notice*, including this IRFA, to the Chief Counsel for Advocacy of the Small Business Administration. *See* 5 U.S.C. § 603(a).

Paperwork Reduction Analysis

In addition, comments on information collections contained in the *Third Notice of Proposed Rule Making* should be filed with Judy Boley, Federal Communications Commission, Room 234, 1919 M Street, N.W., Washington, D.C. 20554, or via the Internet to jboley@fcc.gov. Furthermore, a copy of any such comments should be submitted to Timothy Fain, OMB Desk Officer, 10236 NEOB, 725 17th Street, N.W., Washington, D.C. 20503 or via the Internet at fain__t@al.eop.gov. For additional information regarding the information collections contained herein, contact Judy Boley.

Ex Parte Presentations

This *Third Notice* is a permit-but-disclose notice and comment rule making proceeding. Ex parte presentations are permitted, provided they are disclosed as provided in Commission rules. *See* generally §§ 1.1202, 1.1203, and 1.1206(a) of the Commission's Rules, 47 CFR 1.1202, 1.1203, 1.1206(a).

Need for, and Objectives of, the Proposed Rules

In the *Third Notice* herein, we are continuing our evaluation of rules applicable to existing public safety spectrum allocations as well as those in the 700 MHz band. We seek comment on whether we should license a portion of the 700 MHz band to the regional planning committees, directly to each state or in some other manner. In addition, we propose technical criteria to protect satellite-based global navigation systems from interference. We also seek comment on proposals to promote interoperability on public safety channels below 512 MHz. Additionally, we seek comments related to the Year 2000 computer date change problem.

Legal Basis

The proposed action is authorized under Sections 4(i), 302, 303(f) and (r), 332, and 337 of the Communications Act of 1934, as amended, 47 U.S.C. §§ 154(i), 302, 303(f) and (r), 332, 337.

Description and Estimate of the Number of Small Entities To Which the Proposed Rules Will Apply

This IRFA may affect the same entities described in detail in the FRFA for the *First Report.* We hereby incorporate that analysis into this section.

Public Safety Radio Pool Licensees. As a general matter, Public Safety Radio Pool licensees include police, fire, local government, forestry conservation, highway maintenance, and emergency medical services. Spectrum in the 700 MHz band for public safety services is governed by 47 U.S.C. § 337. Non-Federal governmental entities as well as private businesses are licensees for these services. As indicated *supra* in para. 5 of the FRFA, all governmental entities with populations of less than 50,000 fall within the definition of a small entity. *See* 5 U.S.C. § 601(5). In addition, the term ''small business'' has the same meaning as the term ''small business concern'' under the Small Business Act. *See* 5 U.S.C. § 601(3). A small business concern is one which: (1) is independently owned and operated; (2) is not dominant in its field of operation; and (3) satisfies any additional criteria established by the Small Business Administration (SBA). Small Business Act, 15 U.S.C. § 632 (1996). A small organization is generally ''any not-for-profit enterprise which is independently owned and operated and is not dominant in its field.'' 5 U.S.C. § 601(4). Nationwide, as of 1992, there were approximately 275,801 small organizations. 1992 Economic Census, U.S. Bureau of the Census, Table 6 (special tabulation of data under contract to Office of Advocacy of the U.S. Small Business Administration). ''Small governmental jurisdiction'' generally means ''governments of cities, counties, towns, townships, villages, school districts, or special districts, with a population of less than 50,000.'' 5 U.S.C. § 601(5). As of 1992, there were approximately 85,006 such jurisdictions in the United States. *See* U.S. Dept. of Commerce, Bureau of the Census, ''1992 Census of Governments.'' This number includes 38,978 counties, cities, and towns; of these, 37,566, or 96 percent, have populations of fewer than 50,000. The Census Bureau estimates that this ratio is approximately accurate for all governmental entities. Thus, of the 85,006 governmental entities, we estimate that 81,600 (91 percent) are small entities. Below, we further describe and estimate the number of small entity licensees and regulatees that may be affected by the proposed rules, if adopted.

Radio and Television Equipment Manufacturers. We anticipate that at least six radio equipment manufacturers will be affected by our decisions in this proceeding. According to the SBA's regulations, a radio and television broadcasting and communications equipment manufacturer must have 750 or fewer employees in order to qualify as a small business concern. *See* 13 CFR 121.201, (SIC) Code 3663. Census Bureau data indicate that there are 858 U.S. firms that manufacture radio and television broadcasting and communications equipment, and that 778 of these firms have fewer than 750 employees and would therefore be classified as small entities. *See* U.S. Dept. of Commerce, *1992 Census of Transportation, Communications and Utilities* (issued May 1995), SIC category 3663. We do not have information that indicates how many of the six radio equipment manufacturers associated with this proceeding are among these 778 firms. However, Motorola and Ericsson are major, nationwide radio equipment manufacturers, and, thus, we conclude that these manufacturers would *not* qualify as small businesses.

Description of Projected Reporting, Recordkeeping, and Other Compliance Requirements

The *Third Notice* proposes a number of rules that will entail reporting, recordkeeping, and/or third party consultation. However, the Commission believes that these requirements are the minimum needed. The *Third Notice* asks for comment on alternative

licensing methods for certain portions of the 700 MHz band. The licensing methods under consideration in the Notice include the possibility of imposing recordkeeping and reporting requirements on applicants for public safety licenses who may be required to make submissions to planning committees justifying their requests for spectrum. These entities will be required to submit applications for spectrum licenses on Form 601.

Steps Taken To Minimize Significant Economic Impact on Small Entities, and Significant Alternatives Considered

We have reduced economic burdens wherever possible. This item seeks comment on whether we should license a portion of the 700 MHz band to the regional planning committees, directly to each state or in some other manner to meet public safety needs, and contains proposals to promote interoperability on public safety channels below 512 MHz. This approach will allow the public safety community to help determine better efficiencies for all licensees subject to the new service rules, which if adopted, will provide technically advanced communications capabilities, including small entities that are often unable to fund the required infrastructure to support these modern systems.

Recognizing the budgetary constraints that public safety entities face as a matter of course, the PSWAC Steering Committee's findings and recommendations included the following: (1) more sharing and joint use should be encouraged; (2) broad based efforts, such as projects on the state and regional level, to coordinate and consolidate operations are critical to articulating and meeting the needs of public safety with cost effective, spectrally efficient radio systems; (3) more flexible licensing policies are needed to encourage the use of the most spectrally-efficient technology to meet user defined needs; and (4) the Commission should consider block allocations for public safety use.

The PSWAC Interoperabilty Subcommittee noted that shared systems, *i.e.*, large trunked systems which provide service to many governmental entities in a specific geographical area, offer a high greater spectrum efficiency than many smaller non-trunked systems or systems trunked on fewer channels. Shared systems also offer a high level of built-in interoperability. The most significant difficulty in establishing these types of shared systems, according to the *PSWAC Final Report,* is probably that they require individual agencies to surrender some autonomy in return for the efficiencies and better coverage of the larger system. In addition, the funding required to develop the infrastructure necessary to support some of the newer technologies is often too great to permit small public safety agencies to participate in new, sophisticated, spectrum efficient wireless radio systems. These same agencies, however, might be able to participate in a county-wide or state-wide system. The use of shared systems in the public safety community has also been hindered by the current licensing process, according to the *PSWAC Final Report.* In fact, the Commission has long encouraged public safety agencies to develop wide-area multi-agency trunked public safety radio systems. Area-wide licenses often encourage the rapid development and deployment of innovative service, facilitate interoperability and operational standards while allowing economies of scale that encourage the development of low cost equipment. *See, e.g.,* Amendment of the Commission's Rules to Establish Part 27, the Wireless Communications Service, GN Docket No. 96–228, *Report and Order,* 12 FCC Rcd 10785, 10814 (1997).

With these considerations in mind, the *Third Notice* seeks comment on whether to license a portion of the 700 MHz band to the regional planning committees, directly to each state or in some other manner to meet public safety needs.

To minimize any negative impact resulting from the implementation of licensing, we have offered the option of utilizing the existing infrastructure of the Public Safety Regions. The regulatory burdens we have retained, such as filing applications on appropriate forms, are necessary in order to ensure that the public receives the benefits of innovative new services in a prompt and efficient manner.

Federal Rules That May Duplicate, Overlap, or Conflict With the Proposed Rules

None.

Ordering Clauses

11. Authority for issuance of this *First Report and Order and Third Notice of Proposed Rule Making* is contained in Sections 4(i), 302, 303(f) and (r), 332, and 337 of the Communications Act of 1934, as amended, 47 U.S.C. 154(i), 302, 303(f) and (r), 332, 337.

12. It is further ordered that the Wireless Telecommunications Bureau shall take all necessary steps, pursuant to the Federal Advisory Committee Act, 5 U.S.C., App., to establish a Public Safety National Coordination Committee, and charge the Committee with the duty, among others to be set forth in the Committee Charter, with recommending a national interoperability operational plan for review and approval by the Commission as well as the technical standards in accordance with American National Standards Institute process to apply to all public safety interoperability channel equipment.

13. Notice is hereby given and comment is sought on the proposed regulatory changes described in the *Third Notice of Proposed Rule Making.*

14. It is further ordered that the Commission's Office of Public Affairs, Reference Operations Division, shall send a copy of this *First Report and Order and Third Notice of Proposed Rule Making,* including the Final and Initial Regulatory Flexibility Analyses, to the Chief Counsel for Advocacy of the Small Business Administration.

List of Subjects in 47 CFR Part 90

Communications equipment, Radio.

Federal Communications Commission.

Magalie Roman Salas,

Secretary.

For the reasons discussed in the preamble, the Federal Communications Commission proposes to amend 47 CFR part 90 as follows:

PART 90—PRIVATE LAND MOBILE RADIO SERVICES

1. The authority citation for Part 90 continues to read as follows:

Authority: Secs. 4, 251–2, 303, 309, 332 and 337, 48 Stat 1066, 1082, as amended; 47 U.S.C. 154, 251–2, 303, 309 and 337, unless otherwise noted.

2. Section 90.1 is amended by revising paragraph (b), to read as follows:

§ 90.1 Basis and purpose.

* * * * *

(b) *Purpose.* This part states the conditions under which radio communications systems may be licensed and used in the Public Safety, Special Emergency, Industrial, Land Transportation and Radiolocation Services. These rules do not govern the licensing of radio systems belonging to and operated by the United States.

3. Section 90.20 is amended by adding ''78'' to the ''Limitations'' column for nine of the existing entries in the table in paragraph (c)(3), by adding a new paragraph (d)(78), and by adding a new paragraph (g) to read as follows:

§ 90.20 Public Safety Pool.

* * * * *

(c) * * *

(3) * * *

PUBLIC SAFETY POOL FREQUENCY TABLE

Frequency or band	Class of station(s)	Limitations	Coordinator
* * *	* * *	*	*
151.1375	Base or mobile	27, 28, 78	PH.
* * *	* * *	*	*
154.4525	Base or mobile	27, 28, 78	PF.
* * *	* * *	*	*
155.7525	Base or mobile	27, 78	PX.
* * *	* * *	*	*
158.7375	Base or mobile	27, 78	PP.
* * *	* * *	*	*
159.4725	Base or mobile	27, 78	PO.
* * *	* * *	*	*
453.20625	Base or mobile	44, 78	PX.
* * *	* * *	*	*
453.99375	Base or mobile	44, 78	PX.
* * *	* * *	*	*
458.20625	Mobile	44, 78	PX.
* * *	* * *	*	*
458.99375	Mobile	44, 78	PX.
* * *	* * *	*	*

(d) * * *

(78) These channels are designated for interoperability-only use.

* * * * *

(g) VPC interoperability frequencies.—(1) Working channels in the VHF 156–162 MHz band. The channel pairs listed in the tables below were formerly allocated in § 80.371 of this chapter for VHF Public Coast Stations as public correspondence channels numbered 25, 84, and 85 and were also shared under former § 90.283 by Industrial and Land Transportation Radio Service (I/LT) stations and grandfathered public safety stations. The 25 kHz channel pairs are available exclusively for assignment to public safety entities for interoperable channels of communication only in the Economic Areas (EAs) as shown in Table A.

(2) Service areas in the marine VHF 156–162 MHz band are VHF Public Coast areas (VPCs). As listed in Table A of this paragraph, these areas are based on, and composed of one or more of, the U.S Department of Commerce's 172 Economic Areas (EAs). See 60 FR 13114 (March 10, 1995). Maps of the EAs and VPCs are available for public inspection and copying at the Public Safety and Private Wireless Division, room 8010, 2025 M Street, NW, Washington, DC.

TABLE A.—LIST OF CHANNELS AVAILABLE BY PUBLIC COAST AREA

[VHF Public Coast Areas (VPCs)]

VPCs	EAs	Channel pairs
1. (Northern Atlantic)	1–5, 10	None.
2. (Mid-Atlantic)	9, 11–23, 25, 42, 46	None.
3. (Southern Atlantic)	24, 26–34, 37, 38, 40, 41, 174	None.
4. (Mississippi River)	34, 36, 39, 43–45, 47–53, 67–107, 113, 116–120, 122–125, 127, 130–134, 176.	None.
5. (Great Lakes)	6–8, 54–66, 108, 109	None.
6. (Southern Pacific)	160–165	None.
7. (Northern Pacific)	147, 166–170	None.
8. (Hawaii)	172, 173, 175	None.
9. (Alaska)	171	None.
10. (Grand Forks)	110	25, 84.
11. (Minot)	111	25, 84.
12. (Bismarck)	112	25, 84.
13. (Aberdeen)	114	25, 84.
14. (Rapid City)	115	25, 84.
15. (North Platte)	121	25, 84.
16. (Western Oklahoma)	126	25, 85.
17. (Abilene)	128	25, 85.

TABLE A.—LIST OF CHANNELS AVAILABLE BY PUBLIC COAST AREA—Continued

[VHF Public Coast Areas (VPCs)]

VPCs	EAs	Channel pairs
18. (San Angelo)	129	25, 85.
19. (Odessa-Midland)	135	25, 85.
20. (Hobbs)	136	25, 85.
21. (Lubbock)	137	25, 85.
22. (Amarillo)	138	25, 85.
23. (Santa Fe)	139	25, 84.
24. (Pueblo)	140	25, 84.
25. (Denver-Boulder-Greeley)	141	25, 84.
26. (Scottsbluff)	142	25, 84.
27. (Casper)	143	25, 84.
28. (Billings)	144	25, 84.
29. (Great Falls)	145	25, 84.
30. (Missoula)	146	25, 84.
31. (Idaho Falls)	148	25, 85.
32. (Twin Falls)	149	25, 85.
33. (Boise City)	150	25, 84.
34. (Reno)	151	25, 84.
35. (Salt Lake City-Ogden)	152	25, 85.
36. (Las Vegas)	153	25, 84.
37. (Flagstaff)	154	25, 84.
38. (Farmington)	155	25, 84.
39. (Albuquerque)	156	25, 84.
40. (El Paso)	157	25, 85.
41. (Phoenix-Mesa)	158	25, 84.
42. (Tucson)	159	25, 84.

TABLE B.—LIST OF CHANNEL CENTER FREQUENCIES BY CORRESPONDING CHANNEL NUMBER

Channel No.	Base station transmit center frequency in MHz	Mobile station transmit center frequency in MHz
25	161.850	157.250
84	161.825	157.225
85	161.875	157.275

(3) Public safety eligible applicants shall apply for these channel pairs only for the purpose of interoperability using the following standards and procedures:

(i) All applicants must comply with the relevant technical sections under this part unless otherwise stated in this section and provide evidence of frequency coordination in accordance with § 90.175.

(ii) Station power, as measured at the output terminals of the transmitter, must not exceed 50 Watts for base stations and 20 Watts for mobile stations, except in accordance with the provisions of paragraph (vi) of this section. Antenna height (HAAT) must not exceed 122 meters (400 feet) for base stations and 4.5 meters (15 feet) for mobile stations, except in accordance with paragraph (vi) of this section. Such base and mobile channels shall not be operated on board aircraft in flight.

(iii) Frequency protection must be provided to other stations in accordance with the following guidelines for each channel and for each area and adjacent area:

(A) Protect coast stations licensed prior to July 6, 1998, by the required separations shown in Table C.

(B) Protect I/LT stations by frequency coordination in accordance with § 90.175 of this part.

(C) Protect other public safety stations by frequency coordination and by agreement with the other public safety stations.

(D) *Where the Public Safety designated channel is not a Public Safety designated channel in an adjacent EA:* Applicants shall engineer base stations such that the maximum signal strength at the boundary of the adjacent EA does not exceed 5 dBμV/m.

(iv) The following table, along with the antenna height (HAAT) and power (ERP), must be used to determine the minimum separation required between proposed base stations and co-channel public coast stations licensed prior to July 6, 1998, under part 80 of this chapter. Applicants whose exact ERP or HAAT are not reflected in the table must use the next highest figure shown.

TABLE C.—REQUIRED SEPARATION IN KILOMETERS (MILES) OF BASE STATION FROM PUBLIC COAST STATIONS

Base Station Characteristics					
HAAT	ERP (watts)				
Meters (feet)	400	300	200	100	50
15 (50)	138 (86)	135 (84)	129 (80)	129 (80)	116 (72)

TABLE C.—REQUIRED SEPARATION IN KILOMETERS (MILES) OF BASE STATION FROM PUBLIC COAST STATIONS—Continued

Base Station Characteristics					
HAAT	ERP (watts)				
Meters (feet)	400	300	200	100	50
30 (100)	154 (96)	151 (94)	145 (90)	137 (85)	130 (81)
61 (200)	166 (103)	167 (104)	161 (100)	153 (95)	145 (90)
122 (400)	187 (116)	177 (110)	183 (114)	169 (105)	159 (99)

(v) In the event of interference, the Commission may require, without a hearing, licensees of base stations authorized under this section that are located within 241 kilometers (150 miles) of a co-channel public coast, I/LT, or grandfathered public safety station licensed prior to July 6, 1998, or an international border, to reduce power, decrease antenna height, and/or install directional antennas. Mobile stations must be operated only within radio range of their associated base station.

(vi) Applicants seeking to be licensed for stations exceeding the power/antenna height limits of the table in paragraph (iv) of this section must request a waiver of that paragraph and must submit with their application an interference analysis, based upon an appropriate, generally-accepted terrain-based propagation model, that shows that co-channel protected entities, described in paragraph (iii) of this section, would receive the same or greater interference protection than the relevant criteria outlined in paragraph (iii) of this section.

4. Section 90.179 is amended by revising paragraph (a) to read as follows:

§ 90.179 Shared use of radio stations.

* * * * *

(a) Persons may share a radio station only on frequencies for which they would be eligible for a separate authorization. Licensees under Subpart R may share the use of their systems with any entity that would be eligible for licensing under § 90.523 and Federal government entities.

* * * * *

5. A new section 90.553 is added to read as follows:

§ 90.553 GNSS protection.

In order to provide adequate protection to receivers of the Global Navigation Satellite System (GNSS) which will utilize the Radionavigation-Satellite Service (space-to-Earth) band, mobile units must meet a minimum second harmonic suppression standard in the frequency range of 1559–1605 MHz of 90 dB down from the maximum effective radiated power of the carrier and handhelds and portable units must meet a minimum second harmonic suppression standard in the frequency range of 1559–1605 MHz of 80 dB down from the maximum effective radiated power of the carrier. This standard applies only to equipment operating in the frequency range of 779.5–802.5 MHz.

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DEPARTMENT OF THE INTERIOR

Fish and Wildlife Service

50 CFR Part 17

RIN 1018–AE91

Endangered and Threatened Wildlife and Plants; Proposed Rule To List the Short-Tailed Albatross as Endangered in the United States

AGENCY: Fish and Wildlife Service, Interior.

ACTION: Proposed rule.

SUMMARY: Under the authority of the Endangered Species Act (Act) of 1973, as amended, the U.S. Fish and Wildlife Service (Service) proposes to extend endangered status for the short-tailed albatross (*Phoebastria albatrus*) to include the species' range within the United States. As a result of an administrative error in the original listing, the short-tailed albatross is currently listed as endangered throughout its range except in the U.S. Short-tailed albatrosses range throughout the North Pacific Ocean and north into the Bering Sea during the non-breeding season, and breeding colonies were historically present on islands in Taiwan. Originally numbering in the millions, the worldwide population of breeding age birds is currently approximately 500 individuals and the worldwide total population is less than 1000 individuals. There are no breeding populations of short-tailed albatrosses in the U.S., but several individuals have been regularly observed during the breeding season on Midway Atoll in the Northwestern Hawaiian Islands. Current threats to the species include destruction of habitat by volcanic eruption or mud or land slides caused by monsoon rains, and demographic or genetic vulnerability due to low population size and limited breeding distribution. Longline fisheries, plastics ingestion, contaminants, and airplane strikes may also be factors affecting the species' conservation. This proposal, if made final, would implement the Federal protection and recovery provisions provided by the Act for individuals when they occur in the U.S.

DATES: Comments from all interested parties must be received by March 2, 1999. Public hearing requests must be received by December 17, 1998.

ADDRESSES: Comments and materials concerning this proposal should be sent to the Field Supervisor, Anchorage Field Office, U.S. Fish and Wildlife Service, 605 West 4th Avenue, Room G–62, Anchorage, AK 99501 (telephone 907/271–2787). Comments and materials received will be available for public inspection, by appointment, during normal business hours at the above address.

FOR FURTHER INFORMATION CONTACT: Greg Balogh, Endangered Species Biologist (telephone 907/271–2778).

SUPPLEMENTARY INFORMATION:

Background

Taxonomy

George Steller made the first record of the short-tailed albatross in the 1740s. The type specimen for the species was collected offshore of Kamchatka, Russia, and was described in 1769 by P.S. Pallas in Spicilegia Zoologica (AOU 1983). In the order of tube-nosed marine birds, Procellariiformes, the short-tailed albatross is classified within the family Diomedeidae. Until recently, it had been assigned to the genus *Diomedea.* Following the results of genetic studies by Nunn et al. (1996), the family Diomedeidae was arranged in four

genera. The genus *Phoebastria,* North Pacific albatrosses, now includes the short-tailed albatross, the Laysan albatross (*P. immutabilis*), the black-footed albatross (*P. nigripes*), and the waved albatross (*P. irrorata*)(AOU 1997).

Description

The short-tailed albatross is a large pelagic bird with long narrow wings adapted for soaring just above the water surface. The bill is disproportionately large compared to other northern hemisphere albatrosses and is pink and hooked with a bluish tip, has external tubular nostrils, and a thin but conspicuous black line extending around the base. Adult short-tailed albatrosses are the only North Pacific albatross with an entirely white back. The white head develops a yellow-gold crown and nape over several years. Fledged juveniles are dark brown-black, but soon obtain pale bills and legs that distinguish them from black-footed and Laysan albatrosses (Tuck 1978, Roberson 1980).

Historical Distribution

The short-tailed albatross once ranged throughout most of the North Pacific Ocean and Bering Sea, with known nesting colonies on the following islands: Torishima in the Seven Islands of Izu Group in Japan; Mukojima, Nishinoshima, Yomeshima, and Kitanoshima in the Bonin Islands of Japan; Kita-daitojima, Minami-daitojima, and Okino-daitojima of the Daito group of Japan; Senkaku Retto of southern Ryukyu Islands of Japan, including Minami-kojima, Kobisho and Uotsurijima; Iwo Jima in the western Volcanic Islands (Kazan-Retto) of Japan; Agincourt Island, Taiwan; and Pescadore Islands, of Taiwan, including Byosho Island (Hasegawa 1979, King 1981). Other undocumented nesting colonies may have existed. For example, recent observations together with records from the 1930s, suggest that short-tailed albatross may have once nested on Midway Atoll, USA. No confirmed historical breeding accounts are available for this area, however.

Early naturalists, such as Turner and Chamisso, believed that short-tailed albatrosses bred in the Aleutian Islands because high numbers of birds were seen nearshore during the summer and fall months (Yesner 1976). Alaska Aleut lore referred to local breeding birds and explorer O. Von Kotzebue reported that Natives harvested short-tailed albatross eggs. However, while adult bones were found in Aleut middens, fledgling remains were not recorded in over 400 samples (Yesner 1976). Yesner (1976) believed that short-tailed albatrosses did not breed in the Aleutians but were harvested offshore during the summer, non-breeding season. Given the midwinter constraints on breeding at high latitudes and the known southerly location of winter breeding, it is highly unlikely that these birds ever bred in Alaska (Sherburne 1993).

Additional historical information on the species' range away from known breeding areas is scant. Evidence from archeological studies in middens suggests that hunters in kayaks had access to an abundant nearshore supply of short-tailed albatrosses from California north to St. Lawrence Island as early as 4000 years ago (Howard and Dodson 1933, Yesner and Aigner 1976, Murie 1959). In the 1880s and 1890s, short-tailed albatross abundance and distribution during the non-breeding season was generalized by statements such as ''more or less numerous'' in the vicinity of the Aleutian Islands (Yesner 1976). They were reported as highly abundant around Cape Newenham, in western Alaska, and Ventaiminov regarded them as abundant near the Pribilof Islands (DeGange 1981). In 1904, they were considered ''tolerably common on both coasts of Vancouver Island, but more abundant on the west coast'' (Kermode in Campbell et al., 1990).

Historical Population Status

At the beginning of the 20th century, the species declined in population numbers to near extinction, primarily as a result of hunting at the breeding colonies in Japan. Albatross were killed for their feathers and various other body parts. The feather down was used for quilts and pillows, and wing and tail feathers were used for writing quills; their bodies were processed into fertilizer and rendered into fat, and their eggs were collected for food (Austin 1949). Hattori (in Austin 1949) commented that short-tailed albatrosses were ''...killed by striking them on the head with a club, and it is not difficult for a man to kill between 100 and 200 birds daily.'' He also noted that the birds were, ''very rich in fat, each bird yielding over a pint.''

Pre-exploitation worldwide population estimates of short-tailed albatrosses are not known; the total number of birds harvested may provide the best estimate, since the harvest drove the species nearly to extinction. Between approximately 1885 and 1903, an estimated 5 million short-tailed albatrosses were harvested from the breeding colony on Torishima (Yamashina in Austin 1949), and harvest continued until the early 1930s, except for a few years following the 1903 volcanic eruption. One of the residents on the island (a schoolteacher) reported 3,000 albatrosses killed in December 1932 and January 1933. Yamashina (in Austin) stated that ''This last great slaughter was undoubtedly perpetrated by the inhabitants in anticipation of the island's soon becoming a bird sanctuary.'' By 1949, there were no short-tailed albatrosses breeding at any of the historically known breeding sites, including Torishima, and the species was thought to be extinct (Austin 1949).

The species persisted, however, and in 1950, the chief of the weather station at Torishima, Mr. M. Yamamoto, reported nesting of the short-tailed albatross (Tickell 1973, 1975). By 1954 there were 25 birds and at least 6 pairs (Ono 1955). These were presumably juvenile birds that had been wandering the North Pacific during the final several years of slaughter. Since then, as a result of habitat management projects, stringent protection, and the absence of any significant volcanic eruption events, the population has gradually increased. The average growth of the Torishima, Tsubamesaki colony, between 1950 and 1977 was 2.5 adults per year; between 1978 and 1991 the average population increase was 11 adults per year. An average annual population growth as high as 6 percent per year (Hasegawa 1982, Cochrane and Starfield in prep.) has resulted in a continuing increase in the breeding population to an estimated 388 breeding birds on Torishima in 1998 (H. Hasegawa, Toho University, Chiba, Japan pers. comm.). Torishima is under Japanese government ownership and management and is managed for the conservation of wildlife. There is no evidence that the breeding population on Torishima is nest site limited at this point; therefore, ongoing management efforts focus on maintaining high rates of breeding success.

Two primary activities have been undertaken to enhance breeding success on Torishima. First, erosion control efforts at the Tsubamesaki colony have improved nesting success. Second, an attempt to establish a second breeding colony on Torishima involved an experimental program for luring breeding birds to the opposite side of the island from the Tsubamesaki colony. Preliminary results of the experiment are promising; the first chick was produced in 1997. The expectation is that absent a volcanic eruption or some other catastrophic event, the population on Torishima will continue to grow, but that it will be many years before the breeding sites are limited (Hasegawa 1997).

In 1971, 12 adult short-tailed albatrosses were discovered on Minami-kojima in the Senkaku Islands, one of the former breeding colony sites (Hasegawa 1984). Aerial surveys in 1979 and 1980 resulted in observations of between 16 and 35 adults. In April 1988, the first confirmed chicks on Minami-kojima were observed, and in March 1991, 10 chicks were observed. In 1991, the estimate for the population on Minami-kojima was 75 birds and 15 breeding pairs (Hasegawa 1991). There is no information available on historical numbers at this breeding site.

Short-tailed albatrosses have been observed on Midway Atoll since the early 1930s (Berger 1972, Hadden 1941, Fisher in Tickell 1973, Robbins in Hasegawa and DeGange 1982). There is one unconfirmed report of a short-tailed albatross breeding on Midway Atoll in the 1960s (H. Hasegawa pers. comm., in a letter from Dr. Harvey Fischer), but no subsequent reports of successful breeding exist. In the years following the reported observation, tens of thousands of albatrosses were exterminated from Midway Atoll to construct an aircraft runway, and to provide safe conditions for aircraft landings and departures. It is possible that short-tailed albatrosses nesting on the island were killed during this process (E. Flint, U.S. Fish and Wildlife Service, Honolulu pers. comm.). Since the mid 1970s, short-tailed albatrosses have been observed during the breeding season on Midway Atoll. In March 1994, a courtship dance was observed between two short-tailed albatrosses (Richardson 1994), and at least one has occupied a nest site and laid an egg which did not hatch (K. Niethammer, U.S. Fish and Wildlife Service, Midway Atoll pers. comm.). Midway Atoll is currently managed by the U.S. Government as a National Wildlife Refuge.

Observations of individuals have also been made during the breeding season on Laysan Island, Green Island at Kure Atoll, and French Frigate Shoals, but there is no indication that these occurrences represent established breeding populations (Sekora 1977, Fefer 1989).

The dramatic decline during the turn of the century and recent increases in numbers of short-tailed albatrosses were reflected in observations from the non-breeding season. Between the 1950s and 1970, there were few records of the species away from the breeding grounds according to the AOU Handbook of North American Birds (Vol. 1, 1962) and the Red Data Book (Vol.2, Aves, International Union for the Conservation of Nature, Morges, Switzerland, 1966) (Tramontano 1970). There were 12 reported marine sightings in the 1970s and 55 sightings in the 1980s; over 250 sightings have been reported in the 1990s to date (Sanger 1972, Hasegawa and DeGange 1982, USFWS unpublished database). This observed increase in opportunistic sightings should be interpreted cautiously, however, because of the potential temporal, spatial, and numerical biases introduced by opportunistic shipboard observations. Observation effort, total number of vessels present, and location of vessels may have affected the number of observations independent of an increase in total numbers of birds present. Moreover, it is likely the reporting rate of observations has increased with implementation of outreach efforts by Federal agencies and fishing interest groups in the last few years.

At-sea sightings since the 1940s indicate that the short-tailed albatross, while very few in number today, is distributed widely throughout its historical foraging range of the temperate and subarctic North Pacific Ocean (Sanger 1972; USFWS unpublished data), and is found close to the U.S. coast. From December through April, distribution is concentrated near the breeding colonies in the Izu and Bonin Islands (McDermond and Morgan 1993), although foraging trips may extend hundreds of miles or more from the colony sites, if short-tailed albatross behavior is similar to black-footed and Laysan albatrosses. Recent satellite tracking of black-footed and Laysan albatrosses revealed that individuals of those species travel hundreds of miles from the breeding colonies during the breeding season (David Anderson, Wake Forest University, pers. comm.).

In summer (i.e., non-breeding season), individuals appear to disperse widely throughout the historical range of the temperate and subarctic North Pacific Ocean (Sanger 1972), with observations concentrated in the northern Gulf of Alaska, Aleutian Islands, and Bering Sea (McDermond and Morgan 1993, Sherburne 1993, USFWS unpublished data). Individuals have been recorded along the west coast of North America as far south as the Baja Peninsula, Mexico (Palmer 1962).

Current Population

A worldwide population total may be coarsely estimated by combining information from a variety of sources. Estimates of total numbers of breeding age adults and immature birds are obtained using a variety of different data and methods. The total estimates are rounded to the nearest hundred birds, reflecting the lack of precision in some of the data.

Breeding age population estimates come primarily from egg counts and breeding bird observations. There were 388 breeding adults present on Torishima in 1998, assuming 2 adults are present for each of the 194 eggs counted. The most recent population count on Minami-kojima revealed 30 breeding adults present in 1991. A conservative estimate for observed breeding birds is therefore 400. It has been noted that an average of approximately 25 percent of breeding adults may not return to breed each year, and this rate may vary between years as much as an additional 25 percent (Cochrane and Starfield in prep.). It is reasonable, therefore, to estimate that approximately 100 additional breeding age birds may not be observed on the breeding grounds. The total estimate of breeding age birds is therefore 500.

Estimates of immature birds are more difficult to calculate because these individuals are rarely seen between fledging and breeding at approximately 6 years of age. Two different methods were used to estimate the number of immature birds in the population: (1) using observational data of chicks fledged, and (2) using modeling information. Both methods yielded similar results. H. Hasegawa (pers. comm.) reports that 509 chicks were fledged from the Tsubamesaki colony on Torishima between 1992 and 1997. The only information on number of chicks from Minami-kojima is that 10 chicks were counted by H. Hasegawa (pers. comm.) in 1991. Over the past 6 years, therefore, assuming a stable population, an estimated minimum of 60 chicks may have fledged from Minami-kojima. Based on an average juvenile survival rate of 96 percent (H. Hasegawa pers. comm., Cochrane and Starfield in prep.), this technique yields an estimate of approximately 500 immature individuals in the population. Alternatively, modeling information indicates that immature birds comprise approximately 47 percent of the total population. Breeding age birds are estimated at 500; therefore, using this method immature birds also number approximately 500.

The total population of short-tailed albatross is likely to number somewhere around 1,000 birds. No numerical estimates of uncertainty are available for this estimate.

Demographic Information

Short-tailed albatrosses are long-lived and slow to mature; the average age at first breeding is 6 years old (H.

Hasegawa pers. comm.). As many as 25 percent of breeding age adults may not return to the colony in a given year (H. Hasegawa pers. comm.; Cochrane and Starfield in prep.) Females lay a single egg each year, which is not replaced if destroyed (Austin 1949). Adult and juvenile survival rates are high (96 percent), and an average of 0.24 chicks per adult bird on the colony survives to six months of age (Cochrane and Starfield in prep.), but these rates can be severely reduced in years when catastrophic volcanic or weather events occur during the breeding season.

Breeding Biology

At Torishima, birds arrive at the breeding colony in October and begin nest building. Egg-laying begins in late October and continues through late November. The female lays a single egg, incubation involves both parents and lasts for 64–65 days, eggs hatch in late December and January, and by late May or early June, the chicks are almost full grown and the adults begin abandoning their nests (H. Hasegawa pers. comm.; Hasegawa and DeGange 1982). The chicks fledge soon after the adults leave the colony, and by mid-July, the colony is totally deserted (Austin 1949). Non-breeders and failed breeders disperse from the breeding colony in late winter through spring (Hasegawa and DeGange 1982). There is no detailed information on phenology (breeding activities) on Minami-kojima, but it is likely to be similar to that on Torishima.

Short-tailed albatrosses are monogamous and highly philopatric to nesting areas, returning to the same breeding site year after year. Chicks hatched at Torishima return there to breed. However, young birds may occasionally disperse from their natal colonies to breed, as evidenced by the appearance of adult birds on Midway Atoll that were banded as chicks on Torishima (H. Hasegawa pers. comm., Richardson 1994).

Breeding Habitat

Available evidence from historical accounts, and from current breeding sites, indicates that short-tailed albatross nesting occurs on flat or sloped sites, with sparse or full vegetation, on isolated windswept offshore islands, with restricted human access (Aronoff 1960, Sherburne 1993, DeGange 1981). Current nesting habitat on Torishima is steep sites on soils containing loose volcanic ash; the island is dominated by a grass, *Miscanthus sinensis* var. *condensatus*, but a composite, *Chrysanthemum pacificum*, and a nettle, *Boehmeria biloba*, are also present (Hasegawa 1977). The grass is likely to stabilize the soil, provide protection from weather, and minimize mutual interference between nesting pairs while allowing for safe, open take-offs and landings (Hasegawa 1978). The nest is a grass or moss-lined concave scoop about 0.75 meters (m) (2 feet (ft.)) in diameter (Tickell 1975).

Marine Habitat

The common synonym of ''coastal albatross'' reflects the short-tailed albatross's predilection for nearshore waters. The Service's short-tailed albatross at-sea sightings database contains many observations of short-tailed albatrosses within 6 miles of shore, and several observation of birds within 3 miles of shore (Julie Michaelson, Alaska Natural Heritage Program, Anchorage, pers. comm.). Their presence may coincide with areas of high biological productivity, such as along the west coast of North America, the Bering Sea, and offshore from the Aleutians (Hasegawa and DeGange 1982).

The North Pacific marine environment of the short-tailed albatross is characterized by coastal regions of upwelling and high productivity and expansive, deep water beyond the continental shelf. The region has a clockwise, oceanic current flow with counter clockwise currents in the Gulf of Alaska and the Bering Sea (Sherburne 1993).

Diet

The diet of short tailed albatrosses includes squid, fish, flying fish eggs, shrimp and other crustaceans (Hattori in Austin 1949, H. Hasegawa pers. comm.). There is currently no information on variation of diet by season, habitat, or environmental condition.

Legal Status

The short-tailed albatross is listed as endangered on the State of Alaska's list of endangered species (State of Alaska, Alaska Statutes, Article 4. Sec. 16.20.19). This classification was supported by a letter to Commissioner Noerenberg from J.C. Bartonek (1972, in litt.) in which he recommended endangered status because the short-tailed albatross occurs or ''was likely'' to occur in State waters within the 3-mile limit of State jurisdiction (Sherburne 1993). The short-tailed albatross does not appear on the State list of Hawaii's list of threatened and endangered species.

The Japanese government designated the short-tailed albatross as a protected species in 1958, as a Special National Monument in 1962 (Hasegawa and DeGange 1982), and as a Special Bird for Protection in 1972 (King 1981). Torishima was declared a National Monument in 1965 (King 1981). These designations have resulted in tight restrictions on human activities and disturbance on Torishima (H. Hasegawa pers. comm.). In 1992, the species was classified as ''endangered'' under the newly implemented ''Species Preservation Act'' in Japan which makes federal funds available for conservation programs and requires that a 10-year plan be in place which sets forth conservation goals for the species. The current Japanese ''Short-tailed Albatross Conservation and Management Master Plan'' outlines general goals for continuing management and monitoring of the species, and future conservation needs (Environment Agency 1996). The principal management practices used on Torishima are legal protection, habitat enhancement, and population monitoring. Since 1976, Dr. Hiroshi Hasegawa has systematically monitored the breeding success and population numbers of short-tailed albatrosses breeding on Torishima.

Previous Federal Action

Currently, the short-tailed albatross is listed as endangered under the Act, throughout its range, except in the U.S. (50 CFR 17.11), and is a Candidate species in the U.S. (September 19, 1997, Candidate Notice of Review, 62 FR 49398). The species was originally listed as endangered in accordance with the Endangered Species Conservation Act of 1969 (ESCA). Pursuant to the ESCA, two separate lists of endangered wildlife were maintained, one for foreign species and one for species native to the United States. The short-tailed albatross appeared only on the List of Endangered Foreign Wildlife (35 FR 8495; June 2, 1970). When the Act became effective on December 28, 1973, it superseded the ESCA. The native and foreign lists were combined to create one list of endangered and threatened species (39 FR 1171; January 4, 1974). When the lists were combined, prior notice of the action was not given to the governors of the affected States (Alaska, California, Hawaii, Oregon and Washington), as required by the Act because available data were interpreted as not supporting resident status for the short-tailed albatross. Thus native individuals of this species were never formally proposed for listing pursuant to the criteria and procedures of the Act.

On July 25, 1979, the Service published a notice (44 FR 43705) stating that, through an oversight in the listing of the short-tailed albatross and six other endangered species, individuals occurring in the United States were not

protected by the Act. The notice stated that it was always the intent of the Service that all populations and individuals of the seven species should be listed as endangered wherever they occurred. Therefore, the notice stated that the Service intended to take action to propose endangered status for individuals occurring in the U.S.

On July 25, 1980, the Service published a proposed rule (45 FR 49844; July 25, 1980), to list, in the United States, the short-tailed albatross and four of the other species referred to above. Since no final action was taken on the July 25, 1980 proposal, the Service is issuing this updated proposal. In 1996, the Service designated the species as a Candidate for listing in the U.S. (U.S. Fish and Wildlife Service in litt.).

Summary of Factors Affecting the Species

Section 4 of the Act and regulations (50 CFR part 424) promulgated to implement the listing provisions of the Act set forth the procedures for adding species to the Federal lists. A species may be determined to be an endangered or threatened species due to one or more of the five factors described in section 4(a)(1). These factors and their application to the short-tailed albatross are as follows:

A. *The present or threatened destruction, modification, or curtailment of its habitat or range.* Short-tailed albatrosses face a significant threat to the primary breeding colony on Torishima due to the potential of habitat destruction from volcanic eruptions on the island. The threat is not predictable in time or in magnitude. Eruptions could be catastrophic or minor, and could occur at any time of year. A catastrophic eruption during the breeding season could result in chick or adult mortalities as well as destruction of nesting habitat. Significant loss of currently occupied breeding habitat or breeding adults at Torishima would delay the recovery of the species or jeopardize its continued existence.

Torishima is an active volcano approximately 394 m (1,300 ft) high and 2.6 kilometers (km) (1.6 miles) wide (H. Hasegawa pers. comm.) located at 30.48° N and 140.32° E (Simkin and Siebert 1994). The earliest record of a volcanic eruption at Torishima is a report of a submarine eruption in 1871 (Simkin and Siebert 1994), but there is no information on the magnitude or effects of this eruption. Since the first recorded human occupation on the island in 1887, there have been four formally recorded eruption events: (1) On August 7, 1902, an explosive eruption in the central and flank vents which resulted in lava flow, and a submarine eruption, and caused 125 human mortalities; (2) On August 17, 1939, an explosive eruption in the central vent which resulted in lava flow, and caused two human mortalities; (3) On November 13, 1965, a submarine eruption and; (4) On October 2, 1975, a submarine eruption 9 km (5.4 mi) south of Torishima (Simkin and Siebert 1994). There is also reference in the literature to an additional eruption in 1940 which resulted in lava flow that filled the island's only anchorage (Austin 1949).

Austin (1949) visited the waters around Torishima in 1949 and made the following observations ''The only part of Torishima not affected by the recent volcanic activity is the steep northwest slopes where the low buildings occupied by the weather station staff are huddled. Elsewhere, except on the forbidding vertical cliffs, the entire surface of the island is now covered with stark, lifeless, black-gray lava. Where the flow thins out on the northwest slopes, a few dead, white sticks are mute remnants of the brush growth that formerly covered the island. Also on these slopes some sparse grassy vegetation is visible, but there is no sign of those thick reeds, or ''makusa'' which formerly sheltered the albatross colonies. The main crater is still smoking and fumes issue from cracks and fissures all over the summit of the island.''

In 1965, meteorological staff stationed on the island were evacuated on an emergency basis due to a high level of seismic activity; although no eruption followed, the island has since been considered too dangerous for permanent human occupation (Tickell 1973). In late 1997, Hiroshi Hasegawa observed more steam from the volcano crater, a more pronounced bulge in the center of the crater, and more sulphur crusts around the crater than were previously present (R. Steiner, Alaska Sea Grant Program, pers. comm.).

The eruptions in 1902 and 1939 destroyed much of the original breeding colony sites. The remaining site used by albatrosses is on a sparsely vegetated steep slope of loose volcanic soil. The monsoon rains that occur on the island result in frequent mud slides and erosion of these soils, which can result in habitat loss and chick mortality. A typhoon in 1995 occurred just before the breeding season and destroyed most of the vegetation at the Tsubamezaki colony. Without the protection provided by vegetation, eggs and chicks are at greater risk of mortality from monsoon rains, sand storms and wind (H. Hasegawa pers. comm.). Breeding success at Tsubamezaki is lower in years when there are significant typhoons resulting in mud slides (H. Hasegawa pers. comm.).

In 1981, a project was supported by the Environment Agency of Japan and the Tokyo Metropolitan Government to improve nesting habitat by transplanting grass and stabilizing the loose volcanic soils (Hasegawa 1991). Breeding success at the Tsubamezaki colony has increased following habitat enhancement (H. Hasegawa pers. comm.). Current population enhancement efforts in Japan are concentrated on attracting breeding birds to an alternate, well vegetated colony site on Torishima which is less likely to be impacted by lava flow, mud slides, or erosion than the Tsubamezaki colony site (H. Hasegawa pers. comm.). Japan's ''Short-tailed Albatross Conservation and Management Master Plan'' (Environment Agency 1996) sets forth a long-term goal of examining the possibility of establishing additional breeding grounds away from Torishima once there are at least 1,000 birds on Torishima. Until other safe breeding sites are established, however, short-tailed albatross survival will continue to be at risk due to the possibility of significant habitat loss and mortality from unpredictable natural catastrophic volcanic eruptions and land or mud slides caused by monsoon rains.

B. *Over utilization for commercial, recreational, scientific, or educational purposes.* As previously mentioned, direct harvest of short-tailed albatrosses caused a catastrophic decline in population numbers (refer to Background); but today direct harvest of short-tailed albatrosses is considered rare. H. Hasegawa (pers. comm.) reports that some local Japanese fishermen in Izu and Ryukyuu Islands hunt seabirds and may take some short-tailed albatrosses, but the likelihood that short-tailed albatrosses are taken, or the level of such take is not known. There is no other known direct take of short-tailed albatrosses for commercial, recreational, scientific or educational purposes.

C. *Disease or predation.* There are no known diseases affecting short-tailed albatrosses on Torishima or Minami-kojima today. However, the world population is vulnerable to the effects of disease because of the small population size and extremely limited number of breeding sites. H. Hasegawa (pers. comm.) reports that he has observed a wing-disabled bird every few years on Torishima, but the cause of the disability is not known. An avian pox has been observed in chicks of albatross

species on Midway Island, but it is unknown whether this pox infects short-tailed albatrosses or if it may have an effect on survivorship of any albatross species (T. Work, D.V.M., USGS, Hawaii).

Several parasites were documented historically on short-tailed albatrosses on Torishima: a blood-sucking tick that attacks its host's feet, a feather louse, and a carnivorous beetle (Austin 1949). However, current evidence suggests that there are no parasites affecting short-tailed albatrosses on Torishima, and there is no evidence that parasites caused mortality or had population level impacts in the past (H. Hasegawa pers. comm.).

Sharks may take fledgling short-tailed albatrosses as they desert the colony and take to the surrounding waters (Harrison 1979). Shark predation is well documented among other albatross species, but has not been documented for the short-tailed albatross. The crow, *Corvus* sp., is the only historically known avian predator of chicks on Torishima. Hattori (in Austin 1949) reported that one-third of the chicks on Torishima were killed by crows, but crows are not present on the island today (H. Hasegawa pers. comm.). Black or ship rats were introduced to Torishima at some point during human occupation; their effect on short-tailed albatrosses is unknown. Cats were also present, most likely introduced during the feather hunting period. They have caused damage to other seabirds on the island (Ono 1955), but there is no evidence to indicate an adverse effect to short-tailed albatrosses. Cats were present on Torishima in 1973 (Tickell 1975), but Hasegawa (1982) did not find any evidence of cats on the island.

D. *The inadequacy of existing regulatory mechanisms.* The purpose of this proposed rulemaking is to extend the protective status afforded by the Act to the short-tailed albatross throughout its range. The short-tailed albatross is currently listed under the Act as endangered outside of the U.S., or outside of the 200-mile limit from shore. The Service and the National Marine Fisheries Service have consulted under section 7 for federally managed ''high seas'' fisheries off of Alaska (i.e., between 3 and 200 miles from shore), but other protective mechanisms of the Act, such as prohibitions from direct taking, do not extend to albatrosses that occur within 200 miles from shore. Listing the species within the U.S. would provide more comprehensive and extensive protection for the species through sections 7, 9, and 10 of the Act, and through recovery planning.

Short-tailed albatrosses are currently protected from taking under the Migratory Bird Treaty Act of 1918, as amended (MBTA: 16 U.S.C. 703 *et seq.*), but MBTA jurisdiction extends only to 3 miles from shore.

Torishima and Minami-kojima are the only two confirmed breeding sites for short-tailed albatrosses, and both are under Japanese ownership and management. Of concern is that Minami-kojima has also been claimed by the Nationalist Republic of China and the People's Republic of China. The situation may present logistical and diplomatic problems in attempts to implement protection for the colony on the island (Tickell 1975).

On July 1, 1975, the short-tailed albatross was included in Appendix I of the Convention on International Trade in Endangered Species of Wild Fauna and Flora (CITES). CITES is a treaty established to prevent international trade that may be detrimental to the survival of plants and animals. Generally, both import and export permits are required from the importing and exporting countries before an Appendix I species may be shipped, and Appendix I species may not be imported for primarily commercial purposes. CITES export permits may not be issued if the export will be detrimental to the survival of the species or if the specimens were not legally acquired. However, CITES does not itself regulate take or domestic trade.

E. *Other natural or manmade factors affecting its continued existence.* Other factors potentially represent threats to the species; however, no information is available to assess the probability of any one factor occurring in a way that will threaten the species with extinction. Nor is it possible to assess the potential extent or magnitude of the threat posed, because these will likely vary depending on the occurrence of any one threat in combination with other perturbations.

One of these factors is small population size. The worldwide breeding-age population of short-tailed albatrosses numbers approximately 500 individuals. A significant proportion of these individuals nest in the Tsubamezaki colony on Torishima. The remaining small number of breeding birds nest on Minami-kojima. Because the population size is small, and breeding is limited to two islands, a catastrophic volcanic or weather event on Torishima has the potential not only to significantly reduce the numbers of birds in the world, it also could reduce the worldwide breeding population to a level where the risk of extinction is high. Genetic diversity of the worldwide population may also be cause for concern since the species experienced a severe bottleneck during the middle of this century.

The risk of extinction caused by a catastrophic event at the breeding colony is buffered by adult and immature non-breeding birds. An average of 25 percent of breeding age adults do not return to breed each year (H. Hasegawa pers. comm.), and immature birds do not return to the colony to breed until at least 6 years after fledging (H. Hasegawa pers. comm.). As much as 50 percent of the current total worldwide population may be immature birds. If suitable habitat were still available on Torishima, these birds could recolonize in years following a catastrophic event.

Another potential threat is damage or injury related to oil contamination, which could cause physiological problems from petroleum toxicity and by interfering with the bird's ability to thermoregulate. Oil spills can occur in many parts of the short-tailed albatrosses' marine range. Oil development has been considered in the past in the vicinity of the Senkaku Islands (Hasegawa 1981, in litt.). Future industrial development would introduce the risk of local marine contamination, or pollution due to blow-outs, spills, and leaks related to oil extraction, transfer and transportation. Historically short-tailed albatrosses rafted together in the waters around Torishima (Austin 1949) and small groups of individuals have occasionally been observed at sea (USFWS unpublished data). An oil spill in an area where individuals were rafting could affect the population significantly. The species' habit of feeding at the surface of the sea makes them vulnerable to oil contamination. Dr. Hiroshi Hasegawa (pers. comm.) has observed some birds on Torishima with oil spots on their plumage.

Consumption of plastics may also be a factor affecting the species' survival. Albatrosses often consume plastics at sea, presumably mistaking the plastics for food items, or consuming marine life such as flying fish eggs that are attached to floating objects. Dr. Hiroshi Hasegawa (pers. comm.) reports that short-tailed albatrosses on Torishima commonly regurgitate large amounts of plastics debris. Plastics ingestion can result in injury or mortality to albatrosses if sharp plastic pieces cause internal injuries, or through reduction in ingested food volumes and dehydration (Sievert and Sileo in McDermond and Morgan 1993). Young birds may be particularly vulnerable to potential effects of plastic ingestion prior to

developing the ability to regurgitate (Fefer 1989, in litt.). Auman (1994) found that Laysan albatross chicks found dead in the colony had significantly greater plastics loads than chicks injured by vehicles, a sampling method presumably unrelated to plastics ingestion, and therefore representative of the population. Dr. Hiroshi Hasegawa has observed a large increase in the occurrence of plastics in birds on Torishima over the last 10 years (R. Steiner pers. comm.), but the effect on survival and population growth is not known.

Another potential threat is short-tailed albatross mortality that is incidental to longline fishing in the North Pacific and Bering Sea. Short-tailed albatross mortalities occur in longline fisheries as a result of baited longline hooks that are accessible to foraging albatrosses during line setting and hauling. Five short-tailed albatrosses are known to have been taken by longline fisheries in Alaska from 1983–1996. The Service, in consultation with the National Marine Fisheries Service, determined that the Alaskan groundfish and halibut fisheries are likely to adversely affect short-tailed albatrosses, but are not likely to result in an appreciable reduction in the likelihood of survival and recovery of the species (USFWS 1989 and amendments, USFWS 1998). Consultation under section 7 of the Act has not been conducted for the Hawaiian longline fishery; the amount and likelihood of take in this fishery is difficult to determine because of the low rate of observer coverage (5 percent of fishing time is observed). There have been no reported takes of short-tailed albatrosses. Black-footed albatrosses and Laysan albatrosses are taken in this fishery (E. Flint pers. comm.). The magnitude of impacts caused by international longline fisheries is unknown.

Hasegawa (pers. comm.) reports that 3–4 birds per year on Torishima come ashore entangled in fishing gear, some of which die as a result. He also stated that some take by Japanese handliners may occur near the nesting colonies, although no such take has been reported. There is no additional information on the potential effects of fisheries near Torishima on the species.

At the current population level and growth rate, the level of mortality resulting from longline fisheries is not thought to represent a threat to the species' continued survival. However, in the event of a major population decline as a result of a natural environmental catastrophe or an oil spill, the effects of longline fisheries on short-tailed albatrosses could be significant.

Another potential source of mortality is collision with aircraft on Midway Atoll. The current short-tailed albatross nest on Midway Atoll is located next to an active airplane runway. Black-footed and Laysan albatross mortalities occur periodically as a result of airplane strikes. It is possible, therefore, that short-tailed albatrosses could also be killed as a result of air traffic (Kevin Foster, U.S. Fish and Wildlife Service, Honolulu pers. comm.).

Summary

The worldwide population of short-tailed albatrosses continues to be in danger of extinction throughout its range due to natural environmental threats, small population size and the small number of breeding colonies. Longline fishing, plastics pollution, oil contamination, or airplane strikes are not likely to represent significant threats today, but any of these factors in combination with a catastrophic event on Torishima, could threaten future survival and recovery of the species. Most of the world's breeding population nests on Torishima in the Tsubamezaki colony. These individuals and the breeding habitat are at risk of measurable or significant population level impacts from a volcanic eruption on the island. The habitat at Tsubamezaki is further threatened by continued erosion and mud slides from monsoon rains despite the reduction of risk through habitat management. The only other known breeding location is on Minami-kojima, which is threatened by political unrest and internationally disputed ownership. Establishment of additional breeding colonies may be problematic. First, enough birds must be available to disperse to other sites. Second, colonization of Midway Island, the only recognized potential breeding site in the United States, may be compromised by take in longline fisheries and airplane strikes.

The Service has carefully assessed the best scientific and commercial information available regarding the past, present, and future threats faced by this species in determining to propose this rule. Based on this evaluation, the preferred action is to extend the listing of the short-tailed albatross as endangered to its U.S. range. The Service is also correcting the information in the Historic Range column of the short-tailed albatross entry in the list of endangered and threatened species (50 CFR 17.11(h)). The information in this column currently indicates the species' historic range includes the North Pacific Ocean and Bering Sea, and lands and waters of Japan, China, Russia, and the United States. The Service will correct this to include Taiwan and Canada. This column is nonregulatory in nature and is provided for the information of the reader.

Critical habitat is not being proposed at this time for the short-tailed albatross for reasons discussed in the ''Critical Habitat'' section of this proposal.

Critical Habitat

Critical habitat is defined in section 3 of the Act as: (i) the specific areas within the geographical area occupied by a species, at the time it is listed in accordance with the Act, on which are found those physical or biological features (I) essential to the conservation of the species and (II) that may require special management considerations or protection; and (ii) specific areas outside the geographical area occupied by a species at the time it is listed, upon a determination that such areas are essential for the conservation of the species. ''Conservation'' means the use of all methods and procedures needed to bring the species to the point at which listing under the Act is no longer necessary.

Section 4(a)(3) of the Act, as amended, and implementing regulations (50 CFR 424.12) require that, to the maximum extent prudent and determinable, the Secretary designate critical habitat at the time the species is determined to be endangered or threatened. The Service finds that designation of critical habitat is not prudent for the short-tailed albatross at this time. Service regulations (50 CFR 424.12(a)(1)) state that designation of critical habitat is not prudent when one or both of the following situations exist: (i) The species is threatened by taking or other human activity, and identification of critical habitat can be expected to increase the degree of threat to the species, or (ii) such designation of critical habitat would not be beneficial to the species.

Critical habitat is not being proposed for the short-tailed albatross based on the Service's analysis and determination that such designation would not be beneficial to the species. Habitats outside of the U.S. are not eligible for critical habitat designation. Habitat within the U.S. used by short-tailed albatrosses include coastal waters of Alaska and Hawaii, and potential nesting habitat on Midway Atoll in the Hawaiian Islands.

Short-tailed albatrosses occur and forage throughout the coastal regions of the North Pacific Ocean and Bering Sea during the non-breeding season, and

throughout the Northwestern Hawaiian Islands during the breeding season. Although foraging areas are essential to the conservation of short-tailed albatrosses, there is currently no information to support a conclusion that any specific areas within U.S. jurisdiction are uniquely important. More importantly, adverse effects on the species occurring in the marine environment are a result of activities that threaten individual albatrosses rather than albatross habitat. These include incidental mortality in longline fisheries, and mortality or injury associated with plastics pollution and oil spills. These effects can be adequately addressed through the jeopardy standard of section 7 of the Act and through the section 9 prohibitions of the Act. With regard to foraging areas in U.S. waters, there would be no additional benefit or protection conferred through the destruction or adverse modification standard for critical habitat under section 7 of the Act.

The future potential for the Midway Atoll National Wildlife Refuge to serve as a geographically distinct breeding colony to recover the species is best realized through implementation of refuge system management planning. A management goal for Midway Atoll Refuge is to manage for the conservation and recovery of threatened and endangered species. Future project proposals which might adversely affect short-tailed albatrosses will be adequately addressed through the jeopardy standard of section 7 consultation and section 9 prohibitions of the Act. With regard to breeding areas and potential breeding areas within the U.S., there would be no additional benefit or protection conferred through the designation of critical habitat on the Midway Atoll Refuge over that conferred through the jeopardy standard of section 7 of the Act. Therefore, the Service finds that designation of critical habitat for the short-tailed albatross is not prudent.

Available Conservation Measures

Conservation measures provided to species listed as endangered or threatened under the Act include recognition, recovery actions, requirements for Federal protection, and prohibitions against certain activities. Recognition through listing encourages and results in conservation actions by Federal, State and local agencies, private organizations and individuals. The protection required of Federal agencies and the prohibitions against taking and harm are discussed, in part, below.

Section 7(a) of the Act, as amended, requires Federal agencies to evaluate their actions with respect to any species that is proposed or listed as endangered or threatened and with respect to its critical habitat, if any is being designated. Regulations implementing this interagency cooperation provision of the Act are codified at 50 CFR part 402. Section 7(a)(4) requires Federal agencies to confer informally with the Service on any action that is likely to jeopardize the continued existence of a proposed species or result in destruction or adverse modification of proposed critical habitat. If a species is listed subsequently, section 7(a)(2) requires Federal agencies to ensure that activities they authorize, fund, or carry out are not likely to jeopardize the continued existence of the species or destroy or adversely modify its critical habitat. If a Federal action may affect a listed species or its critical habitat, the responsible Federal agency must enter into formal consultation with the Service.

Federal agency actions that may require conference and/or consultation as described in the preceding paragraph include National Marine Fisheries Service Fishery Management Plans, management practices at the Midway Atoll National Wildlife Refuge, permits or authorization for oil tankering within the range of short-tailed albatrosses, and oil spill contingency plans.

The Act and its implementing regulations found at 50 CFR 17.21 set forth a series of prohibitions and exceptions that apply to all endangered species of wildlife. All prohibitions of section 9(a)(1) of the Act, implemented by 50 CFR 17.21, apply. These prohibitions, in part, make it illegal for any person subject to the jurisdiction of the United States, to take (includes harass, harm, pursue, hunt, shoot, wound, kill, trap, or collect; or to attempt to engage in any of these), import or export, ship in interstate commerce in the course of a commercial activity, or sell or offer for sale in interstate or foreign commerce any listed species. It is also illegal to possess, sell, deliver, carry, transport, or ship any such wildlife that has been taken illegally. Certain exceptions apply to agents of the Service and State conservation agencies.

Permits may be issued to carry out otherwise prohibited activities involving endangered wildlife species under certain circumstances. Regulations governing permits for endangered wildlife are at 50 CFR 17.22 and 17.23. Such permits are available for scientific purposes, to enhance the propagation or survival of the species, and/or for incidental take in connection with otherwise lawful activities. Information collections associated with these permits are approved under the Paperwork Reduction Act, 44 U.S.C. 3501 *et seq.*, and assigned Office of Management and Budget Clearance number 1018–0094.

It is the policy of the Service (59 FR 34272) to identify to the maximum extent practicable at the time a species is listed those activities that would or would not constitute a violation of section 9 of the Act. The intent of this policy is to increase public awareness of the effect of the listing on proposed and ongoing activities within a species' range. The only known non-federal activities which may result in incidental take of short-tailed albatrosses are State managed hook-and-line longline fisheries. Activities which are not expected to result in any take of short-tailed albatrosses include: (1) fishing activities in Alaska and Hawaii other than hook-and-line longline fishing; (2) lawfully conducted vessel operations such as transport, tankering and barging; and (3) harbor operations or improvements. Questions regarding whether other specific activities will constitute a violation of section 9 should be directed to the Field Supervisor of the Anchorage Field Office (See **ADDRESSES** section).

Public Comments Solicited

The Service requests comments on the proposed listing of the U.S. population of the short-tailed albatross on the List of Endangered and Threatened Wildlife and the clarity of this proposal, pursuant to Executive Order 12866, which requires agencies to write clear regulations.

Proposed Listing

The Service intends that any final action resulting from this proposal will be as accurate and as effective as possible. Therefore, comments or suggestions from the public, other concerned governmental agencies, the scientific community, industry, or any other interested party concerning this proposed rule are hereby solicited. Comments particularly are sought concerning:

(1) Biological, commercial trade, or other relevant data concerning any threat (or lack thereof) to this species;

(2) The location of any additional populations of this species and the reasons why any habitat should or should not be determined to be critical habitat as provided by section 4 of the Act;

(3) Additional information concerning the range, distribution, and population size of this species; and

(4) Current or planned activities in the subject area and their possible impacts on this species.

Final promulgation of the regulations on this species will take into consideration the comments and any additional information received by the Service, and such communications may lead to a final regulation that differs from this proposal.

The Act provides for a public hearing on this proposal, if requested. Requests must be received within 45 days of the date of publication of this proposal. Such requests must be made in writing and addressed to the Anchorage Field Supervisor (see **ADDRESSES** section).

Executive Order 12866

Executive Order 12866 requires each agency to write regulations that are easy to understand. The Service invites your comments on how to make this rule easier to understand including answers to the following: (1) Are the requirements of the rule clear? (2) Is the discussion of the rule in the ''Supplementary Information'' section of the preamble helpful in understanding the rule? What else could we do to make the rule easier to understand?

Send a copy of any comments that concern how we could make this rule easier to understand to: Office of Regulatory Affairs, Department of the Interior, Room 7229, 1849 C Street, NW, Washington, DC 20240. You may also e-mail the comments to this address: Exsec@ios.doi.gov.

Paperwork Reduction Act

This rule does not contain any new collections of information other than those already approved under the Paperwork Reduction Act, 44 U.S.C. 3501 *et seq.*, and assigned Office of Management and Budget clearance number 1018–0094. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid control number. For additional information concerning permit and associated requirements for endangered species, see 50 CFR 17.22.

National Environmental Policy Act

The Fish and Wildlife Service has determined that an Environmental Assessment or Environmental Impact Statement, as defined under the authority of the National Environmental Policy Act of 1969, need not be prepared in connection with regulations adopted pursuant to section 4(a) of the Endangered Species Act. A notice outlining the Service's reasons for this determination was published in the **Federal Register** on October 25, 1983 (48 FR 49244).

Listing Priority Guidance

Processing of this proposed rule conforms with the Service's Listing Priority Guidance for Fiscal Years 1998 and 1999, published on May 8, 1998 (63 FR 25502). The guidance clarifies the order in which the Service will process rulemakings giving highest priority (Tier 1) to processing emergency rules to add species to the Lists of Endangered and Threatened Wildlife and Plants (Lists); second priority (Tier 2) to processing final determinations on proposals to add species to the Lists, processing new proposals to add species to the Lists, processing administrative findings on petitions (to add species to the Lists, delist species, or reclassify listed species), and processing a limited number of proposed or final rules to delist or reclassify species; and third priority (Tier 3) to processing proposed or final rules designating critical habitat. Processing of this proposed rule is a Tier 2 action.

References Cited

A complete list of all references cited herein, as well as others, is available upon request from the Anchorage Field Office, U.S. Fish and Wildlife Service (see ADDRESSES section).

Author. The primary author of this proposed rule is Janey Fadely, Migratory Bird Management, U.S. Fish and Wildlife Service, 3000 Vintage Park Blvd., Suite 240, Juneau, Alaska 99801, (907) 586–7240.

List of Subjects in 50 CFR Part 17

Endangered and threatened species, Exports, Imports, Reporting and recordkeeping requirements, Transportation.

Proposed Regulation Promulgation

For the reasons set out in the preamble, the Service is proposing to amend part 17, subpart B of chapter I, title 50 of the Code of Federal Regulations, as set forth below:

PART 17—[AMENDED]

1. The authority citation for part 17 continues to read as follows:

Authority: 16 U.S.C. 1361-1407; 16 U.S.C. 1531-1544; 16 U.S.C. 4201-4245; Pub. L. 99-625, 100 Stat. 3500, unless otherwise noted.

2. In section 17.11(h), the table entry for ''Albatross, short-tailed'', under BIRDS, is revised to read as follows:

§ 17.11 Endangered and threatened wildlife.

* * * * *

(h) * * *

SPECIES		Historic range	Verebrate population where endangered or threatened	Status	When listed	Critical habitat	Special rules
Common name	Scientific name						
*	*	*	*	*	*		*
BIRDS							
*	*	*	*	*	*		*
Albatross, short-tailed	*Phoebastria* (=Diomedia) *albatrus.*	North Pacific Ocean: Japan, Taiwan, Russia, Canada, U.S.A. (AK, CA, HI, OR, WA).	Entire	E	3,—	NA	NA
*	*	*	*	*	*		*

Dated: September 15, 1998.

Jamie Rappaport Clark,

Director, Fish and Wildlife Service.

[FR Doc. 98–29174 Filed 10–30–98; 8:45 am]

BILLING CODE 4310–55–P

DEPARTMENT OF COMMERCE

National Oceanic and Atmospheric Administration

50 CFR Parts 222 and 227

[I.D. 101498D]

Listing Endangered and Threatened Species and Designating Critical Habitat: Petition To List the Swordfish as Endangered and Designate Critical Habitat Under the Endangered Species Act Throughout the North Atlantic Ocean

AGENCY: National Marine Fisheries Service (NMFS), National Oceanic and Atmospheric Administration (NOAA), Commerce.

ACTION: Notification of finding.

SUMMARY: NMFS has received a petition to list the swordfish (*Xiphias gladius*) as endangered and to designate critical habitat in the North Atlantic Ocean under the Endangered Species Act (ESA). NMFS finds that the petition does not present substantial scientific information indicating that the petitioned action may be warranted.

DATES: This petition finding was made on October 27, 1998.

ADDRESSES: Copies of the petition may be obtained from the Endangered Species Division, Office of Protected Resources, NMFS, 1315 East West Highway, Silver Spring, MD 20910.

FOR FURTHER INFORMATION CONTACT: Terri Jordan or Marta Nammack, NMFS, Office of Protected Resources, (301) 713–1401.

SUPPLEMENTARY INFORMATION:

Background

Section 4(b)(3) of the ESA contains provisions concerning petitions from interested persons requesting the Secretary of Commerce (Secretary) to list species under the ESA. Section 4(b)(3)(A) requires that, to the maximum extent practicable, within 90 days after receiving such a petition, the Secretary make a finding whether the petition presents substantial scientific information indicating that the petitioned action may be warranted. Section 424.14(b)(1) of NMFS' ESA implementing regulations define ''substantial information'' as the amount of information that would lead a reasonable person to believe that the measure proposed in the petition may be warranted (See 50 CFR 424.14). Section 424.14(b)(2) of these regulations contains factors the Secretary considers in evaluating a petitioned action.

On July 14, 1998, the Secretary received a petition dated July 13, 1998, from Messrs. Jonah Crawford and Max Strahan of Greenworld to list swordfish as endangered and to designate critical habitat in the North Atlantic Ocean. The petitioner cites commercial over-utilization of swordfish and the inadequacy of existing regulatory mechanisms as reasons for population decline. However, the petitioner does not present substantial information with regard to these claims.

NMFS has reviewed the petition and information available in NMFS files. Although fisheries data available to NMFS provide evidence of some decline, (the North Atlantic stock is at 58 percent of its maximum sustainable yield (MSY)) no substantial evidence to indicate that the species may be threatened or endangered exists. The stock is overfished, but this only means that the current biomass cannot produce MSY on a continuing basis. Fishing quotas have been reduced in order to allow the stock to rebuild. Therefore, NMFS finds that the petition does not present substantial information indicating that listing the North Atlantic swordfish may be warranted.

Authority: The authority for this action is the Endangered Species Act (16 U.S.C. 1531 *et seq.*).

Dated: October 27, 1998.

Andrew A. Rosenberg,

Deputy Assistant Administrator for Fisheries, National Marine Fisheries Service.

[FR Doc. 98–29278 Filed 10–28–98; 2:51 pm]

BILLING CODE 3510–22–F

Notices

Federal Register

Vol. 63, No. 211

Monday, November 2, 1998

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

Food and Nutrition Service

Agency Information Collection Activities: Proposed Collection; Comment Request—Information Collection Associated With the Special Milk Program for Children

AGENCY: Food and Nutrition Service, USDA.

ACTION: Notice.

SUMMARY: In accordance with the provisions of the Paperwork Reduction Act of 1995, the Food and Nutrition Service announces its intention to request the Office of Management and Budget's review and extension of the information collections related to the Special Milk Program for Children.

DATES: Written comments on this notice must be received by January 4, 1999.

ADDRESSES: *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 will have practical utility; (b) 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; (c) ways to enhance the quality, utility and clarity of the information to be collected; and (d) ways to minimize the burden of 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. Comments and requests for copies of this information collection may be sent to Mr. Terry Hallberg, Chief, Program Analysis and Monitoring Branch, Child Nutrition Division, FNS, USDA, 3101 Park Center Drive, Room 1008, Alexandria, Virginia 22302.

All responses to this Notice will be summarized and included in the request for OMB approval, and will become a matter of public record.

FOR FURTHER INFORMATION CONTACT: Mr. Terry Hallberg, Child Nutrition Programs, at (703) 305–2590.

SUPPLEMENTARY INFORMATION:

Title: Special Milk Program for Children.

OMB Number: 0584–0005.

Expiration Date: 12/31/98.

Type of Request: Reinstatement with change of a previously approved collection for which approval has expired.

Abstract: Section 3 of the Child Nutrition Act (CNA) of 1966 (Pub. L. 89–642, as amended; 42 U.S.C. 1772) authorizes the Special Milk Program (SMP). It provides for the appropriation of such sums as may be necessary to enable the Secretary of Agriculture, under such rules and regulations as he may deem in the public interest, to encourage the consumption of fluid milk by children in the United States in (1) nonprofit schools of high school grade and under, and (2) nonprofit nursery schools, child care centers, settlement houses, summer camps, and similar nonprofit institutions devoted to the care and training of children, which do not participate in a food service program authorized under the CNA or the National School Lunch Act. Section 10 of the CNA requires the Secretary of Agriculture to ''prescribe such regulations as (he) may deem necessary to carry out this Act and the National School Lunch Act. . . .'' Pursuant to that provision, the Secretary has issued 7 CFR part 215, which sets forth policies and procedures for the administration and operation of the SMP.

Authority: 42 U.S.C. 1772.

Estimate of Burden: The reporting burden for this collection of information is 224,625 burden hours. The recordkeeping is estimated at 605,559 burden hours. The increase in recordkeeping burden hours is due to an increase in the number of school food authorities, schools, child care institutions, and camps participating in SMP.

Respondents: The respondents are State agencies, school food authorities, schools, child care institutions, and camps.

Estimated Number of Respondents: 54 State agencies, 6,342 school food authorities, 7,964 schools, 518 child care institutions, and 1,492 camps.

Estimated Number of Responses per Respondent: 45.

Estimated Total Annual Burden on Respondents: 830,184 hours.

Dated: October 26, 1998.

Samuel Chambers, Jr.,

Acting Administrator.

[FR Doc. 98–29254 Filed 10–30–98; 8:45 am]

BILLING CODE 3410–30–U

DEPARTMENT OF AGRICULTURE

Natural Resources Conservation Service

Notice of Intent To Request a Revision of a Currently Approved Information Collection

AGENCY: Natural Resources Conservation Service, United States Department of Agriculture.

ACTION: Notice and request for comments.

SUMMARY: In accordance with the Paperwork Reduction Act of 1995 (Pub. L. 104–13) and the Office of Management and Budget (OMB) regulations at 5 CFR Part 1320 (60 FR 44978, August 29, 1995), this notice announces the Natural Resources Conservation Service's (NRCS) intention to request a revision to a currently approved information collection, Volunteer Program—Earth Team.

DATES: Comments on this notice must be received by January 4, 1999 to be assured of consideration.

ADDITIONAL INFORMATION OR COMMENTS: Contact Marcella Graham, Agency OMB Clearance Officer, Natural Resources Conservation Service, U.S. Department of Agriculture, Natural Resources Conservation Service, P.O. Box 2890, Washington, D.C. 20013–2890, (202) 720–5699.

SUPPLEMENTARY INFORMATION:

Title: Volunteer Program—Earth Team.

OMB Number: 0578–0024.

Expiration Date of Approval: December 31, 1998.

Type of Request: To continue, with change, a currently approved collection for which approval will expire.

Abstract: The primary objective of the Natural Resources Conservation Service (NRCS) is to work in partnership with American people to conserve and sustain our natural resources. The

purpose of the Volunteer Program—Earth Team is to expand NRCS services by using volunteer time, talent and energy to help accomplish the mission. Earth Team Volunteers are able to perform any job that NRCS employees perform and are provided Workman's Compensation and Tort Liability Coverage.

Information collected is used by NRCS to ensure proper documentation of volunteer time and efforts. NRCS-PER–001, Volunteer Application, NRCS-PER–003, Agreement for Sponsored Voluntary Services (for groups), serve as documents of record for personnel information used to verify participation in the Earth Team and support claims for Workers Compensation and Tort. NRCS–PER–002, Volunteer Interest and Placement Summary is an optional form, designed to determine the appropriate placement of volunteers. NRCS–PER–004, Time and Attendance, provides a simplified format for documenting actual hours of service by volunteers.

Estimate of Burden: Public reporting burden for this collection of information is estimated to average 2 minutes for the NRCS–PER–001 (65 percent of new volunteers), 45 minutes for NRCS–PER–002 (1 percent of new volunteers), 45 minutes for NRCS–PER–003 (35 percent of new volunteers/10 volunteers averaged in group), and 1 minute for the NRCS–PER–004 (35 percent of total volunteers in groups) + (65 percent of total individual volunteers averaging submission 6 times per year).

Respondents: Individual and groups.

Estimated Number of Respondents: 1,100.

Estimated Total Annual Burden on Respondents: 1.2 hours.

Copies of this information collection and related instructions can be obtained without charge from Marcella Graham, the Agency OMB Clearance Officer, at (202) 720–5699.

Comments: 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 will have practical utility; (b) the accuracy of the agencys' estimate of burden of the proposed collection of information, including the validity of the methodology and assumptions used: (c) ways to enhance the quality, utility and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on those who are to respond, such as through the use of appropriate automated, electronic, mechancial, or other technologic collection techniques or other forms of information technology. Comments may be sent to: Marcella Graham, Agency OMB Clearance Officer, U.S. Department of Agriculture, Natural Resources Conservation Service, P.O. Box 2890, Washington, D.C. 20013–2890.

All responses to this notice will be summarized and included in the request for OMB approval.

All comments will also become a matter of public record.

Signed at Washington, DC on October 27, 1998.

P. Dwight Holman,

Deputy Chief for Management, Natural Resources Conservation Service.

[FR Doc. 98–29262 Filed 10–30–98; 8:45 am]

BILLING CODE 3410–16–P

DEPARTMENT OF AGRICULTURE

Natural Resources Conservation Service

Notice of Intent To Request a Reinstatement, With Change, of a Previously Approved Collection for Which Approval Has Expired

AGENCY: Natural Resources Conservation Service, United States Department of Agriculture.

ACTION: Notice and request for comments.

SUMMARY: In accordance with the Paperwork Reduction Act of 1995 (Public Law (P.L.) 104–13) and the Office of Management and Budget (OMB) regulations at 5 CFR Part 1320 (60 FR 44978, August 29, 1995), this notice announces the Natural Resources Conservation Service's (NRCS) intention to request a reinstatement, with change, of a previously approved collection, Agriculture and Urban Flood Damage Surveys, for which approval has expired.

DATES: Comments on this notice must be received by December 15, 1998 to be assured of consideration.

ADDITIONAL INFORMATION OR COMMENTS: Contact Marcella Graham, Agency OMB Clearance Officer, Natural Resources Conservation Service, U.S. Department of Agriculture, NRCS, P.O. Box 2890, Washington, D.C. 20013–2890, (202) 720–5699.

SUPPLEMENTARY INFORMATION:

Title: Agriculture and Urban Flood Damage Surveys.

OMB Number: 0578–0007.

Expiration Date of Approval: June 6, 1997.

Type of Request: To reinstate, with change, a previously approved collection for which approval has expired.

Abstract: The primary objective of the Natural Resources Conservation Service (NRCS) is to work in partnership with the American people to conserve and sustain our natural resources. NRCS provides technical and financial assistance to flood damaged communities to control flooding. NRCS personnel collect specific data about flood damages in order to assess the cost of floods to individuals, farms, communities, governments, and others who own or control property affected by floods. The data collected is used to determine benefits associated with Federal expenditures to provide relief in a particular flood prone area. The data also help to ensure that flood control structures recommended to treat flooding are economically feasible to build.

The Agriculture and Urban Flood Damage Surveys forms are used to collect the data about the damages incurred as a result of the flooding. Information is collected directly from the landowner on a voluntary basis. If the landowner is unavailable or unwilling to provide the information, we make visual estimates and use secondary data. Agriculture and Urban Flood Damage Surveys comprise a series of survey forms suited for various types of flooded areas. NRCS-ECN–001 documents flood damage to agriculture, including crops, pasture, property, and land. NRCS-ECN–002 is used to assess residential flood damage. NRCS-ECN–003 documents flood damage to commercial or industrial buildings. NRCS-ECN–004 documents flood damage associated with transportation or utilities. NRCS-ECN–005 is strictly an irrigation questionnaire. NRCS-ECN–006 is a drainage questionnaire.

Circumstances making collection of information necessary stem from the Watershed Protection and Flood Prevention Act (P.L. 83–566). It authorizes the Secretary of Agriculture to provide technical and financial help to local organizations in planning and carrying out watershed improvements. Section 3 of the law directs the Secretary to determine whether benefits anticipated from the improvements will exceed costs. NRCS has been delegated the responsibility to carry out the intent of the law. Analytical procedures use the information collected to evaluate agricultural flood damage, reduction of crop and other agricultural damages, sediment and erosion damage reduction, irrigation and drainage intensification benefits, urban damage reduction, and residential and commercial damages. The procedures are outlined in Chapters I and II of the Economic and Environmental Principles and

Guidelines for Water and Related Land Resources Implementation Studies in accordance with Section 103 of the Water Resources Planning Act, as amended (42 U.S.C. 1962a-2) and approved by the President on February 3, 1983, in accordance with Executive Order 11744 (38 FR 30993, November 7, 1973). The Agriculture and Urban Flood Damage Surveys provide the necessary information as dictated by these Principles and Guidelines. NRCS will ask for 3-year OMB approval within 60 days of submitting the request.

Estimate of Burden: Public reporting hour burden and total annual record keeping for this collection of information is estimated to average 1.28 hours per response.

Respondents (flood victims in rural and urban areas): 768.

Estimated Total Annual Responses: 768.

Estimated Total Annual Hours Requested: 936.

Copies of this information collection and related instructions can be obtained without charge from Marcella Graham, the Agency OMB Clearance Officer, at (202) 720–5699.

Comments: 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 will have practical utility; (b) the accuracy of the agency's estimate of burden of the proposed collection of information, including the validity of the methodology and assumptions used; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on those who are to respond, such as through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology. Comments may be sent to Marcella Graham, Agency OMB Clearance Officer, U.S. Department of Agriculture, NRCS, P.O. Box 2890, Washington, D.C. 20013–2890.

All responses to this notice will be summarized and included in the request for OMB approval.

All comments will also become a matter of public record.

Signed at Washington, D.C. on October 17, 1998.

Pearlie S. Reed,

Chief.

[FR Doc. 98–29277 Filed 10–30–98; 8:45 am]

BILLING CODE 3410–16–P

DEPARTMENT OF AGRICULTURE

Natural Resources Conservation Service Notice of Proposed Change to Section IV of the Field Office Technical Guide (FOTG) of the Natural Resources Conservation Service in Alabama

AGENCY: Natural Resources Conservation Service (NRCS) in Alabama, U.S. Department of Agriculture.

ACTION: Notice of availability of proposed changes in Section IV of the FOTG of the NRCS in Alabama for review and comment.

SUMMARY: It is the intention of NRCS in Alabama to issue conservation practice standards:

Firebreak—(Code 394)
Forage Harvest Management—(Code 511)
Forest Harvest Trails and Landings—(Code 655)
Forest Site Preparation—(Code 490)
Forest Stand Improvement—(Code 666)
Irrigation System, Sprinkler—(Code 442)
Prescribed Burning—(Code 338)
Pumping Plant for Water Control—(Code 533)
Riparian Forest Buffer—(Code 391A)
Tree/Shrub Establishment—(Code 612)
Tree/Shrub Pruning—(Code 660A)
Waste Treatment Lagoon—(Code 359)

DATES: Comments will be received until December 2, 1998.

FOR FURTHER INFORMATION CONTACT: Inquire in writing to Ronnie D. Murphy, State Conservationist, Natural Resources Conservation Service (NRCS), 3381 Skyway Drive, P.O. Box 311, Auburn, AL 36830. Copies of the practice standards will be made available upon written request.

SUPPLEMENTARY INFORMATION: Section 343 of the Federal Agriculture Improvement and Reform Act of 1996 states that revisions made after enactment of the law to NRCS State technical guides used to carry out highly erodible land and wetland provisions of the law shall be made available for public review and comment. For the next 30 days the NRCS in Alabama will receive comments relative to the proposed changes. Following that period a determination will be made by the NRCS in Alabama regarding disposition of those comments and a final determination of change will be made.

Ray Donaldson,

Assistant State Conservationist, Natural Resources Conservation Service, Auburn, Alabama.

[FR Doc. 98–28836 Filed 10–30–98; 8:45 am]

BILLING CODE 3410–16–M

ARMS CONTROL AND DISARMAMENT AGENCY

Performance Review Board; Membership

AGENCY: Arms Control and Disarmament Agency.

ACTION: Notice of membership of Performance Review Board.

SUMMARY: In accordance with 5 U.S.C. 4314(c)(4), the U.S. Arms Control and Disarmament Agency announces the appointment of Performance Review Board members.

EFFECTIVE DATE: January 1, 1999.

FOR FURTHER INFORMATION CONTACT: Nancy Aderholdt, Director of Personnel, U.S. Arms Control and Disarmament Agency, Washington, DC 20451 (202) 647–2034. The following are the names and present titles of the individuals appointed to the register from which Performance Review Boards will be established by the U.S. Arms Control and Disarmament Agency during the period beginning on the effective date of this notice and ending when a new register is published and becomes effective in approximately one year. Specific Performance Review Boards will be established as needed from this register. These appointments supersede those in the announcement published in 1997.

Name	Title
Ralph Earle II	Deputy Director.
Donald Gross	Counselor.
Robert Sherman	Director, Advanced Project.
O. James Sheaks	Deputy Assistant Director, Intelligence, Verification and Information Management Bureau.
Sarah Mullen	Chief, Intelligence Technology and Analysis, Intelligence, Verification and Information Management Bureau.
Norman Wulf	Deputy Assistant Director, Nonproliferation and Regional Arms Control Bureau.
Michael Rosenthal	Chief, Nuclear Safeguards and Technology Division, Nonproliferation and Regional Arms Control Bureau.
Donald Mahley	Deputy Assistant Director, Multilateral Affairs Bureau.

Name	Title
Michael Guhin	Associate Assistant Director, Multilateral Affairs Bureau.
Robert Mikulak	Chief, Chemical and Biological Policy Division, Multilateral Affairs Bureau.
Pierce Corden	Chief, International Security and Nuclear Policy Division, Multilateral Affairs Bureau.
R. Lucas Fischer	Deputy Assistant Director, Strategic and Eurasian Affairs Bureau.
Karin Look	Chief, Strategic Negotiations and Implementation Division, Strategic and Eurasian Affairs Bureau.
David Wollan	Chief, Theater and Strategic Defenses Division, Strategic and Eurasian Affairs Bureau.
Cathleen Lawrence	Director of Administration, Office of Administration.
Mary Elizabeth Hoinkes	General Counsel, Office of the General Counsel.
Joerg Menzel	Principal Deputy of the On-Site Inspection Agency.
Stanley Riveles	U.S. Standing Consultative Commissioner.

Cathleen Lawrence,

Director of Administration.

[FR Doc. 98–29267 Filed 10–30–98; 8:45 am]

BILLING CODE 6820–32–M

DEPARTMENT OF COMMERCE

Bureau of the Census

Survey of Program Dynamics—1999

ACTION: Proposed collection; comment request.

SUMMARY: The Department of Commerce, as part of its continuing effort to reduce paperwork and respondent burden, invites the general public and other federal agencies to take this opportunity to comment on proposed and/or continuing information collections, as required by the Paperwork Reduction Act of 1995, Public Law 104–13 (44 U.S.C. 3506(c)(2)(A)).

DATES: Written comments must be submitted on or before January 4, 1999.

ADDRESSES: Direct all written comments to Linda Engelmeier, Departmental Forms Clearance Officer, Department of Commerce, Room 5327, 14th and Constitution Avenue, NW, Washington, DC 20230.

FOR FURTHER INFORMATION CONTACT: Requests for additional information or copies of the information collection instrument and instructions should be directed to Michael McMahon, Bureau of the Census, FOB 3, Room 3375, Washington, DC 20233–8400, (301) 457–3819.

SUPPLEMENTARY INFORMATION:

I. Abstract

The Survey of Program Dynamics (SPD) is a household-based survey designed as a data collection vehicle that can provide the basis for an overall evaluation of how well welfare reforms are achieving the aims of the Administration and the Congress and meeting the needs of the American people.

The SPD is a large, longitudinal, nationally-representative study that measures participation in welfare programs, including both programs that are being reformed and those that remain unchanged. The SPD measures other important social, economic, demographic, and family changes that will allow analysis of the effectiveness of the welfare reforms.

With the August 22, 1996 signing of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Pub L. 104–193), the Census Bureau is required to conduct the SPD, using as the sample the households from the 1992 and 1993 Survey of Income and Program Participation (SIPP). The information obtained will be used to evaluate the impact of this law on a sample of previous welfare recipients and future recipients of assistance under new state programs funded under this law as well as assess the impact on other low-income families. Issues of particular attention include welfare dependency, the length of welfare spells, the causes of repeat welfare spells, educational enrollment and work training, health care utilization, out-of-wedlock births, and the status of children.

The previous wave of SPD was conducted in the spring of 1998 using a new questionnaire. A bridge survey using the CPS March questionnaire was conducted in the spring of 1997 to provide a link to baseline data for the period prior to the implementation of the welfare reform activities.

II. Method of Data Collection

The SPD is a longitudinal study of welfare-related activities with the sample respondents originally selected from 1992 and 1993 SIPP panels. Interviews were conducted in 1997 and 1998. Subsequent data collection will be conducted from 1999 to 2002.

Data will be collected using a computer-assisted personal interview (CAPI) automated questionnaire instrument from a nationally representative sample of the noninstitutionalized resident population living in the U.S. for all persons, families, and households. Persons who are at least 15 years of age at the time of the interview will be eligible to be in the survey. The 1999 SPD will ask the basic 1998 questions, plus some additional questions about the status of children will be asked of parents. The 1999 SPD will not include an adolescent self-administered questionnaire that was conducted in 1998.

A small sample of households will be selected for reinterview. The reinterview process assures that all households were properly contacted, and that the data are valid.

III. Data

OMB Number: 0607–0838.

Form Number: CAPI Automated Instrument.

Type of Review: Regular.

Affected Public: Individuals or Households.

Estimated Number of Household Respondents: 42,000.

Estimated Number of Children of Respondents: 19,000.

Estimated Number of Reinterview Respondents: 1,500.

Estimated Time Per Response: 32 minutes per respondent, 8 minutes per child, 10 minutes per reinterview.

Estimated Total Annual Burden Hours: 25,150.

Estimated Total Annual Costs: No costs to the respondents other than their time.

Respondent's Obligation: Voluntary.

Legal Authority: Title 13, United States Code, Section 182, and Public Law 104–193, Section 414 (signed 8/22/96), Title 42, United States Code, Section 614.

IV. Request for Comments

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) the accuracy of the agency's estimate of burden (including hours and cost) of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and

(d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology.

Comments submitted in response to this notice will be summarized and or included in the request of OMB approval of this information collection; they also will become a matter of public record.

Dated: October 27, 1998.

Linda Engelmeier,

Departmental Forms Clearance Officer, Office of the Chief Information Officer.

[FR Doc. 98–29192 Filed 10–30–98; 8:45 am]

BILLING CODE 3510–07–P

DEPARTMENT OF COMMERCE

Bureau of Export Administration

Action Affecting Export Privileges; Export Materials, Inc Tic, Ltd

In the Matters of: Export Materials, Inc. 3727 Greenbrier Drive, No. 108 Stafford, Texas 77477, and Tic Ltd. Suite C, Regent Centre Explorers Way P.O. Box F–40775 Freeport, The Bahamas, Respondents

Decision and Order on Renewal of Temporary Denial Order

On April 29, 1998, I issued a Decision and Order on Renewal of Temporary Denial Order (hereinafter ''Order'' or ''TDO''), renewing for 180 days a May 5, 1997 Order naming, *inter alia*, Export Materials, Inc. and Thane-Coat International, Ltd. (hereinafter collectively referred to as the ''Respondents''), as persons temporarily denied all U.S. export privileges. 63 FR 25199–25200 (May 7, 1998).[1] The Order will expire on October 26, 1998.

On October 6, 1998, pursuant to Section 766.24 of the Export Administration Regulations (15 C.F.R. Parts 730–774 (1998)) (hereinafter the ''Regulations''), issued pursuant to the Export Administration Act of 1979, as amended (50 U.S.C.A. app. §§ 2401–2420 (1991 & Supp. 1998)) 1997 Order naming, *inter alia*, Thane-Coat, Inc.; Jerry Vernon Ford, president, Thane-Coat, Inc.; and Preston John Engebretson, vice-president, Thane-Coat, Inc. (hereinafter referred to collectively as the ''Respondents''), as persons temporarily denied all U.S. export privileges. 63 FR 25817–25819 (May 11, 1998).[1] The Order will expire on October 26, 1998.

On October 6, 1998, pursuant to Section 766.24 of the Export Administration Regulations (currently codified at 15 C.F.R. Parts 730–774 (1998)) (hereinafter the ''Regulations''), issued pursuant to the Export Administration Act of 1979, as amended (50 U.S.C.A. app. §§ 2401–2420 (1991 & Supp. 1998)) (hereinafter the ''Act''),[2] the Office of Export Enforcement, Bureau of Export Administration, United States Department of Commerce (hereinafter ''BXA''), requested that I renew the Order against Thane-Coat, Inc., Jerry Vernon Ford, and Preston John Engebretson for 180 days in a non-standard format, consistent with the terms agreed to by and between the parties in April 1998.

In its request, BXA stated that, as a result of an ongoing investigation, it had reason to believe that, during the period from approximately June 1994 through approximately July 1996, Thane-Coat, Inc., through Ford and Engebretson, and using its affiliated companies, TIC Ltd. and Export Materials, Inc., made approximately 100 shipments of U.S.-origin pipe coating materials, machines, and parts to the Dong Ah Consortium in Benghazi, Libya. These items were for use in coating the internal surface of prestressed concrete cylinder pipe for the Government of Libya's Great Man-Made River Project.[3] Moreover, BXA's investigation gave it reason to believe that the Respondents and the affiliated companies employed a scheme to export U.S.-origin products from the United States, through the United Kingdom, to Libya, a country subject to a comprehensive economic sanctions program, without the authorizations required under U.S. law, including the Regulations. The approximate value of the 100 shipments at issue was $35 million. In addition, the Respondents and the affiliated companies undertook several significant and affirmative actions in connection with the solicitation of business on another phase of the Great Man-Made River Project.

BXA has stated that it believes that the matters under investigation and the information obtained to date in that investigation support renewal of the TDO issued against the Respondents.[4] In that regard, in April, 1998 BXA and the Respondents reached an agreement, whereby BXA sought a renewal of the TDO in a ''non-standard'' format, denying all of the Respondents' U.S. export privileges to the United Kingdom, The Bahamas, Libya, Cuba, Iraq, North Korea, Iran, and any other country or countries that may be made subject in the future to a general trade embargo by proper legal authority. In return, the Respondents agreed that, among other conditions, at least 14 days in advance of any export that any of the Respondents intends to make of any item from the United States to any destination world-wide, the Respondents will provide to BXA's Dallas Field Office (i) notice of the intended export, (ii) copies of all documents reasonably related to the subject transaction, including, but not limited to, the commercial invoice and bill of lading, and (iii) the opportunity, during the 14-day notice period, to inspect physically the item at issue to ensure that the intended shipment is in compliance with the Export Administration Act, the Export Administration Regulations, or any order issued thereunder. BXA has sought renewal of the TDO in a ''non-standard'' format; respondents have advised me that they do not object to renewal of the TDO in the ''non-standard'' format.

Based on BXA's showing, I find that it is appropriate to renew the order temporarily denying the export privileges of Thane-Coat, Inc., Jerry Vernon Ford, and Preston John Engebretson in a ''non-standard'' format, incorporating the terms agreed to by and between the parties in April 1998. I find that such renewal is necessary in the public interest to prevent an imminent violation of the Regulations and to give notice to companies in the United States and abroad to cease dealing with these persons in any commodity, software, or technology subject to the Regulations and exported or to be exported to the

[1] The May 5, 1997 Order also named Thane-Coat, Inc.; Jerry Vernon Ford, president, Thane-Coat, Inc.; and Preston John Engebretson, vice-president, Thane-Coat, Inc., as persons temporarily denied all U.S. export privileges. I am issuing a separate Decision and Order today renewing the TDO against Thane-Coat, Ford, and Engebretson in a ''non-standard'' format.

[1] The May 5, 1997 Order also named Thane-Coat International, Ltd. and Export Materials, Inc. as persons temporarily denied all U.S. export privileges. I am issuing a separate Decision and Order today renewing the TDO against Thane-Coat International, Ltd. (under its legal name of TIC Ltd.) and Export Materials in a ''standard'' format.

[2] The Act expired on August 20, 1994. Executive Order 12924 (3 C.F.R., 1994 Comp. 917 (1995)), extended by Presidential Notices of August 15, 1995 (3 C.F.R., 1995 Comp. 501 (1996)), August 14, 1996 (3 C.F.R., 1996 Comp. 298 (1997)), August 13, 1997 (3 C.F.R., 1997 Comp. 306 (1998)), and August 13, 1998 (63 *Fed. Reg.* 44121, August 17, 1998), continued the Regulations in effect under the International Emergency Economic Powers Act (currently codified at 50 U.S.C.A. §§ 1701–1706 (1991 & Supp. 1998)).

[3] BXA understands that the ultimate goal of this project is to bring fresh water from wells drilled in southeast and southwest Libya through prestressed concrete cylinder pipe to the coastal cities of Libya. This multibillion dollar, multiphase engineering endeavor is being performed by the Dong Ah Construction Company of Seoul, South Korea.

[4] On October 6, 1998, BXA requested that I renew the April 29, 1998 TDO against TIC Ltd. and Export Materials.

United Kingdom, the Bahamas, Libya Cuba, Iraq, North Korea, Iran, and any other country or countries that may be made subject in the future to a general trade embargo by proper legal authority, or in any other activity subject to the Regulations with respect to these specific countries. Moreover, I find such renewal is in the public interest in order to reduce the substantiallikelihood that Thane-Coat, Inc., Ford and Engebretson will engage in activities which are in violation of the Regulations.

Accordingly, it is therefore ordered:

First, that Thane-Coast, Inc., and all of its successors or assigns, officers, representatives, agents, and employees when acting on its behalf; Jerry Vernon Ford, and all of his successors, or assigns, representatives, agents and employees when acting on his behalf; and Preston John Engebretson, and all of his successors, or assigns, representatives, agents, and employees when acting on his behalf (all of the foregoing parties hereinafter collectively referred to as the ''denied persons''), may not, directly or indirectly, participate in any way in any transaction involving any commodity, software or technology (hereinafter collectively referred to as ''item'') subject to the Export Administration Regulations (hereinafter the ''Regulations'') and exported or to be exported from the United States to the United Kingdom, The Bahamas, Libya, Cuba, Iraq, North Korea, or Iran, or to any other country or countries that may be made subject in the future to a general trade embargo pursuant to proper legal authority (hereinafter the ''Covered Countries''), or in any other activity subject to the Regulations with respect to the Covered Countries, including, but not limited to:

A. Applying for, obtaining, or using any license, License Exception, or export control document;

B. Carrying on negotiations concerning, or ordering, buying, receiving, using, selling, delivering, storing, disposing of, forwarding, transporting, financing, or otherwise servicing in any way, any transaction involving any item that is subject to the Regulations and that is exported or to be exported from the United States to any of the Covered Countries, or in any other activity subject to the Regulations; or

C. Benefiting in any way from any transaction involving any item exported or to be exported from the United States to any of the Covered Countries that is subject to the Regulations, or in any other activity subject to the Regulations.

Second, that no person may, directly or indirectly, do any of the following:

A. Export or reexport to or on behalf of any of the denied persons any item subject to the Regulations to any of the Covered Countries;

B. Take any action that facilitates the acquisition, or attempted acquisition by any of the denied persons of the ownership, possession, or control of any item subject to the Regulations that has been or will be exported from the United States to any of the Covered Countries, including financing or other support activities related to a transaction whereby any of the denied persons acquires or attempts to acquire such ownership, possession or control;

C. Take any action to acquire from or to facilitate the acquisition or attempted acquisition from any of the denied persons of any item subject to the Regulations that has been exported from the United States to any of the Covered Countries;

D. Obtain from any of the denied persons in the United States any item subject to the Regulations with knowledge or reason to know that the item will be, or is intended to be, exported from the United States to any of the Covered Countries; or

E. Engage in any transaction to service any item subject to the Regulations that has been or will be exported from the United States to any of the Covered Countries, and which is owned, possessed or controlled by any of the denied persons, or service any item, of whatever origin, that is owned, possessed or controlled by any of the denied persons if such service involves the use of any item subject to the Regulations that has been or will be exported from the United States to any of the Covered Countries. For purposes of this paragraph, servicing means installation, maintenance, repair, modifications or testing.

Third, that, at least 14 days in advance of any export that any of the denied persons intends to make of any item from the United States to any destination world-wide, the denied person will provide to BXA's Dallas Field Office (i) notice of the intended export, (ii) copies of all documents reasonably related to the subject transaction, including, but no limited to, the commercial invoice and bill of lading, and (iii) the opportunity, during the 14-day notice period, to inspect physically the item at issue to ensure that the intended shipment is in compliance with the Export Administration Act, the Export Administration Regulations, or any order issued thereunder.

Fourth, that, after notice and opportunity for comment, as provided in Section 766.23 of the Regulations, any person, firm, corporation, or business organization related to any of the denied persons by affiliation, ownership, control, or position of responsibility in the conduct of trade or related services, may also be made subject to the provisions of this Order.

Fifth, that this Order does not prohibit any export, reexport, or other transaction subject to the Regulations where the only items involved that are subject to the Regulations are the foreign-produced direct product of U.S.-origin technology.

Sixth, that, in accordance with the provisions of Section 766.24(e) of the Regulations, Thane-Coat, Ford, or Engebretson may, at any time, appeal this Order by filing a full written statement in support of the appeal with the office of the Administrative Law Judge, U.S. Coast Guard ALJ Docketing Center, 40 South Gay Street, Baltimore, Maryland 21202–4022.

Seventh, that this Order is effective immediately and shall remain in effect for 180 days.

Eighth, that, in accordance with the provisions of Section 766.24(d) of the Regulations, BXA may seek renewal of this Order by filing a written request no later than 20 days before the expiration date. Any respondent may oppose a request to renew this Order by filing a written submission with the Assistant Secretary for Export Enforcement, which must be received not later than seven days before the expiration date of this Order.

A copy of this Order shall be served on each Respondent and shall be published in the **Federal Register**.

Entered this 23rd day of October, 1998.

F. Amanda DeBusk,

Assistant Secretary for Export Enforcement.

[FR Doc. 98–29268 Filed 10–30–98; 8:45 am]

BILLING CODE 3510–DT–M

DEPARTMENT OF COMMERCE

Bureau of Export Administration

Action Affecting Export Privileges; Thane-Coat, Inc.

In the Matters of: Thane-Coat, Inc., 12725 Royal Drive, Stafford, Texas 77477, Jerry Vernon Ford, President, Thane-Coat, Inc. 12725 Royal Drive, Stafford, Texas 77477 and with an address at 7707 Augustine Drive, Houston, Texas 77036, and Preston John Engebretson, Vice-President, Thane-Coat, Inc., 12725 Royal Drive, Stafford, Texas 77477 and with an address at 8903 Bonhomme Road, Houston, Texas 77074, Respondents

Decision and Order on Renewal of Temporary Denial Order

On April 29, 1998, I issued a Decision and Order on Renewal of Temporary Denial Order (hereinafter ''Order'' or ''TDO''), renewing for 180 days, in a ''non-standard'' format, a May 5, 1997 Order naming, *inter alia,* Thane-Coat, Inc.; Jerry Vernon Ford, president, Thane-Coat, Inc.; and Preston John Engebretson, vice-president, Thane-Coat, Inc. (hereinafter referred to collectively as the ''Respondents''), as persons temporarily denied all U.S. export privileges. 63 FR 25817–25189 (May 11, 1998).[1] The Order will expire on October 26, 1998.

On October 6, 1998, pursuant to Section 766.24 of the Export Administration Regulations (currently codified at 15 C.F.R. Parts 730–774 (1998)) (hereinafter the ''Regulations''), issued pursuant to the Export Administration Act of 1979, as amended (50 U.S.C.A. app. §§ 2401–2420 (1991 & Supp. 1998)) (hereinafter the ''Act''),[2] the Office of Export Enforcement, Bureau of Export Administration, United States Department of Commerce (hereinafter ''BXA''), requested that I renew the Order against Thane-Coat, Inc., Jerry Vernon Ford, and Preston John Engebretson for 180 days in a non-standard format, consistent with the terms agreed to by and between the parties in April 1998.

In its request, BXA stated that, as a result of an ongoing investigation, it had reason to believe that, during the period from approximately June 1994 through approximately July 1996, Thane-Coat, Inc., through Ford and Engebretson, and using its affiliated companies, TIC Ltd. and Export Materials, Inc., made approximately 100 shipments of U.S.-origin pipe coating materials, machines, and parts to the Dong Ah Consortium in Benghazi, Libya. These items were for use in coating the internal surface of prestressed concrete cylinder pipe for the Government of Libya's Great Man-Made River Project.[3] Moreover, BXA's investigation gave it reason to believe that the Respondents and the affiliated companies employed a scheme to export U.S.-origin products from the United States, through the United Kingdom, to Libya, a country subject to a comprehensive economic sanctions program, without the authorizations required under U.S. law, including the Regulations. The approximate value of the 100 shipments at issue was $35 million. In addition, the Respondents and the affiliated companies undertook several significant and affirmative actions in connection with the solicitation of business on another phase of the Great Man-Made River Project.

BXA has stated that it believes that the matters under investigation and the information obtained to date in that investigation support renewal of the TDO issued against the Respondents.[4] In that regard, in April, 1998 BXA and the Respondents reached an agreement, whereby BXA sought a renewal of the TDO in a ''non-standard'' format, denying all of the Respondents' U.S. export privileges to the United Kingdom, The Bahamas, Libya, Cuba, Iraq, North Korea, Iran, and any other country or countries that may be made subject in the future to a general trade embargo by proper legal authority. In return, the Respondents agreed that, among other conditions, at least 14 days in advance of any export that any of the Respondents intends to make of any item from the United States to any destination world-wide, the Respondents will provide to BXA's Dallas Field Office (i) notice of the intended export, (ii) copies of all documents reasonably related to the subject transaction, including, but not limited to, the commercial invoice and bill of lading, and (iii) the opportunity, during the 14-day notice period, to inspect physically the item at issue to ensure that the intended shipment is in compliance with the Export Administration Act, the Export Administration Regulations, or any order issued thereunder. BXA has sought renewal of the TDO in a ''non-standard'' format; respondents have advised me that they do not object to renewal of the TDO in the ''non-standard'' format.

Based on BXA's showing, I find that it is appropriate to renew the order temporarily denying the export privileges of Thane-Coat, Inc., Jerry Vernon Ford, Preston John Engebretson in a ''non-standard'' format, incorporating the terms agreed to by and between the parties in April 1998. I find that such renewal is necessary in the public interest to prevent an imminent violation of the Regulations and to give notice to companies in the United States and abroad to cease dealing with these persons in any commodity, software, or technology subject to the Regulations and exported or to be exported to the United Kingdom, the Bahamas, Libya, Cuba, Iraq, North Korea, Iran, and any other country or countries that may be made subject to the future to a general trade embargo by proper legal authority, or in any other activity subject to the Regulations with respect to these specific countries. Moreover, I find such renewal is in the public interest in order to reduce the substantial likelihood that Thane-Coat, Inc., Ford and Engebretson will engage in activities which are in violation of the Regulations.

Accordingly, it is therefore ordered:

First, that Thane-Coat, Inc., and all of its successors or assigns, officers, representatives, agents, and employees when acting on its behalf, Jerry Vernon Ford, and all of his successors, or assigns, representatives, agents and employees when acting on his behalf, and Preston John Engebretson, and all of his successors, or assigns, representatives, agents, and employees when acting on his behalf (all of the foregoing parties hereinafter collectively referred to as the ''denied persons''), may not, directly or indirectly, participate in any way in any transaction involving any commodity, software or technology (hereinafter collectively referred to as ''item'') subject to the Export Administration Regulations (hereinafter the ''Regulations'') and exported or to be exported from the United States to the United Kingdom, The Bahamas, Libya, Cuba, Iraq, North Korea, or Iran, to any other country or countries that may be made subject in the future to a general trade embargo pursuant to proper legal authority (hereinafter the ''Covered Countries''), or in any other activity subject to the Regulations with respect to the Covered Countries, including, but not limited to:

A. Applying for, obtaining, or using any license, License Exception, or export control document;

B. Carrying on negotiations concerning, or ordering, buying,

[1] The May 5, 1997 Order also named Thane-Coat, International, Ltd. and Export Materials, Inc. as persons temporarily denied all U.S. export privileges. I am issuing a separate Decision and Order today renewing the TDO against Thane-Coat, International, Ltd. (under its legal name of TIC Ltd.) and Export Materials in a ''standard'' format.

[2] The Act expired on August 20, 1994. Executive Order 12924 (3 C.F.R., 1994 Comp. 917 (1995)), extended by Presidential Notices of August 15, 1995 (3 C.F.R., 1995 Comp. 501 (1996)), August 14, 1996 (3 C.F.R., 1996 Comp. 298 (1997)), August 13, 1997 (3 C.F.R., 1997 Comp. 306 (1998)), and August 13, 1998 (63 *Fed. Reg.* 44121, August 17, 1998), continued the Regulations in effect under the International Emergency Economic Powers Act (currently codified at 50 U.S.C.A. §§ 1701–1706 (1991 & Supp. 1998)).

[3] BXA understands that the ultimate goal of this project is to bring fresh water from wells drilled in southeast and southwest Libya through prestressed concrete cylinder pipe to the coastal cities of Libya. This multibillion dollar, multiphase engineering endeavor is being performed by the Dong Ah Construction Company of Seoul, South Korea.

[4] On October 6, 1998, BXA requested that I renew the April 29, 1998 TDO against TIC Ltd. and Export Materials.

receiving, using, selling, delivering, storing, disposing of, forwarding, transporting, financing, or otherwise servicing in any way, any transaction involving any item that is subject to the Regulations and that is exported or to be exported from the United States to any of the Covered Countries, or in any other activity subject to the Regulations; or

C. Benefiting in any way from any transaction involving any item exported or to be exported from the United States to any of the Covered Countries that is subject to the Regulations, or in any other activity subject to the Regulations.

Second, that no person may, directly or indirectly, do any of the following:

A. Export or reexport to or on behalf of any of the denied persons any item subject to the Regulations to any of the Covered Countries;

B. Take any action that facilitates the acquisition, or attempted acquisition by any of the denied persons of the ownership, possession, or control of any item subject to the Regulations that has been or will be exported from the United States to any of the Covered Countries, including financing or other support activities related to a transaction whereby any of the denied persons acquires or attempts to acquire such ownership, possession or control;

C. Take any action to acquire from or to facilitate the acquisition or attempted acquisition from any of the denied persons of any item subject to the Regulations that has been exported from the United States to any of the Covered Countries;

D. Obtain from any of the denied persons in the United States any item subject to the Regulations with knowledge or reason to know that the item will be, or is intended to be, exported from the United States to any of the Covered Countries; or

E. Engage in any transaction to service any item subject to the Regulations that has been or will be exported from the United States to any of the Covered Countries, and which is owned, possessed or controlled by any of the denied persons, or service any item, of whatever origin, that is owned, possessed or controlled by any of the denied persons if such service involves the use of any item subject to the Regulations that has been or will be exported from the United States to any of the Covered Countries. For purposes of this paragraph, servicing means installation, maintenance, repair, modification or testing.

Third, that, at least 14 days in advance of any export that any of the denied persons intends to make of any item from the United States to any destination world-wide, the denied person will provide to BXA's Dallas Field Office (i) notice of the intended export, (ii) copies of all documents reasonably related to the subject transaction, including, but not limited to, the commercial invoice and bill of lading, and (iii) the opportunity, during the 14-day notice period, to inspect physically the item at issue to ensure that the intended shipment is in compliance with the Export Administration Act, the Export Administration Regulations, or any order issued thereunder.

Fourth, that, after notice and opportunity for comment, as provided in Section 766.23 of the Regulations, any person, firm, corporation, or business organization related to any of the denied persons by affiliation, ownership, control, or position of responsibility in the conduct of trade or related services, may also be made subject to the provisions of this Order.

Fifth, that this Order does not prohibit any export, reexport, or other transaction subject to the Regulations where the only items involved that are subject to the Regulations are the foreign-produced direct product of U.S.-origin technology.

Sixth, that, in accordance with the provisions of Section 766.24(e) of the Regulations, Thane-Coat, Ford, or Engebretson may, at any time, appeal this Order by filing a full written statement in support of the appeal with the Office of the Administrative Law Judge, U.S. Coast Guard ALJ Docketing Center, 40 South Gay Street, Baltimore, Maryland 21202–4022.

Seventh, that this Order is effective immediately and shall remain in effect for 180 days.

Eighth, that, in accordance with the provisions of Section 766.24(d) of the Regulations, BXA may seek renewal of this Order by filing a written request not later than 20 days before the expiration date. Any respondent may oppose a request to renew this Order by filing a written submission with the Assistant Secretary for Export Enforcement, which must be received not later than seven days before the expiration date of the Order.

A copy of this Order shall be served on each Respondent and shall be published in the **Federal Register**.

Entered this 23rd day of October, 1998.

F. Amanda DeBusk,

Assistant Secretary for Export Enforcement.

[FR Doc. 98–29269 Filed 10–30–98; 8:45 am]

BILLING CODE 3510–DT–M

DEPARTMENT OF COMMERCE

International Trade Administration

Notice of Initiation of Five-Year (''Sunset'') Reviews

SUMMARY: In accordance with section 751(c) of the Tariff Act of 1930, as amended (''the Act''), the Department of Commerce (''the Department'') is automatically initiating five-year (''sunset'') reviews of the antidumping and countervailing duty orders, findings, and/or suspended investigations listed below. The International Trade Commission (''the Commission'') is publishing concurrently with this notice its notices of *Institution of Five-Year Reviews* covering these same orders and/or suspended investigations.

FOR FURTHER INFORMATION CONTACT: Melissa G. Skinner, Scott E. Smith, or Martha V. Douthit, Office of Policy, Import Administration, International Trade Administration, U.S. Department of Commerce, at (202) 482–1560, (202) 482–6397 or (202) 482–3207, respectively, or Vera Libeau, Office of Investigations, U.S. International Trade Commission, at (202) 205–3176.

SUPPLEMENTARY INFORMATION:

Initiation of Reviews

In accordance with 19 CFR 351.218 (*see Procedures for Conducting Five-year (''Sunset'') Reviews of Antidumping and Countervailing Duty Orders*, 63 FR 13516 (March 20, 1998)), we are initiating sunset reviews of the following antidumping and countervailing duty orders, findings, or suspended investigations:

DOC case No.	ITC case No.	Country	Product
A–570–101	A–101	China, PR	Griege Polyester Cotton Print Cloth.
C–357–004	C-None	Argentina	Carbon Steel Wire Rod (SA).
A–357–007	A–157	Argentina	Carbon Steel Wire Rod.
C–559–001	C-None	Singapore	Refrigeration Compressors (SA).
A–469–007	A–126	Spain	Potassium Permanganate.
A–570–001	A–125	China, PR	Potassium Permanganate.

DOC case No.	ITC case No.	Country	Product
A–570–002	A–130	China, PR	Chloropicrin.
A–533–063	C3–13	India	Iron Metal Castings.
A–122–503	A–263	Canada	Iron Construction Castings.
A–351–503	A–262	Brazil	Iron Construction Castings.
A–570–502	A–265	China, PR	Iron Construction Castings.
C–351–504	C–249	Brazil	Heavy Iron Construction Castings.
A–475–401	A–165	Italy	Brass Fire Protection Equipment.

Statute and Regulations

Pursuant to sections 751(c) and 752 of the Act, an antidumping (''AD'') or countervailing duty (''CVD'') order will be revoked, or the suspended investigation will be terminated, unless revocation or termination would be likely to lead to continuation or recurrence of (1) dumping or a countervailable subsidy, and (2) material injury to the domestic industry.

The Department's procedures for the conduct of sunset reviews are set forth in *Procedures for Conducting Five-year (''Sunset'') Reviews of Antidumping and Countervailing Duty Orders,* 63 FR 13516 (March 20, 1998) (''*Sunset Regulations*''). Guidance on methodological or analytical issues relevant to the Department's conduct of sunset reviews is set forth in the Department's Policy Bulletin 98:3—*Policies Regarding the Conduct of Five-year (''Sunset'') Reviews of Antidumping and Countervailing Duty Orders; Policy Bulletin,* 63 FR 18871 (April 16, 1998) (''*Sunset Policy Bulletin*'').

Filing Information

As a courtesy, we are making information related to sunset proceedings, including copies of the *Sunset Regulations* and *Sunset Policy Bulletin,* the Department's schedule of sunset reviews, case history information (*e.g.,* previous margins, duty absorption determinations, scope language, import volumes), and service lists, available to the public on the Department's sunset internet website at the following address:

''http://www.ita.doc.gov/import__admin/records/sunset/''.

All submissions in the sunset review must be filed in accordance with the Department's regulations regarding format, translation, service, and certification of documents. These rules can be found at 19 CFR 351.303 (1998). Also, we suggest that parties check the Department's sunset website for any updates to the service list before filing any submissions. We ask that parties notify the Department in writing of any additions or corrections to the list. We also would appreciate written notification if you no longer represent a party on the service list.

Because deadlines in a sunset review are, in many instances, very short, we urge interested parties to apply for access to proprietary information under administrative protective order (''APO'') immediately following publication in the **Federal Register** of the notice of initiation of the sunset review. The Department's regulations on submission of proprietary information and eligibility to receive access to business proprietary information under APO can be found at 19 CFR 351.304–306 (*see Antidumping and Countervailing Duty Proceedings: Administrative Protective Order Procedures; Procedures for Imposing Sanctions for Violation of a Protective Order,* 63 FR 24391 (May 4, 1998)).

Information Required From Interested Parties

Domestic interested parties (defined in 19 CFR 351.102 (1998)) wishing to participate in the sunset review must respond not later than 15 days after the date of publication in the **Federal Register** of the notice of initiation by filing a notice of intent to participate. The required contents of the notice of intent to participate are set forth in the *Sunset Regulations* at 19 CFR 351.218(d)(1)(ii). In accordance with the *Sunset Regulations,* if we do not receive a notice of intent to participate from at least one domestic interested party by the 15-day deadline, the Department will automatically revoke the order without further review.

If we receive a notice of intent to participate from a domestic interested party, the *Sunset Regulations* provide that *all parties* wishing to participate in the sunset review must file substantive responses not later than 30 days after the date of publication in the **Federal Register** of the notice of initiation. The required contents of a substantive response are set forth in the *Sunset Regulations* at 19 CFR 351.218(d)(3). Note that certain information requirements differ for foreign and domestic parties. Also, note that the Department's information requirements are distinct from the International Trade Commission's information requirements. Please consult the *Sunset Regulations* for information regarding the Department's conduct of sunset reviews.[1] Please consult the Department's regulations at 19 CFR Part 351 (1998) for definitions of terms and for other general information concerning antidumping and countervailing duty proceedings at the Department.

This notice of initiation is being published in accordance with section 751(c) of the Act and 19 CFR 351.218(c).

Dated: October 23, 1998.

Robert S. LaRussa,

Assistant Secretary for Import Administration.

[FR Doc. 98–29288 Filed 10–30–98; 8:45 am]

BILLING CODE 3510–DS–P

DEPARTMENT OF COMMERCE

International Trade Administration

Invitation To Participate in Overseas Trade Missions

AGENCY: International Trade Administration, Department of Commerce.

ACTION: Notice.

SUMMARY: The Department of Commerce invites U.S. companies to participate in the following overseas trade missions that are also explained at the following Internet website: http://www.ita.doc.gov/doctm/tmcal.html.

Power-GEN Reverse Trade Mission: Atlanta, Georgia; December 9–16, 1998; Recruitment closes on December 4, 1998.

FOR FURTHER INFORMATION CONTACT: LaWonne Cunningham at the Department of Commerce Tel: 202–482–2338 Fax: 202–482–3198 E-mail: lcunningham@cs.doc.gov.

Business Opportunities Mission: Vilnius, Lithuania; November 17–18, 1998; Recruitment closes on November 8, 1998.

[1] A number of parties commented that these interim-final regulations provided insufficient time for rebuttals to substantive responses to a notice of initiation (*Sunset Regulations,* 19 CFR 351.218(d)(4)). As provided in 19 CFR 351.302(b) (1998), the Department will consider individual requests for extension of that five-day deadline based upon a showing of good cause.

FOR FURTHER INFORMATION CONTACT: Sam Kozloff at the Department of Commerce Tel: 202–482–1599 Fax: 202–482–3159 E-mail: samuel.kozloff@cs.doc.gov.

The U.S. Franchising Matchmaker Delegation: Copenhagen, Oslo, Stockholm and Helsinki; November 9–13, 1998; Recruitment closed on September 30, 1998.

FOR FURTHER INFORMATION CONTACT: Sam Dhir at the Department of Commerce Tel: 202–482–4457 Fax: 202–482–0178 E-mail: sdhir@cs.doc.gov. The Matchmaker Trade Delegation program Internet website: www.ita.doc.gov/uscs/mkrtext.html.

The Information Technology Dealmaker: Toronto, Canada; November 11–12, 1998; Recruitment closes on November 1, 1998.

FOR FURTHER INFORMATION CONTACT: Sam Kozloff at the Department of Commerce Tel: 202–482–1599 Fax: 202–482–3159 E-mail: samuel.kozloff@cs.doc.gov.

Corporate Executive Office Mission to MEDICA: Dusseldorf, Germany; November 18–21, 1998; Recruitment closes on November 10, 1998.

FOR FURTHER INFORMATION CONTACT: Deborah Sykes at the Department of Commerce Tel: 609–989–2020 Fax: 609–989–2395 E-mail:dsykes@cs.doc.gov.

Used Equipment Trade Mission: Costa Rica, Panama and Guatemala; April 18–28, 1999; Recruitment closes March 15, 1999.

FOR FURTHER INFORMATION CONTACT: John Bodson, Department of Commerce Tel: 202–482–0681 Fax: 202–482–0304, or Reginald Beckham, Department of Commerce Tel: 202–482–5478 Fax: 202–482–1999.

Dated: October 28, 1998.

Tom Nisbet,

Director, Office of Trade Promotion Coordination.

[FR Doc. 98–29271 Filed 10–30–98; 8:45 am]

BILLING CODE 3510–DR–P

DEPARTMENT OF COMMERCE

Patent and Trademark Office

Request for Comments on Interim Guidelines for Examination of Patent Applications Under the 35 U.S.C. 112 ¶ 1 ''Written Description'' Requirement; Notice of Change in Public Hearings, Extension of Comment Period

AGENCY: Patent and Trademark Office, Commerce.

ACTION: Notice of cancellation of public hearing in San Diego, California; change of location of November 4, 1998, public hearing; and extension of request period to present oral testimony.

SUMMARY: Due to insufficient interest, the public hearing to be held in San Diego, California, on November 6, 1998, is canceled. For the same reason, the public hearing to be held in Boston, Massachusetts, on November 4, 1998, will be held in Arlington, Virginia. The period to request an opportunity to present oral testimony at the Arlington location has been extended to November 3, 1998.

ADDRESSES: The November 4, 1998, hearing will be held in the Commissioner's Conference Room located in Crystal Park Two, Room 912, 2121 Crystal Drive, Arlington, Virginia. Those interested in testifying should send their request to the attention of Mary Critharis addressed to Commissioner of Patents and Trademarks, Box 4, Patent and Trademark Office, Washington, DC 20231. Requests may also be submitted by facsimile transmission to Mary Critharis at (703) 305–8885.

FOR FURTHER INFORMATION CONTACT: Mary Critharis by telephone at (703) 305–9300, by facsimile at (703) 305–8885, by electronic mail at mary.critharis@uspto.gov, or by mail addressed to Commissioner of Patents and Trademarks, Box 4, Washington, DC 20231.

SUPPLEMENTARY INFORMATION: On September 23, 1998, the Patent and Trademark Office (PTO) announced its intention to hold public hearings relating to the ''written description'' requirement under section 112 of title 35 of the United States Code. 63 FR 50,887 (1998). Interested members of the public were invited to testify on this subject at public hearings to be held in Boston, Massachusetts, on November 4, 1998 and San Diego, California, on November 6, 1998. The period to request an opportunity to present oral testimony at these hearings was set to end on October 30, 1998.

Due to insufficient interest, the public hearing in San Diego is canceled. For the same reason, the public hearing initially scheduled for Boston will instead be held in Arlington, Virginia, on November 4, 1998, starting at 9 a.m. and ending no later than 5 p.m. Those wishing to present oral testimony at the hearing must request an opportunity to do so no later than November 3, 1998.

Dated: October 28, 1998.

Bruce A. Lehman,

Assistant Secretary of Commerce and Commissioner of Patents and Trademarks.

[FR Doc. 98–29310 Filed 10–29–98; 10:07 am]

BILLING CODE 3510–16–P

DEPARTMENT OF COMMERCE

Patent and Trademark Office

Grant of Interim Extension of the term of U.S. Patent No. 4,291,708; T–SCAN™.

AGENCY: Patent and Trademark Office, Commerce.

ACTION: Notice of term extension.

SUMMARY: The Patent and Trademark Office has granted an interim extension under 35 U.S.C. 156(d)(5) for one year of the term of U.S. Patent No. 4,291,708 that claims the medical device ''T–SCAN™.''

FOR INFORMATION CONTACT: Karin L. Tyson by telephone at (703) 305–9285; by mail marked to her attention and addressed to the Assistant Commissioner for Patents, Box DAC, Washington, DC 20231; by fax marked to her attention at (703) 308–6916, or by e-mail at karin.tyson@uspto.gov.

SUPPLEMENTARY INFORMATION: Section 156 of Title 35, United States Code, generally provides that the term of a patent may be extended for a period of up to 5 years if the patent claims a product, or a method of making or using a product, that has been subject to certain defined regulatory review. Under section 156, a patent is eligible for term extension only if regulatory review of the claimed product was completed before the original patent term expired.

On December 3, 1993, section 156 was amended by Pub. L. 103–179 to provide that if the owner of record of the patent or its agent reasonably expects the applicable regulatory review period to extend beyond the expiration of the patent, the owner or its agent may submit an application to the Commissioner of Patents and Trademarks for an interim extension of the patent term. If the Commissioner determines that, except for receipt of permission to market or use the product commercially, the patent would be eligible for a statutory extension of the patent term, the Commissioner shall issue to the applicant a certificate of interim extension for a period of not more than one year.

On September 4, 1998, patent owner Yeda Research & Development Co., filed an application under 35 U.S.C. 156(d)(5) for interim extension of the term of U.S. Patent No. 4,291,708. The patent claims the method of use of the medical device ''T–SCAN™.'' The application indicates, and the Food and Drug Administration (FDA) has confirmed, that the medical device is currently undergoing a regulatory review before

the FDA for permission to market or use the product commercially. The original term of the patent is due to expire on November 2, 1998. Applicant requests an interim extension of one year.

Review of the application indicates that except for receipt of permission to market or use the product commercially, the subject patent would be eligible for an extension of the patent term under 35 U.S.C. 156. Since it is apparent that the regulatory review period may extend beyond the date of expiration of the patent, interim extension of the patent term under 35 U.S.C 156(d)(5) is appropriate. Accordingly, an interim extension under 35 U.S.C. 156(d)(5) of the term of U.S. Patent No. 4,291,708 has been granted for a period of one year from the original expiration date of the patent.

Dated: October 26, 1998.

Bruce A. Lehman,

Assistant Secretary of Commerce and Commissioner of Patents and Trademarks.

[FR Doc. 98–29253 Filed 10–30–98; 8:45 am]

BILLING CODE 3510–16–M

CONGRESSIONAL BUDGET OFFICE

Notice of Transmittal of Final Sequestration Report for Fiscal Year 1999 to Congress and the Office of Management and Budget

Pursuant to Section 254(b) of the Balanced Budget and Emergency Deficit Control Act of 1985 (2 U.S.C. 904(b)), the Congressional Budget Office hereby reports that it has submitted its Final Sequestration Report for Fiscal Year 1999 to the House of Representatives, the Senate, and the Office of Management and Budget.

David M. Delquadro,

Assistant Director, Administration and Information Division, Congressional Budget Office.

[FR Doc. 98–29259 Filed 10–30–98; 8:45 am]

BILLING CODE 1450–01–M

DEPARTMENT OF ENERGY

Nuclear Energy Research Advisory Committee

AGENCY: Department of Energy.

ACTION: Notice of open meeting.

SUMMARY: Pursuant to the provisions of the Federal Advisory Committee Act (Pub. L. No. 92–463, 86 Stat. 770), notice is hereby given of a meeting of the Nuclear Energy Research Advisory Committee.

DATES: Tuesday, November 17, 1998, 10:30 a.m. to 5:45 p.m.; and Wednesday, November, 18 1998, 8:00 a.m. to 12:30 p.m.

ADDRESSES: Hyatt Regency Crystal City, 2799 Jefferson Davis Highway, Arlington, Virginia 22202.

FOR FURTHER INFORMATION CONTACT: Dr. Norton Haberman, Designated Federal Officer, Nuclear Energy Research Advisory Committee, U.S. Department of Energy, NE–1, 19901 Germantown Road, Germantown, Maryland 20874–1290, Telephone Number 301–903–4321, E-mail: Norton.Haberman@hq.doe.gov.

SUPPLEMENTARY INFORMATION:

Purpose of the Meeting: To provide advice to the Director of the Office of Nuclear Energy, Science and Technology of the Department of Energy on the many complex planning, scientific and technical issues that arise in the development and implementation of the Nuclear Energy research program.

Tentative Agenda

Tuesday, November 17, 1998

Introduction of members and staff
Welcome remarks
Overview of DOE's nuclear energy programs
Medical isotope expert panel
Nuclear science and technology infrastructure roadmap
Future of nuclear engineering education

Wednesday, November 18, 1998

NE's research programs
Potential development areas
New business
Public comment period.

Public Participation: The day and a half meeting is open to the public on a first-come, first-serve basis because of limited seating. Written statements may be filed with the committee before or after the meeting. Members of the public who wish to make oral statements pertaining to agenda items should contact Norton Haberman at the address or telephone listed above. Requests to make oral statements must be made and received five days prior to the meeting; reasonable provision will be made to include the statement in the agenda. The Chair of the committee is empowered to conduct the meeting in a fashion that will facilitate the orderly conduct of business.

Minutes: The minutes of this meeting will be available for public review and copying at the Freedom of Information Reading Room. 1E–190, Forrestal Building, 1000 Independence Avenue, S.W., Washington, D.C., between 9 a.m. and 4 p.m., Monday through Friday, except holidays.

Issued in Washington, D.C. on October 27, 1998.

Rachel M. Samuel,

Deputy Advisory Committee Management Officer.

[FR Doc. 98–29284 Filed 10–30–98; 8:45 am]

BILLING CODE 6450–01–P

DEPARTMENT OF ENERGY

Federal Energy Regulatory Commission

[Docket No. RP99–51–001]

Algonquin Gas Transmission Company; Notice of Supplemental Compliance Filing

October 27, 1998.

Take notice that on October 22, 1998 Algonquin Gas Transmission Company (Algonquin) submitted for filing as part of its FERC Gas Tariff, Fourth Revised Volume No. 1, the following revised tariff sheet to become effective November 2, 1998:

Sub Third Revised Sheet No. 662

Algonquin asserts that the above tariff sheet is being filed to supplement Algonquin's October 2, 1998 filing in Docket No. RP99–51–000 to comply with Order No. 587–H, Final Rule Adopting Standards for Intra-day Nominations and Order Establishing Implementation Date (Order No. 587–H) issued on July 15, 1998, in Docket No. RM96–1–008.

Algonquin states that, in response to a protest filed by Dynegy Marketing and Trade, the filing revises Section 23.3 of the General Terms and Conditions of Algonquin's Tariff to provide that any customer which is bumped will be provided notification of the bump in the same manner as provided for notification of OFO's in Algonquin's Tariff. Algonquin also states that this supplemental filing also corrects an unintended, potential impact on the relative priority of primary and secondary firm service that was inadvertently created by the language submitted in the October 2 Filing.

Algonquin states that copies of the filing were mailed to all affected customers of Algonquin and interested state commissions.

Any person desiring to protest this filing should file a protest with the Federal Energy Regulatory Commission, 888 First Street, NE, Washington, DC 20426, in accordance with Section 385.211 of the Commission's Rules and Regulations. All such protests must be filed as provided in Section 154.210 of the Commission's Regulations. 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 proceedings. Copies of this filing are on file with the Commission and are available for public inspection in the Public Reference Room.

Linwood A. Watson, Jr.,

Acting Secretary.

[FR Doc. 98–29237 Filed 10–30–98; 8:45 am]

BILLING CODE 6717–01–M

DEPARTMENT OF ENERGY

Federal Energy Regulatory Commission

Atlantic City Electric Company, Baltimore Gas & Electronic Company, Delmarva Power & Light Company, GPU Service Corporation, PECO Energy Company, Potomac Electric Power Company, PP&L, Inc., Public Service Electric & Gas Company

[Docket Nos. ER97–3189–001, ER97–3189–002, ER97–3189–003, ER97–3189–004, ER97–3189–005, ER97–3189–006, ER97–3189–007, ER97–3189–008 (Not Consolidated)]

Notice Deferring Implementation of Settlements and Extension of the Time for Making Refunds

October 27, 1998.

On October 9, 1998, PJM Interconnection, L.L.C. (PJM) filed a motion requesting that the Commission defer the implementation of the settlements filed, or to be filed, in the above-docketed proceedings. PJM's motion also requested that the Commission extend the time for PJM to make refunds and file its compliance reports until such time as the Commission has acted upon all of the aforementioned settlements.

In its motion, PJM requests that the Commission defer implementation of all the settlements filed, or to be filed, in the above-captioned proceedings in order to avoid PJM making piecemeal recalculations of system-wide rates and multiple refunds. PJM further states that implementing the settlements individually would require PJM to engage in a complex, time-consuming refund process, whereas a single recalculation of the rates and a single refund computation upon approval of all of the settlements is more practical and far less burdensome. The motion also states that PJM's customers would not be prejudiced by deferring implementation of the settlement rates and refunds because PJM will be refunding any over-collections with interest to the date of the refunds, regardless of the date that the refunds are made.

Upon consideration, notice is hereby given that an extension of time for the implementation of the rates, terms, and conditions of all offers of settlement approved in the Letter Orders dated September 18, 1998 in *Baltimore Gas & Electric Company*, Docket No. ER97–3189–002, *Potomac Electric Power Company*, Docket No. ER97–3189–006, and *Public Service Electric & Gas Company*, Docket No. ER97–3189–008, is granted until such time as the Commission has acted upon all of the settlements in these proceedings.

An extension of time within which PJM must make refunds in Docket Nos. ER97–3189–002, ER97–3189–006 and ER97–3189–008 is granted to and including 90 days from the date of approval of all of the settlements. PJM shall file the necessary compliance reports 30 days thereafter. Finally, PJM shall file the requisite tariff sheets reflecting the settlement rates 30 days after the date of approval of all of the settlements.

The extensions of time granted herein apply only to the three proceedings in which the Commission has already issued Letter Orders, discussed above.

David P. Boergers,

Secretary.

[FR Doc. 98–29272 Filed 10–30–98; 8:45 am]

BILLING CODE 6717–01–M

DEPARTMENT OF ENERGY

Federal Energy Regulatory Commission

[Docket No. CP99–27–000]

Columbia Gas Transmission Corporation; Notice of Request Under Blanket Authorization

October 27, 1998.

Take notice that on October 20, 1998, Columbia Gas Transmission Corporation (Columbia), 12801 Fair Lakes Parkway, Fairfax, Virginia 22030–0146, filed in Docket No. CP99–27–000 a request pursuant to Sections 157.205 and 157.212 of the Commission's Regulations under the Natural Gas Act (18 CFR 157.205, 157.212) seeking Natural Gas Act Section 7 certification for an existing point of delivery to Columbia Gas of Ohio, Inc., (COH) in Harrison County, Ohio, under Columbia's blanket certificate issued in Docket No. CP83–76–000 pursuant to Section 7 of the Natural Gas Act, all as more fully set forth in the request that is on file with the Commission and open to public inspection.

Columbia requests certification of an existing point of delivery which was originally authorized under Section 311 of the Natural Gas Policy Act for transportation service to COH. Columbia states that COH has requested approximately 5,500 Dth/Day under Columbia's Interruptible Transportation Service (ITS) Rate Schedule. Columbia also states that the existing point of delivery is being utilized to serve a new coal processing plant.

Columbia states that it constructed the existing point of delivery to COH and placed it in service on June 1, 1998. Columbia also states that interconnecting facilities installed by Columbia included a 6-inch tap and meter, filter separator and electronic measurement. Columbia states the existing point of delivery is being utilized for industrial service to serve a new coal processing plant. Columbia states the cost of constructing the point of delivery was $19,100.

Columbia states that it has complied with all of the environmental requirements of Section 157.206(d) of the Commission's Regulations during the construction of the existing point of delivery.

Columbia states that it anticipates that the services to be provided through the interconnection will be provided on an interruptible basis and therefore, no impact is expected on Columbia's existing design day and annual obligations to its customers as a result of the establishment of the new point of delivery.

Any person or the Commission's staff may, within 45 days after issuance of the instant notice by the Commission, 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 Natural Gas Act (18 CFR 157.205) a protest to the request. If no protest is filed within the time allowed therefor, 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 Natural Gas Act.

Linwood A. Watson, Jr.,

Acting Secretary.

[FR Doc. 98–29235 Filed 10–30–98; 8:45 am]

BILLING CODE 6717–01–M

DEPARTMENT OF ENERGY

Federal Energy Regulatory Commission

[Docket No. CP99–22–000]

Gasdel Pipeline System, Inc.; Notice of Application

October 27, 1998.

Take notice that on October 19, 1998, Gasdel Pipeline System, Inc. (Applicant), 110 West Broadway, P.O. Box 909 Ardmore, Oklahoma, 73402, filed in Docket No. CP99–22–000 an abbreviated application pursuant to Section 7(b) of the Natural Gas Act, as amended, and Section 157.18 of the Federal Energy Regulatory Commission's (Commission) regulations thereunder, for permission and approval to authorize Applicant to abandon by sale its interests in twelve pipeline segments as well as seeking an order vacating the authorization in Docket No. CP96–478–000 under the blanket certificate issued in Docket No. CP83–276–000 for the acquisition of the East Cameron Block 311 Lateral on the grounds that the East Cameron Block 311 Lateral is exempt from the Commission's jurisdiction pursuant to the production and gathering exemption contained in Section 1(b) of the NGA, all as more fully set forth in the application which is on file with the Commission and open to public inspection.

Applicant, a wholly-owned subsidiary of Energy Development Corporation (EDC), has sold, subject to receipt of the requisite regulatory approvals, its interest in twelve of its thirteen line segments to Transcontinental Gas Pipe Line Corporation (Transco). Applicant states that because some of the facilities were constructed and/or acquired under specific certificates and some under blanket certificates, Applicant is seeking Commission authorization to abandon by sale for $500,000 its interests in those facilities. Applicant further states that upon completion of this sale to Transco, the only remaining natural gas pipeline facility owned by Applicant will be its East Cameron Block 311 line. In addition to granting its request to abandon by sale its interests in the twelve line segments being sold to Transco, Applicant requests the Commission to vacate the blanket certificate authorization previously used by Applicant from the East Cameron Block 311 line as not having been necessary for the reasons stated above.

Applicant asserts that upon receipt of the abandonment authorization and the vacation of the blanket certificate authorization for the East Cameron Block 311 line, Applicant will no longer be jurisdictional because it will no longer own or operate any facilities, or conduct any operations, subject to the Commission's jurisdiction under the NGA. Therefore, Applicant requests cancellation of its FERC Gas Pipeline Tariff and vacation of the Order on Request for Waiver, 79 FERC ¶ 61,102, (1997), denying Applicant's request for a waiver of the standards relating to electronic delivery mechanisms (EDM), electronic data interchanges (EDI) and capacity release practices contained in FERC Order No. 587.

Any person desiring to be heard or to make any protest with reference to said application should on or before November 17, 1998, file with the Federal Energy Regulatory Commission, 888 First Street, N.E., Washington, D.C. 20426, a petition 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 proceeding.

Any person wishing to become a party to the proceeding or to participate as a party in any hearing therein must file a petition to intervene 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 on this application if no petition to intervene is filed within the time required herein, and if the Commission on its own review of the matter finds that the abandonment is required by the public convenience and necessity. If a petition for leave to intervene is timely filed, or if the Commission on its motion believes that a formal hearing is required, further notice of such hearing will be duly given.

Under the procedure herein provide for, unless otherwise advised, it will be unnecessary for Applicant to appear or be represented at the hearing.

Linwood A. Watson, Jr.,

Acting Secretary.

[FR Doc. 98–29231 Filed 10–30–98; 8:45 am]

BILLING CODE 6717–01–M

DEPARTMENT OF ENERGY

Federal Energy Regulatory Commission

[Docket No. CP99–26–000]

K N Interstate Gas Transmission; Notice of Request Under Blanket Authorization

October 27, 1998.

Take notice that on October 20, 1998, K N Interstate Gas Transmission Co. (KNI), PO Box 281304, Lakewood, Colorado, 80228, filed in Docket No. CP99–26–000 a request pursuant to Sections 157.205, and 157.212, of the Commission's Regulations under the Natural Gas Act (18 CFR 157.205, 157.212) for authorization to install and operate one new delivery tap located in Goshen County, Wyoming under KNI's blanket certificate issued in Docket No. CP83–140–000 and CP83–140–001 pursuant to Section 7 of the Natural Gas act, all as more fully set forth in the request that is on file with the Commission and open to public inspection.

The tap will be added as a delivery point under an existing transportation agreement between KNI and K N Energy Inc. (KNE). The proposed delivery point will be used by KNE to facilitate the delivery of natural gas to an end-use customer. KNI states that the quantities of gas to be delivered will be approximately 10 Mcf on a peak day and 1,500 Mcf annually and the cost is estimated at $3,850. KNI will be reimbursed for the cost of the facilities.

Any person or the Commission's staff may, within 45 days after issuance of the instant notice by the Commission, 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 Natural Gas Act (18 CFR 157.205) a protest to the request. If no protest is filed within the time allowed therefor, 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 Natural Gas Act.

Linwood A. Watson, Jr.,

Acting Secretary.

[FR Doc. 98–29234 Filed 10–30–98; 8:45 am]

BILLING CODE 6717–01–M

DEPARTMENT OF ENERGY

Federal Energy Regulatory Commission

[Docket No. CP99–23–000]

MIGC, Inc.; Notice of Request Under Blanket Authorization

October 27, 1998.

Take notice that on October 19, 1998, MIGC, Inc. (MIGC), 12200 North Pecos Street, Denver, Colorado 80234, filed in Docket No. CP99–23–000 a request pursuant to Sections 157.205 and 157.216 of the Commission's Regulations under the Natural Gas Act (18 CFR 157.205, 157.216) for authorization to abandon a dehydrator under MIGC's blanket certificate issued in Docket No. CP82–409–000,[1] pursuant to Section 7 of the Natural Gas Act, all as more fully set forth in the request that is on file with the Commission and open to public inspection.

MIGC states that the abandonment of this dehydrator will not adversely impact capacity on the MIGC system since a larger dehydration unit has been installed at the same location to accommodate increased deliveries into MIGC's system. MIGC will remove the dehydrator for use at a new location on the MIGC system.

Any person or the Commission's staff may, within 45 days after issuance of the instant notice by the Commission, 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) a protest to the request. If no protest is filed within the time allowed therefor, 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 Natural Gas Act.

Linwood A. Watson, Jr.

Acting Secretary.

[FR Doc. 98–29232 Filed 10–30–98; 8:45 am]

BILLING CODE 6717–01–M

[1] *See*, 20 FERC ¶ 62,418 (1982).

DEPARTMENT OF ENERGY

Federal Energy Regulatory Commission

[Docket No. CP99–21–000]

Northern Border Pipeline Company; Notice of Application

October 27, 1998.

Take notice that on October 16, 1998, Northern Border Pipeline Company (Northern Border), 1111 South 103rd Street, Omaha, Nebraska 68124–1000, filed in Docket No. CP99–21–000 an application pursuant to Sections 7(b) and 7(c) of the Natural Gas Act and Part 157 of the Commission's regulations for authorization to abandon and remove compression facilities and for a certificate of public convenience and necessity to construct and operate pipeline and compression facilities, all as more fully set forth in the amendment which is on file with the Commission and open to public inspection.

Specifically, Northern Border seeks to: (1) Abandon and remove the existing 20,000 horsepower (HP) gas turbines at Compressor Station Nos. 2 and 4; (2) install and operate 35,000 gas turbines at Compressor Station Nos. 2 and 4; (3) replace the compressor wheel and uprate the 6,500 HP electric drive compressor at Compressor Station No. 14 to a 15,000 HP electric drive compressor; (4) install and operate a 9,500 HP electric drive compressor at Compressor Station Site No. 16; (5) replace the compressor wheel and internals at Compressor Station No. 17; (6) install and operate a 5,000 HP electric drive compressor at Compressor Station Site No. 18; (7) construct and operate approximately 34.4 miles of 36-inch pipeline from Manhattan, Illinois to North Hayden, Indiana; (8) construct and operate a new meter station; and (9) other appurtenant facilities. Northern Border states that the estimated cost of the proposed facilities is $189.6 million. The proposed in-service date of the facilities is November 1, 2000.

Northern Border proposes to maintain its cost of service ratemaking methodology and roll-in to Rate Schedule T–1 (Northern Border's Part 284 firm transportation rate schedule) the cost of the new facilities with its existing system costs. Northern Border maintains that the aggregation of the proposed costs with existing facility costs will result in an increase in the unit cost under Rate Schedule T–1 that is less than the 5 percent presumption in the Commission's *Pricing Policy for New and Existing Facilities Constructed by Interstate Natural Gas Pipelines* (68 FERC ¶ 61,140 (1994)). Northern Border also asserts that its proposal will offer system-wide benefits to existing and prospective shippers.

Northern Border also requests a one-time waiver of Subsection 4.83 of Rate Schedule T–1 in Northern Border's FERC Gas Tariff, First Revised Volume No. 1, which details the calculation of an average monthly rate base. Instead of calculating the average monthly rate base using the beginning and end-of-month balances as is currently in the tariff, Northern Border seeks to use a daily weighted average balance for the in-service month of the proposed facilities.

Northern Border states that it intends to sequentially retrofit the units at Compressor Station Nos. 2 and 4 in order to minimize the impact on existing firm shippers. To minimize this impact, Northern Border intends to retrofit one of the units during the winter of 1999–2000 and then place the compressor station back into service at its full rated horsepower during construction of the second unit. After retrofitting the second unit, Northern Border intends to place it in service. Northern Border states that it will record as a regulatory asset the cost of service effect of the new compression facilities offset by the abandonments for the period such facilities are operational prior to the in-service date of the project. Northern Border specifically requests approval to operate Compressor Station Nos. 2 and 4 up to full capability once they are placed into service in order to provide an opportunity to increase interruptible throughput above the level which would have occurred absent the proposed retrofitting. Any increase in interruptible revenue attributable to such operation would be separately identified and credited to the regulatory asset.

Northern Border held an open season during November and December of 1997 and received bids for firm service for all of the project's design capacity. As part of the open season, Northern Border canvassed its existing customers for turnback capacity. One shipper, Numac Energy Inc., will permanently release 9,910 Mcf per day of firm capacity between Ventura, Iowa and Harper, Iowa. According to Northern Border, binding precedent agreements have been executed with seven shippers for the transport of 556,300 Mcf per day from several receipt points on Northern Border's system for delivery to North Hayden, Indiana.[1]

[1] There is one delivery of 8,000 Mcf per day that is proposed to be made at Ventura, Iowa.

Any person desiring to be heard or to make any protest with reference to said application should on or before November 17, 1998, file with the Federal Energy Regulatory Commission, 888 First Street, NE., Washington, DC 20426, a motion to intervene or a protest in accordance with the requirements of the Commission's Rules of Practice and Procedure (18 CFR 385.211 and 385.214) 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 proceeding. The Commission's rules require that protestors provide copies of their protests to the party or parties directly involved. Any person wishing to become a party in any proceeding herein must file a motion to intervene in accordance with the Commission's rules.

A person obtaining intervenor status will be placed on the service list maintained by the Secretary of the Commission and will receive copies of all documents filed by the applicant and by every one of the intervenors. An intervenor can file for rehearing of any Commission order and can petition for court review of any such order. However, an intervenor must submit copies of comments or any other filing it makes with the Commission to every other intervenor in the proceeding, as well as 14 copies with the Commission.

A person does not have to intervene, however, in order to have comments considered. A person, instead, may submit two copies of comments to the Secretary of the Commission. Commenters will be placed on the Commission's environmental mailing list, will receive copies of environmental documents and will be able to participate in meetings associated with the Commission's environmental review process. Commenters will not be required to serve copies of filed documents on all other parties. However, commenters will not receive copies of all documents filed by other parties or issued by the Commission and will not have the right to seek rehearing or appeal the Commission's final order to a federal court.

The Commission will consider all comments and concerns equally, whether filed by commenters or those requesting intervenor status.

Take further notice that, pursuant to the authority contained in and subject to the jurisdiction conferred upon the 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, if the Commission on its own review of the matter finds that permission and approval for the proposed abandonments and a grant of the certificate are 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 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 Northern Border to appear or to be represented at the hearing.

Linwood A. Watson, Jr.,

Acting Secretary.

[FR Doc. 98–29230 Filed 10–30–98; 8:45 am]

BILLING CODE 6717–01–M

DEPARTMENT OF ENERGY

Federal Energy Regulatory Commission

[Docket No. CP99–24–000]

Northwest Pipeline Corporation; Notice of Request Under Blanket Authorization

October 27, 1998.

Take notice that on October 19, 1998, Northwest Pipeline Corporation (Northwest), 295 Chipeta Way, Salt Lake City, Utah 84158, filed a request with the Commission in Docket No. CP98–24–000, pursuant to Sections 157.205 and 157.216(b) of the Commission's Regulations under the Natural Gas Act (NGA) for authorization to abandon in place, approximately 1.3 miles of the Issaquah Lateral authorized in blanket certificate issued in Docket No. CP82–433–000, all as more fully set forth in the request on file with the Commission and open to public inspection.

Northwest proposes to abandon in place the portion of the Issaquah Lateral which was authorized to be abandoned by sale in Docket No. CP97–657–000. Northwest received approval to abandon by removal the first 407 feet of the Issaquah Lateral and appurtenant facilities, and to abandon only the remainder of the Issaquah Lateral (Docket No. CP98–656–000), amounting to approximately 1.3 miles of 6-inch pipeline, by sale to Puget Sound Energy, Inc. (Puget). Northwest reports that after extensive negotiations, Puget and Northwest have been unable to finalize an agreement for the sale of the lateral. Northwest further reports the lateral has been taken out of service in conjunction with the authorized removal of the first 407 feet of the Issaquah Lateral. Northwest continues that the remaining pipeline was packed with nitrogen and capped at each end in conjunction with the abandonment by removal of the first 407 feet of the lateral, and no further disturbance of ground or incurring costs would be required for the proposed abandonment in place.

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 tine 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.

Linwood A. Watson, Jr.,

Acting Secretary.

[FR Doc. 98–29233 Filed 10–30–98; 8:45 am]

BILLING CODE 6717–01–M

DEPARTMENT OF ENERGY

Federal Energy Regulatory Commission

[Docket No. RP99–52–001]

Texas Eastern Transmission Corporation; Notice of Supplemental Compliance Filing

October 27, 1998.

Take notice that on October 22, 1998, Texas Eastern Transmission Corporation (Texas Eastern) submitted for filing as part of its FERC Gas Tariff, Sixth Revised Volume No. 1, the following revised tariff sheets to become effective November 2, 1998.

Sub Second Revised Sheet No. 491A
Sub First Revised Sheet No. 492

Texas Eastern asserts that the above tariff sheets are being filed to supplement Texas Eastern's October 2, 1998 filing in Docket No. RP99–52–000 (October 2 Filing) to comply with Order No. 587–H, Final Rule Adopting Standards for Intra-day Nominations and Order Establishing Implementation Date (Order No. 587–H) issued on July 15, 1998, in Docket No. RM96–1–008.

Texas Eastern states that in its October 2 filing changes were included

to Section 4.1(H)(1) of the General Terms and Conditions in Texas Eastern's FERC Gas Tariff to make reference to the Intraday 2 Nomination Cycle. Texas Eastern states that Order No. 587–H confirmed that to comply with the Commission's regulations and Order No. 587–G it is necessary only to provide that firm intra-day nominations have priority over scheduled interruptible service. Also Texas Eastern states that as currently effective, Section 4.1(H)(1) applies only to firm service.

Accordingly, Texas Eastern states that the substitute tariff sheet is filed to change only the monthly references to daily. In addition, Texas Eastern states that, in response to protests filed by the Indicated Shippers and Dynegy Marketing and Trade, the filing adds Section 4.1(H)(3) to provide that any customer which is bumped will be provided notification of the bump in the same manner as provided for notification of OFO's in Texas Eastern's Tariff.

Texas Eastern states that copies of the filing were mailed to all affected customers of Texas Eastern and interested state commissions.

Any person desiring to protest this filing should file a protest with the Federal Energy Regulatory Commission, 888 First Street, NE., Washington, DC 20426, in accordance with Section 385.211 of the Commission's Rules and Regulations. All such protests must be filed as provided in Section 154.210 of the Commission's Regulations. 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 proceedings. Copies of this filing are on file with the Commission and are available for public inspection in the Public Reference Room.

Linwood A. Watson, Jr.,

Acting Secretary.

[FR Doc. 98–29238 Filed 10–30–98; 8:45 am]

BILLING CODE 6717–01–M

DEPARTMENT OF ENERGY

Federal Energy Regulatory Commission

[Docket No. GT99–3–000]

Williston Basin Interstate Pipeline Company; Notice of Tariff Filing

October 27, 1998.

Take notice that on October 22, 1998, Williston Basin Interstate Pipeline Company (Williston Basin), tendered for filing as part of its FERC Gas Tariff, Second Revised Volume No. 1, the following revised tariff sheets to become effective October 22, 1998:

Thirteenth Revised Sheet No. 825
Fifteenth Revised Sheet No. 826
Eighteenth Revised Sheet No. 827
Thirteenth Revised Sheet No. 828
Twentieth Revised Sheet No. 829
Nineteenth Revised Sheet No. 830
Twenty-seventh Revised Sheet No. 831
Twenty-sixth Revised Sheet No. 832
Twenty-fifth Revised Sheet No. 833

Williston Basin states that the revised tariff sheets are being filed simply to update its Master Delivery Point List.

Any person desiring to be heard or to protest said filing should file a motion to intervene or a protest with the Federal Energy Regulatory Commission, 888 First Street, N.E., Washington, D.C. 20426, in accordance with Section 385.214 or 385.211 of the Commission's Rules and Regulations. All such motions or protests must be filed in accordance with Section 154.210 of the Commission's Regulations. 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 proceedings. 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 in the Public Reference Room.

Linwood A. Watson, Jr.,

Acting Secretary.

[FR Doc. 98–29236 Filed 10–30–98; 8:45 am]

BILLING CODE 6717–01–M

DEPARTMENT OF ENERGY

Federal Energy Regulatory Commission

[Docket No. ER98–2791–000, et al.]

Arizona Public Service Company, et al.; Electric Rate and Corporate Regulation Filings

October 26, 1998.

Take notice that the following filings have been made with the Commission:

1. Arizona Public Service Company

[Docket No. ER98–2791–001]

Take notice that on October 21, 1998, Arizona Public Service Company (APS), tendered for filing a revised unexecuted service agreement for sales made through the California Power Exchange Corporation (PX), under the market based tariff of APS, in compliance to the Commission's Order issued on June 25, 1998, in Docket No. ER98–2791–000.

Copies of this filing have been served on the Arizona Corporation Commission, the, PX and APS' Merchant Group.

Comment date: November 10, 1998, in accordance with Standard Paragraph E at the end of this notice.

2. The Potomac Edison Company, West Penn Power Company, Monongahela Power Company, Cleveland Electric Illuminating Company, Toledo Edison Company, Ohio Edison Company, Pennsylvania Power Company, Alabama Power Company, Georgia Power Company, Gulf Power Company, Mississippi Power Company and Savannah Electric & Power Company v. Virginia Electric & Power Company

[Docket No. EL99–5–000]

Take notice that on October 20, 1998, The Potomac Edison Company, West Penn Power Company, Monongahela Power Company, Alabama Power Company, Georgia Power Company, Gulf Power Company, Mississippi Power Company, Savannah Electric & Power Company, The Cleveland Electric Illuminating Company, The Toledo Edison Company, Ohio Edison Company, and Pennsylvania Power Company, tendered for filing a Complaint against Virginia Electric and Power Company arising out of a dispute under the GAPP Experiment Participation Agreement and the Commission's Order Accepting For Filing GAPP Experiment Participation Agreement dated March 25, 1997 (78 FERC ¶ 61, 314).

Comment date: November 25, 1998, in accordance with Standard Paragraph E at the end of this notice. Answers to the Complaint are also due on or before November 25, 1998.

3. Braintree Electric Light Department v. Boston Edison Company

[Docket No. EL99–7–000]

Take notice that on October 22, 1998, Braintree Electric Light Department tendered for filing with the Federal Energy Regulatory Commission a Petition for Declaratory Order Disclaiming Primary Jurisdiction pursuant to Section 207 of the Commission's Rules of Practice and Procedure (18 CFR 385.207): (1) disclaiming primary jurisdiction over breach of contract, and contract amendment and termination issues, raised in Braintree's complaint in the Massachusetts Superior Court for Norfolk County (Case No. 98–01882—*Braintree Electric Light Department* v. *Boston Edison Company*); and (2) determining that the Massachusetts state court is the appropriate forum for resolving the contract dispute raised before the Commission by Boston

Edison Company (BECO) in Docket No. ER99–35–000.

Braintree requests the Commission decline primary jurisdiction over a contractual dispute implicated in both Braintree's civil complaint in Massachusetts Superior Court for Norfolk County for breach of contract, rescission and termination without liability of the Contract Demand Agreement between Braintree and BECO, and BECO's filing of contractually barred unilateral amendments to the Agreement in Docket No. ER99–35–000. Commission precedent requires disclaimer of primary jurisdiction over this dispute because (1) the Commission possesses no special expertise to resolve this contractual dispute, (2) there is no need for uniformity in the interpretation of this Contract, and (3) the issues raised in this case are distant in relation to the regulatory responsibilities of the Commission.

Comment date: November 25, 1998, in accordance with Standard Paragraph E at the end of this notice. Answers to the Complaint are also due on or before November 25, 1998.

4. Reading Municipal Light Department v. Boston Edison Company

[Docket No. EL99–8–000]

Take notice that on October 22, 1998, Reading Electric Light Department tendered for filing with the Federal Energy Regulatory Commission a Petition for Declaratory Order Disclaiming Primary Jurisdiction pursuant to Section 206 of the Federal Power Act and Section 207 of the Commission's Rules of Practice and Procedure (18 CFR 385.207): (1) disclaiming primary jurisdiction over breach of contract, and contract amendment and termination issues, raised in Reading's complaint in the Massachusetts Superior Court for Middlesex County (Case No. 98–5245F—*Reading Municipal Light Department* v. *Boston Edison Company*); and (2) determining that the Massachusetts state court is the appropriate forum for resolving the contract dispute raised before the Commission by Boston Edison Company (BECO) in Docket No. ER99–35–000.

Reading requests that the Commission decline primary jurisdiction over a contractual dispute implicated in both Reading's civil complaint in Massachusetts Superior Court for Middlesex County for breach of contract, rescission and termination without liability of the Contract Demand Agreement between Reading and BECO, and BECO's filing of contractually barred unilateral amendments to the agreement in Docket No. ER99–35–000. Commission precedent requires disclaimer of primary jurisdiction over this dispute because (1) the Commission possesses no special expertise to resolve this contractual dispute, (2) there is no need for uniformity in the interpretation of this Contract, and (3) the issues raised in this case are distant in relation to the regulatory responsibilities of the Commission.

Comment date: November 25, 1998, in accordance with Standard Paragraph E at the end of this notice. Answers to the Complaint are also due on or before November 25, 1998.

5. Carolina Power & Light Company

[Docket No. ER99–258–000]

Take notice that on October 21, 1998, Carolina Power & Light Company (CP&L), tendered for filing a Service Agreement for Short-Term Firm Point-to-Point Transmission Service with Consumers Energy Company and The Detroit Edison Company (collectively the Michigan Companies). Service to this Eligible Customer will be in accordance with the terms and conditions of Carolina Power & Light Company's Open Access Transmission Tariff.

CP&L is requesting an effective date of September 28, 1998, for this Service Agreement.

Copies of the filing were served upon the North Carolina Utilities Commission and the South Carolina Public Service Commission.

Comment date: November 10, 1998, in accordance with Standard Paragraph E at the end of this notice.

6. PP&L, Inc.

[Docket No. ER99–259–000]

Take notice that on October 21, 1998, PP&L, Inc. (PP&L), tendered for filing a Service Agreement dated September 30, 1998, with Constellation Power Source, Inc. (Constellation), under PP&L's Market-Based Rate and Resale of Transmission Rights Tariff, FERC Electric Tariff, Volume No. 5. The Service Agreement adds Constellation as an eligible customer under the Tariff.

PP&L requests an effective date of October 21, 1998, for the Service Agreement.

PP&L states that copies of this filing have been supplied to Constellation and to the Pennsylvania Public Utility Commission.

Comment date: November 10, 1998, in accordance with Standard Paragraph E at the end of this notice.

7. Central Maine Power Company

[Docket No. ER99–260–000]

Take notice that on October 21, 1998, Central Maine Power Company (CMP), tendered for filing an executed service agreement for sale of capacity and/or energy entered into with TransCanada Power Marketing Ltd. Service will be provided pursuant to CMP's Wholesale Market Tariff, designated rate schedule CMP—FERC Electric Tariff, Original Volume No. 4.

CMP respectfully requests that the Commission accept the Service Agreement for filing and requests waiver of the Commission's notice requirements to permit service under the Agreement to become effective as of October 20, 1998.

Comment date: November 10, 1998, in accordance with Standard Paragraph E at the end of this notice.

8. Central Maine Power Company

[Docket No. ER99–261–000]

Take notice that on October 21, 1998, Central Maine Power Company (CMP), tendered for filing an executed service agreement for sale of capacity and/or energy entered into with Northeast Utilities Service Company (NUSCO). Service will be provided pursuant to CMP's Wholesale Market Tariff, designated rate schedule CMP—FERC Electric Tariff, Original Volume No. 4.

CMP respectfully requests that the Commission accept the Service Agreement for filing and requests waiver of the Commission's notice requirements to permit service under the Agreement to become effective as of October 20, 1998.

Comment date: November 10, 1998, in accordance with Standard Paragraph E at the end of this notice.

9. Maine Electric Power Company

[Docket No. ER99–262–000]

Take notice that on October 21, 1998, Maine Electric Power Co. (MEPCO), tendered for filing pursuant to Part 35 of the Federal Energy Regulatory Commission's Rules of Practice and Procedure, 18 CFR 35, a Letter Agreement amending the term of two service agreements entered into with Bangor Hydro-Electric Company (BHE), one dated July 9, 1996, and the other dated July 24, 1996 (each as originally accepted for filing in Docket No. ER96–2634–000 and extended under ER98–22–000), under which MEPCO is providing Firm Point-to-Point Transmission Service in accordance with the MEPCO Open Access Transmission Tariff (the Tariff). The Letter Agreement extends the term of

the Service Agreements to February 29, 2000.

MEPCO respectfully requests that the Commission accept the Letter Agreement for filing and establish an effective date of no later than October 31, 1998. MEPCO requests waiver of the Commission's notice requirements.

Comment date: November 10, 1998, in accordance with Standard Paragraph E at the end of this notice.

10. Maine Electric Power Company

[Docket No. ER99–263–000]

Take notice that on October 21, 1998, Maine Electric Power Company (MEPCO), tendered for filing a service agreement for Non-Firm Point-to-Point Transmission Service entered into with TransCanada Power Marketing, Ltd. Service will be provided pursuant to MEPCO's Open Access Transmission Tariff, designated rate schedule MEPCO—FERC Electric Tariff, Original Volume No. 1, as supplemented.

MEPCO respectfully requests that the Commission accept this Service Agreement for filing and requests waiver of the Commission's notice requirements to permit service under the agreement to become effective as of October 20, 1998.

Comment date: November 10, 1998, in accordance with Standard Paragraph E at the end of this notice.

11. Niagara Mohawk Power Corporation

[Docket No. OA96–194–005]

Take notice that on October 23, 1998, Niagara Mohawk Power Corporation (Niagara Mohawk) tendered for filing its compliance report pursuant to the Commission's order issued October 14, 1998. Copies of the filing have been served by Niagara Mohawk upon the other parties to the above-captioned proceeding.

Comment date: November 25, 1998, in accordance with Standard Paragraph E at the end of this notice.

12. New England Power Company

[Docket Nos. OA97–237–004 and ER97–1327–001]

Take notice that on October 20, 1998, New England Power Company, tendered for filing its refund compliance report associated with refunds made directly to customers from revenue received by New England Power Company for Excepted Transactions under the NEPOOL Tariff.

Comment date: November 25, 1998, in accordance with Standard Paragraph E at the end of this notice.

Standard Paragraphs

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 these filings are on file with the Commission and are available for public inspection.

David P. Boergers,

Secretary.

[FR Doc. 98–29228 Filed 10–30–98; 8:45 am]

BILLING CODE 6717–01–P

DEPARTMENT OF ENERGY

Federal Energy Regulatory Commission

[Docket No. ER99–251–00, et al.]

Tampa Electric Company, et al.; Electric Rate and Corporate Regulation Filings

October 23, 1998.

Take notice that the following filings have been made with the Commission:

1. Tampa Electric Company

[Docket No. ER99–251–000]

Take notice that on October 20, 1998, Tampa Electric Company (Tampa Electric), tendered for filing a letter agreement that amends an existing letter of commitment providing for the sale of capacity and energy to the Florida Municipal Power Agency (FMPA).

Tampa Electric proposes that the letter agreement be made effective on December 19, 1998.

Copies of the filing have been served on FMPA and the Florida Public Service Commission.

Comment date: November 9, 1998, in accordance with Standard Paragraph E at the end of this notice.

2. Duke Energy Corporation

[Docket Nos. EL97–31–000, ER97–2095–001, ER97–2099–000, ER97–2099–001, ER97–2100–001, ER97–2211–001, ER97–2212–003, and ER97–2213–001]

Take notice that on October 19, 1998, Duke Energy Corporation (Duke) filed a compliance report in the above-referenced dockets in response to the Federal Energy Regulatory Commission's September 17, 1998 Order in those dockets. The report relates to refunds in connection with wholesale power service to the Seneca Light and Water Board, Seneca, South Carolina (Seneca) and the Commissioners of Public Works of the City of Greenwood, South Carolina (Greenwood). The report also sets forth the proposed accounting for Seneca's and Greenwood's stranded cost payments to Duke.

Comment date: November 23, 1998, in accordance with Standard Paragraph E at the end of this notice.

3. Sam Rayburn G&T Electric Cooperative, Inc. vs. Entergy Gulf States, Inc. Entergy Services Inc.

[Docket No. EL99–6–000]

Take notice that on October 21, 1998, Sam Rayburn G&T Electric Cooperative, Inc. tendered for filing a complaint against Entergy Gulf States, Inc., an operating company subsidiary of Entergy Corporation and Entergy Services, Inc., the Entergy Corporation subsidiary responsible for the rates, terms and conditions of transmission access for the Entergy operating companies.

Comment date: November 28, 1998, in accordance with Standard Paragraph E at the end of this notice.

4. ICC Energy Corporation Wolverine Power Supply Cooperative, Inc., Eagle Gas Marketing Company, Kansas City Power & Light Co., Cook Inlet Energy Supply, J. Aron & Company, PacificCorp Power Marketing, Inc.

[Docket Nos. ER96–1819–008, ER98–411–006, ER96–1503–010, ER99–209–000, ER96–1410–011, ER95–34–017, and ER95–1096–015]

Take notice that the following informational filings have been made with the Commission and are available for public inspection and copying in the Commission's Public Reference Room:

On October 15, 1998, ICC Energy Corporation filed certain information as required by the Commission's June 26, 1996 order in Docket No. ER96–1819–000.

On October 15, 1998, Wolverine Power Supply Cooperative, Inc. filed certain information as required by the Commission's December 23, 1997 order in Docket No. ER98–411–000.

On October 15, 1998, Eagle Gas Marketing Company filed certain information as required by the Commission's May 8, 1996 order in Docket No. ER96–1503–000.

On October 15, 1998, Kansas City Power & Light Company filed certain

information as required by the Commission's April 30, 1996 order in Docket No. ER96–780–000.

On October 15, 1998, Cook Inlet Energy Supply filed certain information as required by the Commission's July 10, 1996 order in Docket No. ER96–1410–000.

On October 15, 1998, J. Aron & Company filed certain information as required by the Commission's March 1, 1995 order in Docket No. ER95–34–000.

On October 15, 1998, PacifiCorp Power Marketing, Inc. filed certain information as required by the Commission's February 14, 1996 order in Docket No. ER95–1096–000.

5. Northern States Power Company (Minnesota Company) and (Wisconsin Company)

[Docket No. ER99–239–000]

Take notice that on October 20, 1998, Northern States Power Company (Minnesota) and Northern States Power Company (Wisconsin) (collectively known as NSP), tendered for filing a Short-Term Market-Based Electric Service Agreement between NSP and Tenaska Power Services Co., (Customer).

NSP requests that this Short-Term Market-Based Electric Service Agreement be made effective on September 22, 1998.

Comment date: November 9, 1998, in accordance with Standard Paragraph E at the end of this notice.

6. Southwest Power Pool

[Docket No. ER99–252–000]

Take notice that on October 20, 1998, Southwest Power Pool (SSP), tendered for filing one executed service agreement with El Paso Power Services Company (El Paso), for non-firm point-to-point firm transmission service under the SPP Open Access Transmission Tariff (Tariff), and two executed service agreements with Constellation Power Source, Inc. (Constellation), for short-term firm point-to-point and non-firm point-to-point firm transmission service under the Tariff.

SPP requests an effective date of October 15, 1998 for the agreement with El Paso, and an effective date of September 28, 1998, for the agreements with Constellation.

Copies of this filing were served upon each of the parties to these agreements.

Comment date: November 9, 1998, in accordance with Standard Paragraph E at the end of this notice.

7. PP&L, Inc.

[Docket No. ER99–253–000]

Take notice that on October 20, 1998, PP&L, Inc. (formerly known as Pennsylvania Power & Light Company) (PP&L), filed a Service Agreement dated September 29, 1998 with El Paso Energy Marketing Company (El Paso) under PP&L's Market-Based Rate, and Resale of Transmission Rights Tariff, FERC Electric Tariff, Volume No. 5. The Service Agreement adds El Paso as an eligible customer under the Tariff.

PP&L requests an effective date of October 20, 1998, for the Service Agreement.

PP&L states that copies of this filing have been supplied to El Paso and to the Pennsylvania Public Utility Commission.

Comment date: November 9, 1998, in accordance with Standard Paragraph E at the end of this notice.

ENMAR Corporation

[Docket No. ER99–254–000]

Take notice that on October 20, 1998, ENMAR Corporation (ENMAR), petitioned the Commission for acceptance of ENMAR Rate Schedule FERC No. 1; the granting of certain blanket approvals, including the authority to sell electricity at market-based rates; and the waiver of certain Commission Regulations.

ENMAR intends to engage in wholesale electric power and energy purchases and sales as a marketer. ENMAR is not in the business of generating or transmitting electric power. ENMAR has no affiliates.

Comment date: November 9, 1998, in accordance with Standard Paragraph E at the end of this notice.

9. PacifiCorp

[Docket No. ER99–255–000]

Take notice that on October 20, 1998, PacifiCorp, tendered for filing in accordance with 18 CFR Part 35 of the Commission's Rules and Regulations, an umbrella Service Agreement with the City of Glendale, the city of Idaho Falls and The Montana Power Trading & Marketing Company under PacifiCorp's FERC Electric Tariff, First Revised Volume No. 12.

Copies of this filing were supplied to the Public Utility Commission of Oregon and the Washington Utilities and Transportation Commission.

Comment date: November 9, 1998, in accordance with Standard Paragraph E at the end of this notice.

10. PJM Interconnection, L.L.C.

[Docket No. ER99–256–000]

Take notice that on October 20, 1998 the PJM Interconnection, L.L.C. (PJM), filed on behalf of the Members of the LLC, membership applications of American Cooperative Services, Inc., H.Q. Energy Services (U.S.) Inc., Merchant Group of Americas, Inc., PP&L EnergyPlus Company, and West Penn Power Company d/b/a Allegheny Energy.

PJM requests an effective date on the day after this Notice of Filing is filed with FERC.

Comment date: November 9, 1998, in accordance with Standard Paragraph E at the end of this notice.

11. Central Power and Light Company, et al.

[Docket No. ER99–257–000]

Take notice that on October 20, 1998, Central Power and Light Company, West Texas Utilities Company, Public Service Company of Oklahoma and Southwestern Electric Power Company (collectively, the CSW Operating Companies), tendered for filing service agreements under which the CSW Operating Companies will provide transmission and ancillary services to Columbia Energy Power Marketing Corporation (Columbia) in accordance with the CSW Operating Companies' open access transmission service tariff.

The CSW Operating Companies state that a copy of the filing has been served on Columbia.

Comment date: November 9, 1998, in accordance with Standard Paragraph E at the end of this notice.

12. Orange and Rockland Utilities, Inc.

[Docket No. OA97–121–002]

Take notice that on October 19, 1998, Orange and Rockland Utilities, Inc. acting on behalf of itself and its wholly owned subsidiaries, Rockland Electric Company and Pike County Light & Power Company, (collectively referred to as the Company), in compliance with the Commission's Order on Standards of Conduct issued September 18, 1998 in Docket No. OA97–121–001, tendered for filing its revised Standards of Conduct for the separation of transmission operation functions and generation marketing functions.

Comment date: November 23, 1998, in accordance with Standard Paragraph E at the end of this notice.

13. Cinergy Services, Inc., et al.

[Docket No. OA97–419–002]

Take notice that on October 19, 1998, Cinergy Services, Inc., (Cinergy) on behalf of The Cincinnati Gas and Electric Company and PSI Energy, Inc. tendered for filing information to comply with the Commission's September 18, 1998 Order on Standards of Conduct in Atlantic City Electric Company, *et al.*, 84 FERC ¶ 61,255 (1998).

Copies of the filing were served upon all persons listed on the official service list compiled by the Office of the Secretary, representatives of customers having service agreements under the Cinergy Open Access Transmission Tariff, the Indiana Utility Regulatory Commission, the Public Utility Commission of Ohio and the Kentucky Public Service Commission.

Comment date: November 23, 1998, in accordance with Standard Paragraph E at the end of this notice.

14. Vermont Electric Power Company, Inc.

[Docket No. OA97–444–002]

Take notice that on October 19, 1998, Vermont Electric Power Company, Inc. (VELCO) tendered a filing in compliance with the Commission's Order of September 18, 1998 in this docket.

Copies of this filing were served on parties in this proceeding, the Vermont Department of Public Service, and the Vermont Public Service Board.

Comment date: November 23, 1998, in accordance with Standard Paragraph E at the end of this notice.

15. Central Illinois Light Co., QST Energy Trading Inc.

[Docket Nos. OA97–451–002 and OA97–596–003]

Take notice that on October 19, 1998, QST Energy Trading Inc. (QST Trading) and Central Illinois Light Co. made a revised filing of their Standards of Conduct as required by the Commission's Order issued September 18, 1998.

Comment date: November 23, 1998, in accordance with Standard Paragraph E at the end of this notice.

Standard Paragraphs

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, NE., Washington, DC 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 these filings are on file with the Commission and are available for public inspection.

David P. Boergers,

Secretary.

[FR Doc. 98–29229 Filed 10–30–98; 8:45 am]

BILLING CODE 6717–01–M

ENVIRONMENTAL PROTECTION AGENCY

[FRL–6183–1]

Agency Information Collection Activities Up for Renewal: Comment Request; State Program Adequacy Determination—Municipal Solid Waste Landfills (MSWLFs) and Non-municipal, Non-hazardous Waste Disposal Units that Receive Conditionally Exempt Small Quantity Generator (CESQG) Hazardous Waste

AGENCY: Environmental Protection Agency (EPA).

ACTION: Notice.

SUMMARY: In compliance with the Paperwork Reduction Act (44 U.S.C. 3501 *et seq.*), this document announces that EPA is planning to submit the following continuing Information Collection Request (ICR) to the Office of Management and Budget (OMB): State Program Adequacy Determination—Municipal Solid Waste Landfills (MSWLFs) and Non-municipal, Non-hazardous Waste Disposal Units that Receive Conditionally Exempt Small Quantity Generator (CESQG) Hazardous Waste, ICR Number 1608.02. Before submitting the ICR to OMB for review and approval, EPA is soliciting comments on specific aspects of the proposed continuing information collection as described below.

DATES: Comments must be submitted on or before January 4, 1999.

ADDRESSES: Commenters must send an original and two copies of their comments referencing docket number F–98–SIP–FFFFF to: RCRA Docket Information Center, Office of Solid Waste (5305G), U.S. Environmental Protection Agency Headquarters (EPA HQ), 401 M Street, SW, Washington, DC 20460. Hand deliveries of comments should be made to the Arlington, VA, address below. Comments also may be submitted electronically through the Internet to:
<rcradocket@epamail.epa.gov>.
Comments in electronic format also should be identified by the docket number F–98–SIP–FFFFF. All electronic comments must be submitted as an ASCCI file avoiding the use of special characters and any form of encryption.

Commenters should not electronically submit any confidential business information (CBI). An original and two copies of CBI must be submitted under separate cover to: RCRA CBI Document Control Officer, Office of Solid Waste (5305W), U.S. EPA, 401 M Street, SW, Washington, DC 20460.

Public comments and supporting materials are available for viewing in the RCRA Information Center (RIC), located at Crystal Gateway I, First Floor, 1235 Jefferson Davis Highway, Arlington, VA. The RIC is open from 9 a.m. to 4 p.m., Monday through Friday, excluding federal holidays. To review docket materials, it is recommended that the public make an appointment by calling (703) 603–9230. The public may copy a maximum of 100 pages from any regulatory docket at no charge. Additional copies cost $0.15/page. The index and supporting materials are available electronically.

The ICR is available on the Internet. Follow these instructions to access the information electronically:

WWW: <www.epa.gov/epaoswer/nonh-w/muncpl.landfill.htm>
FTP: ftp.epa.gov
Login: anonymous
Password: your Internet address
Files are located in </pub/epaoswer>.

The official record for this action will be kept in paper form. Accordingly, EPA will transfer all comments received electronically into paper form and place them in the official record, which will include all comments submitted in writing. EPA's response to comments, both written and electronic, will be placed in the official record. The Agency's response to major comments may also be published in a document in the ''**Federal Register**.'' EPA will not immediately reply to commenters electronically other than to seek clarification of electronic comments that may be garbled in transmission or during conversion to paper form, as discussed above.

FOR FURTHER INFORMATION CONTACT: For general information, contact the RCRA Hotline at (800) 424–9346 or TDD (800) 553–7672 (hearing impaired). In the Washington, DC, metropolitan area, call (703) 412–9810 or TDD (703) 412–3323.

For more detailed information on specific aspects of the rulemaking, contact Karen Rudek, Office of Solid Waste (5306W), 401 M Street, SW., Washington, DC 20460, (703) 308–1682, or <rudek.karen@epamail.epa.gov>.

SUPPLEMENTARY INFORMATION:

Affected entities: Entities potentially affected by this action are states that seek approval of permit programs for MSWLFs and for non-municipal, non-

hazardous waste disposal units that receive CESQG waste.

Title: State Program Adequacy Determination—Municipal Solid Waste Landfills (MSWLFs) and Non-municipal, Non-hazardous Waste Disposal Units that Receive Conditionally Exempt Small Quantity Generator (CESQG) Hazardous Waste, ICR Number 1608.02, renewal of ICR Number 1608.01, which expires April 30, 1999.

Abstract: Section 4010(c) of the Resource Conservation and Recovery Act (RCRA) of 1976 requires that EPA revise the landfill criteria promulgated under paragraph (1) of section 4004(a) and section 1008(a)(3). Section 4005(c) of RCRA, as amended by the Hazardous Solid Waste Amendments (HSWA) of 1984, requires states to develop and implement permit programs to ensure that MSWLFs and non-municipal, non-hazardous waste disposal units that receive household hazardous waste or CESQG hazardous waste are in compliance with the revised criteria for the design and operation of non-municipal, non-hazardous waste disposal units under 40 CFR part 257, subpart B and MSWLFs under 40 CFR part 258. (40 CFR part 257, subpart B and 40 CFR part 258 are henceforth referred to as the ''revised federal criteria.'') Section 4005(c) of RCRA further mandates the EPA Administrator to determine the adequacy of state permit programs to ensure owner and/or operator compliance with the revised federal criteria. A state program that is deemed adequate to ensure compliance may afford flexibility to owners or operators in the approaches they use to meet federal requirements, significantly reducing the burden associated with compliance.

In response to the statutory requirement in section 4005(c), EPA developed 40 CFR part 239, commonly referred to as the State Implementation Rule (SIR). The SIR describes the state application and EPA review procedures and defines the elements of an adequate state permit program.

The collection of information from the state during the permit program adequacy determination process allows EPA to evaluate whether a program for which approval is requested is appropriate in structure and authority to ensure owner or operator compliance with the revised federal criteria. The SIR does not require the use of a particular application form. Section 239.3 of the SIR, however, requires that all state applications contain the following five components:

(1) A transmittal letter requesting permit program approval.

(2) A narrative description of the state permit program, including a demonstration that the state's standards for non-municipal, non-hazardous waste disposal units that receive CESQG hazardous waste are technically comparable to the part 257, subpart B criteria and/or that its MSWLF standards are technically comparable to the part 258 criteria.

(3) A legal certification demonstrating that the state has the authority to carry out the program.

(4) Copies of state laws, regulations, and guidance that the state believes demonstrate program adequacy.

(5) Copies of relevant state-tribal agreements if the state has negotiated with a tribe for the implementation of a permit program for non-municipal, non-hazardous waste disposal units that receive CESQG hazardous waste and/or MSWLFs on tribal lands.

The EPA Administrator has delegated the authority to make determinations of adequacy, as contained in the statute, to the EPA Regional Administrator. The appropriate EPA Regional Office, therefore, will use the information provided by each state to determine whether the state's permit program satisfies the statutory test reflected in the requirements of 40 CFR part 239. In all cases, the information will be analyzed to determine the adequacy of the state's permit program for ensuring compliance with the federal revised criteria.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control numbers for EPA's regulations are listed in 40 CFR part 9 and 48 CFR Chapter 15.

EPA is soliciting comments to:

(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 agency's 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.

(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).

Burden Statement: Burden means the total time, effort, or financial resources expended by persons to generate, maintain, retain, or disclose or provide information to or for a federal agency. This includes the time needed to review instructions; develop, acquire, install, and utilize technology and systems for the purposes of collecting, validating, and verifying information, processing and maintaining information, and disclosing and providing information; adjust the existing ways to comply with any previously applicable instructions and requirements; train personnel to enable them to respond to a collection of information; search data sources; complete and review the collection of information; and transmit or otherwise disclose the information.

The total burden for states, territories, and the EPA regions for the collection and evaluation of information under this ICR is estimated to be about 19,500 hours and $583,000. The estimated burden includes time for reviewing instructions, searching existing data sources, gathering and maintaining necessary data, and completing and reviewing the collection of information. The ICR supporting statement describes the assumptions and information sources used to develop the burden estimate for this ICR. For a copy of the supporting statement, contact Karen Rudek at (703) 308–1682, or e-mail <rudek.karen@epamail.epa.gov>. Requests should reference the document title, ''Supporting Statement for EPA Information Collection Request #1608.02.'' There is no recordkeeping burden associated with this ICR.

Dated: October 21, 1998.

Matthew Hale,

Acting Director, Office of Solid Waste.

[FR Doc. 98–29308 Filed 10–30–98; 8:45 am]

BILLING CODE 6560–50–P

ENVIRONMENTAL PROTECTION AGENCY

[FRL–6182–7]

Final NPDES General Permit for New and Existing Sources and New Dischargers in the Offshore Subcategory of the Oil and Gas Extraction Category for the Western Portion of the Outer Continental Shelf of the Gulf of Mexico (GMG290000)

AGENCY: Environmental Protection Agency (EPA).

ACTION: Notice of Final NPDES General Permit.

SUMMARY: EPA Region 6 today issues in part the National Pollutant Discharge

Elimination System (NPDES) general permit for the Western Portion of the Outer Continental Shelf of the Gulf of Mexico (No. GMG290000) for discharges from new sources, existing sources, and new dischargers in the Offshore Subcategory of the Oil and Gas Extraction Point Source Category (40 CFR part 435, subpart A). The existing permit published in the **Federal Register** at 61 FR 41609 on August 9, 1996 authorized discharges from exploration, development, and production facilities located in and discharging to Federal waters of the Gulf of Mexico seaward of the outer boundary of the territorial seas offshore off Louisiana and Texas. The discharge of produced water to that portion of the Outer Continental Shelf from Offshore Subcategory facilities located in the territorial seas off Louisiana and Texas was also authorized by that permit.

FOR FURTHER INFORMATION CONTACT: Ms. Wilma Turner, EPA Region 6, 1445 Ross Avenue, Dallas, Texas 75202, Telephone: (214) 665 7516, or via EMAIL to the following address: turner.wilma@epamail.epa.gov

SUPPLEMENTAL INFORMATION:

Regulated Entities

Entities potentially regulated by this action are those which operate offshore oil and gas extraction facilities located in the Outer Continental Shelf Offshore of Louisiana and Texas.

Category	Examples of regulated entities
Industry	Offshore Oil and Gas Extraction Platforms.

This table lists the types of entities that EPA is now aware could potentially be regulated by this action. Other types of entities not listed in the table could also be regulated. To determine whether your [facility, company, business, organization, etc.] is regulated by this action, you should carefully examine the applicability criteria in part I, section A.1. of the general permit. If you have questions regarding the applicability of this action to a particular entity, consult the person listed in the preceding **FOR FURTHER INFORMATION CONTACT** section.

Pursuant to section 402 of the Clean Water Act (CWA), 33 U.S.C. 1342, EPA proposed and solicited comments on NPDES general permit GMG290000 at 63 FR 2238 (January 14, 1998). Notice of this proposed permit was also published in the New Orleans Times Picayune on January 24, 1998. The comment period closed on March 16, 1998.

Region 6 received comments from the Offshore Operators Committee, American Petroleum Institute, Willie R. Taylor—United States Department of Interior, Shell Offshore, Inc., BP Exploration, Inc., and Exxon Company, U.S.A.

EPA Region 6 has considered all comments received. In response to those comments, the final decision to authorize the discharge of produced water is being postponed and will not be made at this time; however, all other discharges which were proposed are being authorized by the permit issued today. Due to the complexity of comments regarding produced water discharges, the Region could not adequately respond and issue the permit in a timely manner. A final decision on produced water discharges will be issued as soon as the Region can adequately respond to the related comments.

One of the comments concerning the produced water toxicity requirements raised the same issue with respect to the toxicity requirements for seawater and freshwater to which treatment chemicals have been added. That issue concerns Version 3.20 of CORMIX, the computer model which was used to calculate the proposed permit's toxicity limits. The Region is, nevertheless, authorizing in today's permit the discharge of freshwater and seawater to which treatment chemicals have been added with the limits as stated in the proposed permit. The Region has decided to go forward with the limits for discharges of freshwater and seawater to which treatment chemicals have been added for a number of reasons. First, the Region believes these limits are technically defensible and reasonable. The Region also recognizes an environmental need to issue standards for the discharge of freshwater and seawater to which treatment chemicals have been added, because such discharges are not currently authorized. Finally, if modifications to the limits are warranted after further review and analysis of the CORMIX computer model, the Region expects to make such modifications in the near future.

The Offshore Operators Committee (OOC) has indicated its support of the Region's approach, since a number of their members indicated a desire to discharge those waste streams as soon as possible. The OOC has stated they have no objection to including in today's permit of all of the proposed effluent limits for the freshwater and seawater to which treatment chemicals have been added, with the understanding that (1) when the Agency develops the second phase of the permit; i.e., authorizes the discharge of produced water, it will investigate all issues raised in OOC's comments regarding the use of the dispersion model used to derive the toxicity limits, and (2) if the Agency determines the model is inappropriate, it will modify the associated limits as a part of issuance of the second phase of the permit.

In response to other comments received, only minor changes in the permit's wording were made in the final permit. A copy of the Response to Comments may be obtained from Wilma Turner at the address listed above.

Other Legal Requirements

Ocean Discharge Criteria Evaluation

At 63 FR 2238, EPA Region 6 determined that discharges in compliance with the proposed general permit for the Western Gulf of Mexico Outer Continental Shelf general permit (GMG290000) would not cause unreasonable degradation of the marine environment. No comments have been received which disagree with that determination.

Coastal Zone Management Act

The Region found the proposed general permit consistent with approved Coastal Zone Management Plans for Louisiana and Texas and submitted those determinations to the appropriate State agencies for certification. Such certification was received from the Coastal Management Division of the Louisiana Department of Natural Resources. However, the Texas General Land Office informed EPA that this action is not subject to their consistency review, since the area covered under the permit is outside the Texas Coastal Management Program's boundary.

Marine Protection, Research, and Sanctuaries Act

The Marine Protection, Research and Sanctuaries Act (MPRSA) of 1972 regulates the dumping of all types of materials into ocean waters and establishes a permit program for ocean dumping. In addition the MPRSA establishes Marine Sanctuaries Program, implemented by the National Oceanographic and Atmospheric Administration (NOAA), which requires NOAA to designate ocean waters as marine sanctuaries for the purpose of preserving or restoring their conservation, recreational, ecological or aesthetic values. Pursuant to the Marine Protection and Sanctuaries Act, the National Oceanographic and Atmospheric Administration has designated the Flower Garden Banks, an area within the coverage of the OCS

general permit, a marine sanctuary. The OCS general permit prohibits discharges in areas of biological concern, including marine sanctuaries. No change adopted today affects that prohibition.

Endangered Species Act

As explained at 63 FR 2238, EPA has found that issuance of the General Permit for the Outer Continental for the Western Gulf of Mexico will not adversely affect any listed threatened or endangered species or designated critical habitat and requested written concurrence on that determination from the National Marine Fisheries Service. The National Marine Fisheries Service provided such concurrence on the proposed NPDES General Permit for the Western Portion of the Outer Continental Shelf of the Gulf of Mexico.

State Water Quality Standards and State Certification

Because state waters are not included in the area covered by this NPDES general permit, no state waters are affected by the discharges it authorizes. Thus, the state water quality certification provisions of CWA section 401 do not apply to this permit.

Executive Order 12866

The Office of Management and Budget (OMB) has exempted this action from the review requirements of Executive Order 12291 pursuant to section 8(b) of that order. Guidance on Executive Order 12866 contain the same exemptions on OMB review as existed under Executive Order 12291. In fact, however, EPA prepared a regulatory impact analysis in connection with its promulgation of guidelines on which a number of the permit's provisions are based and submitted it to OMB for review. See 58 FR 12494.

Paperwork Reduction Act

The information collection required by this permit has been approved by the Office of Management and Budget (OMB) under the provisions of the Paperwork Reduction Act, 44 U.S.C. 3501 *et seq.*, in submission made for the NPDES permit program and assigned OMB control numbers 2040–0086 (NPDES permit application) and 2040–0004 (discharge monitoring reports).

Since this permit is very similar in reporting and application requirements and in discharges which are required to be monitored as the previous Western Gulf of Mexico Outer Continental Shelf (OCS) general permit (GMG290000) the paperwork burdens are expected to be nearly identical. When it issued the previous OCS general permit, EPA estimated it would take an affected facility three hours to prepare the request for coverage and 38 hours per year to prepare discharge monitoring reports. Although produced water discharges are not authorized by the permit at this time, it is estimated that the time required to prepare the request for coverage and discharge monitoring reports for the reissued permit will be approximately the same.

Regulatory Flexibility Act

The Regulatory Flexibility Act, 5 U.S.C. 601 *et seq*,io0 requires that EPA prepare a regulatory flexibility analysis for regulations that have a significant impact on a substantial number of small entities. As indicated below, the permit issued today is not a ''rule'' subject to the Regulatory Flexibility Act . EPA prepared a regulatory flexibility analysis, however, on the promulgation of the Offshore Subcategory guidelines on which many of the permit's effluent limitations are based. That analysis shows that issuance of this permit will not have a significant impact on a substantial number of small entities.

Unfunded Mandates Reform Act

Section 201 of the Unfunded Mandates Reform Act (UMRA), Public Law 104–4, generally requires Federal agencies to assess the effects of their ''regulatory actions'' on State, local, and tribal governments and the private sector. As stated in the **Federal Register** document for the proposed permit, this permit is not a rule which is subject to the requirements of the UMRA. The permit also would not uniquely affect small governments because compliance with the proposed permit conditions affects small governments in the same manner as any other entities seeking coverage under the permit. Additionally, EPA does not expect small governments to operate facilities authorized to discharge by this permit. No comments were received which challenge EPA's interpretation of the Unfunded Mandates Reform Act, as it applies to this permit.

National Environmental Policy Act (NEPA)

As stated in the **Federal Register** notice for the proposed permit (see 63 FR 2238, January 14, 1998) EPA determined that reissuance of this NPDES general permit will not result in any new impacts which were not subjected to NEPA analysis in either Mineral Management Service's EIS or the SEIS produced by EPA Region 6. All discharges authorized by this reissued permit were addressed in that NEPA Review. Thus EPA did not prepare a supplemental environmental impact statement for this action. No comments, on the proposed permit, were received which would suggest additional actions are required to meet the requirements of NEPA.

Authorization To Discharge Under the National Pollutant Discharge Elimination System

In compliance with the Federal Water Pollution Control Act, as amended (33 U.S.C. 1251 et. seq. the ''Act''), operators of lease blocks in the Oil and Gas Extraction Point Source Category which are located in Federal waters of the Western Portion of the Gulf of Mexico (defined as seaward of the outer boundary of the territorial seas off Louisiana and Texas) are authorized to discharge to the Western Portion of the Federal Waters of the Gulf of Mexico in accordance with effluent limitations, monitoring requirements, and other conditions set forth in parts I, II, and III hereof.

Operators of lease blocks located within the general permit area must submit written notification to the Regional Administrator that they intend to be covered (see part I.A.2). Unless otherwise notified in writing by the Regional Administrator after submission of the notification, owners or operators requesting coverage are authorized to discharge under this general permit. Operators of lease blocks within the general permit area who fail to notify the Regional Administrator of intent to be covered by this general permit are not authorized under this general permit to discharge pollutants from those facilities. Operators who have previously submitted a written notification of intent to be covered by a subsequent permit, as required by the previous permit, need not submit an additional notification of intent to be covered.

Facilities which adversely affect properties listed or eligible for listing in the National Register of Historic Places are not authorized to discharge under this permit.

This permit shall become effective at Midnight Central Daylight Savings Time on November 2, 1998.

This permit and the authorization to discharge shall expire at midnight,

Central Standard Time, November 3, 2003.

William B. Hathaway,

Director, Water Quality Protection Division, Region 6.

Part I. Requirements for NPDES Permits

Section A. Permit Applicability and Coverage Conditions

1. Operations Covered

This permit establishes effluent limitations, prohibitions, reporting requirements, and other conditions on discharges from oil and gas facilities engaged in production, field exploration, developmental drilling, well completion, well treatment operations, and well workover and abandonment operations.

The permit coverage area consists of lease blocks located in and discharging to Federal waters in the Gulf of Mexico seaward of the outer boundary of the territorial seas offshore of Louisiana and Texas and shall include lease blocks west of the western boundary of the outer continental shelf lease areas defined as: Mobile, Viosca Knoll (north part), Destin Dome, Desoto Canyon, Lloyd, and Henderson. In Texas, where the state has mineral rights to 3 leagues, some operators with state lease tracts are required to request coverage under this Federal NPDES general permit. This permit does not authorize discharges from facilities located in or discharging to the territorial seas of Louisiana or Texas or from facilities defined as ''coastal,'' ''onshore,'' or ''stripper'' (see 40 CFR part 435, subparts C, D, and E).

2. Notification Requirements

Written notification of intent to be covered including the legal name and address of the operator, the lease block number assigned by the Department of Interior or the state or, if none, the name commonly assigned to the lease area shall be submitted at least fourteen days prior to the commencement of discharge. If the lease block was previously covered by this or another permit, the operator shall also include the previous permit number in the notification. The notice of intent must also identify any facility which is a New Source and state the date on which the facility's protection from more stringent new source performance standards or technology based limitations ends. That date is the soonest of: ten years from the date that construction is completed, ten years from the date the source begins to discharge process or non-construction related waste water, or the end of the period of depreciation or amortization of the facility for the purposes of section 167 or 169 (or both) of the Internal Revenue code of 1954.

Additionally, if an application for an individual permit for the activity was previously submitted to EPA Region 6, the notice of intent shall include the application/permit number of that application or the permit number of any individual NPDES permit issued by EPA Region 6 for this activity.

Permittees located in lease blocks that (a) are neither in nor adjacent to MMS-defined ''no activity'' areas, or (b) do not require live-bottom surveys are required only to submit a notice of intent to be covered by this general permit. Permittees who are located in lease blocks that are either in or adjacent to ''no activity'' areas or require live bottom surveys are required to submit both a notice of intent to be covered that specifies they are located in such a lease block, and in addition are required to submit a notice of commencement of operations.

Permittees located in lease blocks either in or immediately adjacent to MMS-defined ''no activity'' areas, shall be responsible for determining whether a controlled discharge rate is required. The maximum discharge rate for drilling fluids is determined by the distance from the facility to the ''no activity'' area boundary and the discharge rate equation provided in part I.B.1.b. of this permit. The permittee shall report the distance from the permitted facility to the ''no activity'' area boundary and the calculated maximum discharge rate to EPA with its notice of commencement of operations.

For permittees located in lease blocks that require live-bottom surveys, the final determination of the presence or absence of live-bottom communities, the distance of the facility from identified live-bottom areas, and the calculated maximum discharge rate shall be reported with the notice of commencement of operations.

All notifications of intent to be covered and any subsequent reports under this permit shall be sent to the following address: Water Enforcement Branch (6EN-WC), Region 6, U.S. Environmental Protection Agency, P.O. Box 50625, Dallas, TX 75250. Operators who have previously submitted a written notification of intent to be covered by a subsequent permit, as required by the previous permit, need not submit an additional notification of intent to be covered.

3. Termination of Operations

Lease block operators shall notify the Regional Administrator within 60 days after the permanent termination of discharges from their facilities within the lease block.

Section B. Effluent Limitations and Monitoring Requirements

1. Drilling Fluids

The discharge of drilling fluids shall be limited and monitored by the permittee as specified in Table 2 of appendix A and as below.

Special Note: The permit prohibitions and limitations that apply to drilling fluids, also apply to fluids that adhere to drill cuttings. Any permit condition that may apply to the drilling fluid discharges, therefore, also applies to cuttings discharges.

[Exception] The discharge rate limit for drilling fluids does not apply to drill cuttings.

a. Prohibitions

Oil-Based Drilling Fluids. The discharge of oil-based drilling fluids and inverse emulsion drilling fluids is prohibited.

Oil Contaminated Drilling Fluids. The discharge of drilling fluids which contain waste engine oil, cooling oil, gear oil or any lubricants which have been previously used for purposes other than borehole lubrication, is prohibited.

Diesel Oil. Drilling fluids to which any diesel oil has been added as a lubricant may not be discharged.

b. Limitations

Mineral Oil. Mineral oil may be used only as a carrier fluid (transporter fluid), lubricity additive, or pill.

Cadmium and Mercury in Barite. There shall be no discharge of drilling fluids to which barite has been added, if such barite contains mercury in excess of 1.0 mg/kg (dry weight) or cadmium in excess of 3.0 mg/kg (dry weight). The permittee shall analyze a representative sample of all stock barite used once, prior to drilling each well, and submit the results for total mercury and cadmium in the Discharge Monitoring Report (DMR).

If more than one well is being drilled at a site, new analyses are not required for subsequent wells, provided that no new supplies of barite have been received since the previous analysis. In this case, the results of the previous analysis should be used on the DMR.

Alternatively, the permittee may provide certification, as documented by the supplier(s), that the barite being used on the well will meet the above limits. The concentration of the mercury and cadmium in the barite shall be reported on the DMR as documented by the supplier.

Analyses shall be conducted by absorption spectrophotometry (see 40

CFR part 136, flame and flameless AAS) and the results expressed in mg/kg (dry weight).

Toxicity. Discharged drilling fluids shall meet both a daily minimum and a monthly average minimum 96-hour LC50 of at least 30,000 ppm in a 9:1 seawater to drilling fluid suspended particulate phase (SPP) volumetric ratio using Mysidopsis bahia. Monitoring shall be performed at least once per month for both a daily minimum and the monthly average. In addition, an end-of-well sample is required for a daily minimum. The type of sample required is a grab sample, taken from beneath the shale shaker, or if there are no returns accross the shale shaker, the sample must be taken from a location that is characteristic of the overall mud system to be discharged. Permittees shall report pass or fail on the DMR using either the full toxicity test or the partial toxicity test as specified at 58 FR 12512; however, if the partial toxicity test shows a failure, all testing of future samples from that well shall be conducted using the full toxicity test method to determine the 96-hour LC50.

Free Oil. No free oil shall be discharged. Monitoring shall be performed using the static sheen method once per week when discharging. The number of days a sheen is observed must be recorded.

Discharge Rate. All facilities are subject to a maximum discharge rate of 1,000 barrels per hour.

For those facilities subject to the discharge rate limitation requirement because of their proximity to areas of biological concern, the discharge rate of drilling fluids shall be determined by the following equation:

$R = 10^{[3 \text{ Log } (d/15) + T_t]}$

Where:

R = discharge rate (bbl/hr)

d = distance (meters) from the boundary of a controlled discharge rate area

T_t = toxicity-based discharge rate term = $[\log (LC50 \times 8 \times 10^{-6})] / 0.3657$

Drilling fluids discharges (based on a mud toxicity of 30,000 ppm) equal to or less than 544 meters from areas of biological concern shall comply with the discharge rate obtained from the equation above. Drilling fluids discharges which are shunted to the bottom as required by MMS lease stipulation are not subject to this discharge rate control requirement.

All discharged drilling fluids, including those fluids adhering to cuttings must meet the limitations of this section except that discharge rate limitations do not apply before installation of the marine riser.

C. Monitoring Requirements

Drilling Fluids Inventory. The permittee shall maintain a precise chemical inventory of all constituents and their total volume or mass added downhole for each well.

2. Drill Cuttings

The discharge of drill cuttings shall be limited and monitored by the permittee as specified in appendix A, Table 2 and as below.

a. Prohibitions

Cuttings from Oil Based Drilling Fluids. The discharge of cuttings that are generated while using an oil-based or invert emulsion mud is prohibited.

Cuttings from Oil Contaminated Drilling Fluids. The discharge of cuttings that are generated using drilling fluids which contain waste engine oil, cooling oil, gear oil or any lubricants which have been previously used for purposes other than borehole lubrication, is prohibited.

Cuttings Generated Using Drilling Fluids which Contain Diesel Oil. Drill cuttings generated using drilling fluids to which any diesel oil has been added as a lubricant may not be discharged.

Cuttings Generated Using Mineral Oil. The discharge of cuttings generated using drilling fluids which contain mineral oil is prohibited except when the mineral oil is used as a carrier fluid (transporter fluid), lubricity additive, or pill.

Cadmium and Mercury in Barite. Drill cuttings generated using drilling fluids to which barite has been added shall not be discharged if such barite contains mercury in excess of 1.0 mg/kg (dry weight) or cadmium in excess of 3.0 mg/kg (dry weight).

Toxicity. Drill cuttings generated using drilling fluids with a daily minimum or a monthly average minimum 96-hour LC50 of less than 30,000 ppm in a 9:1 seawater to drilling fluid suspended particulate phase (SPP) volumetric ratio using *Mysidopsis bahia* shall not be discharged.

b. Limitations

Free Oil. No free oil shall be discharged. Monitoring shall be performed using the static sheen test method once per week when discharging. The number of days a sheen is observed must be recorded.

3. Deck Drainage

a. Limitations

Free Oil. No free oil shall be discharged, as determined by the visual sheen method on the surface of the receiving water. Monitoring shall be performed once per day when discharging, during conditions when an observation of a visual sheen on the surface of the receiving water is possible in the vicinity of the discharge, and the facility is manned. The number of days a sheen is observed must be recorded.

4. Produced Sand

There shall be no discharge of produced sand.

5. Well Treatment Fluids, Completion Fluids, and Workover Fluids

a. Limitations

Free Oil. No free oil shall be discharged. Monitoring shall be performed using the static sheen test method once per day when discharging and the facility is manned. The number of days a sheen is observed must be recorded.

Oil and Grease. Well treatment, completion, and workover fluids must meet both a daily maximum of 42 mg/l and a monthly average of 29 mg/l limitation for oil and grease. The sample type may be either grab, or a 24-hour composite consisting of the arithmetic average of the results of 4 grab samples taken within the 24-hour period. If only one sample is taken for any one month, it must meet both the daily and monthly limits. The analytical method is that specified at 40 CFR part 136 or the alternate method described in part I.D.5 of this permit.

Priority Pollutants. For well treatment fluids, completion fluids, and workover fluids, the discharge of priority pollutants is prohibited except in trace amounts. Information on the specific chemical composition of any additives containing priority pollutants shall be recorded.

[Note] If materials added downhole as well treatment, completion, or workover fluids contain no priority pollutants, the discharge is assumed not to contain priority pollutants except possibly in trace amounts.

b. Monitoring Requirements

This discharge shall be considered produced water for monitoring purposes when commingled with produced water.

6. Sanitary Waste (Facilities Continuously Manned by 10 or More Persons)

a. Prohibitions

Solids. No floating solids may be discharged to the receiving waters. An observation must be made once per day for floating solids. Observation must be made during daylight in the vicinity of sanitary waste outfalls following either

the morning or midday meal and at a time during maximum estimated discharge. The number of days solids are observed must be recorded.

b. Limitations

Residual Chlorine. Total residual chlorine is a surrogate parameter for fecal coliform. Discharge of residual chlorine must meet a minimum of 1 mg/l and shall be maintained as close to this concentration as possible. A grab sample must be taken once per month and the concentration recorded (approved method, Hach CN–66–DPD).

[Exception] Any facility which properly operates and maintains a marine sanitation device (MSD) that complies with pollution control standards and regulations under section 312 of the Act shall be deemed in compliance with permit limitations for sanitary waste. The MSD shall be tested yearly for proper operation and the test results maintained at the facility.

7. Sanitary Waste (Facilities Continuously Manned by 9 or Fewer Persons or Intermittently by Any Number)

Prohibitions

Solids. No floating solids may be discharged to the receiving waters. An observation must be made once per day for floating solids. Observation must be made during daylight in the vicinity of sanitary waste outfalls following either the morning or midday meal and at a time during maximum estimated discharge. The number of days solids are observed must be recorded.

[Exception] Any facility which properly operates and maintains a marine sanitation device (MSD) that complies with pollution control standards and regulations under section 312 of the Act shall be deemed to be in compliance with permit limitations for sanitary waste. The MSD shall be tested yearly for proper operation and the test results maintained at the facility.

8. Domestic Waste

a. Prohibitions

Solids. No floating solids or foam shall be discharged.

b. Monitoring Requirements

An observation shall be made once per day during daylight in the vicinity of domestic waste outfalls following the morning or midday meal and at a time during maximum estimated discharge. The number of days solids are observed must be recorded.

9. Miscellaneous Discharges

Desalination Unit Discharge
Diatomaceous Earth Filter Media
Blowout Preventer Fluid
Uncontaminated Ballast Water
Uncontaminated Bilge Water
Mud, Cuttings, and Cement at the Seafloor
Uncontaminated Freshwater
Uncontaminated Seawater
Boiler Blowdown
Source Water and Sand
Excess Cement Slurry

Limitations

Free Oil. No free oil shall be discharged. Discharge is limited to those times that a visual sheen observation is possible unless the operator uses the static sheen method. Monitoring shall be performed using the visual sheen method on the surface of the receiving water once per week when discharging, or by use of the static sheen method at the operator's option. The number of days a sheen is observed must be recorded.

[Exceptions] Uncontaminated seawater, uncontaminated freshwater, source water and source sand, uncontaminated bilge water, and uncontaminated ballast water may be discharged from platforms that are on automatic purge systems without monitoring for free oil when the facilities are not manned. Additionally, discharges at the seafloor of: muds and cuttings prior to installation of the marine riser, cement, and blowout preventer fluid may be discharged without monitoring with the static sheen test when conditions make observation of a visual sheen on the surface of the receiving water impossible.

10. Miscellaneous Discharges of Seawater and Freshwater Which Have Been Chemically Treated

Excess seawater which permits the continuous operation of fire control and utility lift pumps
Excess seawater from pressure maintenance and secondary recovery projects
Water released during training of personnel in fire protection
Seawater used to pressure test new piping and new pipelines
Ballast water
Once Through Non-contact cooling water
Desalinization unit discharge

a. Limitations

Treatment Chemicals. The concentration of treatment chemicals in discharged seawater or freshwater shall not exceed the most stringent of the following three constraints:

(1) The maximum concentrations and any other conditions specified in the EPA product registration labeling if the chemical is an EPA registered product.

(2) The maximum manufacturer's recommended concentration.

(3) 500 mg/l.

Free Oil. No free oil shall be discharged. Discharge is limited to those times that a visible sheen observation is possible unless the operator uses the static sheen method. Monitoring shall be performed using the visual sheen method on the surface of the receiving water once per week when discharging, or by use of the static sheen method at the operator's option. The number of days a sheen is observed must be recorded.

Toxicity. The 48-hour minimum and monthly average minimum No Observable Effect Concentration (NOEC), or if specified the 7-day average minimum and monthly average minimum NOEC, must be equal to or greater than the critical dilution concentration specified in this permit in Table 3-A for seawater discharges and 3-B for freshwater discharges. Critical dilution shall be determined using Table 3 of this permit and is based on the discharge rate, discharge pipe diameter, and water depth between the discharge pipe and the bottom. The monthly average minimum NOEC value is defined as the arithmetic average of all 48-hour average NOEC (or 7-day average minimum NOEC) values determined during the month.

b. Monitoring Requirements

Flow. Once per month, an estimate of the flow (MGD) must be recorded.

Toxicity. The required frequency of testing for continuous discharges shall be determined as follows:

Discharge rate	Toxicity testing frequency
0—499 bbl/day	Once per year.
500—4,599 bbl/day	Once per quarter.
4,600 bbl/day and above.	Once per month.

Intermittent or batch discharges shall be monitored once per discharge but are required to be monitored no more frequently than the corresponding frequencies shown above for continuous discharges.

Samples shall be collected after addition of any added substances, including seawater that is added prior to discharge, and before the flow is split for multiple discharge ports. Samples also shall be representative of the discharge. Methods to increase dilution previously described for produced water in part I.B.4.a also apply to seawater and freshwater discharges which have been chemically treated.

If the permittee has been compliant with this toxicity limit for one full year (12 consecutive months) for a continuous discharge of chemically treated seawater or freshwater, the required testing frequency shall be reduced to once per year for that discharge.

Section C. Other Discharge Limitations

1. Floating Solids or Visible Foam

There shall be no discharge of floating solids or visible foam from any source in other than trace amounts.

[Exception] For new sources, this limitation only applies to miscellaneous discharges and domestic waste discharges.

2. Halogenated Phenol Compounds

There shall be no discharge of halogenated phenol compounds as a part of any waste stream authorized in this permit.

3. Dispersants, Surfactants, and Detergents

The facility operator shall minimize the discharge of dispersants, surfactants and detergents except as necessary to comply with the safety requirements of the Occupational Safety and Health Administration and the Minerals Management Service. This restriction applies to tank cleaning and other operations which do not directly involve the safety of workers. The restriction is imposed because detergents disperse and emulsify oil, thereby increasing toxicity and making the detection of a discharge of oil more difficult.

4. Garbage

The discharge of garbage (see part II.G.32) is prohibited .

[Exception] Comminuted food waste (able to pass through a screen with a mesh no larger than 25 mm, approx. 1 inch) may be discharged when 12 nautical miles or more from land.

5. Area of Biological Concern

There shall be no discharge in Areas of Biological Concern, including marine sanctuaries. The Flower Garden Banks has been determined to be a Marine Sanctuary and is within the geographical area covered under this permit.

Section D. Other Conditions

1. Samples of Wastes

If requested, the permittee shall provide EPA with a sample of any waste in a manner specified by the Agency.

2. Drilling Fluids Toxicity Test

The approved test method for permit compliance is identified as: Drilling Fluids Toxicity Test at 40 *CFR* part 435, subpart A, appendix 2.

3. Chemically Treated Seawater and Freshwater Toxicity Testing Requirements (48-Hour Acute NOEC Marine Limits)

The approved test methods for permit compliance are identified in 40 CFR part 136.

a. The permittee shall utilize the *Mysidopsis bahia* (Mysid shrimp) acute static renewal 48-hour definitive toxicity test using EPA/600/4–90/027F.

b. *Menidia beryllina* (Inland Silverside minnow) acute static renewal 48-hour definitive toxicity test using EPA/600/4–90/027F.

c. The NOEC (No observable Effect Concentration) is defined as the greatest effluent dilution which does not result in lethality that is statistically different from the control (0% effluent) at the 95% confidence level.

d. If the effluent fails the survival endpoint at the critical dilution, the permittee shall be considered in violation of this permit limit. Also, when the testing frequency stated above is less than monthly and the effluent fails the survival endpoint at the critical dilution, the monitoring frequency for the affected species will increase to monthly until such time as compliance with the Lethal No Observed Effect Concentration (NOEC) effluent limitation is demonstrated for a period of three consecutive months, at which time the permittee may return to the testing frequency stated in part I.B.11.b of this permit. During the period the permittee is out of compliance, test results shall be reported on the DMR for that reporting period.

e. This permit may be reopened to require chemical specific effluent limits, additional testing, and/or other appropriate actions to address toxicity.

f. Test Acceptance. The permittee shall repeat a test, including the control and all effluent dilutions, if the procedures and quality assurance requirements defined in the test methods or in this permit are not satisfied, including the following additional criteria:

(1) Each toxicity test control (0% effluent) must have a survival equal to or greater than 90%.

(2) The percent coefficient of variation between replicates shall be 40% or less in the control (0% effluent) for the Mysid shrimp survival test and the Inland Silverside minnow survival test.

(3) The percent coefficient of variation between replicates shall be 40% or less in the critical dilution, *unless* significant lethal effects are exhibited for the Mysid shrimp survival test and the Inland Silverside minnow survival test.

Test failure may not be construed or reported as invalid due to a coefficient of variation value of greater than 40%. A repeat test shall be conducted within the required reporting period of any test determined to be invalid.

g. Statistical Interpretation. For the Mysid shrimp survival test and the Inland Silverside minnow survival test, the statistical analyses used to determine if there is a statistically significant difference between the control and the critical dilution shall be in accordance with the methods for determining the No Observed Effect Concentration (NOEC) as described in EPA/600/4–90/027F or the most recent update thereof.

If the conditions of Test Acceptability are met in Item 4.f above and the percent survival of the test organism is equal to or greater than 80% in the critical dilution concentration and all lower dilution concentrations, the test shall be considered to be a passing test, and the permittee shall report an NOEC of not less than the critical dilution for the DMR reporting requirements found in Item i below.

h. The permittee shall prepare a full report of the results of all tests conducted pursuant to this section in accordance with the Report Preparation section of ''Methods for Measuring the Acute Toxicity of Effluents and Receiving Waters to Freshwater and Marine Organisms,'' EPA/600/4–90/027F, or the latest update thereof, for every valid or invalid toxicity test initiated whether carried to completion or not. The permittee shall retain each full report pursuant to the provisions of part II.C.3 of this permit. The permittee shall submit full reports only upon the specific request of the Agency.

i. In accordance with part II.D.4 of this permit, the permittee shall report on the DMR for the reporting period whether the lowest Whole Effluent Lethality values determined for either species passed the 30-Day Average Minimum and 48-Hour Minimum NOEC. In addition, the permittee shall report on the DMR the lowest NOEC survival value of the two species.

4. Oil and Grease Alternative Test Procedure: Interim Limited Use Approval

Proposed Method 1664 (61 FR 1730, January 23, 1996) may be used as an alternative test procedure for NPDES permit compliance monitoring purposes. This approval shall expire at

the time of the publication in the **Federal Register** of the final rule governing the use of Method 1664. This approval includes all of the analytical options within Method 1664 provided the equivalency demonstration is performed and all performance specifications are met.

5. Visual Sheen Test

The visual sheen test is used to detect free oil by observing the surface of the receiving water for the presence of a sheen while discharging. The operator must conduct a visual sheen test only at times when a sheen could be observed. This restriction eliminates observations when atmospheric or surface conditions prohibit the observer from detecting a sheen (e.g., overcast skies, rough seas, etc.).

The observer must be positioned on the rig or platform, relative to both the discharge point and current flow at the time of discharge, such that the observer can detect a sheen should it surface down current from the discharge. For discharges that have been occurring for a least 15 minutes previously, observations may be made any time thereafter. For discharges of less than 15 minutes duration, observations must be made during both discharge and at 5 minutes after discharge has ceased.

6. Static Sheen Test

The approved test method for permit compliance is identified as: Static Sheen Test at 40 CFR part 435, subpart A, appendix 1.

Part II. Standard Conditions for NPDES Permits

Section A. General Conditions

1. Introduction

In accordance with the provisions of 40 CFR part 122.41, et. seq., this permit incorporates by reference ALL conditions and requirements applicable to NPDES permits set forth in the Clean Water Act, as amended, (herein-after known as the ''Act'') as well as ALL applicable regulations.

2. Duty to Comply

The permittee must comply with all conditions of this permit. Any permit noncompliance constitutes a violation of the Act and is grounds for enforcement action or for requiring a permittee to apply and obtain an individual NPDES permit.

3. Toxic Pollutants

a. Notwithstanding part II.A.4, if any toxic effluent standard or prohibition (including any schedule of compliance specified in such effluent standard or prohibition) is promulgated under section 307(a) of the Act for a toxic pollutant which is present in the discharge and that standard or prohibition is more stringent than any limitation on the pollutant in this permit, this permit shall be modified or revoked and reissued to conform to the toxic effluent standard or prohibition.

b. The permittee shall comply with effluent standards or prohibitions established under section 307(a) of the Act for toxic pollutants within the time provided in the regulations that established those standards or prohibitions, even if the permit has not yet been modified to incorporate the requirement.

4. Permit Flexibility

This permit may be modified, revoked and reissued, or terminated for cause in accordance with 40 CFR 122.62–64. The filing of a request for a permit modification, revocation and reissuance, or termination, or a notification of planned changes or anticipated noncompliance, does not stay any permit condition.

5. Property Rights

This permit does not convey any property rights of any sort, or any exclusive privilege.

6. Duty to Provide Information

The permittee shall furnish to the Director, within a reasonable time, any information which the Director may request to determine whether cause exists for modifying, revoking and reissuing, or terminating this permit, or to determine compliance with this permit. The permittee shall also furnish to the Director, upon request, copies of records required to be kept by this permit.

7. Criminal and Civil Liability

Except as provided in permit conditions on ''Bypassing'' and ''Upsets,'' nothing in this permit shall be construed to relieve the permittee from civil or criminal penalties for noncompliance. Any false or materially misleading representation or concealment of information required to be reported by the provisions of the permit, the Act, or applicable regulations, which avoids or effectively defeats the regulatory purpose of the permit may subject the permittee to criminal enforcement pursuant to 18 U.S.C. 1001.

8. Oil and Hazardous Substance Liability

Nothing in this permit shall be construed to preclude the institution of any legal action or relieve the permittee from any responsibilities, liabilities, or penalties to which the permittee is or may be subject under section 311 of the Act.

9. State Laws

Nothing in this permit shall be construed to preclude the institution of any legal action or relieve the permittee from any responsibilities, liabilities, or penalties established pursuant to any applicable State Law or regulation under authority preserved by section 510 of the Act.

10. Severability

The provisions of this permit are severable, and if any provision of this permit or the application of any provision of this permit to any circumstance is held invalid, the application of such provision to other circumstances, and the remainder of this permit, shall not be affected thereby.

Section B. Proper Operation and Maintenance

1. Need to Halt or Reduce Not a Defense

It shall not be a defense for a permittee in an enforcement action that it would have been necessary to halt or reduce the permitted activity in order to maintain compliance with the conditions of this permit. The permittee is responsible for maintaining adequate safeguards to prevent the discharge of untreated or inadequately treated wastes during electrical power failure either by means of alternate power sources, standby generators or retention of inadequately treated effluent.

2. Duty to Mitigate

The permittee shall take all reasonable steps to minimize or prevent any discharge in violation of this permit which has a reasonable likelihood of adversely affecting human health or the environment.

3. Proper Operation and Maintenance

a. The permittee shall at all times properly operate and maintain all facilities and systems of treatment and control (and related appurtenances) which are installed or used by permittee as efficiently as possible and in a manner which will minimize upsets and discharges of excessive pollutants and will achieve compliance with the conditions of this permit. Proper operation and maintenance also includes adequate laboratory controls and appropriate quality assurance procedures. This provision requires the operation of backup or auxiliary facilities or similar systems which are

installed by a permittee only when the operation is necessary to achieve compliance with the conditions of this permit.

b. The permittee shall provide an adequate operating staff which is duly qualified to carry out operation, maintenance and testing functions required to insure compliance with the conditions of this permit.

4. Bypass of Treatment Facilities

a. Bypass not exceeding limitations. The permittee may allow any bypass to occur which does not cause effluent limitations to be exceeded, but only if it also is for essential maintenance to assure efficient operation. These bypasses are not subject to the provisions of parts II.B.4.b and 4.c.

b. Notice.

(1) Anticipated bypass. If the permittee knows in advance of the need for a bypass, it shall submit prior notice, if possible at least ten days before the date of the bypass.

(2) Unanticipated bypass. The permittee shall, within 24 hours, submit notice of an unanticipated bypass as required in part II.D.7.

c. Prohibition of Bypass.

(1) Bypass is prohibited, and the Director may take enforcement action against a permittee for bypass, unless:

(a) Bypass was unavoidable to prevent loss of life, personal injury, or severe property damage;

(b) There were no feasible alternatives to the bypass, such as the use of auxiliary treatment facilities, retention of untreated wastes, or maintenance during normal periods of equipment downtime. This condition is not satisfied if adequate back-up equipment should have been installed in the exercise of reasonable engineering judgement to prevent a bypass which occurred during normal periods of equipment downtime or preventive maintenance; and,

(c) The permittee submitted notices as required by part II.B.4.b.

(2) The Director may allow an anticipated bypass after considering its adverse effects, if the Director determines that it will meet the three conditions listed at part II.B.4.c(1).

5. Upset Conditions

a. Effect of an upset. An upset constitutes an affirmative defense to an action brought for noncompliance with such technology-based permit effluent limitations if the requirements of part II.B.5.b. are met. No determination made during administrative review of claims that noncompliance was caused by upset, and before an action for noncompliance, is final administrative action subject to judicial review.

b. Conditions necessary for a demonstration of upset. A permittee who wishes to establish the affirmative defense of upset shall demonstrate, through properly signed, contemporaneous operating logs, or other relevant evidence that:

(1) An upset occurred and that the permittee can identify the cause(s) of the upset;

(2) The permitted facility was at the time being properly operated;

(3) The permittee submitted notice of the upset as required by part II.D.7; and,

(4) The permittee complied with any remedial measures required by part II.B.2.

c. Burden of proof. In any enforcement proceeding, the permittee seeking to establish the occurrence of an upset has the burden of proof.

6. Removed Substances

Solids, sewage sludges, filter backwash, or other pollutants removed in the course of treatment or wastewater control shall be disposed of in a manner such as to prevent any pollutant from such materials from entering navigable waters. Any substance specifically listed within this permit may be discharged in accordance with specified conditions, terms, or limitations.

Section C. Monitoring and Records

1. Inspection and Entry

The permittee shall allow the Director, or an authorized representative, upon the presentation of credentials and other documents as may be required by the law to:

a. Enter upon the permittee's premises where a regulated facility or activity is located or conducted, or where records must be kept under the conditions of this permit;

b. Have access to and copy, at reasonable times, any records that must be kept under the conditions of this permit;

c. Inspect at reasonable times any facilities, equipment (including monitoring and control equipment), practices or operations regulated or required under this permit; and

d. Sample or monitor at reasonable times, for the purpose of assuring permit compliance or as otherwise authorized by the Act, any substances or parameters at any location.

2. Representative Sampling

Samples and measurements taken for the purpose of monitoring shall be representative of the monitored activity.

3. Retention of Records

The permittee shall retain records of all monitoring information, including all calibration and maintenance records and all original strip chart recordings for continuous monitoring instrumentation, copies of all reports required by this permit, and records of all data used to complete the application for this permit, for a period of at least 3 years from the date of the sample, measurement, report, or application. This period may be extended by request of the Director at any time.

The operator shall maintain records at development and production facilities for 3 years, wherever practicable and at a specific shore-based site whenever not practicable. The operator is responsible for maintaining records at exploratory facilities while they are discharging under the operators control and at a specific shore-based site for the remainder of the 3-year retention period.

4. Record Contents

Records of monitoring information shall include:

a. The date, exact place, and time of sampling or measurements;

b. The individual(s) who performed the sampling or measurements;

c. The date(s) and time(s) analyses were performed;

d. The individual(s) who performed the analyses;

e. The analytical techniques or methods used; and

f. The results of such analyses.

5. Monitoring Procedures

a. Monitoring must be conducted according to test procedures approved under 40 CFR part 136, unless other test procedures have been specified in this permit or approved by the Regional Administrator.

b. The permittee shall calibrate and perform maintenance procedures on all monitoring and analytical instruments at intervals frequent enough to insure accuracy of measurements and shall maintain appropriate records of such activities.

c. An adequate analytical quality control program, including the analyses of sufficient standards, spikes, and duplicate samples to insure the accuracy of all required analytical results shall be maintained by the permittee or designated commercial laboratory.

6. Flow Measurements

Appropriate flow measurement devices and methods consistent with accepted scientific practices shall be selected and used to ensure the

accuracy and reliability of measurements of the volume of monitored discharges. The devices shall be installed, calibrated, and maintained to insure that the accuracy of the measurements is consistent with the accepted capability of that type of device. Devices selected shall be capable of measuring flows with a maximum deviation of less than 10% from true discharge rates throughout the range of expected discharge volumes.

Section D. Reporting Requirements

1. Planned Changes

The permittee shall give notice to the Director as soon as possible of any planned physical alterations or additions to the permitted facility. Notice is required only when:

(1) The alteration or addition to a permitted facility may meet one of the criteria for determining whether a facility is a new source in 40 CFR part 122.29(b); or,

(2) The alteration or addition could significantly change the nature or increase the quantity of pollutants discharged. This notification applies to pollutants which are subject neither to effluent limitations in the permit, nor to notification requirements listed at part II.D.10.a.

2. Anticipated Noncompliance

The permittee shall give advance notice to the Director of any planned changes in the permitted facility or activity which may result in noncompliance with permit requirements.

3. Transfers

This permit is not transferable to any person except after notice to the Regional Administrator. The Regional Administrator may require modification or revocation and reissuance of the permit to change the name of the permittee and to incorporate such requirements as may be necessary under the Act.

4. Discharge Monitoring Reports and Other Reports

The operator of each lease block shall be responsible for submitting monitoring results for all facilities within each lease block. The monitoring results for the facilities (platform, drilling ship, or semisubmersible) within the particular lease block shall be summarized on the annual Discharge Monitoring Report for that lease block.

Monitoring results obtained during the previous 12 months shall be summarized and reported on a Discharge Monitoring Report (DMR) form (EPA No. 3320–1).

If any category of waste (discharge) is not applicable for all facilities within the lease block, due to the type of operations (e.g., drilling, production) no reporting is required; however, ''no discharge'' must be recorded for those categories on the DMR. Operators may list a summary of all lease blocks where there is no activity in lieu of DMRs for those lease blocks. The summary must state each lease block name and outfall number and must include the monitoring period. All pages of the DMR, or summary of no activity lease blocks, must be signed and certified as required by part II.D.11 of this permit and returned when due.

Additionally, the lease block number assigned by the Department of the Interior shall be listed on all Discharge Monitoring Reports.

5. Additional Monitoring by the Permittee

If the permittee monitors any pollutant more frequently than required by this permit, using test procedures approved under 40 CFR part 136 or as specified in this permit, the results of this monitoring shall be included in the calculation and reporting of the data submitted in the Discharge Monitoring Report (DMR). Such increased monitoring frequency shall also be indicated on the DMR.

6. Averaging of Measurements

Calculations for all limitations which require averaging of measurements shall utilize an arithmetic mean unless otherwise specified.

7. Twenty-Four Hour Reporting

a. The permittee shall report any noncompliance which may endanger health or the environment. Any information shall be provided orally within 24 hours from the time the permittee becomes aware of the circumstances. Alternatively to oral reporting, the permittee may report by EMAIL at the following address: R6GENPERMIT@epamail.epa.gov. A written submission shall be provided within 5 days of the time the permittee becomes aware of the circumstances. The report shall contain the following information:

(1) A description of the noncompliance and its cause;

(2) The period of noncompliance including exact dates and times, and if the noncompliance has not been corrected, the anticipated time it is expected to continue; and,

(3) Steps being taken to reduce, eliminate, and prevent recurrence of the noncomplying discharge.

b. The following shall be included as information which must be reported within 24 hours:

(1) Any unanticipated bypass which exceeds any effluent limitation in the permit;

(2) Any upset which exceeds any effluent limitation in the permit; and,

(3) Violation of a maximum daily discharge limitation for any of the pollutants listed by the Director in Part II of the permit to be reported within 24 hours.

c. The Director may waive the written report on a case-by-case basis if the oral report has been received within 24 hours.

8. Other Noncompliance

The permittee shall report all instances of noncompliance not reported under parts II.D.4 and D.7 at the time monitoring reports are submitted. The reports shall contain the information listed at part II.D.7.

9. Other Information

Where the permittee becomes aware that he failed to submit any relevant facts in a permit application, or submitted incorrect information in a permit application or in any report to the Director, he shall promptly submit such facts or information.

10. Signatory Requirements

All applications, reports, or information submitted to the Director shall be signed and certified.

a. All permit applications shall be signed as follows:

(1) For a corporation—by a responsible corporate officer. For the purpose of this section, a responsible corporate officer means:

(a) A president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision making functions for the corporation; or,

(b) The manager of one or more manufacturing, production, or operating facilities employing more than 250 persons or having gross annual sales or expenditures exceeding $25 million (in second-quarter 1980 dollars), if authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.

(2) For a partnership or sole proprietorship—by a general partner or the proprietor, respectively.

(3) For a municipality, State, Federal, or other public agency—by either a principal executive officer or ranking elected official. For purposes of this election, a principal executive officer of a Federal agency includes:

(a) The chief executive officer of the agency, or

(b) A senior executive officer having responsibility for the overall operations of a principal geographic unit of the agency.

b. All reports required by the permit and other information requested by the Director shall be signed by a person described above or by a duly authorized representative of that person. A person is a duly authorized representative only if:

(1) The authorization is made in writing by a person described above;

(2) The authorization specifies either an individual or a position having responsibility for the overall operation of the regulated facility or activity, such as the position of plant manager, operator of a well or a well field, superintendent, or position of equivalent responsibility, or an individual or position having overall responsibility for environmental matters for the company. A duly authorized representative may thus be either a named individual or an individual occupying a named position; and,

(3) The written authorization is submitted to the Director.

c. Certification. Any person signing a document under this section shall make the following certification:

''I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.''

11. Availability of Reports

Except for applications, effluent data, permits, and other data specified in 40 CFR 122.7, any information submitted pursuant to this permit may be claimed as confidential by the submitter. If no claim is made at the time of submission, information may be made available to the public without further notice.

Section E. Penalties for Violations of Permit Conditions

1. Criminal

a. Negligent Violations

The Act provides that any person who negligently violates permit conditions implementing sections 301, 302, 306, 307, 308, 318, or 405 of the Act is subject to a fine of not less $2,500 nor more then $25,000 per day of violation, or by imprisonment for not more than 1 year, or both.

b. Knowing Violations

The Act provides that any person who knowingly violates permit conditions implementing sections 301, 302, 306, 307, 308, 318 or 405 of the Act is subject to a fine of not less than $5,000 nor more than $50,000 per day of violation, or by imprisonment for not more than 3 years, or both.

c. Knowing Endangerment

The Act provides that any person who knowingly violates permit conditions implementing sections 301, 302, 303, 306, 307, 308, 318, or 405 of the Act and who knows at that time that he is placing another person in imminent danger of death or serious bodily injury is subject to a fine of not more than $250,000, or by imprisonment for not more than 15 years, or both.

d. False Statements

The Act provides that any person who knowingly makes any false material statement, representation, or certification in any application, record report, plan, or other document filed or required to be maintained under the Act or who knowingly falsifies, tampers with, or renders inaccurate, any monitoring device or method required to be maintained under the Act, shall upon conviction, be punished by a fine of not more than $10,000, or by imprisonment for not more than 2 years, or by both. If a conviction of a person is for a violation committed after a first conviction of such person under this paragraph, punishment shall be by a fine of not more than $20,000 per day of violation, or by imprisonment of not more than 4 years, or by both (see section 309.c.4 of the Clean Water Act).

2. Civil Penalties

The Act provides that any person who violates a permit condition implementing sections 301, 302, 306, 307, 308, 318, or 405 of the Act is subject to a civil penalty not to exceed $27,500 per day for each violation.

3. Administrative Penalties

The Act provides that any person who violates a permit conditions implementing sections 301, 302, 306, 307, 308, 318, or 405 of the Act is subject to an administrative penalty, as follows:

a. Class I Penalty

Not to exceed $11,000 per violation nor shall the maximum amount exceed $27,500.

b. Class II Penalty

Not to exceed $11,000 per day for each day during which the violation continues nor shall the maximum amount exceed $137,500.

Section F. Additional General Permit Conditions

1. When the Regional Administrator May Require Application for an Individual NPDES Permit

The Regional Administrator may require any person authorized by this permit to apply for and obtain an individual NPDES permit when:

a. The discharge(s) is a significant contributor of pollution;

b. The discharger is not in compliance with the conditions of this permit;

c. A change has occurred in the availability of the demonstrated technology or practices for the control or abatement of pollutants applicable to the point sources;

d. Effluent limitations guidelines are promulgated for point sources covered by this permit;

e. A Water Quality Management Plan containing requirements applicable to such point source is approved;

f. The point source(s) covered by this permit no longer:

(1) Involve the same or substantially similar types of operations;

(2) Discharge the same types of wastes;

(3) Require the same effluent limitations or operating conditions;

(4) Require the same or similar monitoring; and

(5) In the opinion of the Regional Administrator, are more appropriately controlled under an individual permit than under a general permit.

g. The bioaccumulation monitoring results show concentrations of the listed pollutants in excess of levels safe for human consumption.

The Regional Administrator may require any operator authorized by this permit to apply for an individual NPDES permit only if the operator has been notified in writing that a permit application is required.

2. When an Individual NPDES Permit May be Requested

a. Any operator authorized by this permit may request to be excluded from the coverage of this general permit by applying for an individual permit.

b. When an individual NPDES permit is issued to an operator otherwise

subject to this general permit, the applicability of this permit to the owner or operator is automatically terminated on the effective date of this individual permit.

c. A source excluded from coverage under this general permit solely because it already has an individual permit may request that its individual permit be revoked, and that it be covered by this general permit. Upon revocation of the individual permit, this general permit shall apply to the source.

3. Permit Reopener Clause

If applicable new or revised effluent limitations guidelines or New Source Performance Standards covering the Offshore Subcategory of the Oil and Gas Extraction Point Source Category (40 CFR part 435) are promulgated in accordance with sections 301(b), 304(b)(2), and 307(a)(2), and the new or revised effluent limitations guidelines or New Source Performance Standards are more stringent than any effluent limitations in this permit or control a pollutant not limited in this permit, the permit may, at the Director's discretion, be modified to conform to the new or revised effluent limitations guidelines.

Notwithstanding the above, if an offshore oil and gas extraction point source discharge facility is subject to the ten year protection period for new source performance standards under the Clean Water Act section 306(d), this reopener clause may not be used to modify the permit to conform to more stringent new source performance standards or technology based standards developed under section 301(b)(2) during the ten year period specified in 40 CFR part 122.29(d).

The Director may modify this permit upon meeting the conditions set forth in this reopener clause.

Section G. Definitions

All definitions contained in section 502 of the Act shall apply to this permit and are incorporated herein by references. Unless otherwise specified in this permit, additional definitions of words or phrases used in this permit are as follows:

1. ''Act'' means the Clean Water Act (33 U.S.C. 1251 et. seq.), as amended.

2. ''Administrator'' means the Administrator of the U.S. Environmental Protection Agency.

3. ''Annual Average'' means the average of all discharges sampled and/or measured during a calendar year in which daily discharges are sampled and/or measured, divided by the number of discharges sampled and/or measured during such year.

4. ''Applicable effluent standards and limitations'' means all state and Federal effluent standards and limitations to which a discharge is subject under the Act, including, but not limited to, effluent limitations, standards or performance, toxic effluent standards and prohibitions, and pretreatment standards.

5. ''Applicable water quality standards'' means all water quality standards to which a discharge is subject under the Act.

6.''Areas of Biological Concern'' means a portion of the OCS identified by EPA, in consultation with the Department of Interior as containing potentially productive or unique biological communities or as being potentially sensitive to discharges associated with oil and gas activities.

7. ''Blow-Out Preventer Control Fluid'' means fluid used to actuate the hydraulic equipment on the blow-out preventer or subsea production wellhead assembly.

8. ''Boiler Blowdown'' means discharges from boilers necessary to minimize solids build-up in the boilers, including vents from boilers and other heating systems.

9. ''Bulk Discharge'' any discharge of a discrete volume or mass of effluent from a pit tank or similar container that occurs on a one-time, infrequent or irregular basis.

10. ''Bypass'' means the intentional diversion of waste streams from any portion of a treatment facility.

11. ''Completion Fluids'' means salt solutions, weighted brines, polymers and various additives used to prevent damage to the well bore during operations which prepare the drilled well for hydrocarbon production. These fluids move into the formation and return to the surface as a slug with the produced water. Drilling muds remaining in the wellbore during logging, casing, and cementing operations or during temporary abandonment of the well are not considered completion fluids and are regulated by drilling fluids requirements.

12. ''Controlled Discharge Rates Areas'' means zones adjacent to areas of biological concern.

13. ''Daily Discharge'' means the discharge of a pollutant measured during a calendar day or any 24-hour period that reasonably represents the calendar day for purposes of sampling. For pollutants with limitations expressed in terms of mass, the daily discharge is calculated as the total mass of the pollutant discharged over the sampling day. For pollutants with limitations expressed in other units of measurement, the daily discharge is calculated as the average measurement of the pollutant over the sampling day. Daily discharge determination of concentration made using a composite sample shall be the concentration of the composite sample. When grab samples are used, the daily discharge determination of concentration shall be arithmetic average (weighted by flow value) of all samples collected during that sampling day.

14. ''Daily Average'' (also known as monthly average) discharge limitations means the highest allowable average of daily discharge(s) over a calendar month, calculated as the sum of all daily discharge(s) measured during a calendar month divided by the number of daily discharge(s) measured during that month. When the permit establishes daily average concentration effluent limitations or conditions, the daily average concentration means the arithmetic average (weighted by flow) of all daily discharge(s) of concentration determined during the calendar month where C = daily concentration, F = daily flow, and n = number of daily samples; daily average discharge =

$$\frac{C_1F_1 + C_2F_2 + \cdots + C_nF_n}{F_1 + F_2 + \cdots + F_n}.$$

15. ''Daily Maximum'' discharge limitations means the highest allowable ''daily discharge'' during the calendar month.

16. ''Desalinization Unit Discharge'' means wastewater associated with the process of creating freshwater from seawater.

17. ''Deck Drainage'' means any waste resulting from deck washings, spillage, rainwater, and runoff from gutters and drains including drip pans and work areas within facilities covered under this permit.

18. ''Development Drilling'' means the drilling of wells required to efficiently produce a hydrocarbon formation or formations.

19. ''Development Facility'' means any fixed or mobile structure that is engaged in the drilling of productive wells.

20. ''Diatomaceous Earth Filter Media'' means filter media used to filter seawater or other authorized completion fluids and subsequently washed from the filter.

21. ''Diesel Oil'' means the grade of distillate fuel oil, as specified in the American Society for Testing and Materials Standard Specification D975–81, that is typically used as the continuous phase in conventional oil-based drilling fluids.

22. ''Director'' means the U.S. Environmental Protection Agency Regional Administrator or an authorized representative.

23. ''Domestic Waste'' means material discharged from galleys, sinks, showers, safety showers, eye wash stations, hand washing stations, fish cleaning stations, and laundries.

24. ''Drill Cuttings'' means particles generated by drilling into the subsurface geological formations including cured cement carried to the surface with the drilling fluid.

25. ''Drilling Fluids'' means the circulating fluid (mud) used in the rotary drilling of wells to clean and condition the hole and to counterbalance formation pressure. A water-based drilling fluid is the conventional drilling mud in which water is the continuous phase and the suspending medium for solids, whether or not oil is present. An oil based drilling fluids has diesel oil, mineral oil, or some other oil as its continuous phase with water as the dispersed phase.

26. ''End of well Sample'' means the sample taken after the final log run is completed and prior to bulk discharge.

27. ''Environmental Protection Agency'' (EPA) means the U.S. Environmental Protection Agency.

28. ''Excess Cement Slurry'' means the excess mixed cement, including additives and wastes from equipment washdown, after a cementing operation.

29. ''Exploratory Facility'' means any fixed or mobile structure that is engaged in the drilling of wells to determine the nature of potential hydrocarbon reservoirs.

30. ''Fecal Coliform Bacteria Sample'' consists of one effluent grab portion collected during a 24-hour period at peak loads.

31. ''Grab sample'' means an individual sample collected in less than 15 minutes.

32. ''Garbage'' means all kinds of food waste, wastes generated in living areas on the facility, and operational waste, excluding fresh fish and parts thereof, generated during the normal operation of the facility and liable to be disposed of continuously or periodically, except dishwater, graywater, and those substances that are defined or listed in other Annexes to MARPOL 73/78.

33. ''Graywater'' means drainage from dishwater, shower, laundry, bath, and washbasin drains and does not include drainage from toilets, urinals, hospitals, and cargo spaces.

34. ''Inverse Emulsion Drilling Fluids'' means an oil-based drilling fluid which also contains a large amount of water.

35. ''Live bottom areas'' means those areas which contain biological assemblages consisting of such sessile invertebrates as seas fans, sea whips, hydroids, anemones, ascideians sponges, bryozoans, seagrasses, or corals living upon and attached to naturally occurring hard or rocky formations with fishes and other fauna.

36. ''Maintenance waste'' means materials collected while maintaining and operating the facility, including, but not limited to, soot, machinery deposits, scraped paint, deck sweepings, wiping wastes, and rags.

37. ''Maximum Hourly Rate'' means the greatest number of barrels of drilling fluids discharged within one hour, expressed as barrels per hour.

38. ''Muds, Cuttings, and Cement at the Seafloor'' means discharges that occur at the seafloor prior to installation of the marine riser and during marine riser disconnect, well abandonment and plugging operations.

39. ''National Pollutant Discharge Elimination System'' (NPDES) means the national program for issuing, modifying, revoking, and reissuing, terminating, monitoring, and enforcing permits, and imposing and enforcing pretreatment requirements, under section 307, 318, 402, and 405 of the Act.

40. ''New Source'' means any facility or activity that meets the definition of ''new source'' under 40 CFR 122.2 and meets the criteria for determination of new sources under 40 CFR 122.29(b) applied consistently with all of the following definitions:

a. The term ''water area'' as used in the term ''site'' in 40 CFR 122.29 and 122.2 shall mean the water area and ocean floor beneath any exploratory, development, or production facility where such facility is conducting its exploratory, development, or production activities.

b. The term ''significant site preparation work'' as used in 40 CFR 122.29 shall mean the process of surveying, clearing, or preparing an area of the ocean floor for the purpose of constructing or placing a development or production facility on or over the site.

41. ''No Activity Zones'' means those areas identified by the Minerals Management Service (MMS) where no structures, drilling rigs, or pipelines will be allowed. Those zones are identified as lease stipulations in U.S. Department of Interior, MMS, August, 1990, Environmental Impact Statement for Sales 131, 135, and 137, Western, Central, and Eastern Gulf of Mexico. Additional no activity areas may be identified by MMS during the life of this permit.

42. ''Operational waste'' means all cargo associated waste, maintenance waste, cargo residues, and ashes and clinkers from incinerators and coal burning boilers.

43. ''Packer Fluid'' means low solids fluids between the packer, production string and well casing. They are considered to be workover fluids.

44. ''Priority Pollutants'' means those chemicals or elements identified by EPA, pursuant to section 307 of the Clean Water Act and 40 CFR 401.15.

45. ''Produced Sand'' means slurried particles used in hydraulic fracturing, the accumulated formation sands, and scale particles generated during production. Produced sand also includes desander discharge from produced water waste stream and blowdown of water phase from the produced water treating system.

46. ''Produced Water'' means the water (brine) brought up from the hydrocarbon-bearing strata during the extraction of oil and gas, and can include formation water, injection water, and any chemicals added downhole or during the oil/water separation process.

47. ''Production Facility'' means any fixed or mobile structure that is either engaged in well completion or used for active recovery of hydrocarbons from producing formations.

48. ''Sanitary Waste'' means human body waste discharged from toilets and urinals.

49. ''Severe property damage'' means substantial physical damage to property, damage to the treatment facilities which cause them to become inoperable, or substantial and permanent loss of natural resources which can reasonably be expected to occur in the absence of a bypass. Severe property damage does not mean economic loss caused by delays in production.

50. ''Sheen'' means a silvery or metallic sheen, gloss, or increased reflectivity, visual color or iridescence on the water surface.

51. ''Source Water and Sand'' means water from non-hydrocarbon bearing formations for the purpose of pressure maintenance or secondary recovery including the entrained solids.

52. ''Spotting'' means the process of adding a lubricant (spot) downhole to free stuck pipe.

53. Synthetic Drilling Fluid'' means a drilling fluids which has synthetic material as its continuous phase with water as the dispersed phase.

54. ''Territorial Seas'' means the belt of the seas measured from the line of ordinary low water along that portion of the coast which is in direct contact with the open sea and the line marking the

seaward limit of inland waters, and extending seaward a distance of three miles.

55. ''Trace Amounts'' means that if materials added downhole as well treatment, completion, or workover fluids do not contain priority pollutants then the discharge is assumed not to contain priority pollutants, except possibly in trace amounts.

56. ''Treatment Chemicals'' means biocides, corrosion inhibitors, or other chemicals which are used to treat seawater or freshwater to prevent corrosion or fouling of piping or equipement.

57. ''Uncontaminated Ballast/Bilge Water'' means seawater added or removed to maintain proper draft.

58. ''Uncontaminated Freshwater'' means freshwater which is discharged without the addition of chemicals; included are (1) discharges of excess freshwater that permit the continuous operation of fire control and utility lift pumps, (2) excess freshwater from pressure maintenance and secondary recovery projects, (3) water red during training and testing of personnel in fire protection, and (4) water used to pressure test new piping.

59. ''Uncontaminated Seawater'' means seawater which is returned to the sea without the addition of chemicals. Included are (1) discharges of excess seawater which permit the continuous operation of fire control and utility lift pumps (2) excess seawater from pressure maintenance and secondary recovery projects (3) water red during the training and testing of personnel in fire protection (4) seawater used to pressure test piping, and (5) once through noncontact cooling water which has not been treated with biocides.

60. ''Upset'' means an exceptional incident in which there is unintentional and temporary noncompliance with technology-based permit effluent limitations because of factors beyond the reasonable control of the permittee. An upset does not include noncompliance to the extent caused by operational error, improperly designed treatment facilities, inadequate treatment facilities, lack of preventive maintenance, or careless or improper operation.

61. ''Well Treatment Fluids'' mean any fluid used to restore or improve productivity by chemically or physically altering hydrocarbon-bearing strata after a well has been drilled. These fluids move into the formation and return to the surface as a slug with the produced water. Stimulation fluids include substances such as acids, solvents, and propping agents.

62. ''Workover Fluids'' mean salt solutions, weighted brines, polymers, and other specialty additives used in a producing well to allow safe repair and maintenance or abandonment procedures. High solids drilling fluids used during workover operations are not considered workover fluids by definition and therefore must meet drilling fluid effluent limitations before discharge may occur. Packer fluids, low solids fluids between the packer, production string and well casing, are considered to be workover fluids and must meet only the effluent requirements imposed on workover fluids.

63. The term ''MGD'' shall mean million gallons per day.

64. The term ''mg/l'' shall mean milligrams per liter or parts per million (ppm).

65. The term ''ug/l'' shall mean micrograms per liter or parts per billion (ppb).

TABLE 1–A.—CRITICAL DILUTIONS (PERCENT EFFLUENT) FOR TOXICITY LIMITATIONS FOR SEAWATER TO WHICH TREATMENT CHEMICALS HAVE BEEN ADDED

Depth difference** (meters)	Discharge rate (bbl/day)	Pipe diameter			
		>0'' to 2''	>2'' to 4''	>4'' to 6''	>6''
0 to 5	0 to 1,000	15.6	19.4	6.15	15.4
	>1,000 to 10,000	22.6	29.5	*10.3	56
	>10,000	.....	31	46.3	46
>5 to 10	0 to 1,000	15.3	33	59	10.3
	>1,000 to 10,000	11.2	25	44	73.3
	>10,000	.....	24.7	39.6	78
>10 to 20	0 to 1,000	15	32.4	56.5	*12.3
	>1,000 to 10,000	11.3	25	40	56.5
	>10,000	.....	22.6	36.2	57
>20	0 to 1,000	16.3	33	57	*10.7
	>1,000 to 10,000	11.6	25.6	39.6	57.8
	>10,000	.....	22.6	36.6	51

*Those critical dilutions which are followed by an asteric are required to be monitored using a chronic test.
**Depth Difference means the distance in water depth between the discharge pipe and the seafloor.

TABLE 1–B.— CRITICAL DILUTIONS (PERCENT EFFLUENT) FOR TOXICITY LIMITATIONS FOR FRESHWATER TO WHICH TREATMENT CHEMICALS HAVE BEEN ADDED

Depth difference (meters)	Discharge rate (bbl/day)	Pipe diameter			
		>0″ to 2″	>2″ to 4″	>4″ to 6″	>6″
All	0 to 1,000	7.2	8.2	17.4	18
	>1,000 to 10,000	17	76	*11.4	*13.1
	>10,000	.....	64	93	*18

*Those critical dilutions which are followed by an asteric are required to be monitored using a chronic test.

TABLE 2.—EFFLUENT LIMITATIONS, PROHIBITIONS AND MONITORING REQUIREMENTS

Discharge	Regulated and monitored discharged parameter	Discharge limitation/ prohibition	Monitoring requirement		
			Measurement frequency	Sample type method	Recorded value(s)
Drilling Fluids	Free Oil	No free oil	Onceweek(*1)	Static sheen	Number of days sheen observed.
	Toxicity(*2) 96-hr LC50	30,000 ppm daily minimum	Once/month	Grab	96-hr LC50.
		30,000 ppm monthly average minimum.	Once/end well(*3).	Grab	96-hr LC50.
			Once/month	Grab	96-hr LC50.
	Discharge Rate	1,000 barrels/hour	Once/hour(*1)	Estimate	Max hourly rate.
	Discharge Rate for controlled discharge rate areas.	(*4)	Once/hour(*1)	Measure	Max hourly rate.
	Mercury and cadmium	No discharge of drilling fluids to which barite has been added, if such barite contains mercury in excess of 1.0 mg/kg or cadmium in excess of 3.0 mg/kg (dry weight).	Once prior to drilling each well (*6).	Absorption Spectrophotometry.	mg mercury/ kg barite. mg cadmium/ kg barite.
	Oil Based or Inverse Emulsion Drilling Fluids.	No discharge.			
	Oil Contaminated Drilling Fluids.	No discharge.			
	Diesel Oil	No discharge of drilling fluids to which diesel oil has been added.			
	Mineral Oil	Mineral oil may be used only as a carrier fluid (transporter fluid), lubricity additive, or pill.			
Drilling Cuttings	Free oil	No free oil	Once/week(*1)	Static sheen	Number of days sheen observed.
	Toxicity(*2) 96-hr LC50	No discharge of cuttings generated using drilling fluids which exhibit a toxicity of less than 30,000 ppm daily minimum or 30,000 ppm monthly avg minimum.			
	Mercury and cadmium	No discharge of cuttings generated using drilling fluids to which barite has been added, if such barite contains mercury in excess of 1.0 mg/kg or cadmium in excess of 3.0 mg/kg (dry weight).			
	Cuttings generated using Oil Based or Inverse Emulsion Drilling Fluids.	No discharge.			
	Cuttings generated using Oil Contaminated Drilling Fluids.	No discharge.			
	Cuttings generated using drilling fluids to which Diesel Oil has been added.	No discharge.			
	Cuttings generated using drilling fluids to which Mineral Oil has been added.	Mineral oil may be used only as a carrier fluid (transporter fluid), lubricity additive, or pill.			
Deck Drainage	Free Oil	No free oil	Once/day (*7)	Visual sheen	Number of days sheen observed.
Produced Sand	No Discharge.				
Well treatment fluids, completion fluids, and workover fluids (includes packer fluids) (*10).	Free oil	No free oil	Once/Day (*1)	Static sheen	Number of days sheen observed.

TABLE 2.—EFFLUENT LIMITATIONS, PROHIBITIONS AND MONITORING REQUIREMENTS—Continued

Discharge	Regulated and monitored discharged parameter	Discharge limitation/ prohibition	Monitoring requirement		
			Measurement frequency	Sample type method	Recorded value(s)
	Oil and Grease	42 mg/l daily max., 29 mg/l monthly avg.	Once/month	Grab (*8)	Daily max, monthly average.
Sanitary waste (*12) continuously manned by 10 or more persons.	Residual chlorine (*13)	1 mg/l (minimum)	Once/month	Grab	Concentration.
	Solids	No Floating Solids	Once/Day	Observation(*15).	Number of days solids observed.
Sanitary waste (*12) continuously manned by 9 or fewer persons or intermittently by any number.	Solids	No floating solids	Once/day	Observation (*15).	Number of days solids observed.
Domestic waste (*14)	Solids	No floating solids or foam	Once/day	Observation(*15).	Number of days observed.
Miscellaneous discharges: Desalinization unit discharge; blowout pre-venter fluid; uncontaminated ballast water; uncontaminated bilge water; uncontaminated freshwater; mud, cuttings and cement at seafloor; uncontaminated seawater; boiler blow-down; source water and sand; diatomaceous earth filter media; excess cement slurry.	Free oil	No free oil	Once/week (*11).	Visual sheen	Number of days sheen observed.
Miscellaneous discharges of seawater and freshwater to which treatment chemicals have been added: excess seawater which permits the continuous operation of fire control and utility lift pumps, excess seawater from pressure maint. and secondary recovery prjcts, water red during training of personnel in fire protection, seawater used to pressure test new piping and new pipelines, ballast water, once-through non-contact cooling water, desalinization unit.	Treatment chemicals	Most stringent of: EPA label registration, maximum manufacturers recommended dose, or 500 mg/l.			
	Free oil	No free oil	1/Week	Visible sheen	Number of days sheen observed.
	Toxicity	48-hour average min NOEC and monthly avg minimum NOEC (*5).	Rate Dependent (*17).	Grab	Lowest NOEC observed for either of the two species.

*1 When discharging.

*2 Suspended particulate phase (SPP) with *Mysidopsis bahia* following approved test method. The sample shall be taken beneath the shale shaker; or if there are no returns across the shaker then the sample must be taken from a location that is characteristic of the overall mud system to be discharged.

*3 Sample shall be taken after the final log run is completed and prior to bulk discharge.

*4 See Part I.B.1.b of this permit.

*5 See Appendix A, Table 1 of this permit.

*6 Analyses shall be conducted on each new stock of barite used.

*7 When discharging and facility is manned. Monitoring shall be accomplished during times when observation of a visual sheen on the surface of the receiving water is possible in the vicinity of the discharge.

*8 May be based on the arithmetic average of four grab sample results in a 24 hr. period.

*10 No discharge of priority pollutants except in trace amounts. Information on the specific chemical composition shall be recorded but not reported unless requested by EPA.

*11 When discharging for muds, cuttings, and cement at the seafloor and blowout preventer fluid. All other miscellaneous discharges: when discharging, discharge is authorized only during times when visual sheen observation is possible, unless the static sheen method is used. Uncontaminated seawater uncontaminated freshwater, source water and source sand, uncontaminated bilge water, and uncontaminated ballast water from platforms on automatic purge systems may be discharged without monitoring from platforms which are not manned.

*12 Any facility which properly operates and maintains a marine sanitation device (MSD) that complies with pollution control standards and regulations under section 312 of the Act shall be deemed to be in compliance with permit limitations for sanitary waste. The MSD shall be tested yearly for proper operation, and test results maintained at the facility.

*13 Hach method CN–66 DPD approved. Minimum of 1 mg/l and maintained as close to this concentration as possible.

*14 The discharge of food waste is prohibited within 12 nautical miles from nearest land. Comminuted food waste able to pass through a 25 mm mesh screen (approximately 1 inch) may be discharged more than 12 nautical miles from nearest land.

*15 Monitoring shall be accomplished during daylight by visual observation of the surface of the receiving water in the vicinity of sanitary and domestic waste outfalls. Observations shall be made following either the morning or midday meals at a time of maximum estimated discharge.

*16 Once/year for discharges from 0 bbl/day to 4599 bbl/day, once/calendar quarter for discharges of 4,600 bbl/day and greater.

*17 See Part I.B.1.1b of this permit.

[FR Doc 98–29307 Filed 10–30–98; 8:45 am]

BILLING CODE 6560–50–P

FEDERAL COMMUNICATIONS COMMISSION

Notice of Public Information Collection(s) Submitted to OMB for Review and Approval

October 27, 1998.

SUMMARY: The Federal Communications Commission, as part of its continuing effort to reduce paperwork burden invites the general public and other Federal agencies to take this opportunity to comment on the following information collection(s), as required by the Paperwork Reduction Act of 1995, Public Law 104–13. An agency may not conduct or sponsor a collection of information unless it displays a currently valid control number. No person shall be subject to any penalty for failing to comply with a collection of information subject to the Paperwork Reduction Act (PRA) that does not display a valid control number. Comments are requested concerning: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the Commission, including whether the information shall have practical utility; (b) the accuracy of the Commission's burden estimate; (c) ways to enhance the quality, utility, clarity of the information collected; and (d) ways to minimize the burden of the collection of information on the respondents, including the use of automated information techniques or other forms of information technology.

DATES: Written comments should be submitted on or before December 2, 1998. If you anticipate that you will be submitting comments, but find it difficult to do so within the period of time allowed by this notice, you should advise the contact listed below as soon as possible.

ADDRESSES: Direct all comments to Les Smith, Federal Communications Commission, Room 234, 1919 M St., NW, Washington, DC 20554 or via internet to lesmith@fcc.gov.

FOR FURTHER INFORMATION CONTACT: For additional information or copies of the information collections contact Les Smith at 202–418–0217 or via internet at lesmith@fcc.gov.

SUPPLEMENTARY INFORMATION:

OMB Control Number: 3060–0834.

Title: Reconsideration of Rules and Policies for the 220–222 MHz Radio Service, PR 89–552, GN 93–252, PR 93–253.

Form Number: N/A.

Type of Review: Extension of a currently approved collection.

Respondents: Business and other for-profit entities; Individuals or households; Not-for-profit institutions; State, Local or Tribal Government.

Number of Respondents: 3,005.

Estimated Time per Response: 0.5–1.0 hours per licensee to coordinate minor modifications of the authorizations; 12 hours per licensee to seek a waiver of Section 90.729(b)).

Frequency of Response: On occasion reporting requirements; Third party disclosure.

Total Annual Burden: 44,850 hours.

Cost to Respondents: None.

Needs and Uses: The information collected will be used by the Commission to verify licensee compliance with Commission rules and regulations and to ensure the integrity of the 220 MHz service, and to ensure that licensees continue to fulfill their statutory responsibilities in accordance with the Communications Act of 1934.

Federal Communications Commission.

Magalie Roman Salas,

Secretary.

[FR Doc. 98–29256 Filed 10–30–98; 8:45 am]

BILLING CODE 6712–10–P

FEDERAL COMMUNICATIONS COMMISSION

[CC Docket No. 92–237; DA 98–2189]

Next Meeting of the North American Numbering Council

AGENCY: Federal Communications Commission.

ACTION: Notice.

SUMMARY: On October 28, 1998, the Commission released a public notice announcing the November 18, and November 19, 1998, meeting and agenda of the North American Numbering Council (NANC). The intended effect of this action is to make the public aware of the NANC's next meeting and its agenda.

FOR FURTHER INFORMATION CONTACT: Linda Simms, Administrative Assistant of the NANC, at (202) 418–2330 or via the Internet at lsimms@fcc.gov or Jeannie Grimes at (202) 418–2313 or jgrimes@fcc.gov. The address is: Network Services Division, Common Carrier Bureau, Federal Communications Commission, 2000 M Street, NW, Suite 235, Washington, DC 20554. The fax number is: (202) 418–7314. The TTY number is: (202) 418–0484.

SUPPLEMENTARY INFORMATION: Released: October 28, 1998.

The next meeting of the North American Numbering Council (NANC) will be held on Wednesday, November 18, from 8:30 a.m., until 5:00 p.m., and on Thursday, November 19, from 8:30 a.m., until 12 noon. The meeting will be held at the Wyndam Washington, D.C. Hotel, 1400 M Street, N.W., Washington, D.C.

This meeting will be open to members of the general public. The FCC will attempt to accommodate as many people as possible. Admittance, however will be limited to the seating available. The public may submit written statements to the NANC, which must be received two business days before the meeting. In addition, oral statements at the meeting by parties or entities not represented on the NANC

will be permitted to the extent time permits. Such statements will be limited to five minutes in length by any one party or entity, and requests to make an oral statement must be received two business days before each meeting. Requests to make an oral statement or provide written comments to the NANC should be sent to Jeannie Grimes at the address under **FOR FURTHER INFORMATION CONTACT**, stated above.

Proposed Agenda

Wednesday, November 18, 1998

1. Approval of meeting minutes.
2. Local Number Portability Administration (LNPA) Working Group Report.
3. Discussion of NANC's role under paragraph 41 of CC Docket 95–116, In the Matter of Telephone Number Portability, *Second Memorandum Opinion and Order on Reconsideration,* concerning issues relating to number portability for 500 and 900 numbers.
4. Numbering Resource Optimization (NRO) Working Group Report. Review of issues currently assigned; work plan and timelines for projects. NANC will explore future work plans and prioritize.
5. COCUS and Proposed Line Number Utilization Survey. Review matrix of agreements, disagreements and settled issues regarding integrated recommendation on possible enforcement mechanism; audits; forecasts from resellers; appeals and confidentiality issues.
6. Definition of Reserved Telephone Numbers. Discussion of consolidated view from contributions previously submitted.
7. Cost Recovery Working Group Report.
8. Review of the proposal of the North American Numbering Plan Billing and Collection Agent (NBANC) regarding nature and scope of the external auditing of the processes and operations of the NBANC

Thursday, November 19, 1998

9. North American Numbering Plan Administration (NANPA) Oversight Working Group Report.
10. Review and discussion of contributions regarding NANC response to FCC referral contained in paragraph 58, In the Matter of Petition for Declaratory Ruling and Request for Expedited Action on the July 15, 1997 Order of the Pennsylvania Public Utility Commission Regarding Area Codes 412, 610, 215, and 717, *Memorandum Opinion and Order and Order on Reconsideration,* CC Docket No. 96–98, FCC 98–224 (rel. Sept. 28, 1998).
11. Steering Group Report.
12. Beta System concept presentation by Professor Richard Levine.
13. Other Business.

Federal Communications Commission.

Kurt A. Schroeder,

Deputy Chief, Network Services Division, Common Carrier Bureau.

[FR Doc. 98–29372 Filed 10–30–98; 8:45 am]

BILLING CODE 6712–01–U

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 Thursday, November 5, 1998, 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 request that an item be moved to the discussion agenda.

Disposition of minutes of previous Board of Directors' meetings.

Reports of actions taken pursuant to authority delegated by the Board of Directors.

Memorandum re: Third Quarter 1998 Corporation and National Liquidation Fund Investment Portfolios Status Report.

Memoraddum re: Executive Management Report.

Memorandum and resolution re: Interagency Policy Statement on Income Twx Allocation in a Holding Company Structure.

Discussion Agenda: Memorandum and resolution re: Amendments to Part 362—Activities and Investments of Insured State Banks; part 303—Applications, Requests, Submittals, Delegations of Authority, and Notices Required to be Filed by Statute or Regulation; and Section 337.4—Securities Activities of Subsidiaries of Insured State Banks: Bank Transactions with Affiliated Securities Companies.

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. DC.

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. Robert E. Feldman, Executive Secretary of the Corporation, at (202) 898–6757.

Dated: October 29, 1998.

Federal Deposit Insurance Corporation.

Robert E. Feldman,

Executive Secretary.

[FR Doc. 98–29452 Filed 10–29–98; 8:45 am]

BILLING CODE 6714–01–M

FEDERAL RESERVE SYSTEM

Formations of, Acquisitions by, and Mergers of Bank Holding Companies

The companies listed in this notice have applied to the Board for approval, pursuant to the Bank Holding Company Act of 1956 (12 U.S.C. 1841 *et seq.*) (BHC Act), Regulation Y (12 CFR Part 225), and all other applicable statutes and regulations to become a bank holding company and/or to acquire the assets or the ownership of, control of, or the power to vote shares of a bank or bank holding company and all of the banks and nonbanking companies owned by the bank holding company, including the companies listed below.

The applications listed below, as well as other related filings required by the Board, are available for immediate inspection at the Federal Reserve Bank indicated. The application also will be available for inspection at the offices of the Board of Governors. Interested persons may express their views in writing on the standards enumerated in the BHC Act (12 U.S.C. 1842(c)). If the proposal also involves the acquisition of a nonbanking company, the review also includes whether the acquisition of the nonbanking company complies with the standards in section 4 of the BHC Act. Unless otherwise noted, nonbanking activities will be conducted throughout the United States.

Unless otherwise noted, comments regarding each of these applications must be received at the Reserve Bank indicated or the offices of the Board of Governors not later than November 27, 1998.

A. Federal Reserve Bank of Philadelphia (Michael E. Collins, Senior Vice President) 100 North 6th Street, Philadelphia, Pennsylvania 19105-1521:

1. ACNB Corporation, Gettysburg, Pennsylvania; to acquire 100 percent of, and thereby merge with, Farmers National Bancorp, Inc., Newville, Pennsylvania, and thereby indirectly acquire Farmers National Bank of Newville, Newville, Pennsylvania.

B. Federal Reserve Bank of Atlanta (Lois Berthaume, Vice President) 104

Marietta Street, N.W., Atlanta, Georgia 30303-2713:

1. Aliant Financial Corporation, Alexander City, Alabama; to become a bank holding company by acquiring 100 percent of the voting shares of Aliant National Corporation, Alexander City, Alabama, and thereby indirectly acquire Aliant Bank, Alexander City, Alabama.

2. InSouth Florida, Inc., Naples, Florida; to become a bank holding company by acquiring 100 percent of the voting shares of First Western Bank, Cooper City, Florida.

C. Federal Reserve Bank of Dallas (W. Arthur Tribble, Vice President) 2200 North Pearl Street, Dallas, Texas 75201-2272:

1. Farmers Bancshares, Inc., Center, Texas; to acquire 100 percent of the voting shares of Carthage Bancshares, Inc., Carthage, Texas, and thereby indirectly acquire First National Bank, Carthage, Texas.

D. Federal Reserve Bank of San Francisco (Maria Villanueva, Manager of Analytical Support, Consumer Regulation Group) 101 Market Street, San Francisco, California 94105-1579:

1. Frontier Financial Corporation, Everett, Washington; to acquire up to 9.9 percent of the voting shares of Washington Banking Company, Oak Harbor, Washington, and thereby indirectly acquire Whidbey Island Bank, Oak Harbor, Washington.

Board of Governors of the Federal Reserve System, October 27, 1997.

Robert deV. Frierson,

Associate Secretary of the Board.

[FR Doc. 98–29194 Filed 10–30–98; 8:45 am]

BILLING CODE 6210–01–F

FEDERAL RESERVE SYSTEM

Notice of Proposals to Engage in Permissible Nonbanking Activities or to Acquire Companies that are Engaged in Permissible Nonbanking Activities

The companies listed in this notice have given notice under section 4 of the Bank Holding Company Act (12 U.S.C. 1843) (BHC Act) and Regulation Y, (12 CFR Part 225) to engage *de novo*, or to acquire or control voting securities or assets of a company, including the companies listed below, that engages either directly or through a subsidiary or other company, in a nonbanking activity that is listed in § 225.28 of Regulation Y (12 CFR 225.28) or that the Board has determined by Order to be closely related to banking and permissible for bank holding companies. Unless otherwise noted, these activities will be conducted throughout the United States.

Each notice is available for inspection at the Federal Reserve Bank indicated. The notice also will be available for inspection at the offices of the Board of Governors. Interested persons may express their views in writing on the question whether the proposal complies with the standards of section 4 of the BHC Act.

Unless otherwise noted, comments regarding the applications must be received at the Reserve Bank indicated or the offices of the Board of Governors not later than November 16, 1998.

A. Federal Reserve Bank of New York (Betsy Buttrill White, Senior Vice President) 33 Liberty Street, New York, New York 10045-0001:

1. Deutsche Bank AG, Frankfurt (Main), Federal Republic of Germany; to acquire through its subsidiary, German American Capital Corporation, New York, New York, up to 100 percent of the voting shares of Boullioun Aircraft Services, Inc., Bellevue, Washington, and thereby indirectly engage in leasing, pursuant to § 225.28(b)(3) of Regulation Y; in furnishing general economic information and advice, pursuant to § 225.28(b)(3) of Regulation Y; in making, acquiring, brokering, or servicing loans, pursuant to § 225.28(b)(1) of Regulation Y; in collection of assets, pursuant to § 225.28(b)(2) of Regulation Y; and in certain asset management and financial advisory services, permissible by the by previous Board order. *See, The Dai-Ichi Kangyo Bank, Ltd.*, 79 Fed. Res. Bull. 131 (1993).

Board of Governors of the Federal Reserve System, October 27, 1998.

Robert deV. Frierson,

Associate Secretary of the Board.

[FR Doc. 98–29195 Filed 10–30–98; 8:45 am]

BILLING CODE 6210–01–F

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Notice of a Meeting of the National Bioethics Advisory Commission (NBAC)

SUMMARY: Pursuant to Section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. Appendix 2), notice is given of a meeting of the National Bioethics Advisory Commission. The Commission will continue addressing (1) the protection of the rights and welfare of human subjects in research involving persons with mental disorders that may affect decisionmaking capacity and (2) the use of human biological materials in research. Some Commission members may participate by telephone conference. The meeting is open to the public and opportunities for statements by the public will be provided on November 17, 1998 from 11:30 am to 12 Noon.

Dates/ times	Location
November 17, 1998, 8 am–5 pm.	The Crystal Ballroom, Mayfair House, 3000 Florida Avenue, Coconut Grove/Miami, Florida.
November 18, 1998, 8 am–5 pm.	Same Location as Above.

SUPPLEMENTARY INFORMATION: The President established the National Bioethics Advisory Commission (NBAC) on October 3, 1995 by Executive Order 12975 as amended. The mission of the NBAC is to advise and make recommendations to the National Science and Technology Council, its Chair, the President, and other entities on bioethical issues arising from the research on human biology and behavior, and from the applications of that research.

Public Participation

The meeting is open to the public with attendance limited by the availability of space on a first come, first serve basis. Members of the public who wish to present oral statements should contact Ms. Patricia Norris by telephone, fax machine, or mail as shown below and as soon as possible at least 4 days before the meeting. The Chair will reserve time for presentations by persons requesting to speak and asks that oral statements be limited to five minutes. The order of persons wanting to make a statement will be assigned in the order in which requests are received. Individuals unable to make oral presentations can mail or fax their written comments to the NBAC staff office at least five business days prior to the meeting for distribution to the Commission and inclusion in the public record. The Commission also accepts general comments at its website at bioethics.gov. Persons needing special assistance, such as sign language interpretation or other special accommodations, should contact NBAC staff at the address or telephone number listed below as soon as possible.

FOR FURTHER INFORMATION CONTACT: Ms. Patricia Norris, National Bioethics Advisory Commission, 6100 Executive Boulevard, Suite 5B01, Rockville,

Maryland 20892–7508, telephone 301–402–4242, fax number 301–480–6900.

Henrietta D. Hyatt-Knorr,

Deputy Executive Director, National Bioethics Advisory Commission.

[FR Doc. 98–29193 Filed 10–30–98; 8:45 am]

BILLING CODE 4160–17–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Committee on Vital and Health Statistics: Meeting

Pursuant to the Federal Advisory Committee Act, the Department of Health and Human Services announces the following advisory committee meeting.

Name: National Committee on Vital and Health Statistics (NCVHS).

Times and Dates: 9 a.m.–5:30 p.m., November 12, 1998, 9 a.m.–3 p.m., November 13, 1998.

Place: Conference Room 505A, Hubert H. Humphrey Building, 200 Independence Avenue SW., Washington, DC 20201.

Status: Open.

Purpose: The meeting will focus on a variety of health data policy and privacy issues. Department officials will update the Committee on recent activities of the HHS Data Council and the status of HHS activities in implementing the administrative simplification provisions of Pub. L. 104–491, the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The Committee also will be briefed on data needed to support the Initiative to Eliminate Racial and Ethic Disparities in Health as well as Healthy People 2010. Presentations are scheduled on the National Academy of Sciences' new panel study on second generation internet requirements for health applications, and strategies for obtaining public health infrastructure data. In addition, Subcommittee breakout sessions are planned.

All topics are tentative and subject to change. Please check the NCVHS website, where a detailed agenda will be posted prior to the meeting.

Contact Person for More Information: Substantive information as well as summaries of NCVHS meetings and a roster of committee members may be obtained by visiting the NCVHS website (http://aspe.os.dhhs.gov/ncvhs) where an agenda for the meeting will be posted when available. Additional information may be obtained by calling James Scanlon, NCVHS Executive Staff Director, Office of the Assistant Secretary for Planning and Evaluation, DHHS, Room 440–D, Humphrey Building, 200 Independence Avenue SW., Washington, DC 20201, telephone (202) 690–7100, or Marjorie S. Greenberg, Executive Secretary, NCVHS, NCHS, CDC, Room 1100, Presidential Building, 6525 Belcrest Road, Hyattsville, Maryland 20782, telephone 301/436–7050.

Note: In the interest of security, the Department has instituted stringent procedures for entrance to the Hubert H. Humphrey Building by non-government employees. Thus, individuals without a government identification card may need to have the guard call for an escort to the meeting room.

Dated: October 27, 1998.

James Scanlon,

Director, Division of Data Policy.

[FR Doc. 98–29197 Filed 10–30–98; 8:45 am]

BILLING CODE 4151–04–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92–463), the Centers for Disease Control and Prevention (CDC) announces the following committee meeting:

Name: Task Group session of the Safety and Occupational Health Study Section (SOHSs), National Institute for Occupational Safety and Health (NIOSH).

Time and date: 1 p.m.–3 p.m., November 18, 1998.

Place: NIOSH/CDC Research Facility, Teleconference Room P–B229, 3040 University Avenue, Morgantown, West Virginia 26505.

Status: Open 1 p.m.–1:30 p.m. November 18, 1998. Closed 1:30 p.m.–3 p.m. November 18, 1998.

Purpose: A Task Group session of the Safety and Occupational Health Study Section will review, discuss, and evaluate grant application(s) received in response to the Institute's numbered solicitation, Request for Application Number 98030 entitled, ''Occupational Radiation and Energy-Related Health Research Grants'' which pertains to specific aspects of the following endeavors: (a) research to identify and investigate the relationships between health outcomes and occupational exposure to radiation and other hazardous agents; (b) epidemiological methods research relevant to energy-related occupational health research; and (c) research related to assessing occupational exposures. The focus of the proposed research should reflect the following topical areas, emphasizing field research: (1) retrospective exposure assessment; (2) radiation measurement issues; (3) non-cancer morbidity and mortality outcomes; (4) meta-analysis and combined analysis methodologies; (5) uncertainty analysis; (6) effects of measurement error on risk estimates; (7) studies of current workers; and (8) risk communication and worker outreach.

It is the intent of NIOSH to support broad-based research endeavors in keeping with the Institute's program goals which will lead to improved understanding and appreciation for the magnitude of the aggregate health burden associated with occupational injuries and illnesses, as well as to support more focused research projects which will lead to improvements in the delivery of occupational safety and health services and the prevention of work-related injury and illness. It is anticipated that research funded will promote these program goals.

Matters to be discussed: The meeting will convene in open session from 1–1:30 p.m. on November 18, 1998, to address matters related to the conduct of Study Section business. The remainder of the meeting will proceed in closed session. The purpose of the closed session is for the Task Group of the Safety and Occupational Health Study Section to consider grant applications related to the cited solicitation. This portion of the meeting will be closed to the public in accordance with provisions set forth in section 552(c) (4) and (6) title 5 U.S.C., and the Determination of the Associate Director for Management and Operations, CDC, pursuant to Pub. L. 92–463.

Agenda items are subject to change as priorities dictate.

Contact person for more information: Pervis C. Major, Ph.D., Scientific Review Administrator, Office of Extramural Coordination and Special Projects, Office of the Director, NIOSH, 1095 Willowdale Road, Morgantown, West Virginia 26505. Telephone 304/285–5979.

Dated: October 27, 1998.

Carolyn J. Russell,

Director, Management Analysis and Services Office, Centers for Disease Control and Prevention (CDC).

[FR Doc. 98–29251 Filed 10–29–98; 8:45 am]

BILLING CODE 4163–19P–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Meeting; Safety and Occupational Health Study Section; NIOSH Meetings

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92–463), the Centers for Disease Control and Prevention (CDC) announces the following committee meeting:

Name: Task Group session of the Safety and Occupational Health Study Section (SOHSS), National Institute for Occupational Safety and Health (NIOSH).

Time and date: 1 p.m.–3 p.m., November 20, 1998.

Place: NIOSH/CDC Research Facility, Teleconference Room P–B229, 3040 University Avenue, Morgantown WV, 26505.

Status: Open 1 p.m.–1: 30 p.m., November 20, 1998. Closed 1: 30 p.m.–3 p.m., November 20, 1998.

Purpose: A Task Group session of the Safety and Occupational Health Study Section will review, discuss, and evaluate grant application(s) received in response to the Institute's numbered solicitation, Request for Application Number 98030 entitled, ''Occupational Radiation and Energy-Related Health Research Grants'' which pertains to specific aspects of the following endeavors:

(a) Research to identify and investigate the relationships between health outcomes and occupational exposure to radiation and other hazardous agents; (b) epidemiological methods research relevant to energy-related occupational health research; and (c) research related to assessing occupational exposures. The focus of the proposed research should reflect the following topical areas, emphasizing field research: (1) Retrospective exposure assessment; (2) radiation measurement issues; (3) non-cancer morbidity and mortality outcomes; (4) meta-analysis and combined analysis methodologies; (5) uncertainty analysis; (6) effects of measurement error on risk estimates; (7) studies of current workers; and 8) risk communication and worker outreach.

It is the intent of NIOSH to support broad-based research endeavors in keeping with the Institute's program goals which will lead to improved understanding and appreciation for the magnitude of the aggregate health burden associated with occupational injuries and illnesses, as well as to support more focused research projects which will lead to improvements in the delivery of occupational safety and health services and the prevention of work-related injury and illness. It is anticipated that research funded will promote these program goals.

Matters to be Discussed: The meeting will convene in open session from 1–1: 30 p.m. on November 20, 1998, to address matters related to the conduct of Study Section business. The remainder of the meeting will proceed in closed session. The purpose of the closed sessions is for the Task Group of the Safety and Occupational Health Study Section to consider grant applications related to the cited solicitation. This portion of the meeting will be closed to the public in accordance with provisions set forth in section 552(c)(4) and (6), title 5 U.S.C., and the Determination of the Associate Director for Management and Operations, CDC, pursuant to Public Law 92–463.

Agenda items are subject to change as priorities dictate.

Contact Person for More Information: Pervis C. Major, Ph.D., Scientific Review Administrator, Office of Extramural Coordination and Special Projects, Office of the Director, NIOSH, 1095 Willowdale Road, Morgantown, West Virginia 26505. Telephone 304/285–5979.

Dated: October 27, 1998.

Carolyn J. Russell,

Director, Management Analysis and Services Office, Centers for Disease Control and Prevention (CDC).

[FR Doc. 98–29252 Filed 10–30–98; 8:45 am]

BILLING CODE 4163–19–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Statement of Organization, Functions, and Delegations of Authority

This notice amends Part K of the Statement of Organization, Functions, and Delegations of Authority of the Department of Health and Human Services (DHHS), Administration for Children and Families (ACF) as follows: Chapter KB, Administration on Children, Youth and Families (ACYF) (63 FR 42050), as last amended, August 8, 1998. This notice reorganizes ACYF's Child Care Bureau to more efficiently and effectively administer child care activities. It also reflects changes made by the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Public Law 104–193).

Amend Chapter KB as follows:

a. Delete KB.00 Mission in its entirety and replace with the following:

KB.00 Mission. The Administration on Children, Youth and Families (ACYF) advises the Secretary, through the Assistant Secretary for Children and Families, on matters relating to the sound development of children, youth, and families by planning, developing and implementing a broad range of activities. It administers state grant programs under titles IV–B and IV–E of the Social Security Act; manages the Adoption Opportunities program and other discretionary programs for the development and provision of child welfare services; and administers discretionary grant programs providing Head Start services and facilities for runaway youth. ACYF administers the Child Abuse Prevention and Treatment Act and the Child Care and Development Block Grant and administers child care funds under section 418 of the Social Security Act. It supports and encourages services which prevent or remedy the effects of abuse and/or neglect of children and youth.

In concert with other components of ACF, the ACYF develops and implements research, demonstration and evaluation strategies for the discretionary funding of activities designed to improve and enrich the lives of children and youth and to strengthen families. It administers Child Welfare Services training and Child Welfare services research and demonstration programs authorized by title IV–B of the Social Security Act; administers the Runaway and Homeless Youth Act authorized by title III of the Juvenile Justice and Delinquency Prevention Act; and manages initiatives to involve the private and voluntary sectors in the areas of children, youth and families.

b. Delete KB.10 Organization in its entirety and replace with the following:

KB.10 Organization. The Administration on Children, Youth and Families is headed by a Commissioner, who reports directly to the Assistant Secretary for Children and Families and consists of:

Office of the Commissioner (KBA)
Office of Administration (KBA1)
Office of Grants Management (KBA2)
Head Start Bureau (KBC)
Program Operations Division (KBC1)
Program Support Division (KBC2)
Children's Bureau (KBD)
Office of Child Abuse and Neglect (KBD1)
Division of Policy (KBD2)
Division of Program Implementation (KBD3)
Division of Data, Research and Innovation (KBD4)
Division of Child Welfare Capacity Building (KBD5)
Family and Youth Services Bureau (KBE)
Child Care Bureau (KBG)
Immediate Office/Administration (KBG1)
Program Operations Division (KBG2)
Policy Division (KBG3)
Technical Assistance Division (KBG4)

c. Delete KB.20 Functions, Paragraph G, in its entirety and replace with the following:

G. Child Care Bureau serves as the principal advisor to the Commissioner on issuers regarding child care programs. It has primary responsibility for the operation child care programs authorized under the Child Care and Development Block Grant (CCDBG) Act and section 418 of the Social Security Act. It develops legislative, regulatory and budgetary proposals; presents operational planning objectives and initiatives related to child care to the Office of the Commissioner; and oversees the progress of approved activities. It provides leadership and coordination for child care within the ACF. It provides leadership and linkages with other agencies on child care issues including agencies within DHHS, relevant agencies across the federal, state, local governments and tribal governments, and non-governmental organizations at the federal, state and local levels.

1. Immediate Office/Administration is responsible for the leadership, planning, and managerial oversight of the Bureau's mission and activities. In

addition, the Immediate Office is also responsible for data gathering, analysis, and dissemination; preparation of reports; budget projection, planning, execution and tracking; research development and communication of findings; and identification and utilization of new technology in managing the Bureau's workload and communicating with the Department, Regional Office, States, Territories, Tribes and the child care field. The Immediate Office also supports the unique program and planning needs of tribal grantees.

2. The Program Operations Division is responsible for Regional Liaison activities, including: communication on a regular basis with Regional Office staff; responding to questions on policy and other issues by consulting or referring to other staff; tracking progress of grantee programs in coordination with the Regions; collecting and maintaining information related to grantee program implementation, administrative data, technical assistance data, and technical assistance efforts; tracking program achievements, problems, and gaps; identifying latest trends and activities of major significance; preparing background material, fact sheets, and articles to provide information to Regional Offices, grantees and the general public; and tracking and supporting special initiatives. This unit also establishes partnerships with public and private entities to improve access to quality child care; coordinate program activities with other government and non-government agencies; and manages and oversees the Bureau's cooperative ventures with other entities.

3. The Policy Division develops, interprets and issues national policies and regulations governing Child Care and Development Fund (CCDF) programs. The Policy Division provides clarification of the statutes, regulations and policies; issues action transmittals and information memoranda; recommends and drafts legislative proposals; prepares briefing materials for hearings and testimony; updates the child care plan preprints; reviews and gives guidance to Regional Offices on CCDF plans and applications; oversees a data base of grantee plans; researches child care policy issues; coordinates policies and procedures with other Federal agencies; provides policy training, guidance and clarification to Regional Offices in carrying out policy functions; and manages controlled correspondence.

4. The Technical Assistance Division provides technical assistance to Regional Offices, States, Territories, and Tribes concerning CCDF in order to make affordable quality child care accessible to families. It provides leadership, coordination and contract management for technical assistance projects that comprise the Child Care Technical Assistance Network. This unit also oversees and supports national conferences, leadership forums, and Regional Office conferences. It oversees the development of technical assistance materials including publications.

Dated: October 20, 1998.

James Harrell,

Deputy Commissioner, Administration on Children, Youth and Families.

[FR Doc. 98–29191 Filed 10–30–98; 8:45 am]

BILLING CODE 4184–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket Nos. 98F–0593, 98F–0674, and 98F–0707]

Dover Chemical Corp.; Withdrawal of Food Additive Petitions

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing the withdrawal, without prejudice to a future filing, of food additive petitions (FAP's 8B4614, 8B4613, and 8B4621) proposing that the food additive regulations be amended to provide for the safe use of 3,9-bis[2,4-bis(1-methyl-1-phenylethyl)phenoxy]-2,4,8,10-tetraoxa-3,9-diphosphaspiro[5.5]undecane, which may contain not more than 2 percent by weight of triisopropanolamine, as an antioxidant and/or stabilizer for polymers (specifically, polyetherimide resins), olefin polymers, or polycarbonate and polyethylene phthalate polymers intended for use in contact with food.

FOR FURTHER INFORMATION CONTACT: Vir D. Anand, Center for Food Safety and Applied Nutrition (HFS–215), Food and Drug Administration, 200 C St. SW., Washington, DC 20204, 202–418–3081.

SUPPLEMENTARY INFORMATION: In notices published in the **Federal Registers** of July 30, 1998 (63 FR 40720), August 19, 1998 (63 FR 44463), and August 25, 1998 (63 FR 45248), FDA announced that food additive petitions (FAP's 8B4614, 8B4613, and 8B4621) had been filed by Dover Chemical Corp., 3676 Davis Rd. NW., Dover, OH 44622. The petitions proposed to amend the food additive regulations in § 178.2010 *Antioxidants and/or stabilizers for polymers* (21 CFR 178.2010) to provide for the safe use of 3,9-bis[2,4-bis(1-methyl-1-phenyethyl)phenoxy]-2,4,8,10-tetraoxa-3,9-diphosphaspiro[5.5]undecane, which may contain not more than 2 percent by weight of triisopropanolamine, as an antioxidant and/or stabilizer for polymers (specifically, polyetherimide resins), olefin polymers, or polycarbonate and polyethylene phthalate polymers intended for use in contact with food. Dover Chemical Corp. has now withdrawn the petitions (FAP's 8B4614, 8B4613, and 8B4621) without prejudice to a future filing (21 CFR 171.7).

Dated: October 16, 1998.

Laura M. Tarantino,

Acting Director, Office of Premarket Approval, Center for Food Safety and Applied Nutrition.

[FR Doc. 98–29188 Filed 10–30–98; 8:45 am]

BILLING CODE 4160–01–F

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

Center for Biologics Evaluation and Research Medical Device Action Plan; Public Meeting

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice of meeting.

The Food and Drug Administration (FDA) is announcing the following meeting: Center for Biologics Evaluation and Research Medical Device Action Plan. FDA is inviting interested parties, including industry, health professionals, patients and their advocacy groups to present their suggestions for improvements to the Center for Biologics Evaluation and Research's (CBER's) regulation of medical devices, or reasons to maintain the current systems to protect public health.

Date and Time: The meeting will be held on Tuesday, December 1, 1998, 9 a.m. to 5 p.m.

Location: The meeting will be held at Natcher Auditorium, Balcony B, National Institutes of Health, 8800 Rockville Pike, Bethesda, MD.

Contact: Kathy A. Eberhart, Center for Biologics Evaluation and Research (HFM–43), Food and Drug Administration, 1401 Rockville Pike, Rockville, MD 20852–1448, 301–827–1317, FAX 301–827–3079, e-mail ''Eberhart@CBER.FDA.GOV''.

Registration and Requests for Oral Presentations: Send or fax written material and requests to make oral presentations to the contact person by Monday, November 16, 1998, and registration information (including name, title, firm name, address, telephone, and fax number), by Monday, November 23, 1998. Registration at the site will be done on a space available basis on the day of the meeting beginning at 8:30 a.m. There is no registration fee for the meeting. Space is limited, therefore, interested parties are encouraged to register early.

If you need special accommodations due to a disability, please contact Kathy A. Eberhart at least 7 days in advance.

SUPPLEMENTARY INFORMATION: Under section 406(b) of the Food and Drug Administration Modernization Act of 1997, CBER held two meetings with our external stakeholders. The first meeting was held on August 14, 1998, in Washington, DC (63 FR 39877, July 24, 1998), and the second one on August 28, 1998, in Oakland, CA (63 FR 39877, July 24, 1998). In addition, the FDA Pacific Regional Office sponsored a grassroots meeting on September 15, 1998 (63 FR 42052, August 6, 1998), in Irvine, CA, with the biotechnology industry.

A recurring theme during these meetings was a dissatisfaction with the handling of the medical devices regulated by CBER. Some important concerns were related to CBER procedures and standards for products similar to products regulated by the Center for Devices and Radiological Health. To address these concerns, CBER is developing a ''Device Action Plan'' to evaluate various options to change CBER's regulatory approaches for medical devices without creating a risk to the public health.

Transcripts: Transcripts 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 meeting transcript will also be available on CBER's website at ''http://www.fda.gov/cber/minutes/workshop-min.htm''.

Dated: October 26, 1998.

William K. Hubbard,

Associate Commissioner for Policy Coordination.

[FR Doc. 98–29185 Filed 10–30–98; 8:45 am]

BILLING CODE 4160–01–F

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

General and Plastic Surgery Devices Panel of the Medical Devices Advisory Committee; Notice of Meeting

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

This notice announces a forthcoming meeting of a public advisory committee of the Food and Drug Administration (FDA). At least one portion of the meeting will be closed to the public.

Name of Committee: General and Plastic Surgery Devices Panel of the Medical Devices Advisory Committee.

General Function of the Committee: To provide advice and recommendations to the agency on FDA's regulatory issues.

Date and Time: The meeting will be held on November 17, 1998, 9 a.m. to 6 p.m.

Location: Corporate Bldg., conference room 020B, 9200 Corporate Blvd., Rockville, MD.

Contact Person: David Krause, Center for Devices and Radiological Health (HFZ–410), Food and Drug Administration, 9200 Corporate Blvd., Rockville, MD 20850, 301–594–3090, ext. 141, or FDA Advisory Committee Information Line, 1–800–741–8138 (301–443–0572 in the Washington, DC area), code 12519. For up-to-date information on this meeting, please call the Information Line or access the Internet address at ''http://www.fda.gov/cdrh''.

Agenda: The committee will discuss and make recommendations on a proposal for the classification of preamendment wound dressing medical devices based on: (1) A proposed rule published in the **Federal Register** of September 19, 1989 (54 FR 38600); (2) comments received in response to the proposed rule; and (3) comments from the General and Plastic Surgery Devices Panel meeting of July 20, 1995. The committee will also discuss and make recommendations on the reclassification of preamendment class III topical oxygen devices for wound healing on extremities based on information received from a call for safety and effectiveness information under section 515(i) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 360e(i)) published in the **Federal Registers** of August 14, 1995, and June 13, 1997 (60 FR 41986 and 62 FR 32355, respectively).

Procedure: On November 17, 1998, from 9:30 a.m. to 6 p.m., the meeting is open to the public. Interested persons may present data, information, or views, orally or in writing, on issues pending before the committee. Written submissions may be made to the contact person by November 3, 1998. Oral presentations from the public will be scheduled between approximately 9:30 a.m. and 10 a.m., and between approximately 4 p.m. and 4:30 p.m. Time allotted for each presentation may be limited. Those desiring to make formal oral presentations should notify the contact person before November 3, 1998, 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 requested to make their presentation.

Closed Committee Deliberations: On November 17, 1998, from 9 a.m. to 9:30 a.m., the meeting will be closed to the public to permit FDA to present to the committee trade secret and/or confidential commercial information (5 U.S.C. 552b(c)(4)) regarding pending issues.

Notice of this meeting is given under the Federal Advisory Committee Act (5 U.S.C. app. 2).

Dated: October 27, 1998.

Michael A. Friedman,

Deputy Commissioner for Operations.

[FR Doc. 98–29274 Filed 10–30–98; 8:45 am]

BILLING CODE 4160–01–F

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

Control of Pharmaceutical Production; Notice of Meeting

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice of meeting.

SUMMARY: The Food and Drug Administration (FDA) is announcing a series of three public meetings sponsored by the Office of Regulatory Affairs (ORA), Pacific Region, and participated in by representatives from the Center for Drug Evaluation and Research (CDER), ORA's Division of Field Science, and the Pacific Region. The topic to be discussed is out-of-specification (OOS) laboratory test results, how to evaluate them and appropriate actions to take.

DATES: The public meetings are scheduled as follows:

1. Monday, November 16, 1998, from 8:30 a.m. to 3:30 p.m., in Bellevue, WA.

2. Wednesday, November 18, 1998, from 8:30 a.m. to 3:30 p.m., in Irvine, CA.
3. Friday, November 20, 1998, from 8:30 a.m. to 3:30 p.m., in Oakland, CA.

ADDRESSES: The public meetings will be held at the following locations:

Bellevue—Rockwell Institute, 13218 NE. 20th St., Bellevue, WA 98005.

Irvine—Los Angeles District Office, 19900 MacArthur Blvd., suite 300, Irvine, CA 92715.

Oakland—Roybal Auditorium, Oakland Federal Bldg., 1301 Clay St., Third Floor Conference Center, Oakland, CA 94612.

FOR FURTHER INFORMATION CONTACT:

Regarding meeting content and format: Mark S. Roh, Small Business Representative, Pacific Region, Food and Drug Administration, Oakland Federal Bldg., 1301 Clay St., suite 1180N, Oakland, CA 94612, 510–637–3980, FAX 510-637-3977.

Regarding the Bellevue, WA, meeting: Jaimee Hansen, Registration Coordinator, Organization of Regulatory and Clinical Associates (ORCA), P.O. Box 3490, Redmond, WA 98073, 425–487–7179, FAX 425–487–8666.

Regarding the Irvine, CA, meeting: Judy Keast, Food and Drug Administration, Oakland Federal Bldg., 1301 Clay St., suite 1180N, Oakland, CA 94612, 510–637–3960, FAX 510–637–3976.

Regarding the Oakland, CA, meeting: Judy Keast (address above).

Those persons interested in attending the Bellevue, WA, meeting should register by faxing their name(s), title, firm name, address, telephone, and fax number to Jaimee Hansen (fax number above). This meeting is being conducted in cooperation with a local nonprofit organization, ORCA. There is limited seating, so early registration is encouraged. A registration fee of $45.00 to cover the cost of the facilities for this meeting should be paid to ORCA. Arrangements for payment should be made directly with Ms. Hansen.

Those persons interested in attending the Irvine and/or Oakland, CA, meetings should register by faxing their name(s), title, firm name, address, telephone, and fax number; and date and location of the meeting to Judy Keast (fax number above). There is no registration fee for the Irvine and Oakland meetings. However, seating is limited, so early registration is encouraged.

If you need special accommodations due to a disability, please contact Ms. Hansen (Bellevue meeting) or Ms. Keast (Irvine and Oakland meetings) at least 7 days in advance.

SUPPLEMENTARY INFORMATION: The purpose of these meetings is to continue the dialogue, begun in 1996, with members of trade, technical, and professional organizations, and other interested persons on issues associated with pharmaceutical laboratory practices and procedures. The information presented at these meetings will also be appropriate and useful for other industries performing laboratory analysis, including private laboratories and manufacturers of in vitro products.

On November 20, 1996, FDA held a public meeting to informally address and outline ways to discuss problems associated with the development and monitoring of products. The meeting explored issues of concern to the agency and industry laboratories. As a result of the meeting, industry members asked FDA to provide guidance in two control aspects of pharmaceutical production: (1) Evaluating OOS test results, and (2) system suitability requirements in measuring performance of a chromatographic system.

Interested persons who are unable to attend these meetings may submit comments on this topic as well as suggest additional laboratory training issues of interest to FDA regulated industry for future dialogue. Submit written comments to Mark Roh (address above).

Dated: October 26, 1998.

William K. Hubbard,

Associate Commissioner for Policy Coordination.

[FR Doc. 98–29187 Filed 10–30–98; 8:45 am]

BILLING CODE 4160–01–F

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. 98D–0549]

Guidance for Industry on Advisory Committees: Implementing Section 120 of the Food and Drug Administration Modernization Act of 1997; Availability

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing the availability of a guidance for industry entitled ''Advisory Committees: Implementing Section 120 of the Food and Drug Administration Modernization Act of 1997.'' This document provides guidance for industry on changes to the policies and procedures being used by the Center for Drug Evaluation and Research (CDER) and Center for Biologics Evaluation and Research (CBER) with regard to advisory committees as a result of section 120 of the Food and Drug Administration Modernization Act of 1997 (the Modernization Act).

DATES: Written comments on the guidance may be submitted by February 1, 1999. General comments on the agency guidance documents are welcome at any time.

ADDRESSES: Copies of this guidance for industry are available on the Internet at ''http://www.fda.gov/cder/guidance/index.htm'' or ''http://www.fda.gov/cber/guidelines.htm''. Submit written requests for single copies to the Drug Information Branch (HFD–210), Center for Drug Evaluation and Research, Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20857. Send one self-addressed adhesive label to assist that office in processing your requests. Submit written comments on this guidance to the Dockets Management Branch (HFA–305), Food and Drug Administration, 5630 Fishers Lane, rm. 1061, Rockville, MD 20852. Comments are to be identified with the docket number found in brackets in the heading of this document. After the comment period, comments may be submitted to one of the centers at the address below.

FOR FURTHER INFORMATION CONTACT:

Andrea C. Masciale, Center for Drug Evaluation and Research (HFD–7), Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20857, 301–594–5648, or

William Freas, Center for Biologics Evaluation and Research (HFM–21), Food and Drug Administration, 1401 Rockville Pike, Rockville, MD 20852, 301–827–0314.

SUPPLEMENTARY INFORMATION: FDA is announcing the availability of a guidance for industry entitled ''Advisory Committees: Implementing Section 120 of the Food and Drug Administration Modernization Act of 1997.'' Advisory committees provide independent advice and recommendations to FDA on scientific and technical matters related to the development and evaluation of products regulated by the agency. CDER and CBER request advice from advisory committees on a variety of matters, including various aspects of clinical investigations and applications for marketing approval of drug products.

Although the committees provide recommendations to the agency, final decisions are made by FDA.

On November 21, 1997, President Clinton signed the Modernization Act. Section 120 of the Modernization Act amends section 505 of the Federal Food, Drug, and Cosmetic Act (the act) (21 U.S.C. 355) by adding section 505(n), which pertains to advisory committees that provide scientific advice and recommendations to the agency regarding the clinical investigation of drugs and the approval for marketing of drugs. Section 505(n) of the act includes provisions for: (1) Additional members to be included in new advisory committees, (2) new conflict of interest considerations, (3) education and training for new committee members, (4) timely committee consideration of matters, and (5) timely agency notification to affected persons of decisions on matters considered by advisory committees. This guidance document explains how CDER and CBER intend to change their policies and procedures with regard to advisory committees to implement section 120 of the Modernization Act. Because CDER and CBER advisory committees are organized according to general subject (e.g., blood products, cardiovascular and renal drugs) and not according to the topic for consideration by the committee (e.g., a clinical investigation of a drug product, the content of a guidance document), CDER and CBER generally use the same policies and procedures for all advisory committees, regardless of the topic that will be considered by the committee. Therefore, unless otherwise stated, the guidance applies to CDER and CBER advisory committees regardless of the topic that will be considered by the committee. This guidance document is being issued as a level 1 guidance consistent with FDA's Good Guidance Practices (62 FR 8961, February 27, 1997). It is being implemented immediately without prior public comment because the guidance is needed to implement the Modernization Act. However, the agency wishes to solicit comments from the public and is providing a 90-day comment period and establishing a docket for the receipt of comments.

This guidance represents the agency's current thinking on the advisory committee provisions of section 120 of the Modernization Act. It does not create or confer any rights for or on any person and does not operate to bind FDA or the public. An alternative approach may be used if such approach satisfies the requirements of the applicable statute, regulations, or both.

Interested persons may, on or before January 4, 1999, submit written comments on the guidance to the Dockets Management Branch (address above). Two copies are to be submitted, except that individuals may submit one copy. Comments are to be identified with the docket number found in brackets in the heading of this document. The guidance and received comments may be seen in the office above between 9 a.m. and 4 p.m., Monday through Friday.

Dated: August 17, 1998.

William B. Schultz,

Deputy Commissioner for Policy.

[FR Doc. 98–29186 Filed 10–30–98; 8:45 am]

BILLING CODE 4160–01–F

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. 98D–0312]

Guidance for Staff, Industry, and Third Parties: Implementation of Third Party Programs Under the FDA Modernization Act of 1997; Availability

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing the availability of a guidance entitled ''Guidance for Staff, Industry, and Third Parties: Implementation of Third Party Programs Under the FDA Modernization Act of 1997.'' The FDA Modernization Act of 1997 (FDAMA) codified and expanded the Third Party Review Pilot Program providing for review of certain premarket notification (510(k)) submissions by private parties outside of the Center for Devices and Radiological Health (CDRH). This guidance will assist those who are interested in participating in this program, either as persons accredited to perform 510(k) reviews (Accredited Persons) or as applicants pursuing clearance of 510(k) submissions through use of Accredited Persons, as well as FDA staff responsible for implementing the program.

DATES: Written comments may be submitted at any time.

ADDRESSES: Submit written comments concerning this guidance to the contact person listed below. If you do not have access to the World Wide Web (WWW), submit written requests for single copies of the guidance entitled ''Guidance for Staff, Industry, and Third Parties: Implementation of Third Party Programs Under the FDA Modernization Act of 1997'' on a 3.5'' disk, to the Division of Small Manufacturers Assistance (HFZ–220), Center for Devices and Radiological Health, Food and Drug Administration, 1350 Piccard Dr., Rockville, MD 20850. Send two self-addressed adhesive labels to assist that office in processing your request, or fax your request to 301–443–8818. See the **SUPPLEMENTARY INFORMATION** section for electronic access to the guidance.

FOR FURTHER INFORMATION CONTACT: John F. Stigi, Division of Small Manufacturers Assistance (HFZ–220), Center for Devices and Radiological Health, Food and Drug Administration, 1350 Piccard Dr., Rockville, MD 20850, 301–443–6597, or FAX 301–443–8818.

SUPPLEMENTARY INFORMATION:

I. Background

On August 1, 1996, FDA established the Third Party Review Pilot Program, a voluntary pilot program, to assess the feasibility of using third party reviewers to improve the efficiency of the agency's review of 510(k)'s for selected low-to-moderate risk devices. Under the pilot program, persons required to submit 510(k)'s for the eligible devices were permitted to contract with an FDA Recognized Third Party and submit a 510(k) directly to the third party for review. Persons who did not wish to participate in the pilot continued to submit 510(k)'s directly to FDA.

Under FDAMA, this pilot program has been codified and expanded and FDA is required to establish and publish criteria to accredit or deny accreditation to persons who request to perform third party reviews. Those criteria were published in the **Federal Register** of May 22, 1998 (63 FR 28388). On the same date, the agency announced the availability of a draft guidance pertaining to the third party review program (63 FR 28392). The agency received three comments on the draft guidance. FDA has reviewed the comments and has made some revisions to the guidance in response to the comments. The agency also has included additional information regarding conflicts of interest. This includes additional examples of conditions that could indicate an appearance of a conflict of interest and a statement that applications from prospective third parties should include the written policies and procedures that have been established to ensure that contract employees involved in the evaluation of 510(k)'s are also free from conflicts of interest.

FDA will begin to accept applications from prospective accredited persons beginning July 20, 1998. FDA will

review those applications in 60 days and approved Accredited Persons may begin to submit reviews of 510(k)'s on November 21, 1998. Because Accredited Persons must participate in training prior to submitting recommendations, applicants who wish to attend the initial training that will be held October 14 through 16, 1998, should submit their applications at least 60 days in advance of that date.

II. Significance of Guidance

This guidance represents the agency's current thinking on implementation of the third party review program. It does not create or confer any rights for or on any person and does not operate to bind FDA or the public. An alternative approach may be used if such approach satisfies the applicable statute, regulations, or both.

The agency has adopted Good Guidance Practices, which set forth the agency's policies and procedures for the development, issuance, and use of guidance documents (62 FR 8961, February 27, 1997). This guidance has been issued under the agency's procedures for a Level 1 guidance document.

III. Electronic Access

Persons interested in obtaining a copy of the guidance may also do so using the WWW. CDRH maintains an entry on the WWW for easy access to information, including text, graphics, and files that may be downloaded to a personal computer with access to the Web. Updated on a regular basis, the CDRH home page includes ''Guidance for Staff, Industry, and Third Parties: Implementation of Third Party Programs Under the FDA Modernization Act of 1997,'' device safety alerts, access to **Federal Register** reprints, information on premarket submissions (including lists of approved applications and manufacturers addresses), small manufacturers assistance, information on video conferencing and electronic submissions, mammography matters, and other device-oriented information. The CDRH home page may be accessed at ''http://www.fda.gov/cdrh''.

A text-only version of the CDRH home page is also available from a computer or VT–100 compatible terminal by dialing 800–222–0185 (terminal settings are 8/1/N). Once the modem answers, press Enter several times and then select menu choice 1: FDA BULLETIN BOARD SERVICE. From there follow instructions for logging in, and at the BBS TOPICS PAGE, arrow down to the FDA home page (do not select the first CDRH entry). Then select Medical Devices and Radiological Health. From there select CENTER FOR DEVICES AND RADIOLOGICAL HEALTH for general information, or arrow down for specific topics.

IV. Comments

Interested persons may, at any time, submit written comments regarding this final guidance to the contact person listed above. Comments will be considered when determining whether to amend the current guidance.

Dated: October 26, 1998.

William B. Schultz,

Deputy Commissioner for Policy.

[FR Doc. 98–29275 Filed 10–30–98; 8:45 am]

BILLING CODE 4160–01–F

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Current List of Laboratories Which Meet Minimum Standards To Engage in Urine Drug Testing for Federal Agencies, and Laboratories That Have Withdrawn From the Program

AGENCY: Substance Abuse and Mental Health Services Administration, HHS.

ACTION: Notice.

SUMMARY: The Department of Health and Human Services notifies Federal agencies of the laboratories currently certified to meet standards of Subpart C of Mandatory Guidelines for Federal Workplace Drug Testing Programs (59 FR 29916, 29925). A similar notice listing all currently certified laboratories will be published during the first week of each month, and updated to include laboratories which subsequently apply for and complete the certification process. If any listed laboratory's certification is totally suspended or revoked, the laboratory will be omitted from updated lists until such time as it is restored to full certification under the Guidelines.

If any laboratory has withdrawn from the National Laboratory Certification Program during the past month, it will be identified as such at the end of the current list of certified laboratories, and will be omitted from the monthly listing thereafter.

This Notice is now available on the internet at the following website: http://www.health.org.

FOR FURTHER INFORMATION CONTACT: Mrs. Giselle Hersh or Dr. Walter Vogl, Division of Workplace Programs, 5600 Fishers Lane, Rockwall 2 Building, Room 815, Rockville, Maryland 20857; Tel.: (301) 443–6014.

Special Note: Our office moved to a different building on May 18, 1998. Please use the above address for all regular mail and correspondence. For all overnight mail service use the following address: Division of Workplace Programs, 5515 Security Lane, Room 815, Rockville, Maryland 20852.

SUPPLEMENTARY INFORMATION: Mandatory Guidelines for Federal Workplace Drug Testing were developed in accordance with Executive Order 12564 and section 503 of Pub. L. 100–71. Subpart C of the Guidelines, ''Certification of Laboratories Engaged in Urine Drug Testing for Federal Agencies,'' sets strict standards which laboratories must meet in order to conduct urine drug testing for Federal agencies. To become certified an applicant laboratory must undergo three rounds of performance testing plus an on-site inspection. To maintain that certification a laboratory must participate in a quarterly performance testing program plus periodic, on-site inspections.

Laboratories which claim to be in the applicant stage of certification are not to be considered as meeting the minimum requirements expressed in the HHS Guidelines. A laboratory must have its letter of certification from SAMHSA, HHS (formerly: HHS/NIDA) which attests that it has met minimum standards.

In accordance with Subpart C of the Guidelines, the following laboratories meet the minimum standards set forth in the Guidelines:

ACL Laboratories, 8901 W. Lincoln Ave., West Allis, WI 53227, 414–328–7840, (formerly: Bayshore Clinical Laboratory)

Aegis Analytical Laboratories, Inc., 345 Hill Ave., Nashville, TN 37210, 615–255–2400

Alabama Reference Laboratories, Inc., 543 South Hull St., Montgomery, AL 36103, 800–541–4931 / 334–263–5745

Alliance Laboratory Services 3200 Burnet Ave., Cincinnati, OH 45229, 513–585–9000, (formerly: Jewish Hospital of Cincinnati, Inc.)

American Medical Laboratories, Inc., 14225 Newbrook Dr., Chantilly, VA 20151, 703–802–6900

Associated Pathologists Laboratories, Inc., 4230 South Burnham Ave., Suite 250, Las Vegas, NV 89119–5412, 702–733–7866 / 800–433–2750

Associated Regional and University Pathologists, Inc. (ARUP), 500 Chipeta Way, Salt Lake City, UT 84108, 801–583–2787 / 800–242–2787

Baptist Medical Center—Toxicology Laboratory 9601 I–630, Exit 7, Little Rock, AR 72205–7299, 501–202–2783, (formerly: Forensic Toxicology Laboratory Baptist Medical Center)

Cedars Medical Center, Department of Pathology, 1400 Northwest 12th Ave., Miami, FL 33136, 305–325–5784

Clinical Reference Lab, 8433 Quivira Rd., Lenexa, KS 66215–2802, 800–445–6917

Cox Health Systems, Department of Toxicology, 1423 North Jefferson Ave., Springfield, MO 65802, 800–876–3652/417–269–3093, (formerly: Cox Medical Centers)

Dept. of the Navy, Navy Drug Screening Laboratory, Great Lakes, IL, P. O. Box 88–6819, Great Lakes, IL 60088–6819, 847–688–2045/847–688–4171

Diagnostic Services Inc., dba DSI, 12700 Westlinks Drive, Fort Myers, FL 33913, 941–561–8200/800–735–5416

Doctors Laboratory, Inc., P.O. Box 2658, 2906 Julia Dr., Valdosta, GA 31604, 912–244–4468

DrugProof, Division of Dynacare/Laboratory of Pathology, LLC, 1229 Madison St., Suite 500, Nordstrom Medical Tower, Seattle, WA 98104, 800–898–0180/206–386–2672, (formerly: Laboratory of Pathology of Seattle, Inc., DrugProof, Division of Laboratory of Pathology of Seattle, Inc.)

DrugScan, Inc., P.O. Box 2969, 1119 Mearns Rd., Warminster, PA 18974, 215–674–9310

Dynacare Kasper Medical Laboratories*, 14940–123 Ave., Edmonton, Alberta, Canada T5V 1B4, 800–661–9876/403–451–3702

ElSohly Laboratories, Inc., 5 Industrial Park Dr., Oxford, MS 38655, 601–236–2609

Gamma-Dynacare Medical Laboratories*, A Division of the Gamma-Dynacare Laboratory Partnership, 245 Pall Mall St., London, ON, Canada N6A 1P4, 519–679–1630

General Medical Laboratories, 36 South Brooks St., Madison, WI 53715, 608–267–6267

Hartford Hospital Toxicology Laboratory, 80 Seymour St., Hartford, CT 06102–5037, 860–545–6023

Info-Meth, 112 Crescent Ave., Peoria, IL 61636, 800–752–1835/309–671–5199, (formerly: Methodist Medical Center Toxicology Laboratory)

LabCorp Occupational Testing Services, Inc., 1904 Alexander Drive, Research Triangle Park, NC 27709, 919–672–6900/800–833–3984, (formerly: CompuChem Laboratories, Inc.; CompuChem Laboratories, Inc., A Subsidiary of Roche Biomedical Laboratory; Roche CompuChem Laboratories, Inc., A Member of the Roche Group)

LabCorp Occupational Testing Services, Inc., 4022 Willow Lake Blvd., Memphis, TN 38118, 901–795–1515/800–223–6339, (formerly: MedExpress/National Laboratory Center)

LabOne, Inc., 8915 Lenexa Dr., Overland Park, Kansas 66214, 913–888–3927/800–728–4064, (formerly: Center for Laboratory Services, a Division of LabOne, Inc.)

Laboratory Corporation of America, 888 Willow St., Reno, NV 89502, 702–334–3400, (formerly: Sierra Nevada Laboratories, Inc.)

Laboratory Corporation of America Holdings, 69 First Ave., Raritan, NJ 08869, 800–437–4986/908–526–2400, (formerly: Roche Biomedical Laboratories, Inc.)

Laboratory Specialists, Inc., 1111 Newton St., Gretna, LA 70053, 504–361–8989/800–433–3823

Marshfield Laboratories, Forensic Toxicology Laboratory, 1000 North Oak Ave., Marshfield, WI 54449, 715–389–3734/800–331–3734

MAXXAM Analytics Inc.*, 5540 McAdam Rd., Mississauga, ON, Canada L4Z 1P1, 905–890–2555, (formerly: NOVAMANN (Ontario) Inc.)

Medical College Hospitals Toxicology Laboratory, Department of Pathology, 3000 Arlington Ave., Toledo, OH 43614, 419–381–5213

MedTox Laboratories, Inc., 402 W. County Rd. D, St. Paul, MN 55112, 800–832–3244/612–636–7466

Methodist Hospital Toxicology Services of Clarian Health Partners, Inc., Department of Pathology and Laboratory Medicine, 1701 N. Senate Blvd., Indianapolis, IN 46202, 317–929–3587

MetroLab-Legacy Laboratory Services, 1225 NE 2nd Ave., Portland, OR 97232, 503–413–4512, 800–950–5295

Minneapolis Veterans Affairs Medical Center, Forensic Toxicology Laboratory, 1 Veterans Drive, Minneapolis, Minnesota 55417, 612–725–2088

National Toxicology Laboratories, Inc., 1100 California Ave., Bakersfield, CA 93304, 805–322–4250

Northwest Toxicology, Inc., 1141 E. 3900 South, Salt Lake City, UT 84124, 800–322–3361/801–268–2431

Oregon Medical Laboratories, P.O. Box 972, 722 East 11th Ave., Eugene, OR 97440–0972, 541–341–8092

Pacific Toxicology Laboratories, 1519 Pontius Ave., Los Angeles, CA 90025, 310–312–0056, (Formerly: Centinela Hospital Airport Toxicology Laboratory

Pathology Associates Medical Laboratories, 11604 E. Indiana, Spokane, WA 99206, 509–926–2400/800–541–7891

PharmChem Laboratories, Inc., 1505–A O'Brien Dr., Menlo Park, CA 94025, 650–328–6200/800–446–5177

PharmChem Laboratories, Inc., Texas Division, 7610 Pebble Dr., Fort Worth, TX 76118, 817–595–0294, (formerly: Harris Medical Laboratory)

Physicians Reference Laboratory, 7800 West 110th St., Overland Park, KS 66210, 913–339–0372/800–821–3627

Poisonlab, Inc., 7272 Clairemont Mesa Blvd., San Diego, CA 92111, 619–279–2600/800–882–7272

Premier Analytical Laboratories, 15201 East I–10 Freeway, Suite 125, Channelview, TX 77530, 713–457–3784/800–888–4063, (formerly: Drug Labs of Texas)

Presbyterian Laboratory Services, 5040 Airport Center Parkway, Charlotte, NC 28208, 800–473–6640/704–943–3437

Quest Diagnostics Incorporated, 4444 Giddings Road, Auburn Hills, MI 48326, 810–373–9120 / 800–444–0106, (formerly: HealthCare/Preferred Laboratories, HealthCare/MetPath, CORNING Clinical Laboratories)

Quest Diagnostics Incorporated, National Center for Forensic Science, 1901 Sulphur Spring Rd., Baltimore, MD 21227, 410–536–1485, (formerly: Maryland Medical Laboratory, Inc., National Center for Forensic Science, CORNING National Center for Forensic Science)

Quest Diagnostics Incorporated, 4770 Regent Blvd., Irving, TX 75063, 800–526–0947 / 972–916–3376, (formerly: Damon Clinical Laboratories, Damon/MetPath, CORNING Clinical Laboratories)

Quest Diagnostics Incorporated, 875 Greentree Rd., 4 Parkway Ctr., Pittsburgh, PA 15220–3610, 800–574–2474 / 412–920–7733, (formerly: Med-Chek Laboratories, Inc., Med-Chek/Damon, MetPath Laboratories, CORNING Clinical Laboratories)

Quest Diagnostics Incorporated, 2320 Schuetz Rd., St. Louis, MO 63146, 800–288–7293 / 314–991–1311, (formerly: Metropolitan Reference Laboratories, Inc., CORNING Clinical Laboratories, South Central Division)

Quest Diagnostics Incorporated, 7470 Mission Valley Rd., San Diego, CA 92108–4406, 800–446–4728 / 619–686–3200, (formerly: Nichols Institute, Nichols Institute Substance Abuse Testing (NISAT), CORNING Nichols Institute, CORNING Clinical Laboratories)

Quest Diagnostics Incorporated, One Malcolm Ave., Teterboro, NJ 07608, 201–393–5590, (formerly: MetPath, Inc., CORNING MetPath Clinical Laboratories, CORNING Clinical Laboratory)

Quest Diagnostics Incorporated, 1355 Mittel Blvd., Wood Dale, IL 60191, 630–595–3888, (formerly: MetPath, Inc., CORNING MetPath Clinical Laboratories, CORNING Clinical Laboratories Inc.)

Scientific Testing Laboratories, Inc., 463 Southlake Blvd., Richmond, VA 23236, 804–378–9130

Scott & White Drug Testing Laboratory, 600 S. 31st St., Temple, TX 76504, 800–749–3788 / 254–771–8379

S.E.D. Medical Laboratories, 5601 Office Blvd., Albuquerque, NM 87109, 505–727–6300/ 800–999–5227

SmithKline Beecham Clinical Laboratories, 3175 Presidential Dr., Atlanta, GA 30340, 770–452–1590, (formerly: SmithKline Bio-Science Laboratories)

SmithKline Beecham Clinical Laboratories, 8000 Sovereign Row, Dallas, TX 75247, 214–637–7236, (formerly: SmithKline Bio-Science Laboratories)

SmithKline Beecham Clinical Laboratories, 801 East Dixie Ave., Leesburg, FL 34748, 352–787–9006, (formerly: Doctors & Physicians Laboratory)

SmithKline Beecham Clinical Laboratories, 400 Egypt Rd., Norristown, PA 19403, 800–877–7484 / 610–631–4600, (formerly: SmithKline Bio-Science Laboratories)

SmithKline Beecham Clinical Laboratories, 506 E. State Pkwy., Schaumburg, IL 60173, 847–447–4379/800–447–4379, (formerly: International Toxicology Laboratories)

SmithKline Beecham Clinical Laboratories, 7600 Tyrone Ave., Van Nuys, CA 91405, 818–989–2520 / 800–877–2520,

South Bend Medical Foundation, Inc., 530 N. Lafayette Blvd., South Bend, IN 46601, 219–234–4176

Southwest Laboratories, 2727 W. Baseline Rd., Tempe, AZ 85283, 602–438–8507

Sparrow Health System, Toxicology Testing Center, St. Lawrence Campus, 1210 W. Saginaw, Lansing, MI 48915, 517–377–0520, (formerly: St. Lawrence Hospital & Healthcare System)

St. Anthony Hospital Toxicology Laboratory, 1000 N. Lee St., Oklahoma City, OK 73101, 405–272–7052

Toxicology & Drug Monitoring Laboratory, University of Missouri Hospital & Clinics, 2703 Clark Lane, Suite B, Lower Level, Columbia, MO 65202, 573–882–1273

Toxicology Testing Service, Inc., 5426 N.W. 79th Ave., Miami, FL 33166, 305–593–2260

UNILAB, 18408 Oxnard St., Tarzana, CA 91356, 800–492–0800 / 818–996–7300, (formerly: MetWest-BPL Toxicology Laboratory)

Universal Toxicology Laboratories, LLC, 10210 W. Highway 80, Midland, Texas 79706, 915–561–8851/888–953–8851

UTMB Pathology-Toxicology Laboratory, University of Texas Medical Branch, Clinical Chemistry Division, 301 University Boulevard, Room 5.158, Old John Sealy, Galveston, Texas 77555–0551, 409–772–3197

• The Standards Council of Canada (SCC) voted to end its Laboratory Accreditation Program for Substance Abuse (LAPSA) effective May 12, 1998. Laboratories certified through that program were accredited to conduct forensic urine drug testing as required by U.S. Department of Transportation (DOT) regulations. As of that date, the certification of those accredited Canadian laboratories will continue under DOT authority. The responsibility for conducting quarterly performance testing plus periodic on-site inspections of those LAPSA-accredited laboratories was transferred to the U.S. DHHS, with the DHHS' National Laboratory Certification Program (NLCP) contractor continuing to have an active role in the performance testing and laboratory inspection processes. Other Canadian laboratories wishing to be considered for the NLCP may apply directly to the NLCP contractor just as U.S. laboratories do. Upon finding a Canadian laboratory to be qualified, the DHHS will recommend that DOT certify the laboratory (FR, 16 July 1996) as meeting the minimum standards of the ''Mandatory Guidelines for Workplace Drug Testing'' (59 FR, 9 June 1994, Pages 29908–29931). After receiving the DOT certification, the laboratory will be included in the monthly list of DHHS certified laboratories and participate in the NLCP certification maintenance program.

Richard Kopanda,

Executive Officer, Substance Abuse and Mental Health Services Administration.

[FR Doc. 98–29246 Filed 10–30–98; 8:45 am]

BILLING CODE 4160–20–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Public Health Service

Substance Abuse and Mental Health Services Administration

Notice of Listing of Members of the Substance Abuse and Mental Health Services Administration's Senior Executive Service Performance Review Board (PRB)

The Substance Abuse and Mental Health Services Administration (SAMHSA) announces the persons who will serve on the Substance Abuse and Mental Health Services Administration's Performance Review Board. This action is being taken in accordance with Title 5, U.S.C., Section 4314(c)(4), which requires that members of performance review boards be appointed in a manner to ensure consistency, stability, and objectivity in performance appraisals, and requires that notice of the appointment of an individual to serve as a member be published in the **Federal Register**.

The following persons will serve on the SAMHSA Performance Review Board, which oversees the evaluation of performance appraisals of SAMHSA's Senior Executive Service (SES) members: Joseph Autry, M.D., Chairperson; Bernard S. Arons, M.D.; Ruth Sanchez-Way, Ph.D.; and William Robinson, M.D.

For further information about the SAMHSA Performance Review Board, contact the Division of Human Resources Management, Substance Abuse and Mental Health Services Administration, 5600 Fishers Lane, Room 14 C–24, Rockville, Maryland 20857, telephone (301) 443–5030 (not a toll-free number).

Dated: October 26, 1998.

Nelba Chavez,

Administrator, SAMHSA.

[FR Doc. 98–29266 Filed 10–30–98; 8:45 am]

BILLING CODE 4160–01–M

DEPARTMENT OF THE INTERIOR

Bureau of Land Management

[OR–110–6333–00; GP9–0016]

Closure of Public Lands; Oregon

AGENCY: Bureau of Land Management, Medford District Office, Ashland Resource Area.

ACTION: Emergency Closure of Bureau of Land Management Administered Roads—Jackson County, Oregon.

SUMMARY: Notice is hereby given that certain BLM roads in Jackson County, Oregon are hereby closed to all motorized vehicles including off-road vehicles from October 23, 1998 until notice is rescinded. The closure is made under the authority of 43 CFR 9268.3(d)(1)(ii) and 8364.1(a).

The roads and the conditions of this emergency road closure are identified as follows: Roads 41–2E–3, 41–2E–9, 41–2E–10.0, 41–2E–10.1 and connecting spur roads are hereby seasonally closed. These roads are located in Sections 2, 3, 10, 11, and 12 of T. 41 S., R. 2 E., and Sections 5, 6, and 7 of T.41S., R. 3E., Willamette Meridian, Jackson County, Oregon. In addition, the road located next to Scotch Creek in Section 1, T. 41 S., R. 2 E. (W. M.) is hereby permanently closed under this order.

Any person who fails to comply with the provisions of this closure order may be subject to the penalties provided in 43 CFR 8360.0–7, which include a fine not to exceed $1,000.00 and/or imprisonment not to exceed 12 months, as well as the penalties provided under Oregon State law.

The roads temporarily closed to motorized use under this order will be posted with signs at barricaded locations.

The purpose of this emergency temporary closure is to prevent excessive erosion, and to protect recent BLM investments in road maintenance work.

This closure is effective from October 23, 1998 until this notice is rescinded.

FOR FURTHER INFORMATION CONTACT: Joe Hoppe, Realty Specialist, at (541) 770–2200.

Dated: October 23, 1998.

Wayne M. Kuhn,

Acting District Manager.

[FR Doc. 98–29270 Filed 10–30–98; 8:45 am]

BILLING CODE 4310–33–M

DEPARTMENT OF INTERIOR

Bureau of Land Management

[UT–069–1990–00]

San Juan and Grand Resource Management Plans; Notice of Intent

AGENCY: Bureau of Land Management, Interior.

AGENCY: Bureau of Land Management, Interior.

ACTION: Notice of intent to prepare Environmental Impact Statement (EIS) and amend the San Juan Resource Management Plan (SJRMP)and the Grand Resource Management Plan (GRMP). Call for information on potential Areas of Critical Environmental Concern (ACEC) and Wild and Scenic Rivers (W&SR).

SUMMARY: The Bureau of Land Management (BLM) is proposing to prepare an Environmental Impact Statement to consider proposed amendments to the SJRMP and the GRMP in the Lockhart Basin Area of San Juan County, Utah.

DATES: Public comment opportunities for identification of issues for the proposed plan amendment will commence with the date of publication of this notice. Comments must be submitted on or before December 2, 1998.

FOR FURTHER INFORMATION CONTACT: Kent Walter, Monticello Field Office Manager, Bureau of Land Management, 435 North Main Street, P.O. Box 7, Monticello, Utah 84535, telephone (801) 587–1500. Comments on issues to be addressed in the proposed plan amendment should be sent to the above address.

SUPPLEMENTARY INFORMATION: On December 10, 1997, the San Juan Resource Area (SJRA) of the Moab District published in the **Federal Register**, a Notice of Intent to prepare an Environmental Assessment (EA) level plan amendment for the SJRMP. This EA level amendment was originally proposed in order to provide additional recreational guidance for portions of the SJRMP in the Indian Creek Area and Canyon Basins Special Recreation Area, citing that since the completion of the SJRMP in March 1991, significant increases in recreation use has led to degradation of sensitive resources including riparian areas, cultural sites, visual resources etc. Upon publication of the **Federal Register** Notice, a public scoping effort was intiated.

Additionally, on January 13, 1998, the Moab and Monticello Field Offices, published in the **Federal Register**, a second Notice of Intent to prepare an EA level plan amendment for the Lockhart Basin area. The preliminary issues for this amendment involved visual resources, wildlife relative to current oil and gas categorization and resulting conflicts with other sensitive resource values.

It is the determination of the Bureau of Land Management that the public scoping efforts for both of these proposed amendments have identified significant concerns that should be addressed in an EIS amendment format and should include cross jurisdictional issues between the two BLM Field Offices. Issues that have been identified to be addressed in the new EIS level amendment are as follows:

(a) Livestock re-classification and forage reallocation for bighorn sheep to enhance bighorn sheep management and reduce interspecies conflict.

(b) Potential reclassification of current oil and gas categories to enhance wildlife habitat protection and visual resource management,

(c) The implication of increased recreation use on BLM administered public lands in relation to Canyonlands National Park,

(d) The potential designation of Areas of Critical Environmental Concern, and inventory/classification of Wild and Scenic Rivers,

(e) Potential Off Highway Vehicle (OHV) closures in areas known to cause degradation of sensitive resources,

(f) Review and possible incorporation of Utah Rangeland Health Standards as appropriate,

(g) Re-evaluation of Visual Resource Management (VRM) Classes.

(h) Consideration of the need for mineral withdrawal in certain portions of the area.

(i) Special management considerations in support of long term research and monitoring.

A separate activity level (site specific) camping facilities plan for the Indian Creek area is still under preparation and will continue. This plan is considered in conformance with the current SJRMP and will be incorporated by reference into the proposed SJRMP Amendment.

This notice provides an opportunity for the public to participate in the revised EIS level plan amendment. Additional comment opportunities on the revised scope of this project will be available as the planning/NEPA process continues.

No additional planning criteria are proposed for this effort beyond those previously identified in the SJRMP or GRMP.

This notice is also to advise the public that the BLM is seeking additional public input regarding potential areas that could be considered for either ACEC designation and or W&SR study and evaluation, as well as to seek additional public input on those areas that have already been nominated within the Lockhart Basin area. The Bureau of Land Management will determine what areas, if any, should be designated as Areas of Critical Environmental Concern (ACEC). To be considered as a potential ACEC, and analyzed in a management plan alternative, an area must meet the criteria of ''relevance and importance'' as established and defined in 43 CFR 1610. An area meets the ''relevance'' criteria if it contains one of more of the following: (1) Significant historic, cultural, or scenic values, (2) fish and wildlife resource (including sensitive species, or it's relative habitat or habitat essential for maintaining species diversity), (3) natural processes or systems (including rare, endemic, relic plants or communities and riparian areas), and (4) natural hazards such as severe avalanche, flooding, seismic activity, etc.

The ''importance'' criteria is used to insure that a specific resource or value, process or hazard has substantial significance and values. Importance can be characterized as follows: (1) Being more than locally significant, having special worth, (2) having qualities or circumstances that make it fragile, sensitive, rare, irreplaceable, unique, endangered or threatened, meaningful or distinctive, (3) has been recognized as warranting protection in order to satisfy national priorities or to carry out the mandates of FLPMA, and (4) has qualities which warrant concern to satisfy public or management concerns regarding public welfare and safety.

All ACEC nominations will receive a preliminary evaluation by an interdisciplinary team to determine if the area meets the ''relevance'' and ''importance'' criteria. Nominations should include descriptive materials, detailed maps and evidence supporting the relevance and importance of the resource. Additionally, public nominations are also being sought for those river segments which may be eligible for inclusion into the National Wild & Scenic River System.

In order to be considered, the body of water must be free flowing. A river segment can be determined free flowing if it is a flowing body of water, estuary, or section, portion, or tributary thereof including, rivers, streams, creeks, runs, kills, rills, and small lakes. River segments can be any size and must be existing or flowing in natural conditions without major modification. All nominations should be accompanied by detailed maps and descriptions.

Dated: October 27, 1998.

Douglas M. Koza,

Acting State Director.

[FR Doc. 98–29285 Filed 10–30–98; 8:45 am]

BILLING CODE 4310–DQ–P

DEPARTMENT OF THE INTERIOR

Bureau of Land Management

[MT–924–1430–01; MTM 84004]

Public Land Order No. 7371; Opening of Land Under Section 24 of the Federal Power Act; Montana

AGENCY: Bureau of Land Management, Interior.

ACTION: Public land order.

SUMMARY: This order opens, subject to the provisions of Section 24 of the Federal Power Act, 70 acres of National Forest System land withdrawn by a Secretarial Order which established Bureau of Land Management Powersite Reserve No. 110. This action will permit consummation of a pending Forest Service land exchange and retain the power rights to the United States. The land is temporarily closed to surface entry and mining due to a pending land exchange. The land has been and continues to be open to mineral leasing.

EFFECTIVE DATE: November 2, 1998.

FOR FURTHER INFORMATION CONTACT: Deborah Sorg, BLM Montana State Office, P.O. Box 36800, Billings, Montana 59107, 406–255–2945.

By virtue of the authority vested in the Secretary of the Interior by the Act of June 10, 1920, Section 24, as amended, 16 U.S.C. 818 (1994), and pursuant to the determination by the Federal Energy Regulatory Commission in DVMT–246, it is ordered as follows:

At 9 a.m. on November 2, 1998, the following described National Forest System land, withdrawn by Secretarial Order dated January 24, 1910, which established Powersite Reserve No. 110, will be opened to disposal by land exchange, subject to the provisions of Section 24 of the Federal Power Act as specified by the Federal Energy Regulatory Commission in determination DVMT–246, and subject to valid existing rights, the provisions of existing withdrawals, and the requirements of applicable law:

Principal Meridian, Montana

T. 1 S., R. 22 W.,
Sec. 26, S½N½SE¼NW¼, S½SE¼NW¼, and NE¼SW¼.

The area described contains 70 acres in Ravalli County.

Dated: October 26, 1998.

Bob Armstrong,

Assistant Secretary of the Interior.

[FR Doc. 98–29255 Filed 10–30–98; 8:45 am]

BILLING CODE 4310–DN–P

DEPARTMENT OF THE INTERIOR

Bureau of Land Management

[NV–930–1430–01; N–62050]

Amendment of Sonoma-Gerlach Management Framework Plan (MFP)/ Notice of Realty Action, Direct Sale of Public Land, Pershing County, NV

AGENCY: Bureau of Land Management, Interior.

ACTION: Plan Amendment/Notice of Realty Action.

SUMMARY: Notice is hereby given that the Bureau of Land Management (BLM) has amended the Sonoma-Gerlach Management Framework Plan to identify for disposal under the Federal Land Policy and Management Act 350 acres of public land described as:

Mount Diablo Meridian, Nevada

T. 27 N., R. 31 E.,
Sec. 7: E½SE¼NE¼, NE¼SW¼SE¼, S½SW¼SE¼, E½SE¼;
Sec. 8: SW¼NW¼, W½SW¼;
Sec. 18: N½NE¼, E½NE¼NW¼;
Containing 350 acres more or less.

The subject lands have been found suitable for direct sale under Sections 203 and 209 of the Federal Land Policy and Management Act of 1976 (43 U.S.C. 1713 and 1719), at not less than fair market value.

The above described lands are hereby classified for disposal in accordance with Executive Order 6910 and the Act of June 28, 1934, as amended.

The lands were formerly segregated from sale by publication of a Notice of Realty Action (N58101) published in the **Federal Register** on January 14, 1994, in anticipation of an R&PP lease. Upon publication of this notice in the **Federal Register**, the segregation against sale under the authority of the Federal Land Policy and Management Act is terminated and the subject lands are open to sale under the authority of the Federal Land Policy and Management Act. Upon patent issuance for the subject lands, the Recreation and Public Purposes Act Lease N–58101, issued to the Pershing County Fair and Recreation Board, shall terminate.

The lands are not required for Federal purposes. Disposal is consistent with the Bureau's planning for this area and would be in the public's interest. This land is being offered by direct sale to the Pershing County Fair and Recreation Board. It has been determined that the subject parcel contains no known mineral values.

Acceptance of a direct sale offer will constitute an application for conveyance of those mineral interests having no known value. The applicant will be required to pay a $50.00 non-refundable filing fee for conveyance of the said mineral interests. The land will not be offered for sale until at least 60 days after publication of this notice in the **Federal Register**.

Planning Protests

Any party that participated in the plan amendment and is adversely affected by the amendment may protest this action as it affects issues submitted for the record during the planning process. The protests shall be in writing and filed with the Director, Bureau of Land Management, Attn: Ms. Brenda Williams, Protests Manager (WO–210), 1849 ''C'' Street NW/LS–1075, Washington, DC 20240 within 30 days after the date of publication of this notice.

FOR FURTHER INFORMATION CONTACT: Ken Detweiler, Realty Specialist, Bureau of Land Management, 5100 E. Winnemucca Boulevard, Winnemucca, NV 89445, telephone (702) 623–1500.

SUPPLEMENTARY INFORMATION: The public lands are being offered to the Pershing County Fair and Recreation Board for the proposed Desert Coral Golf Course. Currently, the parcel is under Recreation and Public Purposes Act Lease N–58101 by the Board for the subject golf course. Sale of the parcel to the Board would give them more flexibility in procuring financing and in management of the proposed golf course.

A patent, when issued, will contain the following reservations to the United States:

A right-of-way thereon for ditches or canals constructed by the authority of the United States pursuant to the Act of August 30, 1890 (43 U.S.C. 945).

And will be subject to:

1. Those rights for highway purposes which have been granted to the Nevada Department of Transportation, by Right-of-way NEV–048800, under the Act of November 9, 1921 (23 U.S.C. Sec. 18).

2. Those rights for communication line purposes which have been granted to Bell Telephone Company of Nevada under Right-of-way N–12799, under the Act of March 4, 1911 (43 U.S.C. 961) and under Right-of-way N–61913, under the Act of October 21, 1976 (43 U.S.C. 1761).

3. Those rights for natural gas pipeline purposes which have been granted to Southwest Gas Corporation by Right-of-way NEV–058689, under the Act of February 25, 1920 (30 U.S.C. 185 Sec. 28).

4. Those rights for power transmission line purposes which have been granted to Sierra Pacific Power Company by Right-of-way N–12800, under the Act of March 4, 1911 (43 U.S.C. 961) and Right-of-way N–60884 under the Act of October 21, 1976 (43 U.S.C. 1761).

For a period of 45 days from the date of publication of this notice in the **Federal Register**, interested parties may submit comments regarding the proposed sale to the Field Manager, Winnemucca Field Office, Bureau of Land Management, 5100 E.

Winnemucca Boulevard, Winnemucca, NV 89445. In the absence of timely objections, this proposal shall become the final determination of the Department of the Interior.

Dated: October 19, 1998.

Terry Reed,

Field Manager, Winnemucca, Nevada.

[FR Doc. 98–29226 Filed 10–30–98; 8:45 am]

BILLING CODE 4310–HC–P

DEPARTMENT OF THE INTERIOR

Bureau of Land Management

[CA–067–1050–00, CACA 39853]

Proposed Withdrawal and Opportunity for Public Meeting; Imperial County, CA

AGENCY: Bureau of Land Management, Interior.

ACTION: Notice.

SUMMARY: The Bureau of Land Management proposes to withdraw 9,360.74 acres of public land in Imperial County to protect the archaeological and cultural resources located in the Indian Pass Area of Critical Environmental Concern and Expanded Management Area. Publication of this notice segregates the land proposed to be withdrawn, subject to valid existing rights, for a 2-year period from settlement, sale, location, or entry under the general land laws, including the mining laws. The land will remain open to the operations of the mineral leasing, geothermal leasing, and material sales laws.

DATES: Comments and request for a public meeting must be received by February 1, 1999.

ADDRESSES: Comments and meeting requests should be sent to the Field Manager, El Centro Field Office (CA–067), 1661 South 4th Street, El Centro, California 92243–4561.

FOR FURTHER INFORMATION CONTACT: Thomas Zale, BLM, El Centro Field Office, (760) 337–4420.

SUPPLEMENTARY INFORMATION: On October 26, 1998, a petition was approved allowing the Bureau of Land Management to file an application to withdraw for a 20-year period, and subject to valid existing rights, the following described public land from settlement, sale, location, or entry under the general land laws, including the mining laws, but not the mineral leasing, geothermal leasing, or the material sales laws, subject to valid existing rights:

San Bernardino Meridian

T. 13 S., R. 20 E.,
  Sec. 25, E½.
T. 13 S., R. 21 E.,
  Sec. 21, NE¼, E½NW¼, and SW¼;
  Sec. 28, NW¼ and NW¼SW¼;
  Secs. 29 to 33, inclusive.
T. 14 S., R. 20 E.,
  Sec. 1, E½;
  Sec. 11, E½;
  Secs. 12 to 14, inclusive.
T. 14 S., R. 21 E.,
  Sec. 4, lots 1 and 2 of NW¼, and NW¼SW¼;
  Sec. 5, lots 1 and 2 of NE¼, lots 1 and 2 of NW¼, and S½;
  Sec. 6, lots 1 and 2 of NE¼, lots 1 & 2 of NW¼, lots 1 and 2 of SW¼, and SE¼;
  Sec. 7, lots 1 and 2 of NW¼, lots 1 and 2 of SW¼, and E½;
  Sec. 8, N½NE¼ and W½;
  Sec. 17, NW¼NW¼;
  Sec. 18, lots 1 and 2 of NW¼, and NE¼.

The area described contains 9,360.74 acres in Imperial County.

The purpose of the proposed withdrawal is to protect the archaeological and cultural resources in the Indian Pass Area of Critical Environmental Concern and Expanded Management Area (collectively the ''Indian Pass area''). The Indian Pass area is considered to be a sacred site by the Quechan people.

For a period of 90 days from the date of publication of this notice, all persons who wish to submit comments, suggestions, or objections in connection with the proposed withdrawal may present their views in writing to the Field Manager, El Centro Field Office of the Bureau of Land Management.

Notice is hereby given that a public meeting will be held to discuss the proposed withdrawal and solicit comments from the public regarding it. A notice of the time and place will be published in the **Federal Register** at least 30 days before the scheduled date of the meeting.

The application will be processed in accordance with the regulations set forth in 43 CFR 2300. The application and case file are available for public inspection at the El Centro Field Office of the Bureau of Land Management.

For a period of 2 years from the date of publication of this notice in the **Federal Register**, the land will be segregated as specified above unless the application is denied or canceled or the withdrawal is approved prior to that date. During the segregation period various studies and analyses will be conducted. No action as to the proposed withdrawal shall be taken until these studies and analyses are completed. The temporary uses which may be permitted during this segregative period are those which are compatible with the use of land, as determined by the Bureau of Land Management.

Dated: October 27, 1998.

Duane Marti,

Acting Chief, Branch of Lands.

[FR Doc. 98–29286 Filed 10–30–98; 8:45 am]

BILLING CODE 4310–40–P

DEPARTMENT OF THE INTERIOR

National Park Service

Supplemental Draft Environmental Impact Statement; Backcountry and Wilderness Management Plan, Joshua Tree National Park, San Bernardino and Riverside Counties, CA

SUMMARY: Pursuant to § 102(2)(C) of the National Environmental Policy Act of 1969 (P.L. 91–190 as amended), the National Park Service (NPS), Department of the Interior, has prepared a supplement to the Draft Environmental Impact Statement (DEIS) assessing alternatives for, and potential impacts of, a proposed Backcountry and Wilderness Management Plan for Joshua Tree National Park.

BACKGROUND: After an initial public review and comment phase, thorough review of all comments received, and with consideration of the Joshua Tree National Park Advisory Commission's input, the NPS has determined it necessary to issue a Supplemental Environmental Impact Statement (SEIS). The SEIS expands upon the conservation planning and impact analysis undertaken in the original DEIS, and contains: an update on the planning process; a discussion of an additional alternative, which constitutes the new proposed action; a discussion of foreseeable environmental consequences if this new alternative were to be implemented; and summary tables comparing the actions and consequences of all five alternatives.

COMMENTS: The formal review period for the SEIS document extends through December 31, 1998. Reviewers may address any aspect of the DEIS or SEIS. All written comments must be postmarked not later than December 31, 1998, and sent to: Superintendent, Joshua Tree National Park, 74485 National Park Drive, Twentynine Palms, California 92277.

Dated: October 21, 1998.

William C. Walters,

Acting Regional Director, Pacific West.

[FR Doc. 98–29241 Filed 10–30–98; 8:45 am]

BILLING CODE 4310–70–P

DEPARTMENT OF THE INTERIOR

National Park Service

Notice of Availability of the Record of Decision, Final Environmental Impact Statement for the General Management Plan, Saint Croix Island International Historic Site, Calais, ME

AGENCY: National Park Service, U.S. Department of the Interior.

INTRODUCTION: Pursuant to Section 102(2)(C) of the National Environmental Policy Act of 1969 (P.L. 91–190 as amended), and specifically to regulations promulgated by the Council of Environmental quality (40 CFR 1505.2), the Department of the Interior, National Park Service has prepared this Record of Decision following the Final Environmental Impact Statement for the general management plan for Saint Croix Island International Historic Site, Washington County, Maine. In accordance with the National Environmental Policy Act of 1969, the environmental impact statement was prepared to assess the impacts of implementing the general management plan. The purpose of the general management plan is to clearly define the site's mission, mission goals, and management direction. It provides a foundation to guide and coordinate all subsequent management decision-making.

SUMMARY: The Record of Decision is a concise statement of the decision made, the basis for the decision, and the background of the project (including the decision making process, other alternatives considered, and public involvement), along with any mitigating measures. The Record of Decision concludes compliance with the National Environmental Policy Act for decision making to approve the general management plan for Saint Croix Island International Historic Site. This compliance was initiated upon a Notice of Intent to prepare an Environmental Impact Statement which established a public scoping period and was published in the **Federal Register** on September 19, 1995. Notice of a 45-day comment period on the Draft Environmental Impact Statement was published in the **Federal Register** on September 17, 1996. Twenty written comments were received by the National Park Service. The notice also announced a public meeting in Calais, Maine. Notice of availability of the Final Environmental Impact Statement was published in the **Federal Register** on March 19, 1998. One written comment was received.

The National Park Service will now implement the proposal evaluated in the Final Environmental Impact Statement as described in the Record of Decision and set forth in the general management plan for Saint Croix Island International Historic Site.

SUPPLEMENTARY INFORMATION: Saint Croix Island International Historic Site is administered by the Superintendent of Acadia National Park in Hancock County, Maine. Administrative records are therefore not held at the historic site, but in Bar Harbor, Maine. To facilitate retrieval of information about the management of Saint Croix Island International Historic Site, related documents will be bound in a single volume which includes the Final Environmental Impact Statement, Record of Decision, General Management Plan, background information, and two implementing plans. Copies of the document are available upon request from: Superintendent, Acadia National Park, P.O. Box 177, Bar Harbor, Maine, 04609. Telephone: 207–288–3338.

Dated: October 21, 1998.

Chysandra Walter,

Deputy Regional Director, Northeast Region (617) 223–5001.

[FR Doc. 98–29239 Filed 10–30–98; 8:45 am]

BILLING CODE 4310–70–P

DEPARTMENT OF THE INTERIOR

National Park Service

Draft Environmental Impact Statement, Interagency Bison Management Plan for the State of Montana and Yellowstone National Park; Extension of Comment Period

AGENCY: National Park Service, Department of the Interior.

ACTION: Extension of Public Comment Period for Draft Environmental Impact Statement.

SUMMARY: Pursuant to section 102(2)(c) of the National Environmental Policy Act of 1969, the National Park Service announced on June 18, 1998 (**Federal Register**, Volume 63, Number 177) the availability of a draft environmental impact statement (DEIS) for the Interagency Bison Management Plan for the State of Montana and Yellowstone National Park. This announcement commenced a 120-day comment period, closing on October 16, 1998. During this time, the National Park Service received several requests for extensions to the comment period. The public comment period, therefore, will be extended for 15 days and will now close on November 2, 1998.

DATES: The public comment period will now be extended from October 16, 1998 to November 2, 1998.

ADDRESSES: Comments on the DEIS should be sent to Sarah Bransom, National Park Service, DSC–RP, PO Box 25287, Denver, CO 80225–0287, Telephone: (303) 969–2310. Copies of the DEIS or the executive summary of the DEIS and a complete listing of libraries where the DEIS is available for review on the Internet at http://www.nps.gov/planning/current.htm.

SUPPLEMENTARY INFORMATION: Since 1990, management of bison in and adjacent to Yellowstone National Park Service has been covered by a series of interim management plans. In 1992, the National Park Service (lead agency), state of Montana (co-lead), United States Forest Service (co-lead), and the Animal and Plant Health Inspection Service (cooperating agency) signed a Memorandum of Understanding to prepare a long-term bison management plan/EIS.

The DEIS presents seven alternatives with a full range of management techniques for maintaining a wild, free ranging bison population while minimizing the risk of transmitting the disease Brucellosis from bison to domestic cattle on public and private lands in Montana adjacent to Yellowstone National Park. Management techniques used in various combinations to meet the plan's objectives include capturing and testing bison for Brucellosis, quarantining, slaughtering, hunting and vaccination. Impacts are analyzed on the following topics: bison population, recreation, livestock operations, socioeconomics, threatened, endangered and sensitive species, other wildlife species, human health, cultural resources, and visual resources. All review comments received on the DEIS will become part of the public record.

Dated: October 9, 1998.

John E. Cook,

Regional Director, Intermountain Region, National Park Service.

[FR Doc. 98–29240 Filed 10–30–98; 8:45 am]

BILLING CODE 4310–70–P

DEPARTMENT OF THE INTERIOR

Bureau of Reclamation

Long-term Contract Renewal, Central Valley Project, California

AGENCY: Bureau of Reclamation, Department of the Interior.

ACTION: Notice of intent to prepare an environmental impact statement and notice of meeting; additional meeting.

SUMMARY: The Bureau of Reclamation has added an additional scoping meeting in the city of Visalia regarding preparing an environmental impact statement for renewing existing long-term and interim contracts for the Central Valley Project, California. The written comments may be submitted in accordance with the notice published in the **Federal Register** on October 15, 1998, (63 FR 55406). The purpose of the meeting is to help determine the scope of the environmental analysis and to identify significant issues related, to this proposed action, including issues related to negotiations.

DATE: The Visalia meeting will be held at 7:00 p.m. on Tuesday, November 17, 1998.

ADDRESSES: The meeting will be held at the Holiday Inn Plaza Park (Pine Room) 9000 West Airport Drive, Visalia, California 93277, telephone: 209/651–5000.

FOR FURTHER INFORMATION CONTACT: Mr. Alan R. Candlish, Bureau of Reclamation, 2800 Cottage Way Attention: MP–120, Sacramento CA 95825, telephone: 916/978–5190 or Ms. Donna Tegelman, Bureau of Reclamation, 2800 Cottage Way Attention: MP–440, Sacramento CA 95825, telephone: 916/978–5250 (TDD 978–5608).

Dated: October 27, 1998.

Michael Jackson,

Acting Regional Director.

[FR Doc. 98–29250 Filed 10–30–98; 8:45 am]

BILLING CODE 4310–94–P

INTERNATIONAL TRADE COMMISSION

[Investigation No. 731–TA–165 (Review)]

Brass Fire Protection Products From Italy

AGENCY: United States International Trade Commission.

ACTION: Institution of a five-year review concerning the antidumping duty order on brass fire protection products from Italy.

SUMMARY: The Commission hereby gives notice that it has instituted a review pursuant to section 751(c) of the Tariff Act of 1930 (19 U.S.C. 1675(c)) (the Act) to determine whether revocation of the antidumping duty order on brass fire protection products from Italy would be likely to lead to continuation or recurrence of material injury. Pursuant to section 751(c)(2) of the Act, interested parties are requested to respond to this notice by submitting the information specified below to the Commission; the deadline for responses is December 22, 1998. Comments on the adequacy of responses may be filed with the Commission by January 14, 1999.

For further information concerning the conduct of this review and rules of general application, consult the Commission's Rules of Practice and Procedure, part 201, subparts A through E (19 CFR part 201), and part 207, subparts A, D, E, and F (19 CFR part 207). Recent amendments to the Rules of Practice and Procedure pertinent to five-year reviews, including the text of subpart F of part 207, are published at 63 F.R. 30599, June 5, 1998, and may be downloaded from the Commission's World Wide Web site at http://www.usitc.gov/rules.htm.

EFFECTIVE DATE: November 2, 1998.

FOR FURTHER INFORMATION CONTACT: Mary Messer (202–205–3193) or Vera Libeau (202–205-3176), Office of Investigations, U.S. International Trade Commission, 500 E Street SW, Washington, DC 20436. Hearing-impaired persons can obtain information on this matter by contacting the Commission's TDD terminal on 202–205–1810. Persons with mobility impairments who will need special assistance in gaining access to the Commission should contact the Office of the Secretary at 202–205–2000. General information concerning the Commission may also be obtained by accessing its internet server (http://www.usitc.gov).

SUPPLEMENTARY INFORMATION:

Background

On March 1, 1985, the Department of Commerce issued an antidumping duty order on imports of brass fire protection products from Italy (50 F.R. 8354). The Commission is conducting a review to determine whether revocation of the order would be likely to lead to continuation or recurrence of material injury to the domestic industry within a reasonably foreseeable time.

Definitions

The following definitions apply to this review:

(1) Subject Merchandise is the class or kind of merchandise that is within the scope of the five-year review, as defined by the Department of Commerce.

(2) The Subject Country in this review is Italy.

(3) The Domestic Like Product is the domestically produced product or products which are like, or in the absence of like, most similar in characteristics and uses with, the Subject Merchandise. For purposes of this notice, there are two Domestic Like Products, brass siamese connections and brass pressure-restricting valves for use in fire protection systems. In its original determination concerning brass fire protection products, the Commission defined seven Domestic Like Products (brass siamese connections, brass pressure-restricting valves, brass fog/straight stream nozzles, brass wedge disc hose gate valves, brass angle-type hose valves, brass pressure-regulating valves, and brass fire hose couplings); however, the Commission made affirmative findings only with respect to brass siamese connections and brass pressure-restricting valves.

(4) The Domestic Industry is the U.S. producers as a whole of the Domestic Like Product, or those producers whose collective output of the Domestic Like Product constitutes a major proportion of the total domestic production of the product. For purposes of this notice, there are two Domestic Industries, producers of brass siamese connections and producers of brass pressure-restricting valves for use in fire protection systems. In its original determination concerning brass fire protection products, the Commission defined seven Domestic Industries; however, the Commission made affirmative findings only with respect to producers of brass siamese connections and brass pressure-restricting valves.

(5) The Order Date is the date that the antidumping duty order under review became effective. In this review, the Order Date is March 1, 1985.

(6) An Importer is any person or firm engaged, either directly or through a parent company or subsidiary, in importing the Subject Merchandise into the United States from a foreign manufacturer or through its selling agent.

Participation in the Review and Public Service List

Persons, including industrial users of the Subject Merchandise and, if the merchandise is sold at the retail level, representative consumer organizations, wishing to participate in the review as parties must file an entry of appearance with the Secretary to the Commission, as provided in section 201.11(b)(4) of the Commission's rules, no later than 21 days after publication of this notice in the **Federal Register**. The Secretary will maintain a public service list containing the names and addresses of all persons, or their representatives, who are parties to the review.

Limited Disclosure of Business Proprietary Information (BPI) Under an Administrative Protective Order (APO) and APO Service List

Pursuant to section 207.7(a) of the Commission's rules, the Secretary will make BPI submitted in this review available to authorized applicants under the APO issued in the review, provided that the application is made no later than 21 days after publication of this notice in the **Federal Register**. Authorized applicants must represent interested parties, as defined in 19 U.S.C. 1677(9), who are parties to the review. A separate service list will be maintained by the Secretary for those parties authorized to receive BPI under the APO.

Certification

Pursuant to section 207.3 of the Commission's rules, any person submitting information to the Commission in connection with this review must certify that the information is accurate and complete to the best of the submitter's knowledge. In making the certification, the submitter will be deemed to consent, unless otherwise specified, for the Commission, its employees, and contract personnel to use the information provided in any other reviews or investigations of the same or comparable products which the Commission conducts under Title VII of the Act, or in internal audits and investigations relating to the programs and operations of the Commission pursuant to 5 U.S.C. Appendix 3.

Written Submissions

Pursuant to section 207.61 of the Commission's rules, each interested party response to this notice must provide the information specified below. The deadline for filing such responses is December 22, 1998. Pursuant to section 207.62(b) of the Commission's rules, eligible parties (as specified in Commission rule 207.62(b)(1)) may also file comments concerning the adequacy of responses to the notice of institution and whether the Commission should conduct an expedited or full review. The deadline for filing such comments is January 14, 1999. All written submissions must conform with the provisions of sections 201.8 and 207.3 of the Commission's rules and any submissions that contain BPI must also conform with the requirements of sections 201.6 and 207.7 of the Commission's rules. The Commission's rules do not authorize filing of submissions with the Secretary by facsimile or electronic means. Also, in accordance with sections 201.16(c) and 207.3 of the Commission's rules, each document filed by a party to the review must be served on all other parties to the review (as identified by either the public or APO service list as appropriate), and a certificate of service must accompany the document (if you are not a party to the review you do not need to serve your response).

Inability to Provide Requested Information

Pursuant to section 207.61(c) of the Commission's rules, any interested party that cannot furnish the information requested by this notice in the requested form and manner shall notify the Commission at the earliest possible time, provide a full explanation of why it cannot provide the requested information, and indicate alternative forms in which it can provide equivalent information. If an interested party does not provide this notification (or the Commission finds the explanation provided in the notification inadequate) and fails to provide a complete response to this notice, the Commission may take an adverse inference against the party pursuant to section 776(b) of the Act in making its determination in the review.

Information to be Provided in Response to this Notice of Institution

Please provide the requested information separately for the two Domestic Like Products, defined above, and for each of the products identified by Commerce as Subject Merchandise. As used below, the term ''firm'' includes any related firms.

(1) The name and address of your firm or entity (including World Wide Web address if available) and name, telephone number, fax number, and E-mail address of the certifying official.

(2) A statement indicating whether your firm/entity is a U.S. producer of the Domestic Like Product, a U.S. union or worker group, a U.S. importer of the Subject Merchandise, a foreign producer or exporter of the Subject Merchandise, a U.S. or foreign trade or business association, or another interested party (including an explanation). If you are a union/worker group or trade/business association, identify the firms in which your workers are employed or which are members of your association.

(3) A statement indicating whether your firm/entity is willing to participate in this review by providing information requested by the Commission.

(4) A statement of the likely effects of the revocation of the antidumping duty order on the Domestic Industry in general and/or your firm/entity specifically. In your response, please discuss the various factors specified in section 752(a) of the Act (19 U.S.C. § 1675a(a)) including the likely volume of subject imports, likely price effects of subject imports, and likely impact of imports of Subject Merchandise on the Domestic Industry.

(5) A list of all known and currently operating U.S. producers of the Domestic Like Product. Identify any known related parties and the nature of the relationship as defined in section 771(4)(B) of the Act (19 U.S.C. § 1677(4)(B)).

(6) A list of all known and currently operating U.S. importers of the Subject Merchandise and producers of the Subject Merchandise in the Subject Country that currently export or have exported Subject Merchandise to the United States or other countries since 1984.

(7) If you are a U.S. producer of the Domestic Like Product, provide the following information on your firm's operations on that product during calendar year 1997 (report quantity data in thousands of units and value data in thousands of U.S. dollars, f.o.b. plant). If you are a union/worker group or trade/business association, provide the information, on an aggregate basis, for the firms in which your workers are employed/which are members of your association.

(a) Production (quantity) and, if known, an estimate of the percentage of total U.S. production of the Domestic Like Product accounted for by your firm's(s') production; and

(b) the quantity and value of U.S. commercial shipments of the Domestic Like Product produced in your U.S. plant(s).

(8) If you are a U.S. importer or a trade/business association of U.S. importers of the Subject Merchandise from the Subject Country, provide the following information on your firm's(s') operations on that product during calendar year 1997 (report quantity data in thousands of units and value data in thousands of U.S. dollars). If you are a trade/business association, provide the information, on an aggregate basis, for the firms which are members of your association.

(a) The quantity and value (landed, duty-paid but not including antidumping or countervailing duties) of U.S. imports and, if known, an estimate of the percentage of total U.S. imports of Subject Merchandise from the Subject Country accounted for by your firm's(s') imports; and

(b) the quantity and value (f.o.b. U.S. port, including antidumping and/or countervailing duties) of U.S. commercial shipments of Subject

Merchandise imported from the Subject Country.

(9) If you are a producer, an exporter, or a trade/business association of producers or exporters of the Subject Merchandise in the Subject Country, provide the following information on your firm's(s') operations on that product during calendar year 1997 (report quantity data in thousands of units and value data in thousands of U.S. dollars, landed and duty-paid at the U.S. port but not including antidumping or countervailing duties). If you are a trade/business association, provide the information, on an aggregate basis, for the firms which are members of your association.

(a) Production (quantity) and, if known, an estimate of the percentage of total production of Subject Merchandise in the Subject Country accounted for by your firm's(s') production; and

(b) the quantity and value of your firm's(s') exports to the United States of Subject Merchandise and, if known, an estimate of the percentage of total exports to the United States of Subject Merchandise from the Subject Country accounted for by your firm's(s') exports.

(10) Identify significant changes, if any, in the supply and demand conditions or business cycle for the Domestic Like Product that have occurred in the United States or in the market for the Subject Merchandise in the Subject Country since the Order Date, and significant changes, if any, that are likely to occur within a reasonably foreseeable time. Supply conditions to consider include technology; production methods; development efforts; ability to increase production (including the shift of production facilities used for other products and the use, cost, or availability of major inputs into production); and factors related to the ability to shift supply among different national markets (including barriers to importation in foreign markets or changes in market demand abroad). Demand conditions to consider include end uses and applications; the existence and availability of substitute products; and the level of competition among the Domestic Like Product produced in the United States, Subject Merchandise produced in the Subject Country, and such merchandise from other countries.

(11) (OPTIONAL) A statement of whether you agree with the above definitions of the Domestic Like Product and Domestic Industry; if you disagree with either or both of these definitions, please explain why and provide alternative definitions.

Authority: This review is being conducted under authority of title VII of the Tariff Act of 1930; this notice is published pursuant to section 207.61 of the Commission's rules.

Issued: October 21, 1998.

By order of the Commission.

Donna R. Koehnke,

Secretary.

[FR Doc. 98–29290 Filed 10–30–98; 8:45 am]

BILLING CODE 7020–02–P

INTERNATIONAL TRADE COMMISSION

[Investigations Nos. 701–TA–A (Review) and 731–TA–157 (Review)]

Carbon Steel Wire Rod From Argentina

AGENCY: United States International Trade Commission.

ACTION: Institution of five-year reviews concerning the suspended countervailing duty investigation and the antidumping duty order on carbon steel wire rod from Argentina.

SUMMARY: The Commission hereby gives notice that it has instituted reviews pursuant to section 751(c) of the Tariff Act of 1930 (19 U.S.C. 1675(c)) (the Act) to determine whether termination of the suspended countervailing duty investigation and/or revocation of the antidumping duty order on carbon steel wire rod from Argentina would be likely to lead to continuation or recurrence of material injury. Pursuant to section 751(c)(2) of the Act, interested parties are requested to respond to this notice by submitting the information specified below to the Commission; the deadline for responses is December 22, 1998. Comments on the adequacy of responses may be filed with the Commission by January 14, 1999.

For further information concerning the conduct of these reviews and rules of general application, consult the Commission's Rules of Practice and Procedure, part 201, subparts A through E (19 CFR part 201), and part 207, subparts A, D, E, and F (19 CFR part 207). Recent amendments to the Rules of Practice and Procedure pertinent to five-year reviews, including the text of subpart F of part 207, are published at 63 F.R. 30599, June 5, 1998, and may be downloaded from the Commission's World Wide Web site at http://www.usitc.gov/rules.htm.

EFFECTIVE DATE: November 2, 1998.

FOR FURTHER INFORMATION CONTACT: Mary Messer (202–205–3193) or Vera Libeau (202–205-3176), Office of Investigations, U.S. International Trade Commission, 500 E Street SW, Washington, DC 20436. Hearing-impaired persons can obtain information on this matter by contacting the Commission's TDD terminal on 202–205–1810. Persons with mobility impairments who will need special assistance in gaining access to the Commission should contact the Office of the Secretary at 202–205–2000. General information concerning the Commission may also be obtained by accessing its internet server (http://www.usitc.gov).

SUPPLEMENTARY INFORMATION:

Background

On September 27, 1982, the Department of Commerce suspended a countervailing duty investigation on imports of carbon steel wire rod from Argentina (47 F.R. 42393). On November 23, 1984, the Department of Commerce issued an antidumping duty order on imports of carbon steel wire rod from Argentina (49 F.R. 46180). The Commission is conducting reviews to determine whether termination of the suspended countervailing duty investigation and/or revocation of the antidumping duty order would be likely to lead to continuation or recurrence of material injury to the domestic industry within a reasonably foreseeable time.

Definitions

The following definitions apply to these reviews:

(1) Subject Merchandise is the class or kind of merchandise that is within the scope of the five-year reviews, as defined by the Department of Commerce.

(2) The Subject Country in these reviews is Argentina.

(3) The Domestic Like Product is the domestically produced product or products which are like, or in the absence of like, most similar in characteristics and uses with, the Subject Merchandise. For purposes of this notice, the Domestic Like Product is all carbon steel wire rod. In its original determination concerning the antidumping duty investigation, the Commission concluded that low-carbon and high-carbon steel wire rod were separate Domestic Like Products. Because domestic producers were not able to provide separate data for those products, however, the Commission in effect examined a single Domestic Like Product consisting of all carbon steel wire rod. There was no Commission determination concerning the suspended countervailing duty investigation.

(4) The Domestic Industry is the U.S. producers as a whole of the Domestic Like Product, or those producers whose collective output of the Domestic Like Product constitutes a major proportion of the total domestic production of the

product. For purposes of this notice, the Domestic Industry is producers of all carbon steel wire rod. In its original determination concerning the antidumping duty investigation, the Commission concluded that domestic producers were unable to provide separate data for low-carbon and high-carbon steel wire rod and therefore examined a single Domestic Industry consisting of producers of all carbon steel wire rod. There was no Commission determination concerning the suspended countervailing duty investigation.

(5) The Order Dates are the dates that the countervailing duty investigation was suspended and the antidumping duty order under review became effective. In these reviews, the Order Dates are September 27, 1982, for the suspended countervailing duty investigation and November 23, 1984, for the antidumping duty order.

(6) An Importer is any person or firm engaged, either directly or through a parent company or subsidiary, in importing the Subject Merchandise into the United States from a foreign manufacturer or through its selling agent.

Participation in the Reviews and Public Service List

Persons, including industrial users of the Subject Merchandise and, if the merchandise is sold at the retail level, representative consumer organizations, wishing to participate in the reviews as parties must file an entry of appearance with the Secretary to the Commission, as provided in section 201.11(b)(4) of the Commission's rules, no later than 21 days after publication of this notice in the **Federal Register**. The Secretary will maintain a public service list containing the names and addresses of all persons, or their representatives, who are parties to the reviews.

Limited Disclosure of Business Proprietary Information (BPI) Under an Administrative Protective Order (APO) and APO Service List

Pursuant to section 207.7(a) of the Commission's rules, the Secretary will make BPI submitted in these reviews available to authorized applicants under the APO issued in the reviews, provided that the application is made no later than 21 days after publication of this notice in the **Federal Register**. Authorized applicants must represent interested parties, as defined in 19 U.S.C. 1677(9), who are parties to the reviews. A separate service list will be maintained by the Secretary for those parties authorized to receive BPI under the APO.

Certification

Pursuant to section 207.3 of the Commission's rules, any person submitting information to the Commission in connection with these reviews must certify that the information is accurate and complete to the best of the submitter's knowledge. In making the certification, the submitter will be deemed to consent, unless otherwise specified, for the Commission, its employees, and contract personnel to use the information provided in any other reviews or investigations of the same or comparable products which the Commission conducts under Title VII of the Act, or in internal audits and investigations relating to the programs and operations of the Commission pursuant to 5 U.S.C. Appendix 3.

Written Submissions

Pursuant to section 207.61 of the Commission's rules, each interested party response to this notice must provide the information specified below. The deadline for filing such responses is December 22, 1998. Pursuant to section 207.62(b) of the Commission's rules, eligible parties (as specified in Commission rule 207.62(b)(1)) may also file comments concerning the adequacy of responses to the notice of institution and whether the Commission should conduct expedited or full reviews. The deadline for filing such comments is January 14, 1999. All written submissions must conform with the provisions of sections 201.8 and 207.3 of the Commission's rules and any submissions that contain BPI must also conform with the requirements of sections 201.6 and 207.7 of the Commission's rules. The Commission's rules do not authorize filing of submissions with the Secretary by facsimile or electronic means. Also, in accordance with sections 201.16(c) and 207.3 of the Commission's rules, each document filed by a party to the reviews must be served on all other parties to the reviews (as identified by either the public or APO service list as appropriate), and a certificate of service must accompany the document (if you are not a party to the reviews you do not need to serve your response).

Inability to Provide Requested Information

Pursuant to section 207.61(c) of the Commission's rules, any interested party that cannot furnish the information requested by this notice in the requested form and manner shall notify the Commission at the earliest possible time, provide a full explanation of why it cannot provide the requested information, and indicate alternative forms in which it can provide equivalent information. If an interested party does not provide this notification (or the Commission finds the explanation provided in the notification inadequate) and fails to provide a complete response to this notice, the Commission may take an adverse inference against the party pursuant to section 776(b) of the Act in making its determinations in the reviews.

Information To Be Provided in Response to This Notice of Institution

As used below, the term ''firm'' includes any related firms.

(1) The name and address of your firm or entity (including World Wide Web address if available) and name, telephone number, fax number, and E-mail address of the certifying official.

(2) A statement indicating whether your firm/entity is a U.S. producer of the Domestic Like Product, a U.S. union or worker group, a U.S. importer of the Subject Merchandise, a foreign producer or exporter of the Subject Merchandise, a U.S. or foreign trade or business association, or another interested party (including an explanation). If you are a union/worker group or trade/business association, identify the firms in which your workers are employed or which are members of your association.

(3) A statement indicating whether your firm/entity is willing to participate in these reviews by providing information requested by the Commission.

(4) A statement of the likely effects of the termination of the suspended countervailing duty investigation and the revocation of the antidumping duty order on the Domestic Industry in general and/or your firm/entity specifically. In your response, please discuss the various factors specified in section 752(a) of the Act (19 U.S.C. § 1675a(a)) including the likely volume of subject imports, likely price effects of subject imports, and likely impact of imports of Subject Merchandise on the Domestic Industry.

(5) A list of all known and currently operating U.S. producers of the Domestic Like Product. Identify any known related parties and the nature of the relationship as defined in section 771(4)(B) of the Act (19 U.S.C. § 1677(4)(B)).

(6) A list of all known and currently operating U.S. importers of the Subject Merchandise and producers of the Subject Merchandise in the Subject Country that currently export or have exported Subject Merchandise to the

United States or other countries since 1982.

(7) If you are a U.S. producer of the Domestic Like Product, provide the following information on your firm's operations on that product during calendar year 1997 (report quantity data in short tons and value data in thousands of U.S. dollars, f.o.b. plant). If you are a union/worker group or trade/business association, provide the information, on an aggregate basis, for the firms in which your workers are employed/which are members of your association.

(a) Production (quantity) and, if known, an estimate of the percentage of total U.S. production of the Domestic Like Product accounted for by your firm's(s') production; and

(b) the quantity and value of U.S. commercial shipments of the Domestic Like Product produced in your U.S. plant(s).

(8) If you are a U.S. importer or a trade/business association of U.S. importers of the Subject Merchandise from the Subject Country, provide the following information on your firm's(s') operations on that product during calendar year 1997 (report quantity data in short tons and value data in thousands of U.S. dollars). If you are a trade/business association, provide the information, on an aggregate basis, for the firms which are members of your association.

(a) The quantity and value (landed, duty-paid but not including antidumping or countervailing duties) of U.S. imports and, if known, an estimate of the percentage of total U.S. imports of Subject Merchandise from the Subject Country accounted for by your firm's(s') imports; and

(b) the quantity and value (f.o.b. U.S. port, including antidumping and/or countervailing duties) of U.S. commercial shipments of Subject Merchandise imported from the Subject Country.

(9) If you are a producer, an exporter, or a trade/business association of producers or exporters of the Subject Merchandise in the Subject Country, provide the following information on your firm's(s') operations on that product during calendar year 1997 (report quantity data in short tons and value data in thousands of U.S. dollars, landed and duty-paid at the U.S. port but not including antidumping or countervailing duties). If you are a trade/business association, provide the information, on an aggregate basis, for the firms which are members of your association.

(a) Production (quantity) and, if known, an estimate of the percentage of total production of Subject Merchandise in the Subject Country accounted for by your firm's(s') production; and

(b) the quantity and value of your firm's(s') exports to the United States of Subject Merchandise and, if known, an estimate of the percentage of total exports to the United States of Subject Merchandise from the Subject Country accounted for by your firm's(s') exports.

(10) Identify significant changes, if any, in the supply and demand conditions or business cycle for the Domestic Like Product that have occurred in the United States or in the market for the Subject Merchandise in the Subject Country since the Order Dates, and significant changes, if any, that are likely to occur within a reasonably foreseeable time. Supply conditions to consider include technology; production methods; development efforts; ability to increase production (including the shift of production facilities used for other products and the use, cost, or availability of major inputs into production); and factors related to the ability to shift supply among different national markets (including barriers to importation in foreign markets or changes in market demand abroad). Demand conditions to consider include end uses and applications; the existence and availability of substitute products; and the level of competition among the Domestic Like Product produced in the United States, Subject Merchandise produced in the Subject Country, and such merchandise from other countries.

(11) (Optional) A statement of whether you agree with the above definitions of the Domestic Like Product and Domestic Industry; if you disagree with either or both of these definitions, please explain why and provide alternative definitions.

Authority: These reviews are being conducted under authority of title VII of the Tariff Act of 1930; this notice is published pursuant to section 207.61 of the Commission's rules.

Issued: October 21, 1998.

By order of the Commission.

Donna R. Koehnke,

Secretary.

[FR Doc. 98–29292 Filed 10–30–98; 8:45 am]

BILLING CODE 7020–02–P

INTERNATIONAL TRADE COMMISSION

[Investigation Nos. 303–TA–13 (Review), 731–TA–262, 263 and 265 (Review), and 701–TA–249 (Review)]

Iron Metal Castings From India, Iron Construction Castings From Brazil, Canada, and China, Heavy Iron Construction Castings From Brazil; Institution of Five Year Reviews

AGENCY: United States International Trade Commission.

ACTION: Institution of five-year reviews concerning the countervailing duty orders on iron metal castings from India and heavy iron construction castings from Brazil and institution of five-year reviews concerning the antidumping duty orders on iron construction castings from Brazil, Canada, and China.

SUMMARY: The Commission hereby gives notice that it has instituted reviews pursuant to section 751(c) of the Tariff Act of 1930 (19 U.S.C. 1675(c)) (the Act) to determine whether revocation of the countervailing duty orders on iron metal castings from India and heavy iron construction castings from Brazil and whether revocation of the antidumping duty orders on iron construction castings from Brazil, Canada, and China would be likely to lead to continuation or recurrence of material injury. Pursuant to section 751(c)(2) of the Act, interested parties are requested to respond to this notice by submitting the information specified below to the Commission; the deadline for responses is December 22, 1998. Comments on the adequacy of responses may be filed with the Commission by January 14, 1999.

For further information concerning the conduct of these reviews and rules of general application, consult the Commission's Rules of Practice and Procedure, part 201, subparts A through E (19 CFR part 201), and part 207, subparts A, D, E, and F (19 CFR part 207). Recent amendments to the Rules of Practice and Procedure pertinent to five-year reviews, including the text of subpart F of part 207, are published at 63 F.R. 30599, June 5, 1998, and may be downloaded from the Commission's World Wide Web site at http://www.usitc.gov/rules.htm.

EFFECTIVE DATE: November 2, 1998.

FOR FURTHER INFORMATION CONTACT: Mary Messer (202–205–3193) or Vera Libeau (202–205–3176), Office of Investigations, U.S. International Trade Commission, 500 E Street SW, Washington, DC 20436. Hearing-impaired persons can obtain information on this matter by contacting

the Commission's TDD terminal on 202–205–1810. Persons with mobility impairments who will need special assistance in gaining access to the Commission should contact the Office of the Secretary at 202–205–2000. General information concerning the Commission may also be obtained by accessing its internet server (http://www.usitc.gov).

SUPPLEMENTARY INFORMATION:

Background

On October 16, 1980, the Department of Commerce issued a countervailing duty order on imports of iron metal castings from India (45 F.R. 68650). The Department of Commerce issued antidumping duty orders on imports of iron construction castings from Canada on March 5, 1986 (51 F.R. 7600) and from Brazil and China on May 9, 1986 (51 F.R. 17220). On May 15, 1986, the Department of Commerce issued a countervailing duty order on imports of heavy iron construction castings from Brazil (51 F.R. 17786). The Commission is conducting reviews to determine whether revocation of the orders would be likely to lead to continuation or recurrence of material injury to the domestic industry within a reasonably foreseeable time.

Definitions

The following definitions apply to these reviews:

(1) Subject Merchandise is the class or kind of merchandise that is within the scope of the five-year reviews, as defined by the Department of Commerce.

(2) The Subject Countries in these reviews are Brazil, Canada, China, and India.

(3) The Domestic Like Product is the domestically produced product or products which are like, or in the absence of like, most similar in characteristics and uses with, the Subject Merchandise. In its original determination concerning iron metal castings from India, the Commission found one Domestic Like Product consisting of manhole covers and frames, catch-basin grates and frames, and cleanout covers and frames. In its original determinations concerning iron construction castings from Brazil, Canada, and China, the Commission found two separate Domestic Like Products: ''heavy'' and ''light'' iron construction castings. One Commissioner defined the Domestic Like Products differently.

(4) The Domestic Industry is the U.S. producers as a whole of the Domestic Like Product, or those producers whose collective output of the Domestic Like Product constitutes a major proportion of the total domestic production of the product. In its original determination concerning iron metal castings from India, the Commission found one Domestic Industry consisting of producers of manhole covers and frames, catch-basin grates and frames, and cleanout covers and frames with two out of the four Commissioners in the majority finding a regional market located in the Western United States. One Commissioner defined the Domestic Industry differently. In its original determinations concerning iron construction castings from Brazil, Canada, and China, the Commission found two separate Domestic Industries, one producing ''heavy'' and one producing ''light'' iron construction castings. One Commissioner defined the Domestic Industries differently.

(5) The Order Dates are the dates that the countervailing and antidumping duty orders under review became effective. In the review concerning iron metal castings from India, the Order Date is October 16, 1980. In the review concerning iron construction castings from Canada the Order Date is March 5, 1986. In the reviews of the antidumping duty orders concerning iron construction castings from Brazil and China the Order Date is May 9, 1986. In the review of the countervailing duty order concerning heavy iron construction castings from Brazil the Order Date is May 15, 1986.

(6) An Importer is any person or firm engaged, either directly or through a parent company or subsidiary, in importing the Subject Merchandise into the United States from a foreign manufacturer or through its selling agent.

Participation in the Reviews and Public Service List

Persons, including industrial users of the Subject Merchandise and, if the merchandise is sold at the retail level, representative consumer organizations, wishing to participate in the reviews as parties must file an entry of appearance with the Secretary to the Commission, as provided in section 201.11(b)(4) of the Commission's rules, no later than 21 days after publication of this notice in the **Federal Register**. The Secretary will maintain a public service list containing the names and addresses of all persons, or their representatives, who are parties to the reviews.

Limited Disclosure of Business Proprietary Information (BPI) Under an Administrative Protective Order (APO) and APO Service List

Pursuant to section 207.7(a) of the Commission's rules, the Secretary will make BPI submitted in these reviews available to authorized applicants under the APO issued in the reviews, provided that the application is made no later than 21 days after publication of this notice in the **Federal Register**. Authorized applicants must represent interested parties, as defined in 19 U.S.C. § 1677(9), who are parties to the reviews. A separate service list will be maintained by the Secretary for those parties authorized to receive BPI under the APO.

Certification

Pursuant to section 207.3 of the Commission's rules, any person submitting information to the Commission in connection with these reviews must certify that the information is accurate and complete to the best of the submitter's knowledge. In making the certification, the submitter will be deemed to consent, unless otherwise specified, for the Commission, its employees, and contract personnel to use the information provided in any other reviews or investigations of the same or comparable products which the Commission conducts under Title VII of the Act, or in internal audits and investigations relating to the programs and operations of the Commission pursuant to 5 U.S.C. Appendix 3.

Written Submissions

Pursuant to section 207.61 of the Commission's rules, each interested party response to this notice must provide the information specified below. The deadline for filing such responses is December 22, 1998. Pursuant to section 207.62(b) of the Commission's rules, eligible parties (as specified in Commission rule 207.62(b)(1)) may also file comments concerning the adequacy of responses to the notice of institution and whether the Commission should conduct expedited or full reviews. The deadline for filing such comments is January 14, 1999. All written submissions must conform with the provisions of sections 201.8 and 207.3 of the Commission's rules and any submissions that contain BPI must also conform with the requirements of sections 201.6 and 207.7 of the Commission's rules. The Commission's rules do not authorize filing of submissions with the Secretary by facsimile or electronic means. Also, in

accordance with sections 201.16(c) and 207.3 of the Commission's rules, each document filed by a party to the reviews must be served on all other parties to the reviews (as identified by either the public or APO service list as appropriate), and a certificate of service must accompany the document (if you are not a party to the reviews you do not need to serve your response).

Inability to Provide Requested Information

Pursuant to section 207.61(c) of the Commission's rules, any interested party that cannot furnish the information requested by this notice in the requested form and manner shall notify the Commission at the earliest possible time, provide a full explanation of why it cannot provide the requested information, and indicate alternative forms in which it can provide equivalent information. If an interested party does not provide this notification (or the Commission finds the explanation provided in the notification inadequate) and fails to provide a complete response to this notice, the Commission may take an adverse inference against the party pursuant to section 776(b) of the Act in making its determinations in the reviews.

Information To be Provided in Response To This Notice of Institution

Please provide the requested information separately for each Domestic Like Product, as defined by the Commission in its original determinations, and for each of the products identified by Commerce as Subject Merchandise. If you are a domestic producer, union/worker group, or trade/business association; import/export Subject Merchandise from more than one Subject Country; or produce Subject Merchandise in more than one Subject Country, you may file a single response. If you do so, please ensure that your response to each question includes the information requested for each pertinent Subject Country. As used below, the term ''firm'' includes any related firms.

(1) The name and address of your firm or entity (including World Wide Web address if available) and name, telephone number, fax number, and E-mail address of the certifying official.

(2) A statement indicating whether your firm/entity is a U.S. producer of the Domestic Like Product, a U.S. union or worker group, a U.S. importer of the Subject Merchandise, a foreign producer or exporter of the Subject Merchandise, a U.S. or foreign trade or business association, or another interested party (including an explanation). If you are a union/worker group or trade/business association, identify the firms in which your workers are employed or which are members of your association.

(3) A statement indicating whether your firm/entity is willing to participate in these reviews by providing information requested by the Commission.

(4) A statement of the likely effects of the revocation of the countervailing and antidumping duty orders on the Domestic Industry in general and/or your firm/entity specifically. In your response, please discuss the various factors specified in section 752(a) of the Act (19 U.S.C. § 1675a(a)) including the likely volume of subject imports, likely price effects of subject imports, and likely impact of imports of Subject Merchandise on the Domestic Industry.

(5) A list of all known and currently operating U.S. producers of the Domestic Like Product. Identify any known related parties and the nature of the relationship as defined in section 771(4)(B) of the Act (19 U.S.C. § 1677(4)(B)).

(6) A list of all known and currently operating U.S. importers of the Subject Merchandise and producers of the Subject Merchandise in India that currently export or have exported Subject Merchandise to the United States or other countries since 1980. A list of all known and currently operating U.S. importers of the Subject Merchandise and producers of the Subject Merchandise in Brazil, Canada, and China that currently export or have exported Subject Merchandise to the United States or other countries since 1985.

(7) If you are a U.S. producer of the Domestic Like Product, provide the following information on your firm's operations on that product during calendar year 1997 (report quantity data in thousands of pounds and value data in thousands of U.S. dollars, f.o.b. plant). If you are a union/worker group or trade/business association, provide the information, on an aggregate basis, for the firms in which your workers are employed/which are members of your association.

(a) Production (quantity) and, if known, an estimate of the percentage of total U.S. production of the Domestic Like Product accounted for by your firm's(s') production; and

(b) the quantity and value of U.S. commercial shipments of the Domestic Like Product produced in your U.S. plant(s).

(8) If you are a U.S. importer or a trade/business association of U.S. importers of the Subject Merchandise from the Subject Countries, provide the following information on your firm's(s') operations on that product during calendar year 1997 (report quantity data in thousands of pounds and value data in thousands of U.S. dollars). If you are a trade/business association, provide the information, on an aggregate basis, for the firms which are members of your association.

(a) The quantity and value (landed, duty-paid but not including antidumping or countervailing duties) of U.S. imports and, if known, an estimate of the percentage of total U.S. imports of Subject Merchandise from the Subject Countries accounted for by your firm's(s') imports; and

(b) the quantity and value (f.o.b. U.S. port, including antidumping and/or countervailing duties) of U.S. commercial shipments of Subject Merchandise imported from the Subject Countries.

(9) If you are a producer, an exporter, or a trade/business association of producers or exporters of the Subject Merchandise in the Subject Countries, provide the following information on your firm's(s') operations on that product during calendar year 1997 (report quantity data in thousands of pounds and value data in thousands of U.S. dollars, landed and duty-paid at the U.S. port but not including antidumping or countervailing duties). If you are a trade/business association, provide the information, on an aggregate basis, for the firms which are members of your association.

(a) Production (quantity) and, if known, an estimate of the percentage of total production of Subject Merchandise in the Subject Countries accounted for by your firm's(s') production; and

(b) the quantity and value of your firm's(s') exports to the United States of Subject Merchandise and, if known, an estimate of the percentage of total exports to the United States of Subject Merchandise from the Subject Countries accounted for by your firm's(s') exports.

(10) Identify significant changes, if any, in the supply and demand conditions or business cycle for the Domestic Like Product that have occurred in the United States or in the market for the Subject Merchandise in the Subject Countries since the Order Dates, and significant changes, if any, that are likely to occur within a reasonably foreseeable time. Supply conditions to consider include technology; production methods; development efforts; ability to increase production (including the shift of production facilities used for other products and the use, cost, or availability of major inputs into production); and factors related to the

ability to shift supply among different national markets (including barriers to importation in foreign markets or changes in market demand abroad). Demand conditions to consider include end uses and applications; the existence and availability of substitute products; and the level of competition among the Domestic Like Product produced in the United States, Subject Merchandise produced in the Subject Countries, and such merchandise from other countries.

(11) (Optional) A statement of whether you agree with the above definitions of the Domestic Like Product and Domestic Industry; if you disagree with either or both of these definitions, please explain why and provide alternative definitions.

Authority: These reviews are being conducted under authority of title VII of the Tariff Act of 1930; this notice is published pursuant to section 207.61 of the Commission's rules.

Issued: October 21, 1998.

By order of the Commission.

Donna R. Koehnke,

Secretary.

[FR Doc. 98–29289 Filed 10–30–98; 8:45 am]

BILLING CODE 7020–02–P

INTERNATIONAL TRADE COMMISSION

[Investigation No. 731–TA–130 (Review)]

Chloropicrin From China

AGENCY: United States International Trade Commission.

ACTION: Institution of a five-year review concerning the antidumping duty order on chloropicrin from China.

SUMMARY: The Commission hereby gives notice that it has instituted a review pursuant to section 751(c) of the Tariff Act of 1930 (19 U.S.C. § 1675(c)) (the Act) to determine whether revocation of the antidumping duty order on chloropicrin from China would be likely to lead to continuation or recurrence of material injury. Pursuant to section 751(c)(2) of the Act, interested parties are requested to respond to this notice by submitting the information specified below to the Commission; the deadline for responses is December 22, 1998. Comments on the adequacy of responses may be filed with the Commission by January 14, 1999.

For further information concerning the conduct of this review and rules of general application, consult the Commission's Rules of Practice and Procedure, part 201, subparts A through E (19 CFR part 201), and part 207, subparts A, D, E, and F (19 CFR part 207). Recent amendments to the Rules of Practice and Procedure pertinent to five-year reviews, including the text of subpart F of part 207, are published at 63 F.R. 30599, June 5, 1998, and may be downloaded from the Commission's World Wide Web site at http://www.usitc.gov/rules.htm.

EFFECTIVE DATE: November 2, 1998.

FOR FURTHER INFORMATION CONTACT: Mary Messer (202–205–3193) or Vera Libeau (202–205–3176), Office of Investigations, U.S. International Trade Commission, 500 E Street SW, Washington, DC 20436. Hearing-impaired persons can obtain information on this matter by contacting the Commission's TDD terminal on 202–205–1810. Persons with mobility impairments who will need special assistance in gaining access to the Commission should contact the Office of the Secretary at 202–205–2000. General information concerning the Commission may also be obtained by accessing its internet server (http://www.usitc.gov).

SUPPLEMENTARY INFORMATION:

Background

On March 22, 1984, the Department of Commerce issued an antidumping duty order on imports of chloropicrin from China (49 F.R. 10691). The Commission is conducting a review to determine whether revocation of the order would be likely to lead to continuation or recurrence of material injury to the domestic industry within a reasonably foreseeable time.

Definitions

The following definitions apply to this review:

(1) Subject Merchandise is the class or kind of merchandise that is within the scope of the five-year review, as defined by the Department of Commerce.

(2) The Subject Country in this review is China.

(3) The Domestic Like Product is the domestically produced product or products which are like, or in the absence of like, most similar in characteristics and uses with, the Subject Merchandise. In its original determination, the Commission defined the Domestic Like Product as chloropicrin.

(4) The Domestic Industry is the U.S. producers as a whole of the Domestic Like Product, or those producers whose collective output of the Domestic Like Product constitutes a major proportion of the total domestic production of the product. In its original determination, the Commission defined the Domestic Industry as producers of chloropicrin.

(5) The Order Date is the date that the antidumping duty order under review became effective. In this review, the Order Date is March 22, 1984.

(6) An Importer is any person or firm engaged, either directly or through a parent company or subsidiary, in importing the Subject Merchandise into the United States from a foreign manufacturer or through its selling agent.

Participation in the Review and Public Service List

Persons, including industrial users of the Subject Merchandise and, if the merchandise is sold at the retail level, representative consumer organizations, wishing to participate in the review as parties must file an entry of appearance with the Secretary to the Commission, as provided in section 201.11(b)(4) of the Commission's rules, no later than 21 days after publication of this notice in the **Federal Register**. The Secretary will maintain a public service list containing the names and addresses of all persons, or their representatives, who are parties to the review.

Limited Disclosure of Business Proprietary Information (BPI) Under an Administrative Protective Order (APO) and APO Service List

Pursuant to section 207.7(a) of the Commission's rules, the Secretary will make BPI submitted in this review available to authorized applicants under the APO issued in the review, provided that the application is made no later than 21 days after publication of this notice in the **Federal Register**. Authorized applicants must represent interested parties, as defined in 19 U.S.C. 1677(9), who are parties to the review. A separate service list will be maintained by the Secretary for those parties authorized to receive BPI under the APO.

Certification

Pursuant to section 207.3 of the Commission's rules, any person submitting information to the Commission in connection with this review must certify that the information is accurate and complete to the best of the submitter's knowledge. In making the certification, the submitter will be deemed to consent, unless otherwise specified, for the Commission, its employees, and contract personnel to use the information provided in any other reviews or investigations of the same or comparable products which the Commission conducts under Title VII of the Act, or in internal audits and investigations relating to the programs

and operations of the Commission pursuant to 5 U.S.C. Appendix 3.

Written Submissions

Pursuant to section 207.61 of the Commission's rules, each interested party response to this notice must provide the information specified below. The deadline for filing such responses is December 22, 1998. Pursuant to section 207.62(b) of the Commission's rules, eligible parties (as specified in Commission rule 207.62(b)(1)) may also file comments concerning the adequacy of responses to the notice of institution and whether the Commission should conduct an expedited or full review. The deadline for filing such comments is January 14, 1999. All written submissions must conform with the provisions of sections 201.8 and 207.3 of the Commission's rules and any submissions that contain BPI must also conform with the requirements of sections 201.6 and 207.7 of the Commission's rules. The Commission's rules do not authorize filing of submissions with the Secretary by facsimile or electronic means. Also, in accordance with sections 201.16(c) and 207.3 of the Commission's rules, each document filed by a party to the review must be served on all other parties to the review (as identified by either the public or APO service list as appropriate), and a certificate of service must accompany the document (if you are not a party to the review you do not need to serve your response).

Inability to Provide Requested Information

Pursuant to section 207.61(c) of the Commission's rules, any interested party that cannot furnish the information requested by this notice in the requested form and manner shall notify the Commission at the earliest possible time, provide a full explanation of why it cannot provide the requested information, and indicate alternative forms in which it can provide equivalent information. If an interested party does not provide this notification (or the Commission finds the explanation provided in the notification inadequate) and fails to provide a complete response to this notice, the Commission may take an adverse inference against the party pursuant to section 776(b) of the Act in making its determination in the review.

Information to be Provided in Response to this Notice of Institution: As used below, the term ''firm'' includes any related firms.

(1) The name and address of your firm or entity (including World Wide Web address if available) and name, telephone number, fax number, and E-mail address of the certifying official.

(2) A statement indicating whether your firm/entity is a U.S. producer of the Domestic Like Product, a U.S. union or worker group, a U.S. importer of the Subject Merchandise, a foreign producer or exporter of the Subject Merchandise, a U.S. or foreign trade or business association, or another interested party (including an explanation). If you are a union/worker group or trade/business association, identify the firms in which your workers are employed or which are members of your association.

(3) A statement indicating whether your firm/entity is willing to participate in this review by providing information requested by the Commission.

(4) A statement of the likely effects of the revocation of the antidumping duty order on the Domestic Industry in general and/or your firm/entity specifically. In your response, please discuss the various factors specified in section 752(a) of the Act (19 U.S.C. 1675a(a)) including the likely volume of subject imports, likely price effects of subject imports, and likely impact of imports of Subject Merchandise on the Domestic Industry.

(5) A list of all known and currently operating U.S. producers of the Domestic Like Product. Identify any known related parties and the nature of the relationship as defined in section 771(4)(B) of the Act (19 U.S.C. 1677(4)(B)).

(6) A list of all known and currently operating U.S. importers of the Subject Merchandise and producers of the Subject Merchandise in the Subject Country that currently export or have exported Subject Merchandise to the United States or other countries since 1983.

(7) If you are a U.S. producer of the Domestic Like Product, provide the following information on your firm's operations on that product during calendar year 1997 (report quantity data in thousands of pounds and value data in thousands of U.S. dollars, f.o.b. plant). If you are a union/worker group or trade/business association, provide the information, on an aggregate basis, for the firms in which your workers are employed/which are members of your association.

(a) Production (quantity) and, if known, an estimate of the percentage of total U.S. production of the Domestic Like Product accounted for by your firm's(s'') production; and

(b) the quantity and value of U.S. commercial shipments of the Domestic Like Product produced in your U.S. plant(s).

(8) If you are a U.S. importer or trade/business association of U.S. importers of the Subject Merchandise from the Subject Country, provide the following information on your firm's(s') operations on that product during calendar year 1997 (report quantity date in thousands of pounds and value data in thousands of U.S. dollars). If you are a trade/business association, provide the information, on an aggregate basis, for the firms which are members of your association.

(a) The quantity and value (landed, duty-paid but not including antidumping or countervailing duties) of U.S. imports and, if known, an estimate of the percentage of total U.S. imports of Subject Merchandise from the Subject Country accounted for by your firm's(s') imports; and

(b) the quantity and value (f.o.b. U.S. port, including antidumping and/or countervailing duties) of U.S. commercial shipments of Subject Merchandise imported from the Subject Country.

(9) If you are a producer, an exporter, or a trade/business association of producers or exporters of the Subject Merchandise in the Subject Country, provide the following information on your firm's(s') operations on that product during calendar year 1997 (report quantity data in thousands of pounds and value data in thousands of U.S. dollars, landed and duty-paid at the U.S. port but not including antidumping or countervailing duties). If you are a trade/business association, provide the information, on an aggregate basis, for the firms which are members of your association.

(a) Production (quantity) and, if known, an estimate of the percentage of total production of Subject Merchandise in the Subject Country accounted for by your firm's(s') production; and

(b) the quantity and value of your firm's(s') exports to the United States of Subject Merchandise and, if known, an estimate of the percentage of total exports to the United States of Subject Merchandise from the Subject Country accounted for by your firm's(s') exports.

(10) Identify significant changes, if any, in the supply and demand conditions or business cycle for the Domestic Like Product that have occurred in the United States or in the market for the Subject Merchandise in the Subject Country since the Order Date, and significant changes, if any, that are likely to occur within a reasonably foreseeable time. Supply conditions to consider include technology; production methods; development efforts; ability to increase production (including the shift of

production facilities used for other products and the use, cost, or availability of major inputs into production); and factors related to the ability to shift supply among different national markets (including barriers to importation in foreign markets or changes in market demand abroad). Demand conditions to consider include end uses and applications; the existence and availability of substitute products; and the level of competition among the Domestic Like Product produced in the United States, Subject Merchandise produced in the Subject Country, and such merchandise from other countries.

(11) (OPTIONAL) A statement of whether you agree with the above definitions of the Domestic Like Product and Domestic Industry; if you disagree with either or both of these definitions, please explain why and provide alternative definitions.

Authority: This review is being conducted under authority of title VII of the Tariff Act of 1930; this notice is published pursuant to section 207.61 of the Commission's rules.

By order of the Commission.

Issued: October 21, 1998

Donna R. Koehnke,

Secretary.

[FR Doc. 98–29295 Filed 10–30–98; 8:45 am]

BILLING CODE 7020–02–P

INTERNATIONAL TRADE COMMISSION

[Investigation No. 731–TA–101 (Review)]

Greige Polyester Cotton Printcloth From China

AGENCY: United States International Trade Commission.

ACTION: Institution of a five-year review concerning the antidumping duty order on greige polyester cotton printcloth from China.

SUMMARY: The Commission hereby gives notice that it has instituted a review pursuant to section 751(c) of the Tariff Act of 1930 (19 U.S.C. 1675(c)) (the Act) to determine whether revocation of the antidumping duty order on greige polyester cotton printcloth from China would be likely to lead to continuation or recurrence of material injury. Pursuant to section 751(c)(2) of the Act, interested parties are requested to respond to this notice by submitting the information specified below to the Commission; the deadline for responses is December 22, 1998. Comments on the adequacy of responses may be filed with the Commission by January 14, 1999.

For further information concerning the conduct of this review and rules of general application, consult the Commission's Rules of Practice and Procedure, part 201, subparts A through E (19 CFR part 201), and part 207, subparts A, D, E, and F (19 CFR part 207). Recent amendments to the Rules of Practice and Procedure pertinent to five-year reviews, including the text of subpart F of part 207, are published at 63 FR 30599, June 5, 1998, and may be downloaded from the Commission's World Wide Web site at http://www.usitc.gov/rules.htm.

EFFECTIVE DATE: November 2, 1998.

FOR FURTHER INFORMATION CONTACT: Mary Messer (202–205–3193) or Vera Libeau (202–205–3176), Office of Investigations, U.S. International Trade Commission, 500 E Street SW, Washington, DC 20436. Hearing-impaired persons can obtain information on this matter by contacting the Commission's TDD terminal on 202–205–1810. Persons with mobility impairments who will need special assistance in gaining access to the Commission should contact the Office of the Secretary at 202–205–2000. General information concerning the Commission may also be obtained by accessing its internet server (http://www.usitc.gov).

SUPPLEMENTARY INFORMATION:

Background

On September 16, 1983, the Department of Commerce issued an antidumping duty order on imports of greige polyester cotton printcloth from China (48 FR 41614). The Commission is conducting a review to determine whether revocation of the order would be likely to lead to continuation or recurrence of material injury to the domestic industry within a reasonably foreseeable time.

Definitions

The following definitions apply to this review:

(1) Subject Merchandise is the class or kind of merchandise that is within the scope of the five-year review, as defined by the Department of Commerce.

(2) The Subject Country in this review is China.

(3) The Domestic Like Product is the domestically produced product or products which are like, or in the absence of like, most similar in characteristics and uses with, the Subject Merchandise. In its original determination, the Commission defined the Domestic Like Product as greige polyester/cotton printcloth that contains 50 percent or more of cotton by weight.

(4) The Domestic Industry is the U.S. producers as a whole of the Domestic Like Product, or those producers whose collective output of the Domestic Like Product constitutes a major proportion of the total domestic production of the product. In its original determination, the Commission defined the Domestic Industry as producers of greige polyester/cotton printcloth that contains 50 percent or more of cotton by weight.

(5) The Order Date is the date that the antidumping duty order under review became effective. In this review, the Order Date is September 16, 1983.

(6) An Importer is any person or firm engaged, either directly or through a parent company or subsidiary, in importing the Subject Merchandise into the United States from a foreign manufacturer or through its selling agent.

Participation in the review and public service list.—Persons, including industrial users of the Subject Merchandise and, if the merchandise is sold at the retail level, representative consumer organizations, wishing to participate in the review as parties must file an entry of appearance with the Secretary to the Commission, as provided in section 201.11(b)(4) of the Commission's rules, no later than 21 days after publication of this notice in the **Federal Register**. The Secretary will maintain a public service list containing the names and addresses of all persons, or their representatives, who are parties to the review.

Limited disclosure of business proprietary information (BPI) under an administrative protective order (APO) and APO service list.—Pursuant to section 207.7(a) of the Commission's rules, the Secretary will make BPI submitted in this review available to authorized applicants under the APO issued in the review, provided that the application is made no later than 21 days after publication of this notice in the **Federal Register**. Authorized applicants must represent interested parties, as defined in 19 U.S.C. 1677(9), who are parties to the review. A separate service list will be maintained by the Secretary for those parties authorized to receive BPI under the APO.

Certification.—Pursuant to section 207.3 of the Commission's rules, any person submitting information to the Commission in connection with this review must certify that the information is accurate and complete to the best of the submitter's knowledge. In making the certification, the submitter will be deemed to consent, unless otherwise specified, for the Commission, its employees, and contract personnel to use the information provided in any other reviews or investigations of the

same or comparable products which the Commission conducts under Title VII of the Act, or in internal audits and investigations relating to the programs and operations of the Commission pursuant to 5 U.S.C. Appendix 3.

Written Submissions.

Pursuant to section 207.61 of the Commission's rules, each interested party response to this notice must provide the information specified below. The deadline for filing such responses is December 22, 1998. Pursuant to section 207.62(b) of the Commission's rules, eligible parties (as specified in Commission rule 207.62(b)(1)) may also file comments concerning the adequacy of responses to the notice of institution and whether the Commission should conduct an expedited or full review. The deadline for filing such comments is January 14, 1999. All written submissions must conform with the provisions of sections 201.8 and 207.3 of the Commission's rules and any submissions that contain BPI must also conform with the requirements of sections 201.6 and 207.7 of the Commission's rules. The Commission's rules do not authorize filing of submissions with the Secretary by facsimile or electronic means. Also, in accordance with sections 201.16(c) and 207.3 of the Commission's rules, each document filed by a party to the review must be served on all other parties to the review (as identified by either the public or APO service list as appropriate), and a certificate of service must accompany the document (if you are not a party to the review you do not need to serve your response).

Inability to provide requested information.—Pursuant to section 207.61(c) of the Commission's rules, any interested party that cannot furnish the information requested by this notice in the requested form and manner shall notify the Commission at the earliest possible time, provide a full explanation of why it cannot provide the requested information, and indicate alternative forms in which it can provide equivalent information. If an interested party does not provide this notification (or the Commission finds the explanation provided in the notification inadequate) and fails to provide a complete response to this notice, the Commission may take an adverse inference against the party pursuant to section 776(b) of the Act in making its determination in the review.

Information to be Provided in Response to this Notice of Institution

As used below, the term ''firm'' includes any related firms.

(1) The name and address of your firm or entity (including World Wide Web address if available) and name, telephone number, fax number, and E-mail address of the certifying official.

(2) A statement indicating whether your firm/entity is a U.S. producer of the Domestic Like Product, a U.S. union or worker group, a U.S. importer of the Subject Merchandise, a foreign producer or exporter of the Subject Merchandise, a U.S. or foreign trade or business association, or another interested party (including an explanation). If you are a union/worker group or trade/business association, identify the firms in which your workers are employed or which are members of your association.

(3) A statement indicating whether your firm/entity is willing to participate in this review by providing information requested by the Commission.

(4) A statement of the likely effects of the revocation of the antidumping duty order on the Domestic Industry in general and/or your firm/entity specifically. In your response, please discuss the various factors specified in section 752(a) of the Act (19 U.S.C. 1675a(a)) including the likely volume of subject imports, likely price effects of subject imports, and likely impact of imports of Subject Merchandise on the Domestic Industry.

(5) A list of all known and currently operating U.S. producers of the Domestic Like Product. Identify any known related parties and the nature of the relationship as defined in section 771(4)(B) of the Act (19 U.S.C. 1677(4)(B)).

(6) A list of all known and currently operating U.S. importers of the Subject Merchandise and producers of the Subject Merchandise in the Subject Country that currently export or have exported Subject Merchandise to the United States or other countries since 1982.

(7) If you are a U.S. producer of the Domestic Like Product, provide the following information on your firm's operations on that product during calendar year 1997 (report quantity data in thousands of square yards and value data in thousands of U.S. dollars, f.o.b. plant). If you are a union/worker group or trade/business association, provide the information, on an aggregate basis, for the firms in which your workers are employed/which are members of your association.

(a) Production (quantity) and, if known, an estimate of the percentage of total U.S. production of the Domestic Like Product accounted for by your firm's(s') production; and

(b) the quantity and value of U.S. commercial shipments of the Domestic Like Product produced in your U.S. plant(s).

(8) If you are a U.S. importer or a trade/business association of U.S. importers of the Subject Merchandise from the Subject Country, provide the following information on your firm's(s') operations on that product during calendar year 1997 (report quantity data in thousands of square yards and value data in thousands of U.S. dollars). If you are a trade/business association, provide the information, on an aggregate basis, for the firms which are members of your association.

(a) The quantity and value (landed, duty-paid but not including antidumping or countervailing duties) of U.S. imports and, if known, an estimate of the percentage of total U.S. imports of Subject Merchandise from the Subject Country accounted for by your firm's(s') imports; and

(b) the quantity and value (f.o.b. U.S. port, including antidumping and/or countervailing duties) of U.S. commercial shipments of Subject Merchandise imported from the Subject Country.

(9) If you are a producer, an exporter, or a trade/business association of producers or exporters of the Subject Merchandise in the Subject Country, provide the following information on your firm's(s') operations on that product during calendar year 1997 (report quantity data in thousands of square yards and value data in thousands of U.S. dollars, landed and duty-paid at the U.S. port but not including antidumping or countervailing duties). If you are a trade/business association, provide the information, on an aggregate basis, for the firms which are members of your association.

(a) Production (quantity) and, if known, an estimate of the percentage of total production of Subject Merchandise in the Subject Country accounted for by your firm's(s') production; and

(b) the quantity and value of your firm's(s'') exports to the United States of Subject Merchandise and, if known, an estimate of the percentage of total exports to the United States of Subject Merchandise from the Subject Country accounted for by your firm's(s') exports.

(10) Identify significant changes, if any, in the supply and demand conditions or business cycle for the Domestic Like Product that have occurred in the United States or in the market for the Subject Merchandise in the Subject Country since the Order Date, and significant changes, if any, that are likely to occur within a reasonably foreseeable time. Supply conditions to consider include

technology; production methods; development efforts; ability to increase production (including the shift of production facilities used for other products and the use, cost, or availability of major inputs into production); and factors related to the ability to shift supply among different national markets (including barriers to importation in foreign markets or changes in market demand abroad). Demand conditions to consider include end uses and applications; the existence and availability of substitute products; and the level of competition among the Domestic Like Product produced in the United States, Subject Merchandise produced in the Subject Country, and such merchandise from other countries.

(11) (Optional) A statement of whether you agree with the above definitions of the Domestic Like Product and Domestic Industry; if you disagree with either or both of these definitions, please explain why and provide alternative definitions.

Authority: This review is being conducted under authority of title VII of the Tariff Act of 1930; this notice is published pursuant to section 207.61 of the Commission's rules.

Issued: October 21, 1998.

By order of the Commission.

Donna R. Koehnke,

Secretary.

[FR Doc. 98–29291 Filed 10–30–98; 8:45 am]

BILLING CODE 7020–02–P

INTERNATIONAL TRADE COMMISSION

[Investigations Nos. 731–TA–125–126 (Review)]

Potassium Permanganate From China and Spain

AGENCY: United States International Trade Commission.

ACTION: Institution of five-year reviews concerning the antidumping duty orders on potassium permanganate from China and Spain.

SUMMARY: The Commission hereby gives notice that it has instituted reviews pursuant to section 751(c) of the Tariff Act of 1930 (19 U.S.C. § 1675(c)) (the Act) to determine whether revocation of the antidumping duty orders on potassium permanganate from China and Spain would be likely to lead to continuation or recurrence of material injury. Pursuant to section 751(c)(2) of the Act, interested parties are requested to respond to this notice by submitting the information specified below to the Commission; the deadline for responses is December 22, 1998. Comments on the adequacy of responses may be filed with the Commission by January 14, 1999.

For further information concerning the conduct of these reviews and rules of general application, consult the Commission's Rules of Practice and Procedure, part 201, subparts A through E (19 CFR part 201), and part 207, subparts A, D, E, and F (19 CFR part 207). Recent amendments to the Rules of Practice and Procedure pertinent to five-year reviews, including the text of subpart F of part 207, are published at 63 F.R. 30599, June 5, 1998, and may be downloaded from the Commission's World Wide Web site at http://www.usitc.gov/rules.htm.

EFFECTIVE DATE: November 2, 1998.

FOR FURTHER INFORMATION CONTACT: Mary Messer (202–205–3193) or Vera Libeau (202–205–3176), Office of Investigations, U.S. International Trade Commission, 500 E Street SW, Washington, DC 20436. Hearing-impaired persons can obtain information on this matter by contacting the Commission's TDD terminal on 202–205–1810. Persons with mobility impairments who will need special assistance in gaining access to the Commission should contact the Office of the Secretary at 202–205–2000. General information concerning the Commission may also be obtained by accessing its internet server (http://www.usitc.gov).

SUPPLEMENTARY INFORMATION:

Background

On January 19, 1984, the Department of Commerce issued an antidumping duty order on imports of potassium permanganate from Spain (49 F.R. 2277). On January 31, 1984, the Department of Commerce issued an antidumping duty order on imports of potassium permanganate from China (49 F.R. 3897). The Commission is conducting reviews to determine whether revocation of the orders would be likely to lead to continuation or recurrence of material injury to the domestic industry within a reasonably foreseeable time.

Definitions

The following definitions apply to these reviews:

(1) Subject Merchandise is the class or kind of merchandise that is within the scope of the five-year reviews, as defined by the Department of Commerce.

(2) The Subject Countries in these reviews are China and Spain.

(3) The Domestic Like Product is the domestically produced product or products which are like, or in the absence of like, most similar in characteristics and uses with, the Subject Merchandise. In its original determinations, the Commission defined the Domestic Like Product as potassium permanganate.

(4) The Domestic Industry is the U.S. producers as a whole of the Domestic Like Product, or those producers whose collective output of the Domestic Like Product constitutes a major proportion of the total domestic production of the product. In its original determinations, the Commission defined the Domestic Industry as producers of potassium permanganate.

(5) The Order Dates are the dates that the antidumping duty orders under review became effective. In these reviews, the Order Dates are January 19, 1984, for potassium permanganate from Spain and January 31, 1984, for potassium permanganate from China.

(6) An Importer is any person or firm engaged, either directly or through a parent company or subsidiary, in importing the Subject Merchandise into the United States from a foreign manufacturer or through its selling agent.

Participation in the reviews and public service list

Persons, including industrial users of the Subject Merchandise and, if the merchandise is sold at the retail level, representative consumer organizations, wishing to participate in the reviews as parties must file an entry of appearance with the Secretary to the Commission, as provided in section 201.11(b)(4) of the Commission's rules, no later than 21 days after publication of this notice in the **Federal Register**. The Secretary will maintain a public service list containing the names and addresses of all persons, or their representatives, who are parties to the reviews.

Limited disclosure of business proprietary information (BPI) under an administrative protective order (APO) and APO service list

Pursuant to section 207.7(a) of the Commission's rules, the Secretary will make BPI submitted in these reviews available to authorized applicants under the APO issued in the reviews, provided that the application is made no later than 21 days after publication of this notice in the **Federal Register**. Authorized applicants must represent interested parties, as defined in 19 U.S.C. § 1677(9), who are parties to the reviews. A separate service list will be maintained by the Secretary for those parties authorized to receive BPI under the APO.

Certification

Pursuant to section 207.3 of the Commission's rules, any person submitting information to the Commission in connection with these reviews must certify that the information is accurate and complete to the best of the submitter's knowledge. In making the certification, the submitter will be deemed to consent, unless otherwise specified, for the Commission, its employees, and contract personnel to use the information provided in any other reviews or investigations of the same or comparable products which the Commission conducts under Title VII of the Act, or in internal audits and investigations relating to the programs and operations of the Commission pursuant to 5 U.S.C. Appendix 3.

Written Submissions

Pursuant to section 207.61 of the Commission's rules, each interested party response to this notice must provide the information specified below. The deadline for filing such responses is December 22, 1998. Pursuant to section 207.62(b) of the Commission's rules, eligible parties (as specified in Commission rule 207.62(b)(1)) may also file comments concerning the adequacy of responses to the notice of institution and whether the Commission should conduct expedited or full reviews. The deadline for filing such comments is January 14, 1999. All written submissions must conform with the provisions of sections 201.8 and 207.3 of the Commission's rules and any submissions that contain BPI must also conform with the requirements of sections 201.6 and 207.7 of the Commission's rules. The Commission's rules do not authorize filing of submissions with the Secretary by facsimile or electronic means. Also, in accordance with sections 201.16(c) and 207.3 of the Commission's rules, each document filed by a party to the reviews must be served on all other parties to the reviews (as identified by either the public or APO service list as appropriate), and a certificate of service must accompany the document (if you are not a party to the reviews you do not need to serve your response).

Inability To Provide Requested Information

Pursuant to section 207.61(c) of the Commission's rules, any interested party that cannot furnish the information requested by this notice in the requested form and manner shall notify the Commission at the earliest possible time, provide a full explanation of why it cannot provide the requested information, and indicate alternative forms in which it can provide equivalent information. If an interested party does not provide this notification (or the Commission finds the explanation provided in the notification inadequate) and fails to provide a complete response to this notice, the Commission may take an adverse inference against the party pursuant to section 776(b) of the Act in making its determinations in the reviews.

Information to be Provided in Response to this Notice of Institution: If you are a domestic producer, union/worker group, or trade/business association; import/export Subject Merchandise from more than one Subject Country; or produce Subject Merchandise in more than one Subject Country, you may file a single response. If you do so, please ensure that your response to each question includes the information requested for each pertinent Subject Country. As used below, the term ''firm'' includes any related firms.

(1) The name and address of your firm or entity (including World Wide Web address if available) and name, telephone number, fax number, and E-mail address of the certifying official.

(2) A statement indicating whether your firm/entity is a U.S. producer of the Domestic Like Product, a U.S. union or worker group, a U.S. importer of the Subject Merchandise, a foreign producer or exporter of the Subject Merchandise, a U.S. or foreign trade or business association, or another interested party (including an explanation). If you are a union/worker group or trade/business association, identify the firms in which your workers are employed or which are members of your association.

(3) A statement indicating whether your firm/entity is willing to participate in these reviews by providing information requested by the Commission.

(4) A statement of the likely effects of the revocation of the antidumping duty orders on the Domestic Industry in general and/or your firm/entity specifically. In your response, please discuss the various factors specified in section 752(a) of the Act (19 U.S.C. § 1675a(a)) including the likely volume of subject imports, likely price effects of subject imports, and likely impact of imports of Subject Merchandise on the Domestic Industry.

(5) A list of all known and currently operating U.S. producers of the Domestic Like Product. Identify any known related parties and the nature of the relationship as defined in section 771(4)(B) of the Act (19 U.S.C. § 1677(4)(B)).

(6) A list of all known and currently operating U.S. importers of the Subject Merchandise and producers of the Subject Merchandise in the Subject Countries that currently export or have exported Subject Merchandise to the United States or other countries since 1983.

(7) If you are a U.S. producer of the Domestic Like Product, provide the following information on your firm's operations on that product during calendar year 1997 (report quantity data in thousands of pounds and value data in thousands of U.S. dollars, f.o.b. plant). If you are a union/worker group or trade/business association, provide the information, on an aggregate basis, for the firms in which your workers are employed/which are members of your association.

(a) Production (quantity) and, if known, an estimate of the percentage of total U.S. production of the Domestic Like Product accounted for by your firm's(s') production; and

(b) the quantity and value of U.S. commercial shipments of the Domestic Like Product produced in your U.S. plant(s).

(8) If you are a U.S. importer or a trade/business association of U.S. importers of the Subject Merchandise from the Subject Countries, provide the following information on your firm's(s') operations on that product during calendar year 1997 (report quantity data in thousands of pounds and value data in thousands of U.S. dollars). If you are a trade/business association, provide the information, on an aggregate basis, for the firms which are members of your association.

(a) The quantity and value (landed, duty-paid but not including antidumping or countervailing duties) of U.S. imports and, if known, an estimate of the percentage of total U.S. imports of Subject Merchandise from the Subject Countries accounted for by your firm's(s') imports; and

(b) the quantity and value (f.o.b. U.S. port, including antidumping and/or countervailing duties) of U.S. commercial shipments of Subject Merchandise imported from the Subject Countries.

(9) If you are a producer, an exporter, or a trade/business association of producers or exporters of the Subject Merchandise in the Subject Countries, provide the following information on your firm's(s') operations on that product during calendar year 1997 (report quantity data in thousands of pounds and value data in thousands of U.S. dollars, landed and duty-paid at the U.S. port but not including antidumping or countervailing duties).

If you are a trade/business association, provide the information, on an aggregate basis, for the firms which are members of your association.

(a) Production (quantity) and, if known, an estimate of the percentage of total production of Subject Merchandise in the Subject Countries accounted for by your firm's(s') production; and

(b) the quantity and value of your firm's(s') exports to the United States of Subject Merchandise and, if known, an estimate of the percentage of total exports to the United States of Subject Merchandise from the Subject Countries accounted for by your firm's(s') exports.

(10) Identify significant changes, if any, in the supply and demand conditions or business cycle for the Domestic Like Product that have occurred in the United States or in the market for the Subject Merchandise in the Subject Countries since the Order Dates, and significant changes, if any, that are likely to occur within a reasonably foreseeable time. Supply conditions to consider include technology; production methods; development efforts; ability to increase production (including the shift of production facilities used for other products and the use, cost, or availability of major inputs into production); and factors related to the ability to shift supply among different national markets (including barriers to importation in foreign markets or changes in market demand abroad). Demand conditions to consider include end uses and applications; the existence and availability of substitute products; and the level of competition among the Domestic Like Product produced in the United States, Subject Merchandise produced in the Subject Countries, and such merchandise from other countries.

(11) (OPTIONAL) A statement of whether you agree with the above definitions of the Domestic Like Product and Domestic Industry; if you disagree with either or both of these definitions, please explain why and provide alternative definitions.

Authority: These reviews are being conducted under authority of title VII of the Tariff Act of 1930; this notice is published pursuant to section 207.61 of the Commission's rules.

By order of the Commission.

Issued: October 21, 1998.

Donna R. Koehnke,

Secretary.

[FR Doc. 98–29294 Filed 10–30–98; 8:45 am]

BILLING CODE 7020–02–P

INTERNATIONAL TRADE COMMISSION

[Investigation No. 701–TA–B (Review)]

Refrigeration Compressors From Singapore

AGENCY: United States International Trade Commission.

ACTION: Institution of a five-year review concerning the suspended investigation on refrigeration compressors from Singapore.

SUMMARY: The Commission hereby gives notice that it has instituted a review pursuant to section 751(c) of the Tariff Act of 1930 (19 U.S.C. § 1675(c)) (the Act) to determine whether termination of the suspended investigation on refrigeration compressors from Singapore would be likely to lead to continuation or recurrence of material injury. Pursuant to section 751(c)(2) of the Act, interested parties are requested to respond to this notice by submitting the information specified below to the Commission; the deadline for responses is December 22, 1998. Comments on the adequacy of responses may be filed with the Commission by January 14, 1999.

For further information concerning the conduct of this review and rules of general application, consult the Commission's Rules of Practice and Procedure, part 201, subparts A through E (19 CFR part 201), and part 207, subparts A, D, E, and F (19 CFR part 207). Recent amendments to the Rules of Practice and Procedure pertinent to five-year reviews, including the text of subpart F of part 207, are published at 63 F.R. 30599, June 5, 1998, and may be downloaded from the Commission's World Wide Web site at http://www.usitc.gov/rules.htm.

EFFECTIVE DATE: November 2, 1998.

FOR FURTHER INFORMATION CONTACT: Mary Messer (202–205–3193) or Vera Libeau (202–205-3176), Office of Investigations, U.S. International Trade Commission, 500 E Street SW, Washington, DC 20436. Hearing-impaired persons can obtain information on this matter by contacting the Commission's TDD terminal on 202–205–1810. Persons with mobility impairments who will need special assistance in gaining access to the Commission should contact the Office of the Secretary at 202–205–2000. General information concerning the Commission may also be obtained by accessing its internet server (http://www.usitc.gov).

SUPPLEMENTARY INFORMATION:

Background

On November 7, 1983, the Department of Commerce suspended a countervailing duty investigation on imports of refrigeration compressors from Singapore (48 F.R. 51167). Because the investigation that Commerce suspended was conducted under former section 303 of the Act (19 U.S.C. § 1303, repealed), there was no Commission determination of material injury or threat thereof by reason of subsidized imports. The Commission is conducting a review to determine whether termination of the suspended investigation would be likely to lead to continuation or recurrence of material injury to the domestic industry within a reasonably foreseeable time.

Definitions

The following definitions apply to this review:

(1) Subject Merchandise is the class or kind of merchandise that is within the scope of the five-year review, as defined by the Department of Commerce.

(2) The Subject Country in this review is Singapore.

(3) The Domestic Like Product is the domestically produced product or products which are like, or in the absence of like, most similar in characteristics and uses with, the Subject Merchandise. As stated above, there was no Commission determination concerning refrigeration compressors from Singapore. Therefore, for purposes of this notice, you should consider the Domestic Like Product to be hermetic refrigeration compressors rated not over one-quarter horsepower.

(4) The Domestic Industry is the U.S. producers as a whole of the Domestic Like Product, or those producers whose collective output of the Domestic Like Product constitutes a major proportion of the total domestic production of the product. For purposes of this notice, the Domestic Industry is the producers of the Domestic Like Product.

(5) The Order Date is the date that the investigation was suspended. In this review, the Order Date is November 7, 1983.

(6) An Importer is any person or firm engaged, either directly or through a parent company or subsidiary, in importing the Subject Merchandise into the United States from a foreign manufacturer or through its selling agent.

Participation in the Review and Public Service List

Persons, including industrial users of the Subject Merchandise and, if the merchandise is sold at the retail level,

representative consumer organizations, wishing to participate in the review as parties must file an entry of appearance with the Secretary to the Commission, as provided in section 201.11(b)(4) of the Commission's rules, no later than 21 days after publication of this notice in the **Federal Register**. The Secretary will maintain a public service list containing the names and addresses of all persons, or their representatives, who are parties to the review.

Limited Disclosure of Business Proprietary Information (BPI) Under an Administrative Protective Order (APO) and APO Service List

Pursuant to section 207.7(a) of the Commission's rules, the Secretary will make BPI submitted in this review available to authorized applicants under the APO issued in the review, provided that the application is made no later than 21 days after publication of this notice in the **Federal Register**. Authorized applicants must represent interested parties, as defined in 19 U.S.C. § 1677(9), who are parties to the review. A separate service list will be maintained by the Secretary for those parties authorized to receive BPI under the APO.

Certification

Pursuant to section 207.3 of the Commission's rules, any person submitting information to the Commission in connection with this review must certify that the information is accurate and complete to the best of the submitter's knowledge. In making the certification, the submitter will be deemed to consent, unless otherwise specified, for the Commission, its employees, and contract personnel to use the information provided in any other reviews or investigations of the same or comparable products which the Commission conducts under Title VII of the Act, or in internal audits and investigations relating to the programs and operations of the Commission pursuant to 5 U.S.C. Appendix 3.

Written submissions

Pursuant to section 207.61 of the Commission's rules, each interested party response to this notice must provide the information specified below. The deadline for filing such responses is December 22, 1998. Pursuant to section 207.62(b) of the Commission's rules, eligible parties (as specified in Commission rule 207.62(b)(1)) may also file comments concerning the adequacy of responses to the notice of institution and whether the Commission should conduct an expedited or full review. The deadline for filing such comments is January 14, 1999. All written submissions must conform with the provisions of sections 201.8 and 207.3 of the Commission's rules and any submissions that contain BPI must also conform with the requirements of sections 201.6 and 207.7 of the Commission's rules. The Commission's rules do not authorize filing of submissions with the Secretary by facsimile or electronic means. Also, in accordance with sections 201.16(c) and 207.3 of the Commission's rules, each document filed by a party to the review must be served on all other parties to the review (as identified by either the public or APO service list as appropriate), and a certificate of service must accompany the document (if you are not a party to the review you do not need to serve your response).

Inability to Provide Requested Information

Pursuant to section 207.61(c) of the Commission's rules, any interested party that cannot furnish the information requested by this notice in the requested form and manner shall notify the Commission at the earliest possible time, provide a full explanation of why it cannot provide the requested information, and indicate alternative forms in which it can provide equivalent information. If an interested party does not provide this notification (or the Commission finds the explanation provided in the notification inadequate) and fails to provide a complete response to this notice, the Commission may take an adverse inference against the party pursuant to section 776(b) of the Act in making its determination in the review.

Information To Be Provided in Response to This Notice of Institution

As used below, the term ''firm'' includes any related firms.

(1) The name and address of your firm or entity (including World Wide Web address if available) and name, telephone number, fax number, and E-mail address of the certifying official.

(2) A statement indicating whether your firm/entity is a U.S. producer of the Domestic Like Product, a U.S. union or worker group, a U.S. importer of the Subject Merchandise, a foreign producer or exporter of the Subject Merchandise, a U.S. or foreign trade or business association, or another interested party (including an explanation). If you are a union/worker group or trade/business association, identify the firms in which your workers are employed or which are members of your association.

(3) A statement indicating whether your firm/entity is willing to participate in this review by providing information requested by the Commission.

(4) A statement of the likely effects of the termination of the suspended investigation on the Domestic Industry in general and/or your firm/entity specifically. In your response, please discuss the various factors specified in section 752(a) of the Act (19 U.S.C. § 1675a(a)) including the likely volume of subject imports, likely price effects of subject imports, and likely impact of imports of Subject Merchandise on the Domestic Industry.

(5) A list of all known and currently operating U.S. producers of the Domestic Like Product. Identify any known related parties and the nature of the relationship as defined in section 771(4)(B) of the Act (19 U.S.C. § 1677(4)(B)).

(6) A list of all known and currently operating U.S. importers of the Subject Merchandise and producers of the Subject Merchandise in the Subject Country that currently export or have exported Subject Merchandise to the United States or other countries since 1983.

(7) If you are a U.S. producer of the Domestic Like Product, provide the following information on your firm's operations on that product during calendar year 1997 (report quantity data in thousands of units and value data in thousands of U.S. dollars, f.o.b. plant). If you are a union/worker group or trade/business association, provide the information, on an aggregate basis, for the firms in which your workers are employed/which are members of your association.

(a) Production (quantity) and, if known, an estimate of the percentage of total U.S. production of the Domestic Like Product accounted for by your firm's(s') production; and

(b) the quantity and value of U.S. commercial shipments of the Domestic Like Product produced in your U.S. plant(s).

(8) If you are a U.S. importer or a trade/business association of U.S. importers of the Subject Merchandise from the Subject Country, provide the following information on your firm's(s') operations on that product during calendar year 1997 (report quantity data in thousands of units and value data in thousands of U.S. dollars). If you are a trade/business association, provide the information, on an aggregate basis, for the firms which are members of your association.

(a) The quantity and value (landed, duty-paid but not including antidumping or countervailing duties) of U.S. imports and, if known, an estimate of the percentage of total U.S.

imports of Subject Merchandise from the Subject Country accounted for by your firm's(s') imports; and

(b) the quantity and value (f.o.b. U.S. port, including antidumping and/or countervailing duties) of U.S. commercial shipments of Subject Merchandise imported from the Subject Country.

(9) If you are a producer, an exporter, or a trade/business association of producers or exporters of the Subject Merchandise in the Subject Country, provide the following information on your firm's(s') operations on that product during calendar year 1997 (report quantity data in thousands of units and value data in thousands of U.S. dollars, landed and duty-paid at the U.S. port but not including antidumping or countervailing duties). If you are a trade/business association, provide the information, on an aggregate basis, for the firms which are members of your association.

(a) Production (quantity) and, if known, an estimate of the percentage of total production of Subject Merchandise in the Subject Country accounted for by your firm's(s') production; and

(b) the quantity and value of your firm's(s') exports to the United States of Subject Merchandise and, if known, an estimate of the percentage of total exports to the United States of Subject Merchandise from the Subject Country accounted for by your firm's(s') exports.

(10) Identify significant changes, if any, in the supply and demand conditions or business cycle for the Domestic Like Product that have occurred in the United States or in the market for the Subject Merchandise in the Subject Country since the Order Date, and significant changes, if any, that are likely to occur within a reasonably foreseeable time. Supply conditions to consider include technology; production methods; development efforts; ability to increase production (including the shift of production facilities used for other products and the use, cost, or availability of major inputs into production); and factors related to the ability to shift supply among different national markets (including barriers to importation in foreign markets or changes in market demand abroad). Demand conditions to consider include end uses and applications; the existence and availability of substitute products; and the level of competition among the Domestic Like Product produced in the United States, Subject Merchandise produced in the Subject Country, and such merchandise from other countries.

(11) (Optional) A statement of whether you agree with the above definitions of the Domestic Like Product and Domestic Industry; if you disagree with either or both of these definitions, please explain why and provide alternative definitions.

Authority: This review is being conducted under authority of title VII of the Tariff Act of 1930; this notice is published pursuant to section 207.61 of the Commission's rules.

Issued: October 21, 1998.

By order of the Commission.

Donna R. Koehnke,

Secretary.

[FR Doc. 98–29293 Filed 10–30–98; 8:45 am]

BILLING CODE 7020–02–P

DEPARTMENT OF JUSTICE

Notice of Lodging of Consent Decree Pursuant to the Clean Water Act, the Emergency Planning and Community Right-to-Know Act, and the Comprehensive Environmental Response, Compensation, and Liability Act

In accordance with Departmental policy, 28 C.F.R. § 50.7, notice is hereby given that a consent decree was lodged in *United States* v. *Chevron Industries Inc.*, Civil Action No. C98–3966–MEJ (N.D. Cal.), on October 15, 1998, with the United States District Court for the Northern District of California.

The case, regarding Chevron's refinery in Richmond, California, is a civil action under Section 309 of the Clean Water Act (''Act''), 33 U.S.C. 1319, for violations of provisions of the Act and of National Pollution Elimination Discharge System (''NPDES'') permits issued in 1987 and 1992. The United States' compliant alleges that Chevron violated the permits' 'no bypass' provisions by routing wastewater around a granular activated carbon facility (''GAC Facility''), and that Chevron violated the permits' acute toxicity limits. The complaint also alleges that Chevron failed to make certain reports and give certain notices required by the Comprehensive Environmental Response, Compensation, and Liability Act, 42 U.S.C. 9601–9765 and the Emergency Planning and Community Right-to-Know Act, 42 U.S.C. 11001–11050.

The Consent Decree requires Chevron to pay a penalty of $540,000. The Consent Decree also requires Chevron to increase the design capacity of its GAC Facility to 20 million gallons (''MGD'') a day, and to use that capacity to treat refinery wastewater, except for 3 MGD, which may be treated in an artificial wetland as long as the wetland effluent meets toxicity standards established in the Decree.

The Department of Justice will receive, for a period of thirty (30) days from the date of this publication, comments on the proposed consent decree. Comments should be addressed to the Assistant Attorney General for the Environmental and Natural Resources Division, Department of Justice, Washington, D.C. 20530, and copied to Robert R. Klotz, Environmental Enforcement Section, U.S. Department of Justice, 301 Howard Street, Suite 870, San Francisco, CA 94105. Comments should refer to *United States* v. *Chevron Industries Inc.*, Civil No. C98–3966–MEJ and DOJ No. 90–11–3–1398.

The proposed Chevron (Richmond) consent decree may be examined at the office of the United States Attorney, Northern District of California, 450 Golden Gate Avenue, San Francisco, California 94102; and at the Consent Decree Library, 1120 G Street, N.W., 3rd 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. 3rd Floor, Washington, D.C. 20005. To request a copy of the consent decree in *United States* v.*Chevron Industries Inc.*, please refer to that case title, Civil No. C98–3966–MEJ, DOJ No. 90–11–3–1398, and enclose a check for the amount of $10.75 (25 cents per page reproduction cost) payable to the Consent Decree Library.

Joel Gross,

Chief, Environmental Enforcement Section, Environment and Natural Resources Division.

[FR Doc. 98–29202 Filed 10–30–98; 8:45 am]

BILLING CODE 4410–15–M

DEPARTMENT OF JUSTICE

Notice of Lodging of Consent Decree Under the Clean Air Act Pursuant to 28 CFR 50.7

Notice is hereby given that a proposed consent decree in the case of *United States* v. *Cytec Industries, Inc., et al.*, Civil Action No. C–2–98–1020, was lodged on October 5, 1998 with the United States District Court for the Southern District of Ohio. The proposed consent decree resolves the United States' claims against Cytec Industries, Inc. (''Cytec'') and R. Baker and Sons All Industrial Services, Inc. (''Baker'') under Section 113(b) of the Clean Air Act, 42 U.S.C. 7413(b), for violations of Section 112(c) of the Act, 42 U.S.C. 7412(c), and the National Emission Standard for Hazardous Air Pollutants (NESHAP) for asbestos, 40 CFR Part 61, Subpart M, as

a result of an asbestos removal project at a Cytec facility located in Marietta, Ohio.

In the proposed settlement, Cytec and Baker agree to: achieve full compliance with the National Emission Standards for Hazardous Air Pollutants for asbestos (the ''asbestos__NESHAP''); implement an Asbestos Control Program as provided in the consent decree; and pay civil penalties of $176,135 and $49,518, for Cytec and Baker respectively.

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 Section Chief, Environmental Enforcement Section, Environment and Natural Resources Division, Department of Justice, Washington, DC 20530, and should refer to *United States* v. *Cytec Industries, Inc., et al.,* No. C–2–98–1020, DOJ Ref. #90–5–2–1–2223.

The proposed consent decree may be examined at the office of the United States Attorney, 2 Nationwide Plaza, 280 N. High St., Fourth Floor, Columbus, Ohio 43215; the Region 5 Office of the Environmental Protection Agency, 77 West Jackson Boulevard, Chicago, Illinois 60604; and at the Consent Decree Library, 1120 G Street, NW., 3rd Floor, Wahsington, DC 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, NW., 3rd Floor, Washington, DC 20005. In requesting a copy please refer to the referenced case and decree and enclose a check in the amount of $6.25 (25 cents per page reproduction costs) for the consent decree.

Joel M. Gross,

Chief, Environmental Enforcement Section, Environment and Natural Resources Division.

[FR Doc. 98–29203 Filed 10–30–98; 8:45 am]

BILLING CODE 4410–15–M

DEPARTMENT OF JUSTICE

Notice of Lodging of Consent Decree Under the Resource Conservation and Recovery Act of 1976 (RCRA) as Amended, 42 U.S.C. 6928

Under 28 CFR § 50.7, notice is hereby given that on October 16, 1998, a proposed Consent Decree in *United States* v. *FMC Corporation, Inc.*, Civil Action No. 98–0406–I–BLW, was lodged with the United States District Court for the District of Idaho.

In this action, the United States sought injunctive relief and penalties for violations by FMC Corporation (FMC) of the requirements of Sections 3004, 3005, and 3008 of RCRA, 42 U.S.C. §§ 6924, 6925, and 6928, and the regulations promulgated thereunder, in particular 40 CFR parts 261, 262, 265, and 270, at its facility near Pocatello, Idaho. This facility is the world's largest producer of elemental phosphorus, which is used in detergents, beverages, foods, synthetic lubricants, and pesticides, and is located on 1,400 acres within the Shoshone-Bannock Tribe's Fort Hall Indian reservation. The Consent Decree resoled the RCRA violations alleged in the Complaint filed simultaneously with the lodging of the Consent Decree, which stem primarily from FMC's use of certain surface impoundments used to store, treat and dispose of FMC's precipitator slurry/dust, which is also known as furnace off-gas solids, and waste water from the production of elemental phosphorus, which is also called phossy water. These wastes contain phosphorus, and have been determined to be ignitable and reactive pursuant to 40 CFR § 262.21(a) and 40 CFR § 261.23(a).

The injunctive relief required under the proposed Consent Decree requires FMC to close all ponds illegally handling phosphorus bearing wastes, and operate certain interim use replacement ponds under strict limitations. FMC also must construct a wastewater treatment plant to deactivate the phosphorus bearing wastes, and implement plant upgrades to meet RCRA secondary containment requirements for all units handling ignitable or reactive wastes. FMC also will pay a civil penalty to the United States of $11,864,800, and will offset approximately $5 million in additional penalties through the implementation of fourteen Supplemental Environmental Projects (SEPs'), which will reduce air emissions substantially in advance of the anticipated requirements of a future Federal Implementation Plan governing the facility under the Clean Air Act. FMC also will undertake as a SEP an environmental and public health assessment to evaluate effects of local pollutants on biota used by the Shoshone-Bannock Tribe in cultural practices, coupled with a public health component to measure any health effects of exposure and to present the findings to tribal members.

The Department of Justice will receive for a period of thirty (30) days from the date of this publication comments relating to the Consent Decree. Comments should be addressed to the Assistant Attorney General of the Environment and Natural Resources Division, Department of Justice, Washington, D.C. 20530, and should refer to *United States* v. *FMC Corporation, Inc.*, D.J. Ref. 90–7–1–889.

The Consent Decree may be examined at the Office of the United States Attorney, 877 W. Main Street, Suite 201, Boise, Idaho 83702, at U.S. EPA Region 10, 1200 Sixth Avenue, ORC–158, Seattle, Washington 98101, 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 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 $12.50 (25 cents per page reproduction cost), with attachments a check in the amount of $20.75, payable to the Consent Decree Library.

Bruce Gelber,

Deputy Chief, Environmental Enforcement Section, Environment and Natural Resources Division.

[FR Doc. 98–29201 Filed 10–30–98; 8:45 am]

BILLING CODE 4410–15–M

DEPARTMENT OF JUSTICE

Antitrust Division

Proposed Final Judgment and Competitive Impact Statement

United States v. *Halliburton Company and Dresser Industries, Inc.*

Notice is hereby given pursuant to the Antitrust Procedures and Penalties Act, 15 U.S.C. § 16(b)–(h), that a proposed Final Judgment, Stipulation and Order, and Competitive Impact Statement have been filed with the United States District Court for the District of Columbia in *United States* v. *Halliburton Company and Dresser Industries, Inc.*, Civil Action No. 98–CV–2340. The proposed Final Judgment is subject to approval by the Court after the expiration of the statutory 60-day public comment period and compliance with the Antitrust Procedures and Penalties Act, 15 U.S.C. 16(b)–(h).

On September 29, 1998, the United States filed a Complaint seeking to enjoin a transaction in which Halliburton Company (''Halliburton'') would merge with Dresser Industries, Inc. (''Dresser''). The Complaint alleges that the merger would combine two of four companies that provide logging-while-drilling (''LWD'') services for oil and natural gas drilling projects. Oil and gas companies use LWD tools and services when drilling non-vertical wells, especially when drilling offshore. While the drilling ongoing, sensors in

these tools send back data that allow the drillers to evaluate the formation through which the drill bit is cutting. The formation evaluation data assist the driller in locating oil and gas reserves. Because LWD tools transmit formation data during the drilling, the driller can detect changes in downhole pressure and prevent the drill bit from straying out of the zone of oil and gas, thereby reducing the time and risk of drilling. The Complaint alleges that the proposed acquisition would substantially lessen competition in the provision of LWD services in the United States in violation of Section 7 of the Clayton Act, 15 U.S.C. 18.

The proposed Final Judgment orders defendants to sell Halliburton's worldwide LWD Business, as defined in Schedule A of the Proposed Final Judgment, to a purchaser acceptable to plaintiff in its sole discretion. The Final Judgment and the stipulation and Order also impose a hold separate agreement that, in essence, requires the defendants to ensure that, until the divestiture mandated by the Final Judgment has been accomplished, the LWD Business will be held separate and apart from, and operated independently of, any of defendants' other assets and businesses. A Competitive Impact Statement filed by the United States describes the Complaint, the proposed Final Judgment, and remedies available to private litigants.

Public comment is invited within the statutory 60-day comment period. Such comments, and responses thereto, will be published in the **Federal Register** and filed with the Court. Written comments should be directed to Roger W. Fones, Chief, Transportation, Energy, and Agriculture Section, Antitrust Division, 325 Seventh Street, N.W., Suite 500, Washington, DC 20530 (telephone: (202) 307–6351).

Copies of the Complaint, Stipulation and Order, proposed Final Judgment, and Competitive Impact Statement are available for inspection in Room 215 of the U.S. Department of Justice, Antitrust Division, 325 Seventh Street, N.W., Washington, DC 20530 (telephone: (202) 514–2481), and at the office of the Clerk of the United States District Court for the District of Columbia, 333 Constitution Avenue, N.W., Washington, DC 20001. Copies of any of these materials may be obtained upon request and payment of a copying fee.

Constance K. Robinson,

Director of Operations and Merger, Enforcement, Antitrust Division.

Stipulation and Order

It is hereby *Stipulated* by and between the undersigned parties, by their respective attorneys, as follows:

1. The Court has jurisdiction over the subject matter of this action and over each of the parties hereto, and venue of this action is proper in the United States Court for the District of Columbia.

2. The parties stipulate that a Final Judgment in the form hereto attached may be filed and entered by the Court, upon the motion of any party or upon the Court's own motion, at any time after compliance with the requirements of the Antitrust Procedure and Penalties Act (15 U.S.C. § 16), and without further notice to any party or other proceedings, provided that plaintiff has not withdrawn its consent, which it may do at any time before the entry of the proposed Final Judgment by serving notice thereof on defendants and by filing that notice with the Court.

3. Defendant shall abide by and comply with the provisions of the proposed Final Judgment pending entry of the Final Judgment by the Court, or until expiration of time for all appeals of any Court ruling declining entry of the proposed Final Judgment, and shall, from the date of the signing of this Stipulation by the parties, comply with all the terms and provisions of the proposed Final Judgment as though they were in full force and effect as an order of the Court.

4. This Stipulation shall apply with equal force and effect to any amended proposed Final judgment agreed upon in writing by the parties and submitted to the Court.

5. In the event that plaintiff withdraws its consent, as provided in paragraph 2 above, or in the event that the proposed Final Judgment is not entered pursuant to this Stipulation, the time has expired for all appeals of any Court ruling declining entry of the proposed Final Judgment, and the Court has not otherwise ordered continued compliance with the terms and provisions of the proposed Final Judgment, then the parties are released from all further obligations under this Stipulation, and the making of this Stipulation shall be without prejudice to any part in this or any other proceeding.

6. Defendants represent that the divestiture ordered in the proposed Final Judgment can and will be made, and that the defendants will later raise no claims of hardship or difficulty as grounds for asking the Court to modify any of the divestiture provisions contained therein.

Respectfully submitted,

For Plaintiff, United States of America:

Angela L. Hughes,

Member of the Florida Bar No. 211052, Attorney, Antitrust Division, U.S. Department of Justice, 325 Seventh St., N.W., Suite 500, Washington, DC 20530, (202) 307–6410 or (202) 307–6351, Facsimile: (202) 307–2784.

Dated: September 29, 1998.

For Defendant, Halliburton Company:

Ky P. Ewing, Jr.,

District of Columbia Bar No. 41285, Vinson & Elkins L.L.P., The Willard Office Building, 1455 Pennsylvania Avenue, N.W., Washington, DC 20004–1008, (202) 639–6500.

For Defendant, Dresser Industries, Inc.:

David A. Hickerson,

District of Columbia Bar No. 414723, Weil, Gotshal & Manges L.L. P., 1615 L Street, N.W., Washington, DC 20035, (202) 682–7000.

Order

It is So Ordered, this _____ day of _____, 1998.

_____

United States District Court Judge

Final Judgment

Whereas, plaintiff, the United States of America, filed its Complaint in this action on September 29, 1998, and plaintiff and defendants Halliburton Company (''Halliburton'') and Dresser Industries, Inc. (''Dresser'') by their respective attorneys, having consented to the entry of this Final Judgment without trial or adjudication of any issue of fact or law herein, and without this Final Judgment constituting any evidence against or an admission by any party with respect to any issue of law or fact herein;

And Whereas, defendants have agreed to be bound by the provisions of this Final Judgment pending its approval by the Court;

And Whereas, the essence of this Final Judgment is prompt and certain divestiture of Halliburton's LWD Business to assure that competition is not substantially lessened;

And Whereas, plaintiff requires defendants to make certain divestitures for the purpose of remedying the loss of competition alleged in the Complaint;

And Whereas, defendants have represented to the plaintiff that the divestiture ordered herein can and will be made and that defendants will later raise no claims of hardship or difficulty as grounds for asking the Court to modify any of the divestiture requirements contained below;

Now, Therefore, before the taking of any testimony, and without trial or

adjudication of any issue of fact or law herein, and upon consent of the parties hereto, it is hereby *Ordered, Adjudged, and Decreed* as follows:

I. Jurisdiction

This Court has jurisdiction over defendants hereto and over the subject matter of this action. The Complaint states a claim upon which relief may be granted against defendants, as hereafter defined, under Section 7 of the Clayton Act, as amended (15 U.S.C. § 18).

II. Definitions

As used in this Final Judgment:

A. ''Dresser'' means Dresser Industries, Inc., a Delaware corporation with its headquarters and principal place of business in Dallas, Texas, and its; successors, assigns, subsidiaries, divisions, groups, affiliates, partnerships and joint ventures, directors, officers, managers, agents, and employees.

B. ''Halliburton'' means Halliburton Company, a Delaware corporation with its headquarters and principal place of business in Dallas, Texas, and its successors, assigns, subsidiaries, divisions, groups, affiliates, partnerships and joint ventures, directors, officers, managers, agents, and employees.

C. ''HESI'' means Halliburton Energy Services, Inc., a wholly owned subsidiary of Halliburton.

D. ''Intellectual Property'' means intellectual property used in connection with the use, manufacture and/or sale of the transferred LWD and MWD tools and related software, including without limitation, foreign and domestic patent applications and patents; trade secrets; foreign and domestic copyrights and copyright registrations; and foreign and domestic common law and registered trademarks or service marks, and trademarks or service mark applications.

E. ''LWD Services'' means the services and products used to provide real-time logging-while-drilling formation evaluation data is utilized to evaluate the formation characteristics of a given geologic formation. LWD Services also include MWD Services provided in conjunction with LWD Services.

F. ''LWD Business'' means 'HESI's worldwide business providing LWD Services and includes the tangible and intangible assets, obligations, and understandings set forth in Schedule A.

G. ''MWD Services'' means the services and products used in drilling directional wells to provide real-time information about the inclination and azimuth of downhole drilling tools at the bottom of the hole.

H. ''Person'' means any natural person, corporation, association, firm, relationship, or other business or legal entity.

III. Applicability

A. The provisions of this Final Judgment apply to each of the defendants, their successors and assigns, their subsidiaries, directors, officers, managers, agents, and employers, and all other persons in active concert or participation with any of them who shall have received actual notice of this Final Judgment by personal service or otherwise.

B. Defendants shall require, as a condition of the sale or other disposition of all or substantially all of the LWD Business, that the acquiring party agree to be bound by the provisions of this Final Judgment.

IV. Divestiture

A. Defendants are hereby ordered and directed in accordance with the terms of this Final Judgment, within one hundred and eighty (180) calendar days after this Final Judgment is filed by plaintiff or five (5) days after notice of the entry of this Final Judgment by the Court, whichever is later, to divest the LWD Business as an ongoing business, in accordance with the terms and commitments set forth in Schedule A, to an acquirer acceptable to plaintiff in its sole discretion.

B. Defendants shall use their best efforts to accomplish the divestiture ordered by this Final Judgment as expeditiously and timely as possible. Plaintiff, in its sole discretion, may extend the time period for any divestiture for an additional period of time not to exceed thirty (30) days.

C. In accomplishing the divestiture ordered by this Final Judgment, defendants promptly shall make known, by usual and customary means, the availability for sale of the LWD Business Defendants shall inform any person making an inquiry regarding a possible purchase that the sale is being made pursuant to this Final Judgment and provide such person with a copy of the Final Judgment. Defendants shall also offer to furnish to all prospective purchasers, subject to customary confidentiality assurances, all information regarding the LWD Business customarily provided in a due diligence process except such information subject to attorney-client privilege or attorney work-product privilege. Defendants shall make available such information to plaintiff at the same time that such information is made available to any other person. Defendants shall not interfere with any negotiations by any purchaser to employ any Halliburton employee of the LWD Business.

D. Defendants shall permit prospective purchasers of the LWD Business to have reasonable access to their personnel and to make such inspection of the physical facilities and any and all of their financial, operational, or other documents and information customarily provided as part of a due diligence process.

E. Defendants shall not take any action, direct or indirect, that will impede in any way the operation of the LWD Business.

F. Unless plaintiff otherwise consents in writing, divestiture pursuant to Section IV, or by trustee appointed pursuant to Section V of this Final Judgment, shall include all of the LWD Business, and shall be accomplished in such a way as to satisfy plaintiff, in its sole discretion, that the LWD Business can and will be used by the purchaser as part of a viable, ongoing business engaged in the provision of LWD Services. The divestiture, whether pursuant to Section IV or Section V of this Final Judgment, shall be made (1) to a purchaser who is demonstrated to plaintiff's sole satisfaction (a) to have the capability and intent of competing effectively in LWD Services, and (b) to have the managerial, operational, and financial capability to compete effectively in LWD Services, and (2) on terms none of which give defendants the ability unreasonably to raise the purchaser's costs, to lower the purchaser's efficiency, or otherwise to interfere in the ability of the purchaser to compete effectively.

G. Defendants shall not sell the LWD Business to Baker Hughes, Inc., Schlumberger Limited, or any of their affiliates or subsidiaries during the life of this decree.

V. Appointment of Trustee

A. In the event that defendants have not divested the LWD Business within the time specified in Section IV of this Final Judgment, the Court shall appoint, on application of the United States, a trustee selected by plaintiff to effect the divestiture of the LWD Business. Until such time as a trustee is appointed, defendants shall continue their efforts to effect the divestiture as specified in Section IV.

B. After the appointment of a trustee becomes effective, only the trustee shall have the right to sell the LWD Business. The trustee shall have the power and authority to accomplish the divestiture at the best price then obtainable upon a reasonable effort by the trustee, subject to the provisions of Sections IV and VI

of this Final Judgment, and shall have such other powers as the Court shall deem appropriate. Subject to Section V(C) of this Final Judgment, the trustee shall have the power and authority to hire at the cost and expense of defendants any investment bankers, attorneys, or other agents reasonably necessary in the judgment of the trustee to assist in the divestiture, and such professionals and agents shall be accountable solely to the trustee. The trustee shall have the power and authority to accomplish the divestiture at the earliest possible time to a purchaser acceptable to plaintiff in its sole discretion, and shall have such other powers as this Court shall deem appropriate. Defendants shall not object to a sale by the trustee on any grounds other than the trustee's malfeasance. Any such objections by defendants must be conveyed in writing to plaintiff and the trustee within ten (10) calendar days after the trustee has provided the notice required under Section VI of this Final Judgment.

C. The trustee shall serve at the cost and expense of defendants, on such terms and conditions as the Court may prescribe, and shall account for all monies derived from the sale of the assets sold by the trustee and all costs and expenses so incurred. After approval by the Court of the trustee's accounting, including fees for its services and those of any professionals and agents retained by the trustee, all remaining money shall be paid to defendants, and the trust shall then be terminated. The compensation of such trustee and of any professionals and agents retained by the trustee shall be reasonable in light of the value of the divested business and based on a fee arrangement providing the trustee with an incentive based on the price and terms of the divestiture and the speed with which it is accomplished.

D. Defendants shall use their best efforts to assist the trustee in accomplishing the required divestiture, including their best efforts to effect all necessary regulatory approvals. The trustee and any consultants, accountants, attorneys, and other persons retained by the trustee shall have full and complete access to the personnel, books, records, and facilities of the business to be divested, and Defendants shall develop financial or other information relevant to the business to be divested customarily provided in a due diligence process as the trustee may reasonable request, subject to customary confidentiality assurances. Defendants shall permit bona fide prospective purchasers of the assets to have reasonable access to their personnel and to make such inspection of physical facilities and any and all financial, operational or other documents and other information as may be relevant to the divestiture required by this Final Judgment.

E. After its appointment, the trustee shall file monthly reports with the parties and the Court setting forth the trustee's efforts to accomplish the divestiture ordered under this Final Judgment; provided, however, that to the extent such reports contain information that the trustee deems confidential, such reports shall not be filed in the public docket of the Court. Such reports shall include the name, address and telephone number of each person who, during the preceding month, made an offer to acquire, expressed an interest in acquiring, entered into negotiations to acquire, or was contacted or made an inquiry about acquiring, any interest in the business to be divested, and shall describe in detail each contact with any such person during that period. The trustee shall maintain full records of all efforts made to divest the LWD Business.

F. If the trustee has not accomplished such divestiture within six (6) months after its appointment, the trustee thereupon shall file promptly with the Court a report setting forth (1) the trustee's efforts to accomplish the required divestiture, (2) the reasons, in the trustee's judgment, why the required divestiture has not been accomplished, and (3) the trustee's recommendations; provided, however, that to the extent such reports contain information that the trustee deems confidential, such reports shall not be filed in the public docket of the Court. The trustee shall at the same time furnish such report to the parties, who shall each have the right to be heard and to make additional recommendations consistent with the purpose of the trust. The Court shall enter thereafter such orders as it shall deem appropriate in order to carry out the purpose of the trust which may, if necessary, include extending the trust and the term of the trustee's appointment by a period requested by plaintiff.

VI. Notification

Within two (2) business days following execution of a definitive agreement, contingent upon compliance with the terms of this Final Judgment, to effect, in whole in part, any proposed divestiture pursuant to Section IV or V of this Final Judgment, defendants or the trustee, whichever is then responsible for effecting the divestiture, shall notify plaintiff of the proposed divestiture. If the trustee is responsible, it shall similarly notify defendants. The notice shall set forth the details of the proposed transaction and list the name, address and telephone number of each person not previously identified who offered to, or expressed an interest in or a desire to, acquire any ownership interest in the business to be divested, together with full details of same. Within fifteen (15) calendar days of receipt by plaintiff of such notice, plaintiff may, in its sole discretion, request from defendants, the proposed purchaser or purchasers, or any other third party, additional information concerning the proposed divestiture and the proposed purchaser. Defendants and the trustee shall furnish any additional information requested from then within fifteen (15) calendar days of the receipt of the request, unless the parties shall otherwise agree. Within thirty (30) calendar days after receipt of the notice of within twenty (20) calendar days after plaintiff has been provided with the additional information requested from defendants, the proposed purchaser or purchasers, and any third party, whichever is later, plaintiff shall provide written notice to defendants and the trustee, if there is one, stating whether or not it objects to the proposed divestiture. If plaintiff provides written notice to defendants and the trustee that it does not object, then the divestiture may be consummated, subject only to defendants' limited right to object to the sale under Section V(B) of this Final Judgment. Absent written notice that plaintiff does not object to the proposed purchaser or upon objection by the plaintiff, a divestiture proposed under Section IV or V may not be consummated. Upon objection by defendants under the provision in Section V(B), a divestiture proposed under Section V shall not be consummated unless approved by the Court.

VII. Affidavits

A. Within twenty (20) calendar days of the filing of the Complaint in this matter and every thirty (30) calendar days thereafter until the divestiture has been completed, whether pursuant to Section IV or Section V of this Final Judgment, defendants shall deliver to plaintiff an affidavit as to the fact and manner of compliance with Section IV or V of this Final Judgment. Each such affidavit shall include, *inter alia*, the name, address, and telephone number of each person who, at any time after the period covered by the last such report, made an offer to acquire, expressed an interest in acquiring, entered into negotiations to acquire, or was contacted or made an inquiry about

acquiring, any interest in the business to be divested, and shall describe in detail each contact with any such person during that period. Each such affidavit shall also include a description of the efforts that defendants have taken to solicit a purchaser for the relevant business and to provide required information to prospective purchasers including the limitations, if any, on such information.

B. Within twenty (20) calendar days of the filing of the Complaint in this matter, defendants shall deliver to plaintiff an affidavit which describes in detail all actions defendants have taken and all steps defendants have implemented on an on-going basis to perserve the LWD Business pursuant to Section VIII of this Final Judgment. The affidavit also shall describe, but not be limited to, defendants' efforts to maintain and operate the LWD Business as an active competitor, maintain the management, staffing, research and development activities, sales, marketing and pricing of the LWD Business, and maintain the LWD Business in operable condition at current capacity configurations. Defendants shall deliver to plaintiff an affidavit describing any changes to the efforts and actions outlined in defendants' earlier affidavit(s) filed pursuant to this Section within fifteen (15) calendar days after the change is implemented.

C. Until one year after such divestiture has been completed, defendants shall preserve all records of all efforts made to preserve the business to be divested and effect the divestiture.

VIII. Preservation of Assets

Until the divestiture required by the Final Judgment has been accomplished:

A. Defendants shall take all steps necessary to assure that the LWD Business will be maintained as a separate and independent, economically viable, ongoing business with its assets (including Intellectual Property, management, operations, and books and records) separate, distinct, and apart from those of defendants. Defendants shall use all reasonable efforts on behalf of themselves and the LWD Business to maintain and increase sales of LWD Services, continue current plans for research, development, and testing of LWD Services, and otherwise maintain the business as a viable and active competitor. Defendants shall take no action that would jeopardize the sale of the LWD Business.

B. Defendants shall not sell, lease, assign, transfer or otherwise dispose of, or pledge as collateral for loans (except such loans as are currently outstanding or replacements or substitutes therefore), assets required to be divested pursuant to Section IV or V, except that any component of such assets as is replaced in the ordinary course of business with a newly purchased, assembled, remanufactured or manufactured component may be sold or otherwise disposed of, provided the newly purchased, assembled, remanufactured or manufactured component is so identified as a replacement component for one to be divested.

C. Defendants shall provide and maintain sufficient working capital to maintain the LWD Business as a viable, ongoing business consistent with the requirements of Section VIII(A).

D. Defendants shall preserve the assets required to be divested pursuant to Section IV or V, except those replaced with newly acquired assets in the ordinary course of business, in a state of repair equal to their state of repair as of the date this Final Judgment is filed, ordinary wear and tear excepted. Defendants shall preserve the documents, books, and records relating to the LWD Business until the date of divestiture of the LWD Business.

E. Except in the ordinary course of business, Defendants shall refrain from terminating or altering current employment, salary, or benefit agreements for any executive or managerial person whose principal responsibilities are with the LWD Business, or for any sales, manufacturing, marketing, engineering, or other technical person of the LWD Business. Defendants shall also refrain from transferring any employee so employed without the prior approval of plaintiff.

F. Defendants shall use all reasonable efforts to maintain the manufacturing activities of the LWD Business, and shall maintain at a level no less than the highest level since February 25, 1998, research and development funding, promotional, advertising, sales, technical assistance, marketing, and merchandising support for the LWD Business.

G. Defendants shall provide and maintain sufficient lines and sources of credit to maintain the LWD Business as an economically viable, ongoing business.

H. Defendants shall take all steps necessary to ensure that the facilities associated with the LWD Business are fully maintained in operable condition at no lower than their current rated capacity, and shall maintain and adhere to normal repair and maintenance schedules for the LWD Business.

I. Defendants shall maintain, in accordance with sound accounting principles, separate, true, accurate and complete financial ledgers, books and records that report, on a periodic basis, such as the last business day of every month, consistent with past practices, the assets, liabilities, expenses, revenues, income, profit and loss of the LWD Business.

J. Defendants shall take no action that would interfere with the ability of any trustee appointed pursuant to the Final Judgment to complete the divestiture pursuant to the Final Judgment to a suitable purchaser.

K. Until such time as the LWD Business is divested, the assets to be divested shall be managed by a person appointed by Halliburton within ten (10) business days of consummation of the merger of Halliburton and Dresser, subject to plaintiff's approval. The person so appointed shall have complete managerial responsibility for the LWD Business, subject to the provisions of this Order and the Final Judgment. In the event that the person becomes unable to perform his duties, defendants shall appoint, subject to plaintiff's approval, a replacement within ten (10) business days. Should defendants fail to appoint a replacement acceptable to plaintiff within ten (10) business days, plaintiff shall appoint a replacement.

IX. Financing

Defendants are ordered and directed not to finance all or any part of any purchase by purchaser made pursuant to Sections IV or V of this Final Judgment.

X. Compliance Inspection

For purposes of determining or securing compliance with the Final Judgment and subject to any legally recognized privilege, from time to time.

A. Duly authorized representatives of the United States Department of Justice, upon written request of the Attorney General or of the Assistant Attorney General in charge of the Antitrust Division, and on reasonable notice to defendants made to their principal offices, shall be permitted:

1. Access during office hours of defendants to inspect and copy all books, ledgers, accounts, correspondence, memoranda, and other records and documents in the possession or under the control of defendants, who may have counsel present, relating to the matters contained in this Final Judgment; and

2. Subject to the reasonable convince of defendants and without restraint or interference from them, to interview, either informally or on the record, their officers, employees, and agents, who

may have counsel present, regarding any such matters.

B. Upon the written request of the Attorney General of the Assistant Attorney General in charge of the Antitrust Division, made to defendants' principal offices, defendants shall submit such written reports, under oath if requested, with respect to any matter contained in the Final Judgment.

C. No information or documents obtained by the means provided in Sections VII or X of this Final Judgment shall be divulged by a representative of the plaintiff to any person other than a duly authorized representative of the Executive Branch of the United States, except in the course or legal proceedings to which the United States is a party (including grand jury proceedings), or for the purpose of securing compliance with this Final Judgment, or as otherwise required by law.

D. If at the time information or documents are furnished by defendants to plaintiff, defendant represent and identify in writing the material in any such information or documents to which a claim of protection may be asserted under Rule 26(c)(7) of the Federal Rules of Civil Procedure, and defendants mark each pertinent page of such material: ''Subject to claim of protection under Rule 26(c)(7) of the Federal Rules of Civil Procedure,'' then ten (10) calendar days notice, if practicable, shall be given by plaintiff to defendants prior to divulging such material in any legal proceeding (other than a grand jury proceeding) to which each defendant is not a party.

XI. Retention of Jurisdiction

Jurisdiction is retained by this Court for the purpose of enabling any of the parties to this Final Judgment to apply to this Court at any time for such further orders and directions as may be necessary or appropriate for the construction or carrying out of this Final Judgment, for the modification of any of the provisions hereof, for the enforcement of compliance herewith, and for the punishment of any violations hereof.

XII. Termination

Unless this Court grants an extension, this Final Judgment will expire upon the tenth anniversary of the day of its entry.

XIII. Public Interest

Entry of this Final Judgment is in the public interest.

Dated _____, 1998.

_____

United States District Judge

Schedule A

1. LWD and MWD Tools

Subject to the other provisions of this Schedule A, HESI shall transfer to purchaser all of its LWD tools and such quantity of MWD tools as will allow purchaser to operate such LWD tools. Such LWD tools shall include the following tools:

	Approximate current quantity
LWD:	
CWRGM Resistivity—GR Tool	111
DNSC Density—Neutron Tool	53
SCWR Slim Resistivity Tool	42

In order to allow purchaser to operate such LWD tools, HESI will transfer the following MWD tools to purchaser:

MWD:	
HDSM Directional Tool (positive pulse)	95
HDS1 MWD Kits (positive pulse)	17
RX4 MLWD Surface System	50

Included with such tools shall be the software required to operate such tools in their current mode of operation by HESI and a hard copy and copy of all computer tapes and discs containing any data in the possession or control of HESI (but not data owned by a customer unless the customer consents) that record the performance anywhere of those tools, together with instructions and all other materials necessary to use or interpret the data. HESI will use its best efforts to obtain the consent of customers who own such data that is in its possession or control.

2. Sonic Tools

HESI shall transfer to purchaser 50% of its CLSS Sonic Tools (approximately 23 tools), 50% of its SCLSS Sonic (slim) Tools (approximately 9 tools), and 50% of its Sonic Workstations (approximately 7 workstations). HESI will also grant to purchaser a worldwide, royalty-free, irrevocable, non-exclusive license covering HESI's Intellectual Property for the use, manufacture and sale of such Sonic Tools. Such license will not be subject to any requirement to grant back to HESI rights to any improvements made by purchaser to such tools.

Included with such tools shall be the software necessary to operate such tools in their current mode of operation by HESI and a hard copy and copy of all computer tapes and discs containing any data in the possession or control of HESI (but not data owned by a customer unless the customer consents) that record the performance anywhere of those tools, together with instructions and all other materials necessary to use or interpret the data. HESI will use its best efforts to obtain the consent of customers who own such data that is in its possession or control. HESI shall be permitted to offer Sonic LWD services worldwide using the Sonic LWD tools and workstations it retains. HESI shall be permitted to rent from purchaser sufficient other HESI LWD tools to allow it to provide sonic LWD services until such tine as HESI is able to adapt its sonic LWD tools to operate in real time with LWD tools acquired from Dresser Industries, Inc., but in any event not longer than 12 months after the merger of Halliburton Company and Dresser Industries, Inc. is consummated. To the extent and for the period that HESI retains LWD tools (other than sonic tools) for such purpose, it shall pay purchaser a reasonable rental amount for such retained tools.

3. Buildings

(a) In the United States, the LWD Business is operated from the HESI-owned Lafayette, Louisiana service center, which is a 63,400 sq. ft. facility located on a 9.8 acre site, and configured for the storage of radioactive well logging sources. HESI shall transfer to purchaser the entire Lafayette facility, including all workshop, testing, and repair equipment required for the maintenance of the tools.

(b) With respect to equipment and facilities located outside the United States which are used by HESI to conduct the LWD Business, HESI will transfer to purchaser all workshop, testing, and repair equipment used by HESI to conduct the LWD Business and such of the buildings HESI owns or leases which are used solely for purposes of conducting the LWD Business. Where HESI conducts its LWD Business from a facility that is also used by HESI for other purposes, HESI will transfer such workshop, testing and repair equipment to purchaser at a nearby facility of purchaser's selection which purchaser has acquired for such purpose. In those areas where, following the merger of Halliburton Company and Dresser Industries, Inc., a facility formerly used by one of the companies to provide LWD services will not be used by HESI to provide LWD services, purchaser will have the option to

acquire that facility from HESI as part of the LWD Business.

4. Manufacturing

(a) HESI will transfer to purchaser manufacturing, assembly, testing, calibration and other machinery and equipment, including related software, to equip a building, to be supplied by purchaser, with sufficient equipment to permit purchaser to conduct the manufacturing, assembly, testing, and calibration of LWD tools and MWD tools used in conjunction with the LWD tools currently performed by HESI (with the exception of a test well). HESI will make its current test well in Fort Worth, TX available to purchaser for a period of two years for a charge not to exceed the amount charged by AMOCO at its test well in Catoosa, OK, which is available on a rental basis to the industry. This transferred equipment shall include HESI designed automated test equipment and accelerated stress screen test equipment, and standard injection molding equipment used to ''pott'' circuit boards in shock resistant elastomer. Also included will be a hydraulic shake table used to perform tool chassis testing. HESI will provide purchaser with copies of all drawings, histories, manuals, lab notebooks, blueprints, designs, design protocols, specifications for materials, specifications for parts and devices, and quality assurance control procedures and other records maintained by HESI related to the tools specified in paragraphs 1 and 2.

(b) A reasonable number of employees whose qualifications are suited to conduct the management of the manufacturing, assembly, testing or calibration process will be selected by purchaser from a list HESI shall supply to purchaser of all of its skilled technical and management employees who work in the manufacturing, assembly, testing, or calibration of LWD tools and MWD tools used in conjunction with the LWD tools, which list shall include their expertise, qualifications, job descriptions, salary, date of hire, and all other information from the employee's personnel file that HESI can legally provide to purchaser. Purchaser will be responsible for offering such employees such compensation and benefit program as will induce such persons voluntarily to agree to leave HESI's employment and become employees of purchaser. HESI will use its best efforts to work with purchaser to make reasonable arrangements to cause such employees to accept such employment by purchaser.

(c) If at the time of sale there exist continuing contract obligations of HESI to sell or maintain or support LWD tools previously sold to third-parties, HESI shall identify and purchaser shall assume such obligations.

5. R&D

HESI will deliver to purchaser R&D equipment, including related software, and copies of tool histories, development records and laboratory records related to the LWD tools and MWD tools listed in paragraphs 1 and 2, including the results of unsuccessful designs. HESI will provide purchaser, at a location to be supplied by purchaser, a LWD research laboratory capable of conducting the research projects existing at any time on or after February 25, 1998 with respect to existing LWD or MWD tools or new tools that extend the technology contained in the tools listed in paragraphs 1 and 2. A reasonable number of employees whose technical qualifications are suited to conduct the types of LWD research and development purchaser wishes to conduct will be selected by purchaser from HESI's current LWD technical staff. HESI shall supply to purchaser a complete list of all its LWD technical staff members who have participated in any research projects with respect to LWD or MWD tools, including their expertise, qualifications, job descriptions, salary, date of hire, and all other information from the employee's personnel file that HESI can legally provide to purchaser. Purchaser will be responsible for offering such employees such compensation and benefit programs as will induce such persons voluntarily to agree to leave HESI's employment and become employees of purchaser. HESI will use its best efforts to work with purchaser to make reasonable arrangements to cause such employees to accept employment by purchaser.

6. Licenses

(a) HESI will grant to purchaser a worldwide, royalty-free, irrevocable, non-exclusive license covering HESI owned Intellectual Property. Purchaser shall not be granted any rights, including trademarks and service marks, associated with the use of the trade names or commercial names of Halliburton or HES; provided, however, that in the marketing of LWD services using LWD or MWD tools acquired from HESI, purchaser will possess the right following the date of the purchase of the LWD Business to identify its LWD and MWD tools as being manufactured pursuant to a license from HESI and its LWD Business as having been acquired from HESI. Such license will not be subject to any requirement that purchaser grant back to HESI rights to any improvements made by purchaser to such tools.

(b) HESI will grant to purchaser sublicenses covering the use of third-party technology and related software embodied in the transferred LWD and MWD tools and software, to the extent permitted by its licenses from such third parties. Such sublicenses will not be subject to any requirement that purchaser grant back to HESI rights to any improvements made by purchaser to such tools. To the extent that the third party licenses do not permit HESI to grant purchaser a sublicense, HESI will identify each such third party license and use its best efforts to assist purchaser in obtaining a license from the third party.

7. Contracts

(a) At the time of sale, HESI will assign to purchaser all of its contracts with customers to provide LWD services in the United States, or to the extent applicable, portions of contracts to provide LWD services in the United States that are outstanding at closing. To the extent not assignable, HESI will use its best efforts to obtain for purchaser the benefit of such contracts by designating purchaser as HESI's agent for the purposes of performing such contracts and paying to purchaser all monies due under such contracts for the performance of such LWD services.

(b) At the time of sale, HESI will assign to purchaser all of its contracts with customers to provide LWD Services outside the United States, or to the extent applicable, portions of contracts to provide LWD Services that are outstanding at closing. To the extent not assignable or to the extent that the assignment is unacceptable to the customer, in order to allow HESI to complete contracts existing at the time of sale any resulting from the award under a tender outstanding at the date of sale, HESI shall be allowed to rent from purchaser such LWD and MWD tools, and to use equipment and facilities of the LWD Business and such employees of the LWD Business as are reasonably required for HESI to complete the performance of LWD Services under such contracts. HESI shall pay to purchaser a reasonable rental amount for such tools, equipment, facilities, and employees during the period from the close of the sale of the LWD Business to the time such contracts are completed.

8. Employees

Subject to the other terms of this Schedule A, HESI and purchaser will enter into commercially reasonable arrangements for purchaser to employ such of the employees of the LWD Business as purchaser requires to operate the LWD Business.

9. Customer Lists, Credit Records, and Supplied/Vendor Lists and Supplier/Vendor Contracts

HESI will transfer to purchaser its lists of customers, customer credit records, and supplier/vendor lists and supplier/vendor contracts for its LWD Business anywhere in the world.

10. Technical Support and Training

HESI will transfer to purchaser technical support and training services employees and related assets with respect to the LWD Business. Purchaser will be responsible for offering such employees such compensation and benefit programs as will induce such persons voluntarily to agree to leave HESI's employment and become employees of purchaser. HESI shall be permitted to utilize the services of sufficient technical support and training services employees and related assets to the extent required for HESI to complete the contracts referred to in paragraph 7(b). To the extent and for the period that HESI utilizes the services of technical support and training services employees and related assets, it shall pay purchaser a reasonable fee for those services.

11. Spare Parts

HESI's inventory of spare parts and consumables relating to the LWD Business will be transferred to purchaser, provided, however, that the inventory of Sonic LWD tool parts shall be divided between HESI and purchaser in the same proportions as the Sonic tools are divided pursuant to paragraph 2. Purchase will agree to sell to HESI at reasonable prices spare parts sufficient to permit HESI to complete the contracts referred to in paragraph 7(b).

12. Continuing LWD Services

HESI agrees that after the sale of the LWD Business it will not offer LWD services, directly or indirectly, including by a licensee other than purchaser, anywhere in the world using any of the HESI tools of the type sold to purchaser, except (i) LWD services necessary to complete the contracts referred to in paragraph 7(b); (ii) LWD services using LWD tools acquired from Dresser; and (iii) sonic LWD services using sonic LWD tools of the type sold to purchaser. Further, HESI may continue to use the underlying technology licensed to purchaser in its wireline logging tools and other products and in Dresser tools.

13. No Transfer of Acquired Assets

HESI may require purchaser to agree that it will not transfer by any means any of the tangible or intangible property or assets it acquires from HESI to either Schlumberger Limited, or Baker Hughes Incorporated, or their affiliates for the life of the consent decree. This provision does not prevent purchaser from making the property or assets available to any joint venture in which it participated.

Excluded assets:

Excluded from the LWD Business are (1) all business, assets and technology of Dresser Industries, Inc. which is being acquired by Halliburton; (2) all business, assets and technology of NUMAR; and (3) Intellectual Property, except to the extent provided in paragraphs 2 and 6.

Certificate of Service

I hereby certify that I have caused a copy of the foregoing Complaint and proposed Final Judgment to be served on counsel for defendants in this matter in the manner set forth below:

By first class mail, postage prepaid, and by facsimile:

Helene D. Jaffe, Esquire, Weil, Gotshal & Manges, 767 Fifth Avenue, New York, NY 10153

Ky P. Ewing, Esquire, Vinson & Elkins, 1455 Pennsylvania Avenue, N.W., Washington, D.C. 20004–1008

Andrew K. Rosa,

Antitrust Division, U.S. Department of Justice, 325 Seventh Street, N.W., Suite 500, Washington, D.C. 20530, (202) 307–0886, (202) 616–2441 (Fax).

Competitive Impact Statement

The United States, pursuant to Section 2(b) of the Antitrust Procedures and Penalties Act (''APPA''), 15 U.S.C. § 16(b)–(h), files this Competitive Impact Statement relating to the proposed Final Judgment submitted for entry in this civil antitrust proceeding.

I. Nature and Purpose of the Proceeding

On September 29, 1998, the United States filed a civil antitrust Complaint alleging that the proposed merger of Dresser Industries, Inc. (''Dresser'') and Halliburton Company (''Halliburton'') would violate Section 7 of the Clayton Act, 15 U.S.C. § 18. The Complaint alleges that Halliburton and Dresser are two of only four companies that provide logging-while-drilling (''LWD'') services to oil and gas drilling companies and are the only sources of current and likely future innovations in new and improved LWD tools. The request for relief in the Complaint seeks: (1) a judgment that the proposed merger would violate Section 7 of the Clayton Act; (2) a permanent injunction preventing consummation of the merger agreement; (3) an award of costs to the plaintiff; and (4) such other relief as the Court may deem just and proper.

When the Complaint was filed, the United States also filed a proposed settlement that would permit the merger of Halliburton and Dresser to proceed, but require a divestiture that will preserve competition in the market for provision of LWD services. This settlement consists of a Stipulation and Order and a proposed Final Judgment. The proposed Final Judgment orders defendants to divest ''the LWD business,'' which is described in Schedule A of the proposed Final Judgment, within one hundred and eighty (180) calendar days after the filing of the Final Judgment in this matter, or five (5) days after notice of the entry of the Final Judgment by the Court, whichever is later. The purchaser of the LWD Business must be acceptable to the Antitrust Division of the Department of Justice (''DOJ''). The LWD Business includes virtually all of Halliburton's LWD tools; sufficient measurement-while-drilling (''MWD'') tools for use with the LWD tools; manufacturing equipment; workshop, testing, and repair equipment used by Halliburton to conduct the LWD Business anywhere in the world; research and development equipment; Halliburton's Lafayette, Louisiana, facility and the option to acquire facilities outside the United States previously used by Halliburton or Dresser to provide LWD services that will not continue to be used by Halliburton; the right to hire employees of the LWD Business as the purchaser requires to operate the LWD business, including a reasonable number of employees to manage the manufacture, assembly, testing or calibration of LWD tools and associated MWD tools and to conduct LWD research and development; and worldwide, royalty-free, irrevocable licenses to the intellectual property used in connection with the use, manufacture, or sale of the transferred tools.

The plaintiff and defendants have stipulated that the proposed Final Judgment may be entered after compliance with the APPA. Entry of the proposed final Judgment would terminate the action, except that the Court would retain jurisdiction to construe, modify, or enforce the

provisions of the proposed Final Judgment and to punish violations thereof.

II. Description of the Events Giving Rise to the Alleged Violation

A. The Defendants and the Proposed Transaction

Halliburton is a Delaware corporation, with its principal office in Dallas, Texas. It provides products and services for the exploration, development, and production of oil and natural gas. It is one of the ''Big Four'' oil field service companies—along with Dresser and two other companies. In 1997, Halliburton had revenues of over $8 billion. Dresser is also a Delaware corporation headquartered in Dallas, Texas. In 1997, it reported total sales of about $7.5 billion.

On February 25, 1998, Halliburton and Dresser entered into an Agreement and Plan of Merger under which Halliburton would merge with Dresser. This transaction, which would increase concentration in the already highly concentrated market for the provision of LWD services, precipitated the government's suit.

B. The LWD Service Market

Oil and gas companies use data from LWD tools, which are placed behind the drill bit, to guide drilling operations, particularly in offshore drilling projects. The data from LWD tools, which is transmitted to the surface while the drilling is ongoing, allows the driller to evaluate the formation that the drill bit is cutting. With this data, the driller can detect changes in downhole pressure, prevent the drill bit from straying out or oil or gas deposits, and otherwise determine the optimum drilling path.

There are four types of LWD tools, each of which provide different data to evaluate the formation: (1) gamma ray, (2) resistivity, (3) neutron density, and (4) sonic. Gamma ray tools, which are the most rudimentary LWD tools, identify the type of formation (*e.g.*, shale or sand) by measuring natural radioactivity. Data from LWD resistivity tools help detect the presence of oil, gas, and water in the formation. Data from LWD neutron density and sonic tools help determine the formation's porosity, which indicates the amount of liquid in the formation and the formation's permeability.

There are no realistic substitutes for LWD services for offshore drilling projects. Drillers can use wireline logging tools to gather similar data, but, in order to use wireline logging, they must cease drilling, remove the drill from the well, lower tools into the well by wire, collect data downhole, remove the tools, and read the data on the surface. During this entire operation, which may take as long as a day and a half, the drilling rig sits idle (costing the operator $250,000 to $300,000 per day in deepwater areas of the Gulf of Mexico), which makes wireline logging much more expensive than LWD services. A small but significant and nontransitory increase in the price of LWD services would not cause a significant number of customers drilling offshore wells to switch to wireline services, or to any other method for obtaining formation evaluation data.

C. Harm to Competition as a Consequence of the Merger

Halliburton and Dresser are two of only four firms that provide the full range of LWD services. The proposed transaction would reduce to three the number of firms providing the full range of LWD services in the United States.

Moreover, successful entry into the market for provision of LWD services would be difficult, time-consuming, and costly. Even if a new entrant invested in the research, development, and engineering programs required to produce the current generation of LWD tools, it would also have to engage in extensive testing, and, over a course of years, eventually establish a reputation for quality and reliability—particularly for customers drilling offshore for whom the costs of delay due to failure of LWD tools can be great.

Halliburton and Dresser are also two of only four firms that are engaged in the research, development, and commercialization of new LWD tools. Competition between these firms to develop new and better LWD tools is important to oil and gas companies, in order to minimize the per-barrel cost of producing oil and gas. This competition has hastened the pace of innovation and given customers a variety of solutions to their formation evaluation needs.

The Complaint alleges that the transaction would have the following effects, among others:

a. Actual and potential competition between Halliburton and Dresser will be eliminated;

b. Competition generally in the provision of LWD services will likely be substantially lessened;

c. Prices for LWD services will likely increase; and

d. Competition in the development, commercialization, and improvement of LWD tools will likely be substantially lessened.

III. Explanation of the Proposed Final Judgment

The provisions of the proposed Final Judgment are designed to eliminate the anticompetitive effects of the proposed merger of Halliburton and Dresser.

The proposed Final Judgment provides that, within one hundred and eighty (180) calendar days after the filing of the Final Judgment in this matter, or five (5) days after notice of the entry of the Final Judgment by the Court, whichever is later, defendants must divest the LWD Business to an acquirer acceptable to DOJ. If defendants fail to divest the LWD Business within this period, a trustee, selected by DOJ, will be appointed by the Court to sell the LWD Business.

The Final Judgment provides that defendants will pay all costs and expenses of the trustee. After the trustee's appointment becomes effective, the trustee will file monthly reports with the parties and the Court, setting forth the trustee's efforts to accomplish divestiture. At the end of six months, if the divestiture has not been accomplished, the trustee and the parties will have the opportunity to make recommendations to the Court, which shall enter such orders as appropriate in order to carry out the purpose of the trust, including extending the trust and the term of the trustee's appointment.

Section IV of the proposed Final Judgment requires defendants to divest ''the LWD Business' as an ongoing business to a purchaser acceptable to the United States in its sole discretion. ''The LWD Business'' is defined as Halliburton Energy Services, Inc.'s (''HESI'') worldwide business providing LWD Services and includes the tangible and intangible assets, obligations, and understandings set forth in Schedule A of the proposed Final Judgment.[1]

The assets to be divested include:

(1) HESI's resistivity tools, density-neutron tools, and slim resistivity tools;

(2) half of Halliburton's sonic tools and sonic workstations;

(3) enough MWD tools to allow the purchaser to operate these LWD tools;

[1] HESI is a wholly owned subsidiary of Halliburton. ''LWD Services'' means the services and products used to provide real-time logging-while-drilling formation evaluation data which is utilized to evaluate the formation characteristics of a given geologic formation. LWD Services also include MWD Services provided in conjunction with LWD Services. MWD tools are used when drilling non-vertical wells to measure and transmit data from downhole during the drilling process on the inclination and azimuth of the downhole drilling tools. When LWD tools are used, the driller also uses MWD tools, and the driller usually obtains both types of tools from the same company because the MWD tools and LWD tools must be compatible.

(4) software required to operate the tools, information about tool performance history, and spare parts;

(5) a building from which Halliburton currently supplies LWD services to U.S. offshore drilling projects;

(6) equipment necessary to allow the buyer of the LWD Business to manufacture, assemble, test, and calibrate LWD and MWD tools,[2]

(7) worldwide, royalty-free, irrevocable, non-exclusive licenses to use HESI-owned intellectual property, and sublicenses covering the use of third-party technology and related software embodied in the transferred LWD and MWD tools and software, to the extent permitted by HESI's licenses from such third parties;

(8) research and development equipment and development and laboratory records related to the LWD tools and MWD tools to be sold, including the results of unsuccessful designs;

(9) all assignable contracts to provide LWD services worldwide, as well as lists of customers, customer credit records, and supplier/vendor lists and supplier/vendor contracts; and

(10) the opportunity to hire Halliburton employees to operate the LWD Business, including employees in manufacturing, research and development, and technical support and training services.

After the sale of the LWD Business, defendants will not be able to offer LWD services using any of the tools of the type sold with the LWD Business, except for (i) LWD services necessary to complete existing contracts for which Halliburton will rent the tools from the purchaser; (ii) LWD services using LWD tools acquired from Dresser; and (iii) sonic LWD services using sonic LWD tools of the type sold to purchaser.

Although the Complaint alleges the United States as the relevant geographic market, the proposed Final Judgment requires divestiture of the assets that Halliburton has used to provide LWD Services worldwide. Divestiture of the worldwide LWD business is necessary to preserve competition in the United States LWD services market because Halliburton, Dresser, and the other two major providers of LWD Services have worldwide operations that provide them a revenue base to support LWD research and development efforts. Thus, the divestiture is designed to ensure that the new buyer is viable and to put the purchaser in Halliburton's place as an international LWD company, enabling the purchaser to continue the innovation of LWD tools, which will benefit U.S. customers.

[2] Excluded from the divestiture package is HESI's test well. The purchaser will be able, for a fee, to use HESI's test well at Fort Worth, Texas, for two years.

IV. Remedies Available to Potential Private Litigants

Section 4 of the Clayton Act, 15 U.S.C. § 15, provides that any person who has been injured as a result of conduct prohibited by the antitrust laws may bring suit in federal court to recover three times the damages the person has suffered, as well as costs and reasonable attorneys' fees. Entry of the proposed Final Judgment will neither impair nor assist the bringing of any private antitrust damage action. Under the provisions of Section 5(a) of the Clayton Act, 15 U.S.C. § 16(a), the proposed Final Judgment has no *prima facie* effect in any subsequent private lawsuit that may be brought against defendants.

V. Procedures Available for Modification of the Proposed Final Judgment

The United States and defendants have stipulated that the proposed Final Judgment may be entered by the Court after compliance with the provisions of the APPA, provided that the United States has not withdrawn its consent. The APPA conditions entry upon the Court's determination that the proposed Final Judgment is in the public interest.

The APPA provides a period of at least sixty days preceding the effective date of the proposed Final Judgment within which any person may submit to the United States written comments regarding the proposed Final Judgment. Any person who wishes to comment should do so within sixty days of the date of publication of this Competitive Impact Statement in the **Federal Register**. The United States will evaluate and respond to the comments. All comments will be given due consideration by the Department of Justice, which remains free to withdraw its consent to the proposed Judgment at any time prior to entry. The comments and the response of the United States will be filed with the Court and published in the **Federal Register**. Written comments should be submitted to: Roger W. Fones, Chief, Transportation, Energy & Agriculture Section, Antitrust Division, United States Department of Justice, 325 Seventh Street, NW., Suite 500, Washington, DC 20530.

The proposed Final Judgment provides that the Court retains jurisdiction over this action, and the parties may apply to the Court for any order necessary or appropriate for the modification, interpretation, or enforcement of the Final Judgment.

VI. Alternatives to the Proposed Final Judgment

The United States considered, as an alternative to the proposed Final Judgment, a full trial on the merits against Halliburton and Dresser. The United States is satisfied that the divestiture of the described assets specified in the proposed Final Judgment will facilitate continued viable competition in the market for the provision of LWD services. The United States is satisfied that the proposed relief will prevent the merger from having anticompetitive effects in this market. The divestiture of the LWD Business will preserve the structure of the market for the provision of LWD services that existed prior to the merger and will preserve the existence of an independent competitor.

VII. Standard of Review Under the APPA for Proposed Final Judgment

The APPA requires that proposed consent judgments in antitrust cases brought by the United States be subject to a sixty-day comment period, after which the court shall determine whether entry of the proposed Final Judgment ''is in the public interest.'' In making that determination, the court *may* consider—

(1) The competitive impact of such judgment, including termination of alleged violations, provisions for enforcement and modification, duration or relief sought, anticipated effects of alternative remedies actually considered, and any other considerations bearing upon the adequacy of such judgment;

(2) The impact of entry of such judgment upon the public generally and individuals alleging specific injury from the violations set forth in the complaint including consideration of the public benefit, if any, to be derived from a determination of the issues at trail.

15 U.S.C. § 16(e). As the Court of Appeals for the District of Columbia Circuit held, the APPA permits a court to consider, among other things, the relationship between the remedy secured and the specific allegations set forth in the government's complaint, whether the decree is sufficiently clear, whether enforcement mechanisms are sufficient, and whether the decree may positively harm third parties. *See United States* v. *Microsoft*, 56 F.3d 1448 (D.C. Cir. 1995).

In conducting this inquiry, ''the Court is nowhere compelled to go to trial or to engage in extended proceedings which might have the effect of vitiating the benefits of prompt and less costly

settlement through the consent decree process.'' [3] Rather,

absent a showing of corrupt failure of the government to discharge its duty, the Court, in making its public interest finding, should * * * carefully consider the explanations of the government in the competitive impact statement and its responses to comments in order to determine whether those explanations are reasonable under the circumstances.

United States v. *Mid-America Dairymen, Inc.*, 1977–1 Trade Cas. ¶ 61,508, at 71,980, (W.D. Mo. 1977).

Accordingly, with respect to the adequacy of the relief secured by the decree, a court may not ''engage in an unrestricted evaluation of what relief would best serve the public.'' *United States* v, *BNS, Inc.*, 858 F.2d 456, 462 (9th Cir. 1988), *quoting United States* v. *Bechtel Corp.*, 648 F. 2d 660, 666 (9th Cir.), *cert denied*, 454 U.S. 1083 (1981). Precedent requires that

[t]he balancing of competing social and political interests affected by a proposed antitrust consent decree must be left, in the first instance, to the discretion of the Attorney General. The court's role in protecting the public interest is one of insuring that the government has not breached its duty to the public in consenting to the decree. The court is required to determine not whether a particular decree is the one that will best serve society, but whether the settlement is ''*within the reaches of the public interest.*'' More elaborate requirements might undermine the effectiveness of antitrust enforcement by consent decree.[4]

The proposed Final Judgment, therefore, should not be reviewed under a standard of whether it is certain to eliminate every anticompetitive effect of a particular practice or whether it mandates certainty of free competition in the future. Court approval of a final judgment requires a standard more flexible and less strict than the standard required for a finding of liability. ''[A] proposed decree must be approved even if it falls short of the remedy the court would impose on its own, as long as it falls within the range of acceptability or is 'within the reaches of public interest.' (citations omitted).'' [5]

VIII. Determinative Documents

There are no determinative materials or documents within the meaning of the APPA that were considered by the United States in formulating the proposed Final Judgment.

For Plaintiff United States of America:

Dated: October 21, 1998.

Respectfully submitted,

Angela L. Hughes,

Trial Attorney, U.S.C. Department of Justice, Antitrust Division, 325 Seventh Street, N.W., Suite 500, Washington, DC 20530, Telephone: (202) 307–6410 or (202) 307–6351, Facsimile: (202) 307–2784.

Certificate of Service

I hereby certify that on this 21st day of October, 1998, I have caused a copy of the foregoing Competitive Impact Statement to be served on counsel for defendants in this matter by first class mail, postage prepared, and by facsimile.

Counsel for Defendant Halliburton Company:

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[3] 119 Cong. Rec. 24598 (1973). *See also United States v. Gillette Co.*, 406 F. Supp. 713, 715 (D. Mass. 1975). A ''public interest'' determination can be made properly on the basis of the Competitive Impact Statement and Response to Comments filed pursuant to the APPA. Although the APPA authorizes the use of additional procedures, 15 U.S.C. § 16(f), those procedures are discretionary. A court need not invoke any of them unless it believes that the comments have raised significant issues and that further proceedings would aid the court in resolving those issues. *See* H.R. 93–1463, 93rd Cong. 2d Sess. 8–9, reprinted in (1974) U.S. Code Cong. & Ad. News 6535, 6538.

[4] *United States v. Bechtel*, 648 F.2d at 666 (internal citations omitted) (emphasis added); *see United States v. BNS, Inc.*, 858 F.2d at 463; *United States v. National Broadcasting Co.*, 449 F. Supp. 1127, 1143 (C.D. Cal. 1978); *Gillette*, 406 F. Supp. at 716. *See also United States v. American Cyanamid Co.*, 719 F.2d 558, 565 (2d Cir. 1983).

[5] *United States v. American Tel & Tel. Co.*, 552 F. Supp. 131, 150 (D.D.C. 1982), *aff'd sub nom. Maryland v. United States*, 460 U.S. 1001 (1983), *quoting Gillette*, 406 F. Supp. at 716; *United States v. Alcan Aluminium, Ltd.*, 605 F. Supp. 619, 622 (W.D. Ky. 1985).

DEPARTMENT OF JUSTICE

Antitrust Division

Public Comments and Response of the United States

United States of America, State of New York and State of Illinois v. *Sony Corporation of America, LTM Holdings, Inc. d/b/a Loews Theatres, Cineplex Odeon Corporation, and J.E. Seagram Corp.*

Notice is hereby given pursuant to the Antitrust Procedures and Penalties Act, 15 U.S.C. § 16(b)–(h), that Public Comments and the Response of the United States have been filed with the United States District Court for the Southern District of New York in *United States of America, State of New York and State of Illinois* v. *Sony Corporation of America, LTM Holdings, Inc. d/b/a Loews Theatres, Cineplex Odeon Corporation, and J.E. Seagram Corp.*, Case No. 98–CIV–2716.

On April 16, 1998, plaintiffs United States, State of New York and State of Illinois filed a Complaint seeking to enjoin a proposed merger of LTM Holdings, Inc. (''Loews'') and Cineplex are the two largest exhibitors of first-run films in Manhattan and the City of Chicago. The Complaint alleged that the proposed merger would substantially lessen competition and tend to create a monopoly in the theatrical exhibition of first-run films in both of these markets in violation of Section 7 of the Clayton Act, 15 U.S.C. 18.

Public comment was invited within the statutory 60-day comment period. Such comments, and the responses thereto, are hereby published in the **Federal Register** and filed with the Court. Copies of the Complaint, Stipulation, proposed Final Judgment, Competitive Impact Statement, Public Comments and the Response of the United States are available for inspection in Room 215 of the Antitrust Division, Department of Justice, 325 7th Street, N.W., Washington, D.C. 20530 (telephone: 202–514–2581) and at the office of the Clerk of the United States District Court for the Southern District of New York, 500 Pearl Street, New York, NY 10007.

Copies of any of these materials may be obtained upon request and payment of a copying fee.

Constance K. Robinson,

Director of Operations, Antitrust Division

Response of the United States to Public Comments

Pursuant to the requirements of the Antitrust Procedures and Penalties Act, 15 U.S.C. § 16(b)–(h) (the ''Tunney

Act''), the United States responds to the public comments received regarding the proposed Final Judgment in this case.

I. Background

Plaintiffs the United States, the State of New York, and the State of Illinois filed a civil antitrust Complaint on April 16, 1998, alleging that a proposed merger of LTM Holdings, Inc. (''Loews'') and Cineplex Odeon Corp. (''Cineplex'') would violate Section 7 of the Clayton Act, 15 U.S.C. § 18.

At the same time the Complaint was filed, plaintiffs also filed a proposed settlement that would permit Loews to complete its merger with Cineplex, but would require divestitures that would preserve competition in the two markets where the transaction would otherwise raise significant competitive concerns: Manhattan and Chicago.

The settlement consists of a Stipulation and a proposed Final Judgment. The proposed Final Judgment orders Loews and Cineplex to divest 14 theatres in Manhattan and 11 theatres in the Chicago area to an acquirer or acquirers acceptable to the United States. Unless the United States grants a time extension, the divestitures must be completed within one-hundred and eighty calendar days after the filing of the Complaint or five days after notice of the entry of the Final Judgment by the Court, whichever is later. The proposed Final Judgment also requires that, until the divestitures have been accomplished, the defendants must maintain and operate the theatres to be divested as active competitors, maintain the management, staffing, sales, and marketing of the theatres, and maintain the theatres in operable condition at current capacity configurations. Further, the proposed Final Judgment requires defendants to give the United States prior notice regarding any future motion picture theatre acquisitions in Manhattan or Cook County, Illinois.

A Competitive Impact Statement (''CIS''), explaining the bases for both the Complaint and the proposed Final Judgment, was filed on April 17, 1998, and subsequently published for comment, along with the Stipulation and proposed Final Judgment, in the Federal Register on May 6, 1998 (63 FR 25071 through 25080), as required by the Tunney Act. Notice was also published in the *New York Times* and the *Washington Post*, as required by the Tunney Act. The CIS explains in detail the proposed merger, the provisions of the proposed Final Judgment, and the nature and purpose of this proceeding.

The parties have stipulated that the proposed Final Judgment may be entered after compliance with the Tunney Act. The United States and the defendants have now, with the exception of publishing the comments and this response in the Federal Register, completed the procedures the Tunney Act requires before the proposed Final Judgment can be entered.[1]

The United States received three comments, copies of which are attached hereto. One comment, from a resident of Manhattan, suggests that the United States should have required additional theatres be divested in Manhattan. (*See* Tab A.)

The second comment, from a labor organization, opposes the settlement on the grounds that the United States should also have required divestitures in the Washington, D.C. area. This commenter also raises a concern about vertical integration as a result of the merger, noting that Sony Pictures and Universal Studios will have a significant ownership interest in the merged company. (*See* Tab B.)

The third comment, from the New York City Human Rights Commission, takes no position on the merits of the settlement but rather places on the record the agency's belief that many of the Cineplex Odeon theatres being divested in Manhattan are not adequately accessible to disabled individuals and should be brought into compliance with applicable laws before being sold. (*See* Tab C.)

This response addresses the antitrust issues that are raised in the public comments.[2]

II. Response to Comments

A. The Proposed Divestitures Solve the Anticompetitive Problems Alleged in the Complaint

The Complaint alleges that Loews and Cineplex are the two largest exhibitors of first-run films in Manhattan and the City of Chicago. They compete against each other both to attract movie-goers and to secure first-run films from distributors.

The Complaint further alleges that movie-goers do not want to travel far from their homes to attend movies, particularly in urban areas. Thus, geographic markets for first-run movies are generally local. From the standpoint of distributors, it is vitally important that their newly released movies be released in Manhattan and Chicago. In addition to the large populations in these markets, both cities are home to influential critics whose review of a movie can substantially affect the movie's performance nationwide. The Complaint also alleges that entry into the market for first-run film exhibition in New York and Chicago is particularly difficult, time-consuming and expensive, making new entry unlikely to significantly reduce the market strength of the combined firm.

As previously stated, the proposed Final Judgment requires substantial divestiture of theatres in both the New York and Chicago markets. In Manhattan, Loews and Cineplex together account for about 67% of the box office revenues for theatres showing first-run movies. Under the proposed Final Judgment, Loews and Cineplex have agreed to divest all but one of the Cineplex first-run theatres being acquired through the merger. Given that one Cineplex theatre is not being divested (the Coronet, which has two screens and had about $1.5 million in box office revenue last year), defendants have agreed to divest the Loews 34th Street Showplace (which has 3 screens and had over $2 million in box office revenue last year). Thus, defendants have agreed to divestiture that for all practical purposes restore the status quo ante. They have agreed to divest 13 Cineplex theatres and one Loews theatre in Manhattan.

In the city of Chicago, Cineplex and Loews together account for about 77% of the box office revenues for theatres showing first-run movies. Without the divestitures, the merger would have resulted in the leading firm (Cineplex) adding 5 first-run Loews theatres with 26 screens representing about $13 million in box office revenue in 1997. Under the settlement, Loews and Cineplex will divest 9 theatres with 37 screens in the city, including all of the downtown first-run Cineplex theatres except the McClurg Court. The theatres they are selling represent slightly over $13 million in box office revenue in 1997. In addition to the theatres in the city, defendants have agreed to divest two suburban theatres close to the city limits: The Old Orchard Quad in Skokie, just north of the city limits, and the River Run in Lansing, just south of the city limits. These theatres represent 12 additional screens and almost $5 million in 1997 box office revenues. In

[1] The United States will publish the comments and this response promptly in the Federal Register. It will provide the Court with a certificate of compliance with the requirements of the Tunney Act and file a motion for entry of the Final Judgment once publication takes place.

[2] Because the New York City Civil Rights Commission does not raise any antitrust issues in its comment, we will not respond except to state that the United States does not believe that the approval process should be delayed. The fact that the Commission's comment is of record should help to assure that the theatres to be divested are brought into compliance with applicable laws, either by the present owner or by a new owner. We understand that the Commission's investigation is ongoing.

total, defendants have agreed to divest 11 theatres in Chicago and its immediate vicinity, including 8 Cineplex theatres and 3 Loews theatres.

The United States received no public comments questioning the adequacy of the divestitures in Chicago. The United States received only one comment from an individual questioning the adequacy of the divestitures in Manhattan.

B. Response to Comment of Frances J. Elfenbein

Frances J. Elfenbein, a resident of Manhattan, notes that Loews currently has under construction two large multiplex theatres in Manhattan. The commenter states that almost as many screens are being added through this new construction as are being divested, and concludes that the divestiture of 14 theatres will not be sufficient to ''curb the monopolistic power'' of the company post-merger.

In response, the United States notes that the comment does not address the sufficiency of the settlement as a remedy to the anticompetitive effects *flowing from the merger*. The commenter does not suggest that, following the required divestitures, the merger with Cineplex will add to Loews' market share. This is in keeping with the facts, given that Loews is divesting as much as it is acquiring through the merger. The commenter does not articulate any other anticompetitive consequences of the merger.

Section 7 of the Clayton Act prohibits mergers and acquisitions the effect of which is to substantially lessen competition or tend to create a monopoly. Section 7 does not prohibit growth through internal expansion. Such growth generally increases consumer choice and is procompetitive. (Parenthetically, we note that Loews' decision to construct these new theatres predates, and was unaffected by, the merger. Cineplex had no plans to construct new theatres in Manhattan.)

If the United States had filed suit to block the merger under Section 7, and had prevailed, Loews would still have a high percentage of the screens in Manhattan and would have been free to continue its construction of new theatres. Thus, from the perspective of Manhattan movie-goers, the settlement achieves substantially the same result as a successful trial on the merits.

As discussed more fully below, the Court's function in analyzing the proposed Final Judgment ''is not to determine whether the resulting array of rights and liabilities is one that will *best* serve society, but only to confirm that the resulting settlement is within the *reaches* of the public interest.'' *United States* v. *Western Elec. Co.*, 993 F.2d 1572, 1576 (D.C. Cir. 1993) (emphasis in original, internal quotation and citation omitted). The United States submits that this standard is easily met with respect to the Manhattan divestitures.

C. Response to Comment of the Hotel Employees and Restaurant Employees International Union

The Hotel and Restaurant Employees International Union praises the settlement as serving the interests of movie-going consumers in Manhattan and Chicago but argues that the United States also should have required divestitures in the Washington, D.C. area. The Union expresses the further concern that Sony Pictures' and Universal Studios' significant ownership interest in Loews Cineplex Entertainment, the merged company, will harm independent exhibitors and potentially lead to a loss of choice for consumers. For these reasons, the Union urges the Court to reject the settlement, and replace it with a different one.[3]

As noted below, the critical portion of the Union's comment in inapposite—in essence, it suggests that the government should have brought a different case (i.e. a case alleging a Clayton Act violation in the Washington, D.C. geographic market). Such a criticism is not the type contemplated in a Tunney Act proceeding. *United States* v. *Microsoft Corp.*, 56 F.3d 1448, 1459 (D.C. Cir. 1995).[4]

[3] The Union, it should be noted, offers it comments on behalf of its members as movie-going consumers, not because it represents employees of Loews or Cineplex.

[4] The United States examined the effects of the merger on competition in the Washington, D.C. area and in Houston. The United States concluded that there were substantial factual and legal reasons not to bring a case charging a violation in these geographic areas. In addition, the United States also considered and determined not to allege that the change in ownership structure will result in vertical foreclosre. In any event, the divestitutres in Manhattan and Chicago will assure that competiting distributors have outlets for their movies in the markets of concern. Moreover, any future violation by Sony Pictures or Universal Studios of the *Paramount* decrees is not an issue before the Court in this proceeding. These decrees prevent distributors bound by the decrees from improperly favoring affiliated circuits. The 1938 *Paramount* litigation involved a conspiracy among the eight leading motion picture distributors who, among other things, used their market power to fix admission prices for the exhibition of first-run motion pictures in local theatres. The *Paramount* decrees which grew out of the litigation generally require that movies be licensed on a nondiscriminatory theatre-by-theatre basis. Both Sony Pictures (as a successor to Columbia Pictures) and Universal Studios are bound by the *Paramount* decrees. *See United States* v. *Loew's Inc.*, 1950–51 Trade Cas. (CCH) § 62,573 at pp. 63,681–82 (S.D.N.Y. 1050).

II. The Legal Standard Governing the Court's Public Interest Determination

Once the United States moves for entry of the proposed Final Judgment, the Tunney Act directs the Court to determine whether entry of the proposed Final Judgment ''is in the public interest.'' 15 U.S.C. § 16(e). In making that determination, ''the court's function is not to determine whether the resulting array of rights and liabilities is one that will *best* serve society, but only to confirm that the resulting settlement is within the *reaches* of the public interest.'' *United States* v. *Western Elec. Co.*, 993 F.2d 1572, 1576 (D.C. Cir.) *cert. denied*, 510 U.S. 984 (1993) (emphasis in original, internal quotation and citation omitted).[5] The Court should evaluate the relief set forth in the proposed Final Judgment and should enter the Judgment if it falls within the government's ''rather broad discretion to settle with the defendant within the reaches of the public interest.'' *United States* v. *Microsoft Corp.*, 56 F.3d 1448, (D.C. Cir. 1995); *accord United States* v. *Associated Milk Producers, Inc.*, 534 F.2d 113. 117–18 (8th Cir.) *cert. denied*, 429 U.S. 940 (1976). The Court is not ''to make *de novo* determination of facts and issues.'' *Western Elec.*, 993 F.2d at 1577. Rather, ''[t]he balancing of competing social and political interests affected by a proposed antitrust decree must be left, in the first instance, to the discretion of the Attorney General.'' *Id.* (internal quotation and citation omitted throughout). In particular, the Court must defer to the United States' assessment of likely competitive consequences, which it may reject ''only if it has exceptional confidence that adverse antitrust consequences will result—perhaps akin to the confidence that would justify a court in overturning the predictive judgments of an administrative agency.'' *Id.*[6]

The Court may not reject a decree simply ''because a third party claims it could be better treated.'' *Microsoft*, 56 F.3d at 1461 n.9. The Tunney Act does not empower the Court to reject the remedies in the proposed Final

[5] The *Western Electric* decision concerned a consensual modification of an existing antitrust decree. The Court of Appeals assumed that the Tunney Act was applicable.

[6] The Tunney Act does not give a Court authority to impose different terms upon the parties. *See, e.g., United States v. American Tel. & Tel. Co.*, 552 F. Supp. 131, 153 n.95 (D.D.C. 1982), *aff'd sub nom. Maryland v. United States*, 460 U.S. 1001 (1983) (Mem); accord, H.R. Rep. No. 1463, 93rd Cong., 2d Sess. 8 (1974). Of course the Court can condition the entry of a decree to the parties' agreement to a different bargain, but if the parties do not agree to such terms, the Court's only choices are to enter the decree the parties proposed or to leave the parties to litigate.

Judgment based on the belief that ''other remedies were preferable.'' *Id.* at 1460. As Judge Green has observed:

> If courts acting under the Tunney Act disapproved proposed consent decrees merely because they did not contain the exact relief which the courts would have imposed after a finding of liability, defendants would have no incentive to consent to judgment and this element of compromise would be destroyed. The consent decree would thus as a practical matter be eliminated as an antitrust enforcement tool, despite Congress' directive that it be preserved.

United States v. *American Tel. & Tel. Co.*, 552 F. Supp. 131, 151 (D.D.C. 1982), *aff'd sub nom. Maryland* v. *United States*, 460 U.S. 1001 (1983) (Mem.).

Moreover, the entry of a governmental antitrust decree forecloses no private party from seeking and obtaining appropriate antitrust remedies. Defendants will remain liable for any illegal acts, and any private party may challenge such conduct if and when appropriate. The single issue before the Court here is whether entry of this particular proposed Final Judgment, agreed to by the parties as settlement of this case, is in the public interest.

As pointed out above, the Tunney Act does not contemplate judicial reevaluation of the wisdom of the government's determination of which violations to allege in the Complaint. The government's decision not to bring a particular case on the facts and law before it at a particular time, like any other decision not to prosecute, ''involves a complicated balancing of a number of factors which are peculiarly within [the government's] expertise.'' *Heckler* v. *Chaney*, 470 U.S. 821, 831 (1985). Thus, the Court should not look beyond the Complaint ''to evaluate claims that the government did *not* make and to inquire as to why they were not made.'' *Microsoft*, 56 F.3d at 1459 (emphasis in original).

The government has wide discretion within the reaches of the public interest to resolve potential litigation. *E.g.*, *Western Elec. Co.*, 993 F.2d at 1577; *AT&T*, 552 F. Supp. at 151. The Supreme Court has recognized that a government antitrust consent decree amounts to an agreement between the parties to settle their disputes and differences, *United States* v. *ITT Continental Baking Co.*, 420 U.S. 223, 235–38 (1975), and ''normally embodies a compromise; in exchange for the saving of cost and elimination of risk, the parties each give up something they might have won had they proceeded with the litigation,'' *United States* v. *Armour & Co.*, 402 U.S. 673, 681 (1971). This judgment has the virtue of bringing the public certain benefits and protection without the uncertainty and expense of protracted litigation. *Armour*, 402 U.S. at 681.

III. Conclusion

After careful consideration of these comments, the United States concludes that entry of the proposed Final Judgment will provide an effective and appropriate remedy for the antitrust violations alleged in the Complaint and is in the public interest. In the two important markets where the merger would have made it more likely that ticket prices would increase, rental fees paid to distributors would decrease, and theatre quality would decline (New York and Chicago), the divestitures will fully restore the status quo ante. The United States will therefore move the Court to enter the proposed Final Judgment after the public comments and this response have been published in the **Federal Register**, at 15 U.S.C. § 16(d) requires.

Dated: October 14, 1998.

Respectfully submitted,

Allen P. Grunes,

(AG 4775) U.S. Department of Justice, Antitrust Division, 1401 H Street, N.W.; Suite 4000, Washington, D.C. 20530, (202) 307–0001, Attorney for Plaintiff the United States.

Certificate of Service

I, Allen P. Grunes, hereby certify that on October 14, 1998, I caused the foregoing document to be served on defendants by having a copy mailed, first-class, postage prepaid, to:

Ira S. Sacks, Fried, Frank, Harris, Shriver & Jacobson, One New York Plaza, New York, NY 10004, (212) 859–8000

Attorney for defendants Sony Corporation of America and LTM Holdings, Inc.

Alan J. Weinschel, Weil, Gotshal & Manges LLP, 767 Fifth Avenue, New York, NY 10153, (212) 310–8000

Attorney for defendant Cineplex Odeon Corporation

Kenneth R. Logan, Simpson Thacher & Bartlett, 425 Lexington Avenue, New York, NY 10017, (212) 455–2000

Attorney for defendant J. E. Seagram Corp.

Allen P. Grunes

Department of Justice

Merger Task Force, Antitrust Division, 1401 H Street, Suite 4000, Washington, DC 230530,

Attention: Craig W. Conrath, Chief

May 1, 1998.

Dear Mr. Conrath: The proposed final judgment of the United States District Court in the Southern District of New York requiring that SONY/LOEWS/CINEPLEX et al (the merged) divest themselves of 14 theaters (36 screens) in Manhattan is no cause for joy.

The court is requiring the divestiture to ensure competition, prevent price gouging and price fixing, and to encourage fairer distribution of first-run movies.

Give me a break.

LOEWS is currently building a 13 screen multiplex as part of the E-Walk development at 8th avenue and 42nd street. It is also in the process of destroying my residential neighborhood with a 15 screen multiplex on 2nd avenue between 30th and 32nd streets.

The divestiture will close 14 theaters for a total of 36 screens. The constructions will create 28 screens. The 55 screens that LOEWS will be left with after divesting will grow to 85 when the new multiplexes are added. Do you really think the loss of 8 screens is going to curb the monopolistic power the merged entity will have in the market, I don't. No wonder they were so agreeable.

Cordially,

Frances J. Elfenbein

Comments

The Hotel Employees and Restaurant Employees International Union, which represents nearly 300,000 individuals, many of whom are avid moviegoers, first opposed this merger in March 1998 with a letter to antitrust officials. Shortly thereafter, we met with Justice Department staff and we spoke to staff of several State Attorneys General, meanwhile encouraging other interested parties to do the same. Our opposition to this merger is grounded in our firm belief that the merger is not in the best interests of American consumers. As we have stated previously, we do not represent, nor have we recently represented, workers at the merging entities, Cineplex Odeon and Loews Theatres.

In our opinion, the proposed settlement between the U.S. Department of Justice and the merging entities known as Loews Cineplex (hereafter referred to as ''the company'') serves the interests of moviegoing consumers in Manhattan and Chicago well. However, on behalf of our moviegoing members throughout the United States, we remain concerned that the settlement does not address very high concentration levels in other markets. In addition, we find the inter-connectedness of leading movie producers, distributors and exhibitors—which is greatly increased as a result of this merger—very disturbing.

High Concentration Despite Divestitures

Upon completion of the merger, the company controls about 9% of the overall film exhibition market in the U.S., and enjoys very high market share in several crucial urban markets,

including New York and Chicago (in spite of the divestitures), the Washington, DC metropolitan area, and Houston, Texas.

In the Maryland suburbs of Washington, DC, Loews Cineplex controls over 49% of the screens in an already ''highly concentrated'' market. The increase in the Herfindahl-Hirschmann Index (HHI), a measure of market concentration, is over 1,056 points—more than 10 times the increase that the Justice Department deems ''likely to create or enhance market power or facilitate its exercise.'' [1]

In the District of Columbia proper, Cineplex Odeon already controlled over 81% of all movie screens before the merger. And in the Virginia suburbs of Washington, the company now controls nearly 29% of all screens, pushing the classification of this market from ''moderately concentrated'' to ''highly concentrated,'' as per guidelines set by the Justice Department and Federal Trade Commission. Each of these cases is a glaring example of extreme market concentration, and each is completely ignored in the proposed settlement.

Vertical Integration Neglected in Settlement

The issue of vertical integration in the movie industry also remains unmitigated by the proposed settlement. In an era of increasing corporate control and homogeneity of entertainment products available to the American public, this is especially troubling. For example, the much-hyped recent Sony picture ''Godzilla'' opened on 7,000 screens, or more than one out of every five movie screens in the U.S.

To refer to movies as mere ''entertainment products'' does not fully account for their true social value. The industry itself would be the first to admit that movies occupy a truly mythic place in the American psyche. Movies have the power to inspire and educate, entertain and inform. Is it right that control of these cultural products should be concentrated in the hands of a few giant corporations? We think not. Yet this merger represents another nail driven into the coffin of cultural diversity.

This merger could create a real life Godzilla, an enormous beast which will be virtually unstoppable if it is allowed to be born. Sony Pictures and Universal Pictures together distributed over 30% of all commercially released films in North America last year. Together, the parents of these companies and their affiliates own over 86% of Loews Cineplex's outstanding stock. Loews Cineplex will have approximately 2,700 screens in 22 states, making it the third largest exhibitor in the nation.

In addition, issues of vertical integration impact another criterion for determining whether a merger may be anti-competitive, in that vertically integrated companies are in a better position to exert market power against exhibitors through higher rental fees and stricter payment terms.

Barriers to Entry May Worsen, Preventing New Competition

Vertical integration also could have the effect of raising the barriers to entry that a potential competitor would face. After all, size does matter when it comes to leveraging a favorable contract with a distributor, or negotiating advertising rates in a local newspaper. Anecdotal evidence in the form of conversations with independent exhibitors indicates that small, local operations are an endangered species that are disappearing rapidly. And in the context of such extreme market concentration, the hope of starting up new theatre is just a pipe dream.

Barriers to entry are indeed significant in the movie industry. The trends in new theater construction are towards bigger multiplexes, with 20–30 screens per site, digital sound systems, and more spacious stadium seating, meaning fewer seats per theater. All of these mean that in order to compete, a theater must be well-stocked with capital-intensive amenities. In addition, the trend in film distribution is towards higher fees, as evidenced by Sony's headline-grabbing demand for an 80% cut of first-week ''Godzilla'' receipts from exhibitors (distributors' normal take is 60–70%).

We are attaching an e-mail letter we received in support of our efforts to block this merger. The writer is the daughter of a recently deceased independent exhibitor. In the letter, the writer makes the point that behemoth multinational corporations are not as sensitive to the needs and concerns of local markets as small independent businesses can be. Unfortunately, the reality of diminishing competition and consumer choice is rarely reflected in the narratives that the movie industry thrusts upon us. This merger, if it is not significantly altered, is a stark illustration of the fact that in life, Godzilla often wins.

We would like to commend Justice Department staff for their willingness to listen to our concerns, and for taking decisive action in two markets. We strongly recommend that in cases such as this one, antitrust officials take a pro-active role in educating consumers about the potential effect of high market concentration on prices and selection. Since a study of the correlation between prices/selection and market concentration could easily be based on public information, it would not be a breach of the confidentiality to which these officials are pledged. Rather, it would provide consumers the tools and information needed to fully understand the potential implications of major corporate mergers.

As consolidation continues in this industry, we believe that the effects of increasing market concentration will begin to take their toll on the quality and cost of the consumer's movie going experience. While the proposed settlement may stave off higher ticket prices and decreased selection in two cities for the time being, we suspect that the greater good of American moviegoers has not been fully served. Therefore, we urge the court to reject the proposed settlement in favor of one which would impose more extensive divestitures, especially in the Washington, D.C.-area market, and would address the increasing problem of vertical integration in the motion picture industry.

Subj: Re: Sony/Cineplex Odeon Merger
Date: 98–04–21 11:17:15 EDT
From: jennison@email.msn.com (beverly jennison)
To: LNegstad@aol.com (LNegstad)

Dear Mr. Negstad: It would be fine with me if you included my letter, or any of the information from it. I'm sure that it is an accurate reflection of what my father would have said, and I know that he would have wanted to weigh in on this issue.

Thank you for your interest in the movie industry.

Beverly Petersen Jennison,

Silver Spring, Md.

Subj: Sony/Cineplex Odeon Merger
Date: 98–04–20 11:32:36 EDT
From: jennisons@email.msn.com (beverly jennison)
To: Lnegstad@aol.com

Mr. Negstad: You recently sent a letter to my father, Paul Petersen, of the Clairidge Triple Cinema in Montclair N.J. regarding the proposed Sony/Cineplex merger. My father passed away in late March, but because he was such a strong advocate of independent theatre exhibitors, my mother asked that I send you a short reply to your letter. My father worked over 50 years in the movie industry, and for much of that time, he was an independent exhibitor. (His other experience involved working for independents and for small local chains.) He very much objected to the merger of large organizations, because they essentially forced out the little operators. In fact, as President of the National Association of Theatre Owners (N.J.), he worked very hard to ensure

[1] Department of Justice and Federal Trade Commission Horizontal Merger Guidelines. April 2, 1992.

that distributors of pictures would recognize the independents, and funnel top films their way. At one point in his career, he sued several of the large distributors because they refused to exhibit in independent theatres, seeking out the chains instead. That matter was settled prior to the trial with the large distributors, afraid of the antitrust noises that my father was making, settling with him so that the independents would get access to the top films.

Unfortunately, the belief that my father had that independent exhibitors would be more receptive to the public sentiment in their communities is not shared by the larger chains. My father, and others like him, felt that their businesses were a part of the community, and that they not only had to be responsive in what they showed, but they had to be responsible to the community for the content of the pictures. In addition, my father and other independents have closer ties to the community, and always tried to provide support in the community for fundraisers, etc. The big chains simply do not do this.

I saw in the Washington Post over the weekend that the merger had been okayed by the Justice Department, and so I guess that it's too late to do much else about this particular merger. However, I felt that I should respond to your letter on my father's behalf, as I am sure he would have if he were still alive. Good luck to you in your endeavors.

Beverly Petersen Jennison,

13408 Bingham Court, Silver Spring, Md. 20906, jennisons@msn.com, 301–871–7949.

June 12, 1998.

Allen P. Grunes,

United States Department of Justice, Anti-Trust Division, 1401 H Street, N.W., Suite 4000, Washington, D.C. 20530

Re: United States of America et al v. Sony Corporation et al 98 Civ. 2716

Dear Mr. Grunes: The New York City Commission on Human Rights (''Commission'') is the principal local civil rights law enforcement agency in New York City committed to ensuring that people with disabilities have access to and enjoy the facilities of New York City's movie theaters. The Commission has an interest in insuring that all theaters in New York City—including those covered by the above Final Judgement and Consent Decree—are accessible to disabled persons. We submit these comments accordingly and for the record.

Under New York City's Human Rights law, owners and operators of places of public accommodation may not ''refuse, withhold from or deny'' to a disabled person ''any of the accommodations, advantages, facilities or privileges thereof.'' [1] ''Reasonable Accommodation'' to the needs of persons with disabilities is required to be made when such accommodation ''shall not cause undue hardship in the covered entity's business.'' (Administrative Code, Title 8, Chapter 1, §§ 8–107.4(a), 8–107.15(a), 8–102.18).

In the past few years, the Commission has received complaints about inaccessible movie theaters. Most of these theaters are in Manhattan and most were owned and operated by Cineplex Odeon. In response to these complaints, we initiated an informal survey of Cineplex Odeon's movie theaters in Manhattan to ascertain whether the theaters were in compliance with the local and federal laws.[2] In November 1996, we contacted Cineplex Odeon and informed them about the complaints.[3]

In December 1996, the New York City Council published a study which confirmed that many of the city's existing movie theaters were not accessible to the disabled.[4] It was apparent to us that this was an industry-wide issue. We subsequently contacted all the major movie theater companies operating in New York City, including Sony Loews.

As a result of the recent merger between Cineplex Odeon and Sony Loews, we are aware that the newly formed corporation—Loews Cineplex—must divest itself of most of the former Cineplex Odeon Theaters in Manhattan. The theaters being divested are all sites for first-run movies in Manhattan. Moviegoers, as mentioned in the federal complaint, ''do not want to travel far from their homes to attend a movie, particularly in urban areas.'' Moreover, moviegoers expect to view first-run movies in top quality facilities. Disabled moviegoers are no exception. However, we believe that these theaters are not in full compliance with all applicable codes. The accessibility issues include, but are not limited to, the following:

1. Inadequate number of wheelchair seats;
2. Inadequate number of companion seats;
3. Inadequate or improper wheelchair seat dispersal;
4. Barriers to access (no ramps, lifts, elevators);
5. Excessive door pressure;
6. Inaccessible or improperly designed bathrooms;
7. Inaccessible or improperly designed service counters;
8. Inaccessible or improperly designed amenities (e.g. public telephones, drinking fountains, etc.);
9. Lack of hand rails;
10. Improperly designed ticket counters.

We understand there is a time frame during which Loews Cineplex is to divest itself of most of the Manhattan theaters previously owned by Cineplex Odeon. We recommend that prior to the sale of these theaters to a third party, Loews Cineplex be required to allocate the necessary resources to bring the theaters into full compliance with the applicable local and federal codes and civil rights laws. It would be an unfortunate and unintended effect of the above consent decree if these theaters—which as a group are highly visible first-run theaters—are not given the priority and attention they deserve.

Very truly yours,

Randolph Wills,

Deputy Commissioner, Law Enforcement Bureau.

By:

Rockwell J. Chin,

Supervising Attorney, Law Enforcement Bureau, (212) 306–7455 (tel), (212) 306–7514 (fax).

[1] It shall be an unlawful discriminary practice for any person, being the owner, lessee, proprietor, manager, superintendent, agent or employee of any place or provider of public accommodation because of the . . . disability . . . of any person directly or indirectly, to refuse, withhold from or deny to such person any of the accommodations, advantages, facilities or privileges thereof. . . . [New York City Human Rights Law, Administrative Code, Title 8, Chapter 1, § 8–107.4(a)].

[2] In New York City, theaters must comply with the federal ADAAG Standards and the Local Law 58 of the New York City Building Code. Local Law Number 58 of 1987 was enacted to amend New York City's Administrative Code in relation to providing facilities for people having physical disabilities. (Administrative Code, Title 27, Chapter 1, § 27–123.1 et seq.). Incorporated into the New York City Building Code, Local Law 58's provisions apply to buildings constructed, altered or changed in occupancy or use since September 1, 1987. Where there are differences between ADAAG and ANSI, the Commission will adopt the stricter of the two standards. ANSI generally requires a greater number of wheelchair spaces and dispersal of those spaces for all auditoriums, regardless of capacity.

[3] We have since been working with attorneys from the Department of Justice (United States Attorney's Office, Southern District of New York) in an effort to co-ordinate federal and local law enforcement efforts regarding movie theater companies in New York City.

[4] See *Admit Some: An Examination of Movie Theater Accessibility in New York City for Persons Who Are Disabled*, a report and survey published by the Council of the City of New York, Committee on Consumer Affairs in co-operation with students from Columbia University's School of International and Public Affairs/Graduate Program in Public Policy and Administration (December 1996).

[FR Doc. 98–29223 Filed 10–30–98; 8:45 am]

BILLING CODE 4410–11–M

DEPARTMENT OF JUSTICE

Antitrust Division

Notice pursuant to the National Cooperative Research and Production Act of 1993—Bell Communications Research, Inc. (''Bellcore'')

Notice is hereby given that, on December 18, 1997, purusant to Section 6(a) of the National Cooperative Research and Production Act of 1993, 15 U.S.C. 4301 *et seq.* (''the Act''), Bell Communications Research, Inc. (''Bellcore'') has filed written notifications on behalf of Bellcore and Siliscape, Inc. (''Siliscape'') simultaneously with the Attorney General and the Federal Trade Commission disclosing (1) the identities of the parties and (2) the nature and objectives of the venture. The notifications were filed for the purpose of invoking the Act's provisions limiting the recovery of antitrust plaintiffs to actual damages under specified circumstances. Pursuant to Section 6(b) of the Act, the identities of the parties are Bell Communications Research, Inc., Morristown, NJ; and Siliscape, Inc., Palo Alto, CA. The nature and objectives of the venture are to engage in cooperative research related to virtual imaging

displays and technologies and applications related thereto.

Constance K. Robinson,

Director of Operations, Antitrust Division.

[FR Doc. 98–29215 Filed 10–30–98; 8:45 am]

BILLING CODE 4410–11–M

DEPARTMENT OF JUSTICE

Antitrust Division

Notice Pursuant to the National Cooperative Research and Production Act of 1993—Center for Emissions Control, Inc.

Notice is hereby give that, on December 30, 1997 pursuant to Section 6(a) of the National Cooperative Research and Production Act of 1993, 15 U.S.C. 4301 *et seq.* (''the Act''), Center for Emissions Control, Inc. has filed written notifications simultaneously with the Attorney General and the Federal Trade Commission disclosing changes in its membership status. The notifications were filed for the purpose of extending the Act's provisions limiting the recovery of antitrust plaintiffs to actual damages under specified circumstances. Specifically, the members of the Center for Emissions Control, Inc. have authorized the dissolution of the corporation. The officers of the corporation intend to file dissolution documents with the District of Columbia prior to the end of this year.

On May 13, 1991, the Center for Emissions Control, Inc. filed its original notification pursuant to Section 6(a) of the Act. The Department of Justice published a notice in the **Federal Register** pursuant to Section 6(b) of the Act on May 31, 1991 (56 FR 24843–01).

The last notification was filed with the Department on May 6, 1996. A notice was published in the **Federal Register** pursuant to Section 6(b) of the Act on June 12, 1996 (61 FR 29768–01).

Constance K. Robinson,

Director of Operations Antitrust Division.

[FR Doc. 98–29212 Filed 10–30–98; 8:45 am]

BILLING CODE 4410–11–M

DEPARTMENT OF JUSTICE

Antitrust Division

Notice Pursuant to the National Cooperative Research and Production Act of 1993—Center for Waste Reduction Technologies (''CWRT'')

Notice is hereby given that, on June 11, 1998, pursuant to Section 6(a) of the National Cooperative Research and Production Act of 1993, 15 U.S.C. 4301 *et seq.* (''the Act''), Center for Waste Reduction Technologies (''CWRT'') has filed written notifications simultaneously with the Attorney General and the Federal Trade Commission disclosing changes in its membership status. The notifications were filed for the purpose of extending the Act's provisions limiting the recovery of antitrust plaintiffs to actual damages under specified circumstances. Specifically, National Renewable Energy Laboratory, a division of Midwest Research Institute, Inc., Kansas City, MO; Oak Ridge National Laboratory, Oak Ridge, TN; Owens-Corning Fiberglas Corp., Toledo, OH; Salutia, Inc., St. Louis, MO; Celanese Ltd., a subsidiary of HNA Holdings, Inc., Bridgewater, NJ; Camp Dresser & McKee Inc., Cambridge, MA; and Environmental Protection Agency, Washington, DC have been added as parties to this venture. Also, Air Products and Chemicals, Inc., Allentown, PA; AM–RE Services, Inc., Princeton, NJ: Bechtel Group, Inc., San Francisco, CA; The BOC Group, Murray Hill, NJ; Gas Research Institute, Chicago, IL; Hoechst Celanese Corporation, Bridgewater, NJ; and Mobil Research and Development Corporation, Pennington, NJ have been dropped as parties to this venture.

No other changes have been made in either the membership or planned activity of the group research project. Membership in this group research project remains open, and Center for Waste Reduction Technologies (''CWRT'') intends to file additional written notification disclosing all changes in membership.

On March 14, 1995, Center for Waste Reduction Technologies (''CWRT'') filed its original notification pursuant to Section 6(a) of the Act. The Department of Justice published a notice in the **Federal Register** pursuant to Section 6(b) of the Act on April 24, 1995 (60 FR 20119).

The last notification was filed with the Department on April 18, 1996. A notice was published in the **Federal Register** pursuant to Section 6(b) of the Act on May 14, 1996 (61 FR 24331).

Constance K. Robinson,

Director of Operations Antitrust Division.

[FR Doc. 98–29208 Filed 10–30–98; 8:45 am]

BILLING CODE 4410–11–M

DEPARTMENT OF JUSTICE

Antitrust Division

Notice Pursuant to the National Cooperative Research and Production Act of 1993—Center for Waste Reduction Technologies (''CWRT''): Novel Reactor Design Project

Notice is hereby given that, on June 11, 1998, pursuant to Section 6(a) of the National Cooperative Research and Production Act of 1993, 15 U.S.C. 4301 *et seq.* (''the Act''), Center for Waste Reduction Technologies (''CWRT''): Novel Reactor Design Project has filed written notifications simultaneously with the Attorney General and the Federal Trade Commission disclosing changes in its membership status. The notifications were filed for the purpose of extending the Act's provisions limiting the recovery of antitrust plaintiffs to actual damages under specified circumstances. Specifically, ARCO Chemical Co., Newton Square, PA; Saudi Basic Industries Corporation, Riyadh, SAUDI ARABIA; and Procter & Gamble Co., Cincinnati, OH have been added as parties to this venture. Also, Air Products and Chemicals, Inc., Allentown, PA; Olin Corporation, Lake Charles, LA; and Rhone Poulenc Inc., Newton Square, PA have been dropped as parties to this venture.

No other changes have been made in either the membership or planned activity of the group research project. Membership in this group research project remains open, and Center for Waste Reduction Technologies (''CWRT''): Novel Reactor Design Project intends to file additional written notification disclosing all changes in membership.

On December 19, 1995, Center for Waste Reduction Technologies (''CWRT''): Novel Reactor Design Project filed its original notification pursuant to Section 6(a) of the Act. The Department of Justice published a notice in the **Federal Register** pursuant to Section 6(b) of the Act on February 12, 1996 (61 FR 5409).

Constance K. Robinson,

Director of Operations, Antitrust Division.

[FR Doc. 98–29209 Filed 10–30–98; 8:45 am]

BILLING CODE 4410–11–M

DEPARTMENT OF JUSTICE

Antitrust Division

Notice Pursuant to the National Cooperative Research and Production Act of 1993—Center for Waste Reduction Technologies (''CWRT''): Total Cost Accounting Project

Notice is hereby given that, on June 11, 1998, pursuant to Section 6(a) of the National Cooperative Research and Production Act of 1993, 15 U.S.C. § 4301 *et seq.* (''the Act''), Center for Waste Reduction Technologies (''CWRT''): Total Cost Accounting Project has filed written notifications simultaneously with the Attorney General and the Federal Trade Commission disclosing changes in its membership status. The notifications were filed for the purpose of extending the Act's provisions limiting the recovery of antitrust plaintiffs to actual damages under specified circumstances. Specifically, Bristol-Myers Squibb Co., New York, NY; Eastman Kodak Co., Rochester, NY; and Georgia Pacific Corp., Atlanta, GA have been added as parties to this venture.

No other changes have been made in either the membership or planned activity of the group research project. Membership in this group research project remains open, and Center for Waste Reduction Technologies (''CWRT''): Total Cost Accounting Project intends to file additional written notification disclosing all changes in membership.

On April 23, 1997, Center for Waste Reduction Technologies (''CWRT''): Total Cost Accounting Project filed its original notification pursuant to Section 6(a) of the Act. The Department of Justice published a notice in the **Federal Register** pursuant to Section 6(b) of the Act on November 28, 1997 (62 FR 63386).

Constance K. Robinson,

Director of Operations Antitrust Division.

[FR Doc. 98–29210 Filed 10–30–98; 8:45 am]

BILLING CODE 4410–11–M

DEPARTMENT OF JUSTICE

Antitrust Division

Notice Pursuant to the National Cooperative Research and Production Act of 1993—Center for Waste Reduction Technologies (''CWRT''): Biofiltration Research Project

Notice is hereby given that, on June 11, 1998, pursuant to Section 6(a) of the National Cooperative Research and Production Act of 1993, 15 U.S.C. § 4301 *et seq.* (''the Act''), Center for Waste Reduction Technologies (''CWRT''): Biofiltration Research Project has filed written notifications simultaneously with the Attorney General and the Federal Trade Commission disclosing changes in its membership status. The notifications were filed for the purpose of extending the Act's provisions limiting the recovery of antitrust plaintiffs to actual damages under specified circumstances. Specifically, Eastman Kodak Co., Rochester, NY has been added as a party to this venture.

No other changes have been made in either the membership or planned activity of the group research project. Membership in this group research project remains open, and Center for Waste Reduction Technologies (''CWRT''): Biofiltration Research Project intends to file additional written notification disclosing all changes in membership.

On April 28, 1997, Center for Waste Reduction Technologies (''CWRT''): Biofiltration Research Project filed its original notification pursuant to Section 6(a) of the Act. The Department of Justice published a notice in the **Federal Register** pursuant to Section 6(b) of the Act on June 13, 1997 (62 FR 32370).

Constance K. Robinson,

Director of Operations Antitrust Division.

[FR Doc. 98–29211 Filed 10–30–98; 8:45 am]

BILLING CODE 4410–11–M

DEPARTMENT OF JUSTICE

Antitrust Division

Notice Pursuant to the National Cooperative Research and Production Act of 1993—Croptech Development Corporation

Notice is hereby given that, on November 17, 1997, pursuant to Section 6(a) of the National Cooperative Research and Production Act of 1993, 15 U.S.C. 4301 *et seq.* (''the Act''), CropTech Development Corporation has filed written notifications simultaneously with the Attorney General and the Federal Trade Commission disclosing (1) the identifies of the parties and (2) the nature and objective of the venture. The notifications were filed for the purpose of invoking the Act's provisions limiting the recovery of antitrust plaintiffs to actual damages under specified circumstances. Pursuant to Section 6(b) of the Act, the identifies of the parties are CropTech Development Corporation, Blacksburg, VA; and Dyax Corporation, Cambridge, MA. The nature and objectives of the venture are to develop and demonstrate ''Enhanced Manufacturing Technologies for Bioactive Proteins and Peptides in Transgenic Tobacco''.

Constance K. Robinson,

Director of Operations, Antitrust Division.

[FR Doc. 98–29213 Filed 10–30–98; 8:45 am]

BILLING CODE 4410–11–M

DEPARTMENT OF JUSTICE

Antitrust Division

Notice Pursuant to the National Cooperative Research and Production Act of 1993—Digital Imaging Group, Inc.

Notice is hereby given that, on June 19, 1997, pursuant to Section 6(a) of the National Cooperative Research and Production Act of 1993, 15 U.S.C. 4301 *et seq.* (''the Act''), Digital Imaging Group, Inc. has filed written notifications simultaneously with the Attorney General and the Federal Trade Commission disclosing changes in its membership status. The notifications were filed for the purpose of extending the Act's provisions limiting the recovery of antitrust plaintiffs to actual damages under specified circumstances. Specifically, Corbis Corporation, Bellevue, WA; Digital Zone International A/S, Aarhus C, DENMARK; Flashpoint Technology, Inc., San Jose, CA; In-System Design, Boise, ID; Infinite Pictures, Inc., Portland, OR; Island Graphics Corporation, Larkspur, CA; PhotoDisc, Inc., Seattle, WA; PictureMall, Inc. (formerly PictureWorks Technology, Inc.), San Jose, CA; Jiro (formerly PrintPaks, Inc.), Portland, OR; The LivePix Company, San Francisco, CA; Accusoft, Westborough, MA; BeHere Corporation, Cupertino, CA; GaiaTech Inc., Millbrae, CA; Index Stock Photography, Inc., New York, NY; Jasc Software, Inc., Minnetonka, MN; Micrografx, Inc., Richardson, TX; Photo Access Corporation, Palo Alto, CA; Thomas Public Relations, Inc., Huntington, NY; Tower Semiconductor Ltd., Migdal Haemek, ISRAEL; Foto Wire Development SA, Geneve, SWITZERLAND, Interactive Pictures Corporation, Oak Ridge, TN; Iterated Systems, Atlanta, GA; Pictra, Inc., Sunnyvale, CA; PictureVision, Inc., Herndon, VA; Samsung Electronics Co. Ltd., Suwon, Kyungki-D, SOUTH KOREA; SanDisk Corporation, Sunnyvale, CA; Microsoft Corporation, Redmond, WA; and Live Picture, Inc., Campbell, CA have been added as parties to this venture.

No other changes have been made in either the membership or planned activity of the group research project. Membership in this group research project remains open, and Digital Imaging Group, Inc. intends to file additional written notification disclosing all changes in membership.

On September 25, 1997, Digital Imaging Group, Inc. filed its original notification pursuant to Section 6(a) of the Act. The Department of Justice published a notice in the **Federal Register** pursuant to Section 6(b) of the Act on November 10, 1997 (62 FR 60530).

The last notification was filed with the Department on December 17, 1997. A notice was published in the **Federal Register** pursuant to Section 6(b) of the Act on April 14, 1998 (63 FR 18225).

Constance K. Robinson,

Director of Operations Antitrust Division.

[FR Doc. 98–29214 Filed 10–30–98; 8:45 am]

BILLING CODE 4410–11–M

DEPARTMENT OF JUSTICE

Antitrust Division

Notice Pursuant to the National Cooperative Research and Production Act of 1993—Key Recovery Alliance (''KRA'')

Notice is hereby given that, on July 23, 1998, pursuant to Section 6(a) of the Natural Cooperative Research and Production Act of 1993, 15 U.S.C. 4301 *et seq.* (''the Act''), Key Recovery Alliance (''KRA'') has filed written notifications simultaneously with the Attorney General and the Federal Trade Commission disclosing changes in its membership status. The notifications were filed for the purpose of extending the Act's provisions limiting the recovery of antitrust plaintiffs to actual damages under specified circumstances. Specifically, The Boeing Company, Seattle, WA; CygnaCom Solutions, McLean, VA; Racal Data Group, Sunrise, FL; VPNet Technologies, Inc., San Jose, CA; Bull HN Information Systems, Phoenix, AZ; Fujitsu Ltd., Kohoku-ku, Yokohama, JAPAN; and Verisign, Mountain View, CA have been added as parties to this venture.

No other changes have been made in either the membership or planned activity of the group research project. Membership in this group research project remains open, and Key Recovery Alliance (''KRA'') intends to file additional written notification disclosing all changes in membership.

On October 20, 1997, Key Recovery Alliance (''KRA'') filed its original notification pursuant to Section 6(a) of the Act. The Department of Justice published a notice in the **Federal Register** pursuant to Section 6(b) of the Act on February 27, 1998 (62 FR 100401).

The last notification was filed with the Department on April 9, 1998. A notice has not yet been published in the **Federal Register**.

Constance K. Robinson,

Director of Operations Antitrust Division.

[FR Doc. 98–29216 Filed 10–30–98; 8:45 am]

BILLING CODE 4410–11–M

DEPARTMENT OF JUSTICE

Antitrust Division

Notice Pursuant to the National Cooperative Research and Production Act of 1993—Key Recovery Alliance (''KRA'')

Notice is hereby given that, on April 9, 1998, pursuant to section 6(a) of the National Cooperative Research and Production Act of 1993, 15 U.S.C. 4301 *et seq.* (''the Act''), Key Recovery Alliance (''KRA'') has filed written notifications simultaneously with the Attorney General and the Federal Trade Commission disclosing changes in its membership status. The notifications were filed for the purpose of extending the Act's provisions limiting the recovery of antitrust plaintiffs to actual damages under specified circumstances. Specifically, America Online, Vienna, VA; Candle Corp., San Mateo, CA: Entrust Technologies, Ottowa, Ontario, CANADA; Baltimore Technologies Ltd., Dublin, IRELAND; Certicom Inc., San Mateo, CA; Federal Information Exchange, Inc., Gaithersburg, MD; Gradient Technologies, Marlboro, MA; Mitsubishi Electric Corporation, Kamakura, Kanagaw, JAPAN; nCipher Corporation Ltd., Cambridge, UNITED KINGDOM; NTT Software Corporation, Naka-ku, Yokoham, JAPAN; the Santa Cruz Operation, Inc., Santa Cruz, CA; Secure Computing Corporation, Roseville, MN; Tandem, A Compaq Company, Cupertino, CA; Hewlett-Packard, Cupertino, CA; NCC Escrow International, New York, NY; NEC Corporation, Fuchu, Tokyo, JAPAN; Rainbow Technologies, Calgary, AB, CANADA; Secant Network Technologies, Research Triangle, NC; Sterling Commerce, Irving, TX; and Toshiba Corporation, Fuchu-Shi, Tokyo, JAPAN have been added as parties to this venture. Also, Golden Star Technologies and Information Resource Engineering were identified as parties in KRA's original notice, however, this identification was an error. Golden Star Technologies and Information Resource Engineering were not and never have been members of the KRA venture.

No other changes have been made in either the membership or planned activity of the group research project. Membership in this group research project remains open, and Key Recovery Alliance (''KRA'') intends to file additional written notification disclosing all changes in membership.

On October 20, 1997, Key Recovery Alliance (''KRA'') filed its original notification pursuant to section 6(a) of the Act. The Department of Justice published a notice in the **Federal Register** pursuant to section 6(b) of the Act on February 27, 1998 (63 FR 10040).

Constance K. Robinson,

Director of Operations Antitrust Division.

[FR Doc. 98–29218 Filed 10–30–98; 8:45 am]

BILLING CODE 4410–11–M

DEPARTMENT OF JUSTICE

Antitrust Division

Notice Pursuant to the National Cooperative Research and Production Act of 1993—Mobile Information Infrastructure for Digital Video and Multimedia Applications

Notice is hereby given that, on April 3, 1998, pursuant to section 6(a) of the National Cooperative Research and Production Act of 1993, 15 U.S.C. 4301 *et seq.* (''the Act''), Mobile Information Infrastructure for Digital Video and Multimedia Applications has filed written notifications simultaneously with the Attorney general and the Federal Trade Commission disclosing changes in its membership status. The notifications were filed for the purpose of extending the Act's provisions limiting the recovery of antitrust plaintiffs to actual damages under specified circumstances. Specifically, Harris Semiconductor, Palm Bay, FL has been added as a party to this venture. Also, Lucent Technologies, Inc. has been dropped as a party to this venture.

No other changes have been made in either the membership or planned activity of the group research project. Membership in this group research project remains open, and Mobile Information Infrastructure for Digital Video and Multimedia Applications intends to file additional written notification disclosing all changes in membership.

On September 28, 1998, Mobile Information Infrastructure for Digital Video and Multimedia Applications filed its original notification pursuant to

Section 6(a) of the Act. The Department of Justice published a notice in the **Federal Register** pursuant to Section 6(b) of the Act on February 15, 1996 (61 FR 6039).

The last notification was filed with the Department on August 1, 1996. A notice was published in the **Federal Register** pursuant to Section 6(b) of the Act on August 29, 1996 (61 FR 45458).

Constance K. Robinson,

Director of Operations Antitrust Division.

[FR Doc. 98–29207 Filed 10–30–98; 8:45 am]

BILLING CODE 4410–11–M

DEPARTMENT OF JUSTICE

Notice Pursuant to the National Cooperative Research and Production Act of 1993—OBI Consortium, Inc.

Notice is hereby given that, on May 29, 1998, pursuant to section 6(a) of the National Cooperative Research and Production Act of 1993, 15 U.S.C. 4301 *et seq.* (''the Act''), OBI Consortium, Inc. has filed written notifications simultaneously with the Attorney General and the Federal Trade Commission disclosing changes in its membership status. The notifications were filed for the purpose of extending the Act's provisions limiting the recovery of antitrust plaintiffs to actual damages under specified circumstances. Specifically, CompuCom, Dallas, TX; Lockheed Martin, Bethesda, MD; and Open Market, Inc., Cambridge, MA have been added as parties to this venture.

No other changes have been made in either the membership or planned activity of the group research project. Membership in this group research project remains open, and OBI Consortium, Inc. intends to file additional written notification disclosing all changes in membership.

On September 10, 1998, OBI Consortium, Inc. filed its original notification pursuant to section 6(a) of the Act. The Department of Justice published a notice in the **Federal Register** pursuant to section 6(b) of the Act of November 10, 1997 (62 FR 60531).

The last notification was filed with the Department on March 3, 1998. A notice was published in the **Federal Register** pursuant to section 6(b) of the Act of July 30, 1998 (63 FR 40742).

Constance K. Robinson,

Director of Operations Antitrust Division.

[FR Doc. 98–29217 Filed 10–30–98; 8:45 am]

BILLING CODE 4410–11–M

DEPARTMENT OF JUSTICE

Antitrust Division

Notice Pursuant to the National Cooperative Research and Production Act of 1993—Salutation Consortium, Inc.

Notice is hereby given that, on April 20, 1998, pursuant to Section 6(a) of the Natural Cooperative Research and Production Act of 1993, 15 U.S.C. § 4301 *et seq.* (''the Act''), Salutation Consortium, Inc. has filed written notifications simultaneously with the Attorney General and the Federal Trade Commission disclosing changes in its membership status. The notifications were filed for the purpose of extending the Act's provisions limiting the recovery of antitrust plaintiffs to actual damages under specified circumstances. Specifically, Okamura Corporation, Yokohama Kanagawa, JAPAN has been added as a party to this venture. Also, Casio Computer Co., Ltd., Hamurashi, Tokyo, JAPAN; and Whetstone Technologies, Park City, UT have been dropped as parties to this venture.

No other changes have been made in either the membership or planned activity of the group research project. Membership in this group research project remains open, and Salutation Consortium, Inc. intends to file additional written notification disclosing all changes in membership.

On March 30, 1995, Salutation Consortium, Inc. filed its original notification pursuant to Section 6(a) of the Act. The Department of Justice published a notice in the **Federal Register** pursuant to Section 6(b) of the Act on June 27, 1995 (60 FR 33233).

The last notification was filed with the Department on February 4, 1998. A notice has not yet been published in the **Federal Register**.

Constance K. Robinson,

Director of Operations, Antitrust Division.

[FR Doc. 98–29204 Filed 10–30–98; 8:45 am]

BILLING CODE 4410–11–M

DEPARTMENT OF JUSTICE

Antitrust Division

Notice Pursuant to the National Cooperative Research and Production Act of 1993—Salutation Consortium, Inc.

Notice is hereby given that, on August 21, 1998, pursuant to Section 6(a) of the National Cooperative Research and Production Act of 1993, 15 U.S.C. 4301 *et seq.* (''the Act''), Salutation Consortium, Inc. has filed written notifications simultaneously with the Attorney General and the Federal Trade Commission disclosing changes in its membership status. The notifications were filed for the purpose of extending the Act's provisions limiting the recovery of antitrust plaintiffs to actual damages under specified circumstances. Specifically, Lexmark Corporation, Lexington, KY; Novell Corporation, Provo, UT; Microware Corporation, Des Moines, IA; and Minolta Corporation, Tokyo, JAPAN have been dropped as parties to this venture.

No other changes have been made in either the membership or planned activity of the group research project. Membership in this group research project remains open, and Salutation Consortium, Inc. intends to file additional written notification disclosing all changes in membership.

On March 30, 1995, Salutation Consortium, Inc. filed its original notification pursuant to Section 6(a) of the Act. The Department of Justice published a notice in the **Federal Register** pursuant to Section 6(b) of the Act on June 27, 1995 (60 FR 33233).

The last notification was filed with the Department on April 20, 1998. A notice has not yet been published in the **Federal Register**.

Constance K. Robinson,

Director of Operations, Antitrust Division.

[FR Doc. 98–29205 Filed 10–30–98; 8:45 am]

BILLING CODE 4410–11–M

DEPARTMENT OF JUSTICE

Antitrust Division

Notice of Pursuant to the National Cooperative Research and Production Act of 1993—Salutation Consortium, Inc.

Notice is hereby given that, on February 4, 1998, pursuant to Section 6(a) of the National Cooperative Research and Production Act of 1993, 15 U.S.C. 4301 *et seq.* (''the Act''), Salutation Consortium, Inc. has filed written notifications simultaneously with the Attorney General and the Federal Trade Commission disclosing changes in its membership status. The notifications were filed for the purpose of extending the Act's provisions limiting the recovery of antitrust plaintiffs to actual damages under specified circumstances. Specifically, Adobe Systems, Inc., San Jose, CA has been added as a party to this venture. Also, Justsystems, Tokyo, JAPAN has been dropped as a party to this venture.

No other changes have been made in either the membership or planned

activity of the group research project. Membership in this group research project remains open, and Salutation Consortium, Inc. intends to file additional written notification disclosing all changes in membership.

On March 30, 1995, Salutation Consortium, Inc. filed its original notification pursuant to Section 6(a) of the Act. The Department of Justice published a notice in the **Federal Register** pursuant to Section 6(b) of the Act on June 27, 1995 (60 FR 33233).

The last notification was filed with the Department on July 30, 1997. A notice was published in the **Federal Register** pursuant to Section 6(b) of the Act on November 10, 1997 (62 FR 60532).

Constance K. Robinson,

Director of Operations, Antitrust Division.

[FR Doc. 98–29206 Filed 10–30–98; 8:45 am]

BILLING CODE 4410–11–M

DEPARTMENT OF JUSTICE

Antitrust Division

Notice Pursuant to the National Cooperative Research and Production Act of 1993—Sarnoff Corp.: Perceptual-Based Video Encoding and Quality Measurement

Notice is hereby given that, on August 12, 1998, pursuant to section 6(a) of the National Cooperative Research and Production Act of 1993, 15 U.S.C. 4301 *et seq.* (''the Act''), Sarnoff Corporation (formerly named the David Sarnoff Research Center): Perceptual-Based Video Encoding and Quality Measurement has filed written notifications simultaneously with the Attorney General and the Federal Trade Commission disclosing changes in its membership status. The notifications were filed for the purpose of extending the Act's provisions limiting the recovery of antitrust plaintiffs to actual damages under specified circumstances. Specifically, Tektronix, Inc., Beaverton, OR has been added as a party to this venture. Also, Sun Microsystems Computer Corporation, Menlo Park, CA; and Texas Instruments Incorporated, Dallas, TX have been dropped as parties to this venture.

No other changes have been made in either the membership or planned activity of the group research project. Membership in this group research project remains open, and Sarnoff Corporation: Perceptual-Based Video Encoding and Quality Measurement intends to file additional written notification disclosing all changes in membership.

On September 1, 1995, Sarnoff Corporation: Perceptual-Based Video Encoding and Quality Measurement filed its original notification pursuant to section 6(a) of the Act. The Department of Justice published a notice in the **Federal Register** pursuant to Section 6(b) of the Act on December 4, 1995 (60 FR 62109).

The last notification was filed with the Department on April 24, 1996. A notice was published in the **Federal Register** pursuant to Section 6(b) of the Act on June 24, 1996 (61 FR 32464).

Constance K. Robinson,

Director of Operations, Antitrust Division.

[FR Doc. 98–29220 Filed 10–30–98; 8:45 am]

BILLING CODE 4410–11–M

DEPARTMENT OF JUSTICE

Antitrust Division

Notice Pursuant to the National Cooperative Research and Production Act of 1993—The South Carolina Research Authority (''SCRA'')

Notice is hereby given that, on August 13, 1998, pursuant to section 6(a) of the National Cooperative Research and Production Act of 1993, 15 U.S.C. 4301 *et seq.* (''the Act''), The South Carolina Research Authority (''SCRA''), which manages the Healthcare Information Infrastructure (''HIIT'') program, has filed written notifications simultaneously with the Attorney General and the Federal Trade Commission disclosing changes in its membership status. The notifications were filed for the purpose of extending the Act's provisions limiting the recovery of antitrust plaintiffs to actual damages under specified circumstances. Specifically, Kaiser Foundation Health Plan of Colorado, Denver, CO has been added as a party to this venture.

No other changes have been made in either the membership or planned activity of the group research project. Membership in this project remains open, and SCRA intends to file additional written notification disclosing all changes in membership.

On September 27, 1994, The SCRA filed its original notification pursuant to section 6(a) of the Act. The Department of Justice published a notice in the **Federal Register** pursuant to Section 6(b) of the Act on February 15, 1995 (60 FR 8735–02).

Constance K. Robinson,

Director of Operations, Antitrust Division.

[FR Doc. 98–29219 Filed 10–30–98; 8:45 am]

BILLING CODE 4410–11–M

DEPARTMENT OF JUSTICE

Antitrust Division

Notice Pursuant to the National Cooperative Research and Production Act of 1993—Southwest Research Institute (''SWRI''): Advanced Target/Threat Assessment Code Project

Notice is hereby given that, on August 24, 1998, pursuant to section 6(a) of the National Cooperative Research and Production Act of 1993, 15 U.S.C. 4301 *et seq.* (''the Act''), Southwest Research Institute (''SWRI''): Advanced Target/Threat Assessment Code Project has filed written notifications simultaneously with the Attorney General and the Federal Trade Commission disclosing changes in its membership status. The notifications were filed for the purpose of extending the Act's provisions limiting the recovery of antitrust plaintiffs to actual damages under specified circumstances. Specifically, Fraunhofer-Institut fur Kurzzeitdynamik-Ernst-Mach-Institut-(EMI), Munich, GERMANY has been added as a party to this venture.

No other changes have been made in either the membership or planned activity of the group research project. Membership in this group research project remains open, and Southwest Research Institute (''SWRI''): Advanced Target/Threat Assessment Code Project intends to file additional written notification disclosing all changes in membership.

On March 6, 1997, Southwest Research Institute (''SWRI''): Advanced Target/Threat Assessment Code Project filed its original notification pursuant to section 6(a) of the Act. The Department of Justice published a notice in the **Federal Register** pursuant to section 6(b) of the Act on March 27, 1997 (62 FR 14703).

The last notification was filed with the Department on April 8, 1997. A notice was published in the **Federal Register** pursuant to section 6(b) of the Act on May 14, 1997 (62 FR 26570).

Constance K. Robinson,

Director of Operations Antitrust Division.

[FR Doc. 98–29221 Filed 10–30–98; 8:45 am]

BILLING CODE 4410–11–M

LEGAL SERVICES CORPORATION

Sunshine Act Meeting of the Board of Directors' 1998 Annual Performance Reviews Committee

TIME AND DATE: The Board of Directors' 1998 Annual Performance Reviews Committee will meet on November 14,

1998. The meeting will commence at 11 a.m. and continue until conclusion of the committee's agenda.

LOCATION: Legal Services Corporation, 750 First Street N.E.—11th Floor, Washington, DC 20002.

STATUS OF MEETING: Except for approval of the meeting agenda and any miscellaneous business that may come before the committee, the meeting will be closed to the public. The closing is authorized by the relevant provisions of the Government in the Sunshine Act [5 U.S.C. 552b(c)(2) & (6)] and the corresponding provisions of the Legal Services Corporation's implementing regulation [45 CFR § 1622.5(a) & (e)]. A copy of the General Counsel's Certification that the closing is authorized by law will be available upon request.

MATTERS TO BE CONSIDERED:

Open Session

1. Approval of agenda.

Closed Session

2. Conduct a performance appraisal of the President of the Corporation.

3. Conduct a performance appraisal of the Inspector General of the Corporation.

Open Session

4. Consider and act on other business.

CONTACT PERSON FOR INFORMATION: Victor M. Fortuno, General Counsel and Secretary of the Corporation, at (202) 336–8810.

SPECIAL NEEDS: Upon request, meeting notices will be made available in alternate formats to accommodate visual and hearing impairments. Individuals who have a disability and need an accommodation to attend the meeting may notify Shannon Nicko Adaway, at (202) 336–8810.

Dated: October 28, 1998.

Victor M. Fortuno,

General Counsel.

[FR Doc. 98–29371 Filed 10–29–98; 11:09 am]

BILLING CODE 7050–01–P

NATIONAL FOUNDATION ON THE ARTS AND HUMANITIES

Museum Service Office Programs and Office of Library Services Programs; Grant Application Availability

AGENCY: Institute of Museum and Library Services, NFAH.

ACTION: Grant application availability notice for FY 99.

SUMMARY: This grant application announcement applies to the following Office of Museum Service programs: General Operating Support (GOS), Conservation Project Support (CP), Conservation Assessment Program (CAP), Museum Assessment Program (MAP I), Museum Assessment Program (MAP II), Museum Assessment Program III (MAP III), Museum Leadership Initiative (MLI) and Professional Services Program (PSP). This announcement also applies to the following Office of Library Services programs: Native American Library Services Basic Grants, Native American Library Services Technical Assistance Grants, Native American Library Services Enhancement Grants, Native Hawaiian Library Services Grant, Grants to States (LSTA), and National Leadership Grants (NLG). All IMLS awards are under 45 CFR part 1180 for Fiscal Year 1999.

ADDRESSES: Institute of Museum and Library Services, 1100 Pennsylvania Avenue, NW., Washington, DC 20506 http://www.imls.fed.us/.

FOR FURTHER INFORMATION CONTACT: For information on museum programs call (202) 606–8540. For information on library programs call (202) 606–5227. For the Director's office call (202) 606–8537. Or contact the agency's website at http://www.imls.fed.us/.

SUPPLEMENTARY INFORMATION: The purpose of museum awards is to ease the financial burden borne by museums as a result of their increased use by the public and to help them carry out their educational role, as well as other functions. The purpose of library grants is to improve library services and collaboration between libraries and museums.

Eligibility

Museum Programs

Museums meeting the definitions in 45 CFR 1180.3 may apply for these programs. The definition of ''museum'' includes (but is not limited to) the following institutions if they satisfy the other provisions of this section: Aquariums and zoological parks; botanical gardens and arboretums; nature centers; museums relating to art; history (including historic buildings); natural history; science and technology; and planetariums.

To be eligible for support from IMLS a museum must:

Be organized as a public or private nonprofit institution and exit on a permanent basis for essentially educational or aesthetic purposes; and

Exhibit tangible objects through facilities it owns or operates; and

Have at least one professional staff member or the full-time equivalent whose primary responsibility is the care, or exhibition to the public of objects owned or used by the museum; and

Be open and have provided museum services to the general public on a regular basis for at least two full years prior to the date of application to IMLS for the GOS and CP programs. Applicants to MAP, CAP, MLI, and PSP need not be open for the two year period; and

Be located in one of the fifty States of the Union, the District of Columbia, the Commonwealth of Puerto Rico, Guam, American Samoa, the Virgin Islands, the Northern Mariana Islands, or the Trust Territory of the Pacific Islands.

* Applicants to the Museum Assessment Program and the Conservation Assessment Program need not be open for two years.

For Professional Services Program

To apply for this program, you must be a private, non-profit museum services organization or association which engages in activities designed to advance the well being of museum and the museum profession. Institutions eligible for the other IMLS museum grant programs are not eligible for the Professional Services Program.

Library Programs

For Grants to the States

Funding is allocated on a formula basis to State Library Administrative Agencies, which include the fifth States, the District of Columbia, the Commonwealth of Puerto Rico, the United States Virgin Islands, Guam, American Samoa, the Commonwealth of the Northern Mariana Islands, the Federated States of Micronesia, and the Republic of Palau. For the Pacific region entities, the agency administering funds is the Pacific Resources for Education and Learning (PREL) agency in Honolulu, Hawaii. The State Library Administrative Agencies then make grants to all types of libraries, including public, school, academic, research, school, and special libraries like hospital and law libraries.

For Native American Library Services Basic Grants, Technical Assistance Grants, and Enhancement Grants

Applicants must comply with the definitions set out in the Library Services and Technology Act of the Museum and Library Services Act of 1996. Indian tribes and Alaska Native villages are eligible to apply. The term ''Indian tribe'' means any tribe, band, nation, or other organized group or community, including any Alaska

Native village, regional corporation, or village corporation, as defined in or established pursuant to the Alaska Native Claims Settlement Act (43 U.S.C. 1601 et seq.), which is recognized by the Secretary of Interior as eligible for the special programs and services provided by the United States to Indians because of their status as Indians.

For Native Hawaiian Library Services Grant

Applicants should submit evidence that they meet the criteria for Native Hawaiian organizations as defined in section 9212 of the Native Hawaiian Education Act (20 U.S.C. 7912). Such an organization is one that serves the interests of Native Hawaiians; has Native Hawaiians in substantive and policymaking positions within the organization; and is recognized by the Governor of Hawaii for the purpose of planning, conducting, or administering programs (or portions of programs) for the benefit of Native Hawaiians. Proof of recognition by the Governor of Hawaii will be an official letter or other document attesting to the organization's status and signed by the Governor of Hawaii.

For National Leadership Grants

All types of libraries may apply including public, school, academic, research (which makes publicly available library services and materials suitable for scholarly research and not otherwise available to the public and is not an integral part of an institution of higher learning), special, private (not-for-profit), archives, library agencies, and library consortia. Libraries may apply individually or in partnership.

All disciplines of museums may apply, including art, children and youth, history, natural history, anthropology, nature center, science/technology centers, zoos, aquariums, arboretums, botanical gardens, historic houses and sites, planetariums, general, specialized, museum agencies, and museum consortia. Museums may only apply in a partnership that includes at least one library partner.

Institutions of higher education including public and not-for-profit universities and colleges may apply. Graduate library and information science schools may apply as part of an institution of higher education. Institutions of higher education may apply individually or in a partnership.

IMLS recognizes the potential for valuable contributions to the overall goals of the National Leadership Grants program by other public, not-for-profit and for-profit organizations and encourages their participation in a partner application. They, however, may not be the official applicant.

Program Categories

General Operating Support (GOS)

IMLS makes awards under the GOS program to museums to maintain, increase, or improve museum services through support for basic general operating expenses.

Conservation Project Support Program (CP)

Awards are made through the CP program to assist with the conservation of museum collections, both living and non-living.

Conservation Assessment Program (CAP)

Awards are made through CAP to provide an overall assessment of the condition of a museum's environment and collections to identify conservation needs and priorities. CAP is a non-competitive, one-time funding opportunity, offered on a first-come, first-served basis. It is administered in cooperation with Heritage Preservation, Inc. See 45 CFR 1180, subpart D.

Museum Assessment Program (MAP)

The MAP I funds an overall assessment of a museum's operations. The MAP II funds an assessment of the museum's collection-related policies. The MAP III provides an assessment of the public dimension of museum operations. All of the Museum Assessment Programs are non-competitive, one-time funding opportunities, offered on a first-come, first-served basis. The Museum Assessment Programs are administered in cooperation with the American Association of Museums through a memorandum of understanding. See 45 CFR part 1180, subpart D.

Professional Services Program (PSP)

This program provides matching funds to professional museum associations for projects that serve the museum community.

Museum Leadership Initiatives (MLI)

Museum Leadership Initiative address national issues for museums. Program priorities may change annually.

Grants to States

This program provides formula grants to State Library Administrative Agencies for the purposes of creating new networks that improve the accessibility and quality of information available to all library users. Priorities for funding are based on a Five-Year Plan which has been submitted by the State and approved by IMLS. Priorities may include: paying for computer systems, telecommunications technologies, and electronic networks for libraries; creating or improving electronic links among libraries and with educational, social, or information services; encourage resource sharing; and targeting library and information services to persons having difficulty using a library and to undeserved urban and rural communities. Grants to States may be expended directly or through sub-grants or cooperative agreements.

Native American Library Services Grants

The Basic Grants provide small grants for core library operations of tribes and Alaska Native villages. Technical Assistance Grants provide technical assistance to these libraries. Enhancement Grants promote innovative practices in serving Native Americans and Alaskan Native villages.

Native Hawaiian Library Services

This program provides a single grant to an organization that primarily serves and represents Native Hawaiians for the purpose of improving library services to Native Hawaiians.

National Leadership Grants (NLG)

This program was created to enhance the quality of library services nationwide and to provide coordination between libraries and museums. Awards will be made for (1) education and training for library and information science, (2) research and demonstration projects in library and information science, (3) preservation and digitization of library materials, (4) model programs of collaboration between libraries and museums.

Deadline Date for Transmittal of Applications

Applications must be mailed or hand-delivered by the deadline date

Program	Deadline
GOS	Jan. 22, 1999.
CP	Mar. 5, 1999.
PSP	July 2, 1999.
CAP	Dec. 3, 1999.
MAP I	Apr. 30, 1999.
MAP II	Mar. 12, 1999.
MAP III	Feb. 26, 1999.
MLI	June 18, 1999.
Grants to States, Revisions to Five Year State Plans.	April 1, 1999.
Native American Library Services Basic Grants.	April 30, 1999.
Native American Library Services Technical Assistance Grants.	April 30, 1999.

Program	Deadline
Native American Library Services Enhancement Grants.	April 30, 1999.
Native Hawaiian Library Services Grant.	April 30, 1999.
NLG	Mar. 19, 1999.

For GOS, CP, MLI, and PSP

Applications that are sent by mail must be addressed to the Institute of Museum and Library Services, 1100 Pennsylvania Avenue, NW., Room 609, Washington, DC 20506.

For Native American Library Services Grants, Native Hawaiian Library Services Grants, and National Leadership Grants

Applications that are sent by mail must be addressed to the Institute of Museum and Library Services, 1100 Pennsylvania Avenue NW., Room 802, Washington, DC 20506.

An applicant must be prepared to show one of the following as proof of timely mailing:

(1) A legibly dated U.S. Postal Service postmark.

(2) A legible mail receipt with the date of mailing stamped by the U.S. Postal Service.

(3) A dated shipping label, invoice, or receipt from a commercial carrier.

(4) Any other dated proof of mailing acceptable to the Director of IMLS.

If any application is mailed through the U.S. Postal Service, the Director does not accept either of the following as proof of mailing: (1) A private metered postmark; or (2) a mail receipt that is not date-canceled by the U.S. Postal Service.

Applications that are *hand-delivered* must be taken to the Institute of Museum and Library Services, 1100 Pennsylvania Avenue, NW., Washington, DC 20506. Hand-delivered applications will be accepted between 9 a.m. and 4:30 p.m. (Washington, DC time) daily, except Saturdays, Sundays, and Federal holidays. An application that is hand-delivered will not be accepted after 4:30 p.m. on the deadline date.

For MAP I, MAP II, and MAP III

Applicants must apply to IMLS through the American Association of Museums (AAM). IMLS supplies the AAM with application forms and instructions. These are forwarded by AAM to applicant museums. The Director of IMLS approves applications meeting the MAP I, MAP II, and MAP III requirements on a first-come, first-served basis (i.e., in the order in which an application is received and has been determined to have met applicable requirements). Applications will be approved for awards, subject to the availability of funds. If a museum's MAP I, MAP II or MAP III application is received on or before the indicated dates, it will be processed together with other MAP I, MAP II, or MAP III applications received during that period. Applications received after the indicated dates will be processed during the subsequent MAP I, MAP II or MAP III periods. In no event will MAP applications received after April 30, 1999, MAP II applications received after March 12, 1999, or MAP III applications received after February 26, 1999 be processed for Fiscal Year 1999 awards. Applicants should contact the American Association of Museums, 1575 Eye Street, NW., Washington, DC 20005, for application packets.

For CAP

Applicants must apply to IMLS through the Heritage Preservation Inc. IMLS supplies Heritage Preservation with application forms and instructions. These are forwarded by Heritage Preservation to applicant museums. The Director of IMLS approves applications meeting the CAP requirements on a first-come, first-served basis (i.e., in the order in which an application is received and has been determined to have met applicable requirements). Applications will be approved for awards, subject to the availability of funds. Applicants must be received by December 3, 1999. Applications for FY 1999 awards which cannot be funded will not be carried over to the next fiscal year. All unfunded applicants who wish to receive an award in the subsequent year, must reapply. Interested parties should contact the Heritage Preservation, 3299 K Street, NW., Suite 403, Washington, DC 20007 for applications.

For Grants to States

Applicants must contact their State Library Administrative Agency for deadlines and application procedures.

Program Information

GOS program regulations are contained in 45 CFR ch. XI, Sec. 1180.7 (1988) and related provisions.

CP program regulations are contained in 45 CFR 1180.20 (1988) and related provisions.

CAP and MAP program regulations are contained in 45 CFR part 1180, subpart D (1988).

PSP program regulations are contained in 45 CFR part 1180, subpart E (1988).

Further program information may be found in the Application forms and accompanying instructions in the application. See paragraph on Application Forms.

Available Funds

GOS

For FY 1999, $15,610,000 is available for this program. The GOS program award is equal to 15% of the museum's operating budget to a maximum of $112,500 to be spent over a two year period. The grant amount is determined annually by the National Museum Services Board. A museum that receives an award in one fiscal year may not apply for the following year's competition. (See 45 CFR 1190.16(b)).

CPF for FY 1999, $2,310,000 is available for this program. Normally, IMLS makes matching conservation grants of no more than $50,000 in Federal funds. Unless otherwise provided by law, if the Director determines that exceptional circumstances warrant, the Director, with the advice of the Board, may award a Conservation Project Support grant which obligates in excess of $50,000 in Federal funds to a maximum of $75,000. The Director may make such a determination with respect to a category of Conservation grants by notice published in the **Federal Register**. IMLS awards Conservation Project Support grants only on a matching basis. At least 50% of the costs of a project must be met with non-federal funds. (See 45 CFR 1180.20 (f)).

CAP

For FY 1999, $820,000 is available for this program.

MAP, MAP II, MAP III

For FY 1999, $450,000 is available for this program.

PSP

For FY 1999, $600,000 was available in this program. This program provides matching funds for cooperative agreements that generally do not exceed $50,000.

MLI

For FY 1999, $600,000 is available.

Grants to States

For FY 1999, $135,367,000 is available to be allocated to State Library Administrative Agencies according to a formula which is tied to state population, added to a minimum per-state grant of $340,000 as set by the Museum and Library Services Act. (In the case of the Pacific Territories, the minimum grant is $40,000, plus an

amount based on the formula tied to population.)

Native American and Native Hawaiian Library Services Grants

For FY 1999, $2,908,000 is available for these programs.

NLG

For FY 1999, $10,565,000 is available for competitive grants in this program.

Application Forms

IMLS mails application forms and program information in General Operating Support, Conservation Project Support, Museum Leadership Initiatives, Native American and Native Hawaiian Library Services Grants, National Leadership Grants and Professional Services Program application packets to libraries, museums, and other institutions on its mailing list as appropriate. Applicants may obtain application packets by writing, emailing, or telephoning the Institute of Museum and Library Services, 1100 Pennsylvania Avenue, NW, Washington, DC 20506. For Library programs call (202) 606–5227. For museum programs call (202) 606–8540. For e-mail, write to *imlsinfo@imls.fed.us.* Application forms are available on the agency's website *http://www.imls.fed.us/.*

To receive an application for the Conservation Assessment Program contact Heritage Preservation, 3299 K Street, NW, Suite 403, Washington, DC 20007 (202) 625–1495.

To receive an application for the Museum Assessment Programs contact the American Association of Museums, 1575 Eye Street, NW, Washington, DC 20005 (202) 289–1818.

To receive an application for the Grants to States program, contact your State Library Administrative Agency.

(Catalog of Federal Domestic Assistance No. 45.301 Institute of Museum and Library Services)

(Museum and Library Services Act of 1996, Pub. L. 104–208 as amended)

Dated: October 27, 1998.

Mamie Bittner,

Director, Legislative and Public Affairs.

[FR Doc. 98–29199 Filed 10–30–98; 8:45 am]

BILLING CODE 7036–01–M

NUCLEAR REGULATORY COMMISSION

[Docket No. STN 50–456]

Commonwealth Edison Company; Notice of Withdrawal of Application for Amendment to Facility Operating License

The U.S. Nuclear Regulatory Commission (the Commission) has granted the request of Commonwealth Edison Company (ComEd, the licensee) to withdraw its August 30, 1996, application for proposed amendment to Facility Operating License No. NPF–72 for the Braidwood Station, Unit 1, located in Will County, Illinois.

The proposed amendment would revise TS ¾.4.5 to allow continued operation of Unit 1 for the remainder of Cycle 6, provided that the projected distributions of indications found in the top of the steam generators' roll transitions resulting from the reanalysis of previous non-destructive testing data results in a probability of burst less than 1×10^{-2} and predicted leakage less than the site allowable leak limit.

The Commission had previously issued a Notice of Consideration of Issuance of Amendment published in the **Federal Register** on September 6, 1996 (61 FR 47214). However, by letter dated May 11, 1998, ComEd withdrew the proposed change.

For further details with respect to this action, see the application for amendment dated August 30, 1996, and the licensee's letter dated May 11, 1998, which withdrew the application for license amendment. The above documents 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 Wilmington Public Library, 201 S. Kankakee Street, Wilmington, Illinois 60481.

Dated at Rockville, Maryland, this 26th day of October 1998.

For the Nuclear Regulatory Commission.

Stewart N. Bailey,

Project Manager, Project Directorate III/2, Division of Reactor Projects—III/V, Office of Nuclear Reactor Regulation.

[FR Doc. 98–29264 Filed 10–30–98; 8:45 am]

BILLING CODE 7590–01–P

NUCLEAR REGULATORY COMMISSION

[Docket Nos. STN 50–454, STN 50–455, STN 50–456, and STN 50–457]

Commonwealth Edison Company; Notice of Consideration of Issuance of Amendments to Facility Operating Licenses, Proposed No Significant Hazards Consideration Determination, and Opportunity for a Hearing

The U.S. Nuclear Regulatory Commission (the Commission) is considering issuance of amendments to Facility Operating License Nos. NPF–37 and NPF–66, issued to Commonwealth Edison Company (ComEd, the licensee) for operation of Byron Station, Units 1 and 2, located in Ogle County, Illinois and Facility Operating License Nos. NPF–72 and NPF–77, issued to ComEd for operation of Braidwood Station, Units 1 and 2, located in Will County, Illinois.

This notification addresses the beyond scope bracketed items identified in the requested amendments dated December 13, 1996. The proposed amendments would revise current Technical Specifications (CTS) of each unit to conform with NUREG–1431, Revision 1, ''Standard Technical Specifications—Westinghouse Plants.'' The following descriptions and proposed no significant hazard analyses cover only those beyond scope bracketed changes. Associated with each change are administrative/editorial changes such that the new or revised requirements would fit the format of NUREG–1431.

1. CTS Limiting Condition of Operation (LCO) 3.2.2 ensures compliance with F_Q fuel design limits by a bounding analysis that is verified in the plant by monitoring a height dependent radial peaking factor $F_{XY}(Z)$. The CTS denotes associated LCOs, Actions, and Surveillance Requirements (SRs) for the $F_{XY}(Z)$ methodology. Improved Technical Specification (ITS) LCO 3.2.1 denotes associated LCOs, Actions, and SRs for a method based on an equilibrium $F_Q(Z)$ surveillance ($F_Q(Z)W(Z)$ methodology). The proposed methodology change provides more available margin to the $F_Q(Z)$ limit than is currently available with the $F_{XY}(Z)$ surveillance methodology. The $F_{XY}(Z)$ methodology is based on a 1 dimension-2 dimension synthesis of data whereas the $F_Q(Z)W(Z)$ methodology is a more advanced 3 dimension calculation. ComEd proposes to replace the $F_{XY}(Z)$ method by the $F_Q(Z)W(Z)$ method. NUREG–1431 provides the option for either the $F_{XY}(Z)$ methodology or the $F_Q(Z)W(Z)$ methodology. The revised

requirement will be stated as ITS LCO 3.2.1.

2. This beyond scope change applies to Braidwood Station only. CTS SR 4.7.7.d.3 confirms the ability of both trains of the Nonaccessible Area Exhaust Filter Plenum Ventilation System to maintain Emergency Core Cooling System (ECCS) equipment rooms at −0.25 inches (water gauge) relative to the outside atmosphere while operating at a specified flow rate per train and a specified flow rate per bank. ComEd proposes to eliminate the specified bank flow rates. The SR verifies the integrity of the ECCS pump room areas. The ability of the Nonaccessible Area Exhaust Filter Plenum Ventilation System to maintain the ECCS pump room areas at a negative pressure, with respect to potentially uncontaminated adjacent area, is periodically tested to verify proper functioning of the Nonaccessible Area Exhaust Filter Plenum Ventilation System. Verification of the train flow rates is sufficient to satisfy this SR. In addition, several of the CTS 4.7.7 SRs include operating the system at a specified flow rate per train and a specified flow rate per bank. The specified train and bank flow rates are included in ITS Specification 5.5.11.a and 5.5.11.b for surveillances performed after structural maintenance on the high-efficiency particulate air (HEPA) or charcoal adsorber housings. ITS Specifications 5.5.11.a and 5.5.11.b include only train flow rates for other periodic surveillances. The flow distribution per train (bank flow) is achieved by permanently welded baffle plates and was tested during initial construction and periodically as required by the CTS. These changes were permitted at Byron Station as described in NRC safety evaluation (SE) dated October 22, 1993. The revised requirements will be stated as ITS 3.7.12 and ITS 5.5.11.

3. CTS SR 4.8.1.1.2.a.5, 4.8.1.1.2.f.3, and 4.8.1.1.2.f.7 include requirements associated with loading the diesel generator (DG) to greater than or equal to the continuous rating of the DGs (5500 kW). Consistent with NUREG–1431, ComEd proposes to modify these SRs to include a 90 percent to 100 percent of the continuous rating of the DGs load band (4950 kW to 5500 kW). These revised requirements will be stated as ITS SR 3.8.1.3 (31 day, 60 minute run), ITS SR 3.8.1.10 (full load reject), and ITS SR 3.8.1.14 (24 hour run). In addition, the Note contained in ITS SR 3.8.1.15 (hot restart) includes this load band. Regulatory Guide 1.9, Revision 3, recommends that these tests be conducted at 90 percent to 100 percent of the DG continuous rating. The maximum expected accident load for the worst case DG is 5166 kW (Byron DG 1A—during the first 30 minutes). The footnotes associated with CTS SR 4.8.1.1.2.f.7 include an allowance to load the DG for the first 2-hours of the 24 hour test within a load band of +0 kW, −150 kW of the 2-hour rating of the DG (6050 kW). Consistent with NUREG–1431, ComEd proposes to modify this load band in ITS SR 3.8.1.12 to include a 105 percent to 110 percent of the DG continuous rating (5775 kW–6050 kW) load band. The 100 percent corresponds to the 2-hour rating, while the 105 percent corresponds to −275 kW from the 2-hour rating. In summary, these revised requirements will be stated as ITS 3.8.1.3, 3.8.1.10, 3.8.1.14, and 3.8.1.15.

4. Consistent with plant specific analyses and current procedural controls, ComEd proposes to raise the minimum steady state voltage acceptance criterion for CTS SR 4.8.1.1.2.a.4, 4.8.1.1.2.f.2, 4.8.1.1.2.f.4.b, 4.8.1.1.2.f.5, and 4.8.1.1.2.f.6.b to 3950 volts. This minimum steady state value ensures that certain low voltage sensitive components can operate properly. This revised requirement will be stated as ITS SRs 3.8.1.2, 3.8.1.7, 3.8.1.9, 3.8.1.11, 3.8.1.12, 3.8.1.15, and 3.8.1.19.

Before issuance of the proposed license amendments, the Commission will have made findings required by the Atomic Energy Act of 1954, as amended (the Act) and the Commission's regulations.

The Commission has made a proposed determination that the requested amendments involve no significant hazards consideration. Under the Commission's regulations in 10 CFR 50.92, this means that operation of the facility in accordance with the proposed amendments would not (1) involve a significant increase in the probability or consequences of an accident previously evaluated; or (2) create the possibility of a new or different kind of accident from any accident previously evaluated; or (3) involve a significant reduction in a margin of safety. As required by 10 CFR 50.91(a), the licensee has provided its analysis of the issue of no significant hazards consideration for each of the above proposed changes. The NRC staff has reviewed ComEd's analyses against the standards of 10 CFR 50.92(c). The staff's analysis is presented below.

1. Will the changes involve a significant increase in the probability or consequences of an accident previously evaluated?

In all of the changes described above the answer is ''no.'' The proposed changes will not affect the safety function of the subject systems. There will be no direct effect on the design or operation of any plant structures, systems, or components. No previously analyzed accidents were initiated by the functions of these systems, and the systems will continue to perform their functions in mitigating consequences of previously analyzed accidents. Therefore, the proposed changes will have no impact of the consequences of any previously evaluated accidents.

2. Will the changes create the possibility of a new or different kind of accident from any accident previously evaluated?

In all of the changes described above, the answer is ''no.'' The proposed changes would not lead to any design or operating procedure change. Hence, no new equipment failure modes or accidents from those previously evaluated will be created.

3. Will the changes involve a significant reduction in a margin of safety?

In all of the changes described above, the answer is ''no.'' Margin of safety is associated with confidence in the design and operation of the plant. The proposed changes to the CTS do not involve any change to plant design, operation, or analysis. Thus, the margin of safety previously analyzed and evaluated is maintained.

Based on the analysis, it appears that the three standards of 10 CFR 50.92(c) are satisfied for each of the proposed changes. Therefore, the NRC staff proposes to determine that the requested amendments involve no significant hazards consideration.

The Commission is seeking public comments on this proposed determination. Any comments received within 30 days after the date of publication of this notice will be considered in making any final determination.

Normally, the Commission will not issue the amendments until the expiration of the 30-day notice period. However, should circumstances change during the notice period such that failure to act in a timely way would result, for example, in derating or shutdown of the facility, the Commission may issue the license amendments before the expiration of the 30-day notice period, provided that its final determination is that the amendments involve no significant hazards consideration. The final determination will consider all public and State comments received. Should the Commission take this action, it will publish in the **Federal Register** a notice of issuance and provide for opportunity

for a hearing after issuance. The Commission expects that the need to take this action will occur very infrequently.

Written comments may be submitted by mail to the Chief, Rules and Directives Branch, Division of Administrative Services, Office of Administration, U.S. Nuclear Regulatory Commission, Washington, DC 20555–0001, and should cite the publication date and page number of this **Federal Register** notice. Written comments may also be delivered to Room 6D59, Two White Flint North, 11545 Rockville Pike, Rockville, Maryland, from 7:30 a.m. to 4:15 p.m. Federal workdays. Copies of written comments received may be examined at the NRC Public Document Room, the Gelman Building, 2120 L Street, NW., Washington, DC.

The filing of requests for hearing and petitions for leave to intervene is discussed below.

By December 2, 1998, the licensee may file a request for a hearing with respect to issuance of the amendments to the subject facility operating licenses and any person whose interest may be affected by this proceeding and who wishes to participate as a party in the proceeding must file a written request for a hearing and a petition for leave to intervene. Requests for a hearing and a petition for leave to intervene shall be filed in accordance with the Commission's ''Rules of Practice for Domestic Licensing Proceedings'' in 10 CFR Part 2. Interested persons should consult a current copy of 10 CFR 2.714 which is available 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: for Byron, the Byron Public Library District, 109 N. Franklin, P.O. Box 434, Byron, Illinois 61010; for Braidwood, the Wilmington Public Library, 201 S. Kankakee Street, Wilmington, Illinois 60481. If a request for a hearing or petition for leave to intervene is filed by the above date, the Commission or an Atomic Safety and Licensing Board, designated by the Commission or by the Chairman of the Atomic Safety and Licensing Board Panel, will rule on the request and/or petition; and the Secretary or the designated Atomic Safety and Licensing Board will issue a notice of hearing or an appropriate order.

As required by 10 CFR 2.714, a petition for leave to intervene shall set forth with particularity the interest of the petitioner in the proceeding, and how that interest may be affected by the results of the proceeding. The petition should specifically explain the reasons why intervention should be permitted with particular reference to the following factors: (1) the nature of the petitioner's right under the Act to be made party to the proceeding; (2) the nature and extent of the petitioner's property, financial, or other interest in the proceeding; and (3) the possible effect of any order which may be entered in the proceeding on the petitioner's interest. The petition should also identify the specific aspect(s) of the subject matter of the proceeding as to which petitioner wishes to intervene. Any person who has filed a petition for leave to intervene or who has been admitted as a party may amend the petition without requesting leave of the Board up to 15 days prior to the first prehearing conference scheduled in the proceeding, but such an amended petition must satisfy the specificity requirements described above.

Not later than 15 days prior to the first prehearing conference scheduled in the proceeding, a petitioner shall file a supplement to the petition to intervene which must include a list of the contentions which are sought to be litigated in the matter. Each contention must consist of a specific statement of the issue of law or fact to be raised or controverted. In addition, the petitioner shall provide a brief explanation of the bases of the contention and a concise statement of the alleged facts or expert opinion which support the contention and on which the petitioner intends to rely in proving the contention at the hearing. The petitioner must also provide references to those specific sources and documents of which the petitioner is aware and on which the petitioner intends to rely to establish those facts or expert opinion. Petitioner must provide sufficient information to show that a genuine dispute exists with the applicant on a material issue of law or fact. Contentions shall be limited to matters within the scope of the amendment under consideration. The contention must be one which, if proven, would entitle the petitioner to relief. A petitioner who fails to file such a supplement which satisfies these requirements with respect to at least one contention will not be permitted to participate as a party.

Those permitted to intervene become parties to the proceeding, subject to any limitations in the order granting leave to intervene, and have the opportunity to participate fully in the conduct of the hearing, including the opportunity to present evidence and cross-examine witnesses.

If a hearing is requested, the Commission will make a final determination on the issue of no significant hazards consideration. The final determination will serve to decide when the hearing is held.

If the final determination is that the amendment request involves no significant hazards consideration, the Commission may issue the amendment and make it immediately effective, notwithstanding the request for a hearing. Any hearing held would take place after issuance of the amendment.

If the final determination is that the amendment request involves a significant hazards consideration, any hearing held would take place before the issuance of any amendment.

A request for a hearing or a petition for leave to intervene must be filed with the Secretary of the Commission, U.S. Nuclear Regulatory Commission, Washington, DC 20555–0001, Attention: Rulemakings and Adjudications Staff, or may be delivered to the Commission's Public Document Room, the Gelman Building, 2120 L Street, NW., Washington, DC, by the above date. A copy of the petition should also be sent to the Office of the General Counsel, U.S. Nuclear Regulatory Commission, Washington, DC 20555–0001, and to Michael I. Miller, Esquire; Sidley and Austin, One First National Plaza, Chicago, Illinois 60603, attorney for ComEd.

Non-timely filings of petitions for leave to intervene, amended petitions, supplemental petitions and/or requests for hearing will not be entertained absent a determination by the Commission, the presiding officer or the presiding Atomic Safety and Licensing Board that the petition and/or request should be granted based upon a balancing of the factors specified in 10 CFR 2.714(a)(1)(i)-(v) and 2.714(d).

For further details with respect to this action, see the application for amendment dated December 13, 1996, which is 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: for Byron, the Byron Public Library District, 109 N. Franklin, P.O. Box 434, Byron, Illinois 61010; for Braidwood, the Wilmington Public Library, 201 S. Kankakee Street, Wilmington, Illinois 60481.

Dated at Rockville, Maryland, this 27th day of October 1998.

For the Nuclear Regulatory Commission.

Ramin R. Assa,

Project Manager, Project Directorate III–2, Division of Reactor Projects—III/IV, Office of Nuclear Reactor Regulation.

[FR Doc. 98–29265 Filed 10–30–98; 8:45 am]

BILLING CODE 7590–01–P

NUCLEAR REGULATORY COMMISSION

Fire Protection Functional Inspection (FPFI) Program Workshop

AGENCY: Nuclear Regulatory Commission.

ACTION: Notice of public meeting.

SUMMARY: The Nuclear Regulatory Commission staff is holding a workshop to discuss with and obtain feedback from the nuclear industry and the public regarding the results of the recently completed four Fire Protection Functional Inspection (FPFI) Program pilot inspections. A written summary will be issued to registered participants after the meeting.

AGENDA: The workshop will be held from 8:00 a.m.—5:00 p.m. on November 10, 1998, at the Doubletree Hotel, 1750 Rockville Pike, Rockville, MD 20952 (Twinbrook Metro Stop). Presentations will be made by speakers from NRC Staff and staff contractors, NEI, and other public and industry representatives.

SUPPLEMENTARY INFORMATION: The preliminary agenda for the proposed workshop is:

7:30–8:00 Registration
8:00–8:10 Introduction and Presentation of Agenda
L.B. Marsh, Chief, Plant Systems Branch, NRR
8:10–8:25 Keynote Address
Samuel J. Collins, Director, Office of Nuclear Reactor Regulation
8:25–8:35 Introductory Remarks by an Industry Representative
Industry Speaker TBD
8:35–8:50 Focus Comparison Between Appendix R, NRC Core, and FPFI Temporary Instruction
Pat Madden, Fire Protection Engineering Section, SPLB/NRR
8:50–9:30 FPFI Pilot, Clinton, and Quad Cities Fire Protection Inspection Results; and Discussion of Safety Significant Commercial Reactor Fire Protection Issues Highlighted During the Inspections
Pat Madden, Fire Protection Engineering Section, SPLB/NRR
Ken Sullivan, Brookhaven National Laboratory
9:30–9:45 Break
9:45–10:00 Use of Risk Information for FPFI Inspection Focus, and NRC Process for Assessment of FPFI Inspection Finding Risk Significance
Rich Barrett, Chief, Probabilistic Safety Assessment Branch, NRR
10:00–11:00 Public and Industry Observations on FPFI Pilot Program Activities
Public and Industry Speakers TBD
11:00–11:30 Comparison of Pilot FPFI Program Objectives and Results
Steve West, Chief, Fire Protection Engineering Section, SPLB/NRR
11:30–12:00 Post-Pilot FPFI Program Continuation Options
L.B. Marsh, Chief, Plant Systems Branch, NRR
12:00–1:30 Lunch Break
1:30–3:30 Stakeholder Views on FPFI Continuation Options
Public and Industry Speakers TBD
3:30–4:30 Open Discussion and Question and Answer Session
NRC, Public and Industry on the dais, participants TBD
4:30–4:40 Industry Closing Remarks
Fred Emerson, Nuclear Energy Institute
4:40–4:50 NRC Closing Remarks and Adjourn
L.B. Marsh, Chief, Plant Systems Branch, NRR

FOR FURTHER INFORMATION CONTACT: Leon E. Whitney, Mail Stop O–8–D1, U.S. Nuclear Regulatory Commission, Washington, DC 20555–0001. Telephone (301) 415–3081; E-mail: LEW1@NRC.GOV.

PUBLIC PARTICIPATION: Individuals wishing to make a presentation at the workshop should contact Leon Whitney directly. Individuals who wish to attend the workshop are encouraged to provide their name, organizational affiliation, address, and phone number either by FAX (415–415–2300) or by E-mail (RMC@NRC.GOV).

Dated at Rockville, Maryland this 27th day of October 1998.

For the Nuclear Regulatory Commission.

Ledyard B. Marsh,

Chief, Plant System Branch, Division of Systems Safety and Analysis, Office of Nuclear Reactor Regulation.

[FR Doc. 98–29263 Filed 10–30–98; 8:45 am]

BILLING CODE 7590–01–P

SECURITIES AND EXCHANGE COMMISSION

[Release No. 35–26932]

Filings Under the Public Utility Holding Company Act of 1935, as Amended (''Act'')

October 23, 1998.

Notice is hereby giving that the following filing(s) has/have been made with the Commission pursuant to provisions of the Act and rules promulgated under the Act. All interested persons are referred to the application(s) and/or declaration(s) for complete statements of the proposed transaction(s) and any amendment is/are available for public inspection through the Commission's Office of Public Reference.

Interested persons wishing to comment or request a hearing on the application(s) and/or declaration(s) should summit their views in writing by November 17, 1998, to the Secretary, Securities and Exchange Commission, Washington, DC 20549, and serve a copy on the relevant applicant(s) and/or declarants(s) at the address(es) specified below. Proof of service (by affidavit or, in case of an attorney at law, by certificate) should be filed with the request. Any request for hearing should identify specifically the issues of fact or law that are disputed. A person who so requests will be notified of any hearing, if ordered, and will receive a copy of any notice or issued in the matter. After November 17, 1998, the application(s) and/or declaration(s), as filed or as amended may be granted and/or permitted to become effective.

IES Utilities, Inc. (70–9375)

IES Utilities, Inc. (''IES''), doing business as Alliant Utilities, Alliant Tower, Cedar Rapids, Iowa 52401, an electric utility subsidiary company of Interstate Energy Corporation, a registered holding company, has filed an application-declaration under sections 6(a), 7, 9(a), 10, and 12(c) of the Act and rules 42 and 54 under the Act.

IES proposed, from time to time through December 31, 2000, to: (1) issue and sell one or more series of one or a combination of the following securities—(a) trust bonds (''Trust Bonds''), (b) senior unsecured debentures (''Senior Debentures''), and (c) unsecured subordinated debt securities (''Subordinated Debentures''); and (2) enter into an agreement or agreements (''Agreement'') for the issuance and sale of one or more series of tax-exempt bonds (''Tax-Exempt Bonds'') for the financing or refinancing of certain air and water pollution control facilities and sewage and solid waste disposal facilities (''Facilities''). As security for IPC's obligations under the Agreement or security or credit enhancement for the Tax-Exempt Bonds, IES also proposes, through December 30, 2000, one or a combination of the following transactions: (1) issuance of a non-negotiable promissory note (''Note'') to evidence a loan to IES of the proceeds of the Tax-Exempt Bonds from the issuer of the Tax-Exempt Bonds; (2) conveyance of a subordinated security interest in the Facilities or other property of IES as security for IES's obligations under the Agreement and

the Note; (3) issuance and pledge of one or more new series of Trust Bonds as collateral for the Tax-Exempt Bonds (''Tax-Exempt Collateral Bonds''); (4) acquisition of a letter of credit and execution of a reimbursement agreement to secure this letter of credit guaranteeing payment of the Tax-Exempt Bonds; (5) acquisition of an insurance policy guaranteeing the payment of the Tax-Exempt Bonds; and (6) guarantee of the payment of principal, premium, if any, and interest on the Tax-Exempt Bonds.

The aggregate principal amount of the Trust Bonds, Senior Debentures, Subordinated Debentures, and Tax-Exempt Bonds shall not exceed $200 million. This amount excludes the principal amount of the Tax-Exempt Collateral Bonds and any other forms of security or credit enhancement related to the Tax-Exempt Bonds. The aggregate principal amount of the Tax-Exempt Collateral Bonds shall not exceed an amount equal to the sum of the principal amount, plus interest, of the Tax-Exempt Bonds.

The Trust Bonds will be issued under EIS's Indenture of Mortgage and Deed of Thrust, dated September 1, 1993, to the First National Bank of Chicago, as trustee (''Trustee'') as amended and supplemented and as proposed to be further supplemented for one or more new series of Trust Bonds (''1993 Indenture''). The Senior Debentures will be issued under IES's Indenture (For Senior Unsecured Debt Securities), dated August 1, 1997, to the Trustee, as amended and supplemented and as proposed to be further supplemented for one or more new series of Senior Debentures. The Subordinated Debentures will be issued under IES's Indenture (For Unsecured Subordinated Debit Securities), dated as of December 1, 1995, to the Trustee, as amended and supplemented and as proposed to be further supplemented for one or more new series of Subordinated Debentures (''1995 Indenture'').

The Trust Bonds will be secured primarily by: (1) first mortgage bonds issued under IES's Indenture of Mortgage and Deed of Trust, dated August 1, 1940, as amended and supplemented (''1940 Indenture''), to The First National Bank of Chicago, as trustee, and delivered to the trustee under the 1993 Indenture; (2) first mortgage bonds issued under IES's Indenture or Deed of Trust, dated February 1, 1923, as amended and supplemented (''1923 Indenture''), to The Northern Trust Company (The First National Bank of Chicago, successor) and Harold H. Rockwell (Richard D. Manella, successor), as trustees, and delivered to the trustee under the 1993 Indenture; and (3) the lien of the 1993 Indenture on IES's properties used in the generation, purchase, transmission, distribution or sale of electric energy by IES, or in the manufacture of manufactured gas, or in the purchase, transportation, distribution or sale of steam and hot water, which lien is junior to the liens of the 1940 Indenture and the 1923 Indenture. The Senior Debentures will be unsecured obligations of IES and will rank on a parity with all other unsecured and unsubordinated debt of IES. The Subordinated Debentures will be unsecured, subordinated obligations of IES. The 1995 Indenture provides that payment of the principal of, premium, if any, and interest on Subordinated Debentures is subordinated and subject in right of payment to the prior payment in full of all senior indebtedness of IES.

Each new series of Trust Bonds and each series of Senior Debentures and Subordinated Debentures will be sold at the price, bear interest at the rate or rates, and mature on the date or dates determined at the time of sale or when the agreement to sell is entered into, as the case may be. No series of Trust Bonds will be issued at rates in excess of the lower of 15% per annum or those rates generally obtainable at the time of pricing for sales of mortgage bonds having the same reasonably similar maturities, issued by companies of the same or reasonably comparable credit quality and having reasonably similar terms, conditions and features (''Ceiling Rate''). None of any series of Senior Debentures or Subordinated Debentures will be sold if their fixed interest rate or initial adjustable interest rate exceeds the Ceiling Rate.

As to each series of Trust Bonds, Senior Debentures, and Subordinated Debentures having an adjustable interest rate, the initial interest rate will be negotiated among IES and the purchasers and will be based upon the current market rate for comparable securities. Thereafter, the interest rate on these Trust Bonds, Senior Debentures, and Subordinated Debentures will be adjusted according to a pre-established formula or method of determination (in each case, ''Floating Rate Trust Bonds,'' ''Floating Rate Senior Debentures,'' and ''Floating Rate Subordinated Debentures,'' respectively), or will be that rate which, when set, would be sufficient to remarket the Trust Bonds, Senior Debentures, and Subordinated Debentures at their principal amount (in each case, ''Remarketed Trust Bonds,'' ''Remarketed Senior Debentures,'' and ''Remarketed Subordinated Debentures,'' respectively). After the initial interest rate period, none of the Floating Rate Trust Bonds, Floating Rate Senior Debentures, Floating Rate Subordinated Debentures, Remarketed Trust Bonds, Remarketed Senior Debentures, or Remarketed Subordinated Debentures will bear an interest rate exceeding 15% per annum.

The price, exclusive of accrued interest, to be paid to IES for each new series of Trust Bonds, Senior Debentures, and Subordinated Debentures to be sold at competitive bidding will be within a range (to be specified by IES to prospective purchasers) of 95% to 105% of the principal amount of each series of Trust Bonds, Senior Debentures, and Subordinated Debentures. Each series of Trust Bonds, Senior Debentures, and Subordinated Debentures will mature not later than 30 years from the day of issuance.

IES anticipates that the issuance and sale of each series of Trust Bonds, Senior Debentures, and Subordinated Debentures will be by means of competitive bidding or negotiated public offering or private placement with institutional investors in order to secure the advantages of an advance marketing effort and/or the best available terms. Each sale of Trust Bonds, Senior Debentures, and Subordinated Debentures is a separate transaction not contingent upon another sale of securities.

IES proposes to use the net proceeds derived from the issuance and sale of Trust Bonds, Senior Debentures, and Subordinated Debentures for general corporate purposes, including the conduct of its business as a utility, the repayment of outstanding securities when due, or the possible redemption, acquisition, or refunding of certain outstanding securities prior to their stated maturity or due date.

IES also proposes to enter into one or more Agreements, which may be loan or installment sales agreements, relating to the issuance and sale of Tax-Exempt Bonds for the financing or refinancing of certain Facilities. Under the Agreement, IES may be loaned the proceeds of the sale of the Tax-Exempt Bonds, and IES may issue a Note, or the issuer of the Tax-Exempt Bonds will undertake to purchase and sell the Facilities to IES. While the actual amount of Tax-Exempt Bonds to be issued has not yet been determined, this amount will be based upon the cost of refunding outstanding bonds or the cost of the Facilities. The Tax-Exempt Bonds will mature not more than 30 years from the first day of the month in which they are initially issued.

In order to obtain the benefit of ratings for the Tax-Exempt Bonds equivalent to the rating of the Trust Bonds outstanding under the 1993 Indenture, which ratings IES has been advised may be attained, IES may determine to secure its obligations under the Note and the Agreement by delivering to the trustee, a series of Tax-Exempt Collateral Bonds in principal amount either (1) equal to the principal amount of the Tax-Exempt Bonds or (2) equal to the sum of the principal amount of the Tax-Exempt Bonds plus interest payments thereon for a specified period. The series Tax-Exempt Collateral Bonds will be issued under an indenture supplemental to the 1993 Indenture (''Supplemental Indenture''), will mature on the maturity date of the Tax-Exempt Bonds and will be non-transferable by the trustee. The Tax-Exempt Collateral Bonds, in the case of clause (1) above, will bear interest at a rate or rates equal to the interest rate or rates to be borne by the related Tax-Exempt Bonds and, in the case of clause (2) above, would be non-interest bearing.

The Supplemental Indenture will provide, however, that the obligation of IES to make payments with respect to the Tax-Exempt Collateral Bonds will be satisfied to the extent that payments are made under the Note or the Agreement sufficient to meet payments when due in respect of the related Tax-Exempt Bonds. The Supplemental Indenture will provide that, upon acceleration by the trustee of the principal amount of all related outstanding Tax-Exempt Bonds under the trust indenture, the trustee may demand the mandatory redemption of the related Tax-Exempt Collateral Bonds then held by it as collateral at a redemption price equal to the principal amount thereof plus accrued interest, if any, to the date fixed for redemption. The Supplemental Indenture may also provide that, upon the optional redemption of the Tax-Exempt Bonds, in whole or in part, a related principal amount of the Tax-Exempt Collateral Bonds will be redeemed at the redemption price of the Tax-Exempt Bonds.

In the case of interest bearing Tax-Exempt Collateral Bonds, because interest accrues in respect of the Tax-Exempt Collateral Bonds until satisfied by payments under the Note or the Agreement, ''annual interest charges'' in respect of the Tax-Exempt Collateral Bonds will be included in computing the ''interest earnings requirement'' of the 1993 Indenture which restricts the amount of Trust Bonds which may be issued and sold to the public in relation to IES's net earnings. In the case of non-interest bearing Tax-Exempt Collateral Bonds, since no interest would accrue in respect of the Tax-Exempt Collateral Bonds, the ''interest earnings requirement'' would be unaffected.

As an alternative to or in conjunction with IES's securing its obligations through the issuance of the Tax-Exempt Collateral Bonds, IES may acquire an irrevocable letter of credit or other credit facility (''Letter of Credit'') of a bank or other financial institution (''Bank'') and enter into a reimbursement agreement (''Reimbursement Agreement'') for any payments under the Letter of Credit. Any borrowing by IES under the Reimbursement Agreement will have a term of up to ten years and bear interest at a rate not exceeding: (1) the London Interbank Offered Rate plus up to 2%, (2) the Bank's certificate of deposit rate plus up to 1¾%, or (3) a rate not to exceed the prime rate plus 1%.

As a further alternative to, or in conjunction with, securing its obligations under the Agreement and Notes, IES may acquire a policy of insurance guaranteeing the payment when due of the principal of and interest on the series of the Tax-Exempt Bonds. This insurance policy would extend for the term of the related Tax-Exempt Bonds and would be non-cancelable by the insurance company for any reason.

In the event that a Letter of Credit or an insurance policy is issued as an alternative to the issuance of the Tax-Exempt Collateral Bonds, IES may convey a subordinated security interest in the Facilities or other property of IES as further security for IES's obligations under the Agreement and the Note. This subordinated security interest would be assigned to the trustee. IES also proposes to guarantee the payment of the principal of, premium, if any, and interest on the Tax-Exempt Bonds.

Unless otherwise specifically stated in IES's proposal, any Tax-Exempt Collateral Bonds, Letter of Credit or any related subordinated security interest, coverage under any insurance policy, or guarantee acquired by or issued by IES as a security or credit enhancement for the Tax-Exempt Bonds shall be in an aggregate amount no greater than the principal amount of the Tax-Exempt Bonds plus interest and will be designed to reflect the payment terms and conditions of the Tax-Exempt Bonds.

It is contemplated that the Tax-Exempt Bonds will be sold under arrangements with one or more purchasers, placement agents or underwriters. In accordance with applicable state laws, the interest rate to be borne by the Tax-Exempt Bonds will be approved by the issuer and will be either a fixed rate, which fixed rate may be convertible to a rate which will fluctuate in accordance with a specified prime or base rate or rates or may be determined by certain remarketing or auction procedures, or a fluctuating rate, which fluctuating rate may be convertible to a fixed rate.

IES also proposes that it may enter into arrangements providing for the delayed or future delivery of Tax-Exempt Bonds to one or more purchasers or underwriters. The obligations of the purchasers or underwriters to purchase Tax-Exempt Bonds under any of these arrangements may be secured by U.S. Treasury securities, letters of credit, or other collateral. The effective cost to IES of any series of the Tax-Exempt Bonds will not exceed the yield on U.S. Treasury securities having a maturity comparable to that of the series of Tax-Exempt Bonds. This effective costs will reflect the applicable interest rate or rates and any underwriters' discount or commission.

The premium (if any) payable upon the redemption of any Tax-Exempt Bonds at the option of IES will not exceed the greater (1) 5% of the principal amount of the Tax-Exempt Bonds so to be redeemed, or (2) a percentage of the principal amount equal to the rate of interest per annum borne by the Tax-Exempt Bonds.

The purchase price payable by or on behalf of IES is respect of Tax-Exempt Bonds tendered for purchase at the option of the holders will not exceed 100% of the principal amount, plus accrued interest to the purchase date.

Interstate Power Company (70–9377)

Interstate Power Company (''IPC''), 1000 Main Street, P.O. Box 769, Dubuque, Iowa 52004–7691, an electric utility subsidiary company of Interstate Energy Corporation, a registered holding company, has filed an application-declaration under sections 6(a), 7, 9(a), 10, and 12(c) of the Act and rules 42 and 54 under the Act.

IPC proposes, from time to time through December 31, 2000, to: (1) issue and sell one or more series of one or a combination of the following securities—(a) first mortgage bonds (''First Mortgage Bonds''), (b) senior unsecured debentures (''Senior Debentures''), and (c) unsecured subordinated debt securities (''Subordinated Debentures''); and (2) enter into an agreement or agreements (''Agreement'') for the issuance and sale of one or more series of tax-exempt bonds (''Tax-Exempt Bonds'') for the

financing or refinancing of certain air and water pollution control facilities and sewage and solid waste disposal facilities (''Facilities''). As security for IPC's obligations under the Agreement or security or credit enhancement for the payment of the Tax-Exempt Bonds, IPC also proposes, through December 30, 2000, one or a combination of the following transactions: (1) issuance of a non-negotiable promissory note (''Note'') to evidence a loan of the proceeds of the Tax-Exempt Bonds from the issuer of the Tax-Exempt Bonds to IPC; (2) conveyance of a subordinated security interest in the Facilities or other property of IPC as security for IPC's obligations under the Agreement and the Note; (3) issuance and pledge of one or more new series of First Mortgage Bonds (''Tax-Exempt Collateral Bonds'') as collateral for the Tax-Exempt Bonds; (4) acquisition of a letter of credit and executive of a reimbursement agreement to secure this letter of credit to guarantee payment of the Tax-Exempt Bonds; (5) acquisition of an insurance policy to guarantee payment of the Tax-Exempt Bonds; and/or (6) guarantee the payment of principal, premium, if any, and interest on the Tax-Exempt Bonds.

The aggregate principal amount of the First Mortgage Bonds, Senior Debentures, Subordinated Debentures, and Tax-Exempt Bonds shall not exceed $80 million. This amount excludes the principal amount of the Tax-Exempt Collateral Bonds and any other forms of security and credit enhancement related to the Tax-Exempt Bonds, including letters of credit and any related subordinated security interests, guarantees and insurance policies. The aggregate principal amount of the Tax-Exempt Collateral Bonds shall not exceed an amount equal to the sum of the principal amount of the Tax-Exempt Bonds plus interest.

The new series of First Mortgage Bonds will be issued under IPC's Indenture, dated as of January 1, 1948, to The Chase Manhattan Bank and C.J. Heinzelmann, as trustees, as supplemented and as proposed to be further supplemented for one or more new series of First Mortgage Bonds (''Mortgage''). The First Mortgage Bonds would be issued on the basis of unfunded net property additions and/or previously retired bonds, as permitted and authorized by the Mortgage. The Senior Debentures will be issued under IPC's Indenture (For Senior Unsecured Debt Securities) to The First National Bank of Chicago (or to another institution), as trustee, as proposed to be supplemented for one or more new series of Senior Debentures. The Subordinated Debentures will be issued under IPC's Indebenture (For Unsecured Subordinated Debt Securities) to The First National Bank of Chicago (or to another institution), as trustee, as proposed to be supplemented for one or more new series of Subordinated Debentures.

The First Mortgage Bonds will be issued on the basis of unfunded net property additions and/or previously retired bonds, as permitted and authorized by the Mortgage. The Senior Debentures will be unsecured obligations of IPC and will rank on a parity with all other unsecured and unsubordinated debt of IPC. The Subordinated Debentures will be unsecured, subordinated obligations of IPC. The indenture for the Subordinated Debentures will provide that payment of the principal of, premium, if any, and interest on Subordinated Debentures will be subordinated and subject in right of payment to the prior payment in full of all senior indebtedness of IPC.

Each new series of First Mortgage Bonds and each series of Senior Debentures and Subordinated Debentures will be sold at the price, bear interest at the rate or rates, and mature on the date or dates determined at the time of sale or when the agreement to sell is entered into, as the case may be. No series of First Mortgage Bonds will be issued at rates in excess of the lower of 15% per annum or those rates generally obtainable at the time of pricing for sales of mortgage bonds having the same or reasonably similar maturities, issued by companies of the same or reasonably comparable credit quality and having reasonably similar terms, conditions and features (''Ceiling Rate''). None of any series of Senior Debentures or Subordinated Debentures will be sold if their fixed interest rate or initial adjustable interest rate exceeds the Ceiling Rate.

As to each series of First Mortgage Bonds, Senior Debentures, and Subordinated Debentures having an adjustable interest rate, the initial interest rate will be negotiated among IPC and the purchasers and will be based upon the current market rate for comparable securities. Thereafter, the interest rate on these First Mortgage Bonds, Senior Debentures, and Subordinated Debentures will be adjusted according to a pre-established formula or method of determination (in each case, ''Floating Rate First Mortgage Bonds,'' ''Floating Rate Senior Debentures,'' and ''Floating Rate Subordinated Debentures,'' respectively) or will be that rate which, when set, would be sufficient to remarket the First Mortgage Bonds, Senior Debentures, and Subordinated Debentures at their principal amount (in each case, ''Remarketed First Mortgage Bonds,'' ''Remarketed Senior Debentures,'' and ''Remarketed Subordinated Debentures,'' respectively). After the initial interest rate period, none of the Floating Rate First Mortgage Bonds, Floating Rate Senior Debentures, Floating Rate Subordinated Debentures, Remarketed First Mortgage Bonds, Remarketed Senior Debentures, or Remarketed Subordinated Debentures will bear an interest rate exceeding 15% per annum.

The price, exclusive of accrued interest, to be paid to IPC for each new series of First Mortgage Bonds, Senior Debentures, and Subordinated Debentures to be sold at competitive bidding will be within a range (to be specified by IPC to prospective purchasers) of 95% to 105% of the principal amount of each series of First Mortgage Bonds, Senior Debentures, and Subordinated Debentures. Each series of First Mortgage Bonds will mature not later than 40 years from the day of issuance. Each series of Senior Debentures and Subordinated Debentures will mature not later than 30 years from the day of issuance.

IPC anticipates that the issuance and sale of each series of First Mortgage Bonds, Senior Debentures and Subordinated Debentures will be by means of competitive bidding or negotiated public offering or private placement with institutional investors in order to secure the advantages of an advance marketing effort and/or the best available terms. Each sale of First Mortgage Bonds, Senior Debentures and Subordinated Debentures is a separate transaction not contingent upon another sale of securities.

IPC proposes to use the net proceeds derived from the issuance and sale of First Mortgage Bonds, Senior Debentures and Subordinated Debentures for general corporate purposes, including the conduct of its business as a utility, the repayment of outstanding securities when due, or the possible redemption, acquisition, or refunding of certain outstanding securities prior to their stated maturity or due date.

IPC also proposes to enter into one or more Agreements, which may be loan or installment sales agreements, relating to the issuance and sale of Tax-Exempt Bonds for the financing or refinancing of certain Facilities. Under the Agreement, IPC may be loaned the proceeds of the sale of the Tax-Exempt Bonds, the IPC may issue a Note, or the issuer of the Tax-Exempt Bonds will undertake to purchase and sell the Facilities to IPC. While the actual amount of Tax-Exempt

Bonds to be issued has not yet been determined, this amount will be based upon the cost of refunding outstanding bonds or the cost of the Facilities. The Tax-Exempt Bonds will mature not more than 30 years from the first day of the month in which they are initially issued.

In order to obtain the benefit of ratings for the Tax-Exempt Bonds equivalent to the rating of the First Mortgage Bonds outstanding under the Mortgage, which ratings IPC has been advised may be attained, IPC may determine to secure its obligations under the Note and the Agreement by delivering to the trustee a series of Tax-Exempt Collateral Bonds in principal amount either (1) equal to the principal amount of the Tax-Exempt Bonds or (2) equal to the sum of the principal amount of the Tax-Exempt Bonds plus interest payments thereon for a specified period. This series of the Tax-Exempt Collateral Bonds will be issued under an indenture supplemental to the Mortgage (''Supplemental Indenture''), will mature on the maturity date of the Tax-Exempt Bonds and will be non-transferable by the trustee. The Tax-Exempt Collateral Bonds, in the case of clause (1) above, will bear interest at a rate or rates equal to the interest rate or rates to be borne by the related Tax-Exempt Bonds and, in the case of clause (2) above, would be non-interest bearing.

The Supplemental Indenture will provide, however, that the obligation of IPC to make payments with respect to the Tax-Exempt Collateral Bonds will be satisfied to the extent that payments are made under the Note or the Agreement sufficient to meet payments when due in respect of the related Tax-Exempt Bonds. The Supplemental Indenture will provide that, upon acceleration by the trustee of the principal amount of all related outstanding Tax-Exempt Bonds under the trust indenture, the trustee may demand the mandatory redemption of the related Tax-Exempt Collateral Bonds then held by it as collateral at a redemption price equal to the principal amount thereof plus accrued interest, if any, to the date fixed for redemption. The Supplemental Indenture may also provide that, upon the optional redemption of the Tax-Exempt Bonds, in whole or in part, a related principal amount of the Tax-Exempt Collateral will be redeemed at the redemption price of the Tax-Exempt Bonds.

In the case of interest bearing Tax-Exempt Collateral Bonds, because interest accrues in respect of these Tax-Exempt Collateral Bonds until satisfied by payments under the Note or the Agreement, ''annual interest charges'' in respect of these Tax-Exempt Collateral Bonds will be included in computing the ''interest earnings requirement'' of the Mortgage which restricts the amount of First Mortgage Bonds which may be issued and sold to the public in relation to IPC's net earnings. In the case of non-interest bearing Tax-Exempt Collateral Bonds, since no interest would accrue in respect of these Tax-Exempt Collateral Bonds, the ''interest earnings requirement'' would be unaffected.

As an alternative to on in conjunction with IPC's securing its obligation through the issuance of the Tax-Exempt Collateral Bonds, IPC may acquire an irrevocable letter of credit or other credit facility (''Letter of Credit'') of a bank or other financial institution (''Bank'') and enter into a reimbursement agreement (''Reimbursement Agreement'') for any payments under the Letter of Credit. Any borrowing by IPC under the Reimbursement Agreement will have a term of up to ten years and bear interest at a rate not exceeding: (1) the London Interbank Offered Rate plus up to 2%, (2) the Bank's certificate of deposit rate plus up to 1–¾%, or (3) a rate not to exceed the prime rate plus 1%.

As a further alternative to, or in conjunction with, securing its obligation under the Agreement and Note, IPC may acquire a policy of insurance guaranteeing the payment when due of the principal of and interest on the series of the Tax-Exempt Bonds. This insurance policy would extent for the term of the related Tax-Exempt Bonds and would be non-cancelable by the insurance company for any reason.

In the event that a Letter of Credit or an insurance policy is issued as an alternative to the issuance of the Tax-Exempt Collateral Bonds, IPC may convey a subordinated security interest in the Facilities or other property of IPC as further security for IPC's obligations under the Agreement and the Note. This subordinated security interest would be assigned to the trustee. IPC also proposes to guarantee the payment of the principal of, premium, if any, and interest on the Tax-Exempt Bonds.

Unless otherwise specifically stated in IPC's proposal, any Tax-Exempt Collateral Bonds, Letter of Credit or any related subordinated security interest, coverage under any insurance policy, or guarantee acquired by or issued by IPC as security or credit enhancement for the Tax-Exempt Bonds shall be in an aggregate amount no greater than the principal of the Tax-Exempt Bonds plus interest and will be designed to reflect the payment terms and conditions of the Tax-Exempt Bonds.

It is contemplated that the Tax-Exempt Bonds will be sold under arrangements with one or more purchasers, placement agents or underwriters. In accordance with applicable state laws, the interest rate to be borne by the Tax-Exempt Bonds will be approved by the issuer and will be either a fixed rate, which fixed rate may be convertible to a rate which will fluctuate in accordance with a specified prime or base rate or rates or may be determined by certain remarketing or auction procedures, or a fluctuating rate, which fluctuating rate may be convertible to a fixed rate.

IPC also proposes that it may enter into arrangements providing for the delayed or future delivery of Tax-Exempt Bonds to one or more purchasers or underwriters. The obligations of the purchasers or underwriters to purchase Tax-Exempt Bonds under any of these arrangements may be secured by U.S. Treasury securities, letters of credit, or other collateral. The effective cost to IPC of any series of the Tax-Exempt Bonds will not exceed the yield on U.S. Treasury securities having a maturity comparable to that of the series of Tax-Exempt Bonds. The effective cost will reflect the applicable interest rate or rates and any underwriters' discount or commission.

The premium (if any) payable upon the redemption of any Tax-Exempt Bonds at the option of IPC will not exceed the greater of (1) 5% of the principal amount of the Tax-Exempt Bonds so to be redeemed, or (2) a percentage of the principal amount equal to the rate of interest per annum borne by the Tax-Exempt Bonds.

The purchase price payable by or on behalf of IPC in respect of Tax-Exempt Bonds tendered for purchase at the option of the holders thereof will not exceed 100% of the principal amount thereof, plus accrued interest to the purchase date.

For the Commission, by the Division of Investment Management, under delegated authority.

Margaret H. McFarland,

Deputy Secretary.

[FR Doc. 98–29200 Filed 10–30–98; 8:45 am]

BILLING CODE 8010–01–M

SECURITIES AND EXCHANGE COMMISSION

Sunshine Act Meeting

FEDERAL REGISTER CITATION OF PREVIOUS ANNOUNCEMENT: [To Be Published].

STATUS: Closed Meeting.

PLACE: 450 Fifth Street, N.W., Washington, D.C.

DATE PREVIOUSLY ANNOUNCED: To Be Published.

CHANGE IN THE MEETING: Cancellation of Meeting.

The closed meeting scheduled for Thursday, November 5, 1998, at 11:00 a.m., has been cancelled.

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 (202) 942–7070.

Dated: October 29, 1998.

Margaret H. McFarland,

Deputy Secretary.

[FR Doc. 98–29453 Filed 10–29–98; 3:47 pm]

BILLING CODE 8010–01–M

SOCIAL SECURITY ADMINISTRATION

Supplemental Security Income for the Aged, Blind and Disabled (SSI) Program Demonstration Project; Treatment of Cash Received and Conserved To Pay for Medical or Social Services

AGENCY: Social Security Administration.

ACTION: Notice.

SUMMARY: The Commissioner of Social Security will conduct a demonstration project to test how certain altered resources counting rules might apply in the SSI program. The SSI program is authorized by title XVI of the Social Security Act (the Act). The rules which will be tested are those that apply to the treatment of cash received and conserved to pay for medical or social services.

Cash which is received for the purposes of payment for medical or social services is not counted as income to the beneficiary when received. If cash received for medical or social services which is not a reimbursement for these services already paid for by the beneficiary is conserved, it is not counted as a resource for the calendar month following the month of receipt, so long as it remains separately identifiable from other resources of the individual. Beginning with the second calendar month following the month of receipt, cash received for the payment of medical or social services becomes a countable resource used in the determination of SSI eligibility.

The Health Care Financing Administration of the Department of Health and Human Services (DHHS) is collaborating with the States of Arkansas, Florida, New Jersey and New York and with the National Program Office at the University of Maryland's Center on Aging, the Robert Wood Johnson Foundation, the Office of the Assistant Secretary for Planning and Evaluation of the DHHS, the National Council on Aging and Mathematica Policy Research (the evaluator) on a demonstration project to provide greater autonomy to the consumers of personal assistance services. Personal assistance services are help with the basic activities of daily living, including bathing, dressing, transferring, toileting, and eating, and/or instrumental activities of daily living such as housekeeping, meal preparation, shopping, laundry, money management and medication management. Consumers of personal assistance services who participate in this demonstration will be empowered by purchasing the services they require (including medical and social services) to perform the activities of daily living. In order to accomplish the objective of the demonstration project, cash allowances and information services will be provided directly to persons with disabilities to enable them to choose and purchase services from providers which they feel would best meet their needs.

Medicaid is the predominant source of public financing for personal assistance services programs for the aged, blind and disabled. The demonstration which will permit the States of Arkansas, Florida, New Jersey and New York to waive certain requirements under title XIX of the Act to participate in this ''Cash and Counseling'' demonstration is within the authority granted to the Secretary of Health and Human Services (HHS) by section 1115 of the Act. Medicaid beneficiaries who participate in this demonstration will be given cash to purchase the services they need from traditional and nontraditional providers as they deem appropriate. Counseling will be available for these beneficiaries to assist them in effective use of funds allotted for personal assistance services.

Many of the Medicaid beneficiaries who participate in the Cash and Counseling demonstration will be SSI beneficiaries or belong to coverage groups using eligibility methodologies related to those of the SSI program under title XIX of the Act. The Commissioner of Social Security wishes to test the appropriateness of current SSI rules which require counting cash received for the purchase of medical or social services as resources if retained for more than one month after the month of receipt. The test will also be used to assist the Secretary of HHS in testing the possibility of providing greater autonomy to the consumers of personal assistance services by empowering them to purchase the services they require (including medical and social services) to perform their activities of daily living. In order to do so, the Commissioner will exercise his authority under section 1110(b) of the Act and waive SSI resources counting of cash received and conserved for future purchases of medical and social services. The beneficiaries for whom this waiver of resources counting rules is to apply reside in the States of Arkansas, Florida, New Jersey and New York and are participants in the Cash and Counseling demonstration project. The waiver of resources counting rules will continue to apply for the duration of their participation in that demonstration, so long as the cash provided for purchase of medical or social services is conserved in a form that is separately identifiable from other resources that may be countable or excludable under title XVI of the Act. The cash received for medical or social services and conserved towards payment for those services by SSI beneficiaries who participate in this demonstration will not be included in SSI countable resources only for so long as the individual continues to participate in the Cash and Counseling demonstration.

Existing SSI resource-counting rules will be suspended only where application of such rules would adversely affect participation by SSI beneficiaries in the Cash and Counseling demonstration. That demonstration is anticipated to begin on or before January 1, 1999. This notice is published in accordance with the requirement in 20 CFR 416.250(e).

EFFECTIVE DATES: This project will be effective for the period authorized by the Secretary of HHS for the Cash and Counseling demonstration project. The date anticipated by the Secretary for the Cash and Counseling demonstration to begin is on or before January 1, 1999. According to the demonstration's plan, beneficiaries may participate throughout the period of the demonstration, up to five years. Thus, if the demonstration begins in all four States on January 1, 1999, the anticipated ending date for all participants will be no later than December 31, 2003.

Any cash for medical or social services received after an SSI beneficiary's participation in the demonstration has ended and which has been conserved for more than one month will be counted as resources. Any cash for medical or social services that is received during participation in

the demonstration and conserved subsequent to participation in the demonstration will be subject to regular SSI resources rules.

FOR FURTHER INFORMATION CONTACT: Craig Streett, Office of Program Benefits, 3–M–1 Operations Building, 6401 Security Boulevard, Baltimore, MD 21235, (410) 965–9793, or through the Internet at Craig.Streett@ssa.gov.

SUPPLEMENTARY INFORMATION: Section 1612(a) of the Act defines what is income for purposes of the SSI program; section 1612(b) of the Act specifies exclusions from income. As explained in the regulation located at 20 CFR 416.1102, income counted for the purposes of the SSI program includes anything an individual receives in cash or in kind that can be used to meet needs for food, clothing, and shelter. Regulations at 20 CFR 416.1103(a)(3) and (b)(1) explain that assistance provided in cash or in kind under a Federal, State, or local government program, whose purpose is to provide medical care or services or social services, including vocational rehabilitation, is not income. The regulations at 20 CFR 416.1103(a)(5) and (b)(3) also explain that cash provided by any nongovernmental medical care or medical services program or under a health insurance policy or by a nongovernmental social services program (except cash to cover food, clothing or shelter) is not income if it is either repayment for program-approved services for which the individual has already paid or a payment restricted to the future purchase of a program-approved service.

Section 1613 of the Act addresses the exclusions from resources for purposes of the SSI program. As explained in regulations at 20 CFR 416.1201(a), resources are cash or other liquid assets or any real or personal property that an individual (or spouse) owns and could convert to cash to be used for support and maintenance. Regulations at 20 CFR 416.1207(d) explain that items received in cash or in kind during a month are evaluated first under the income counting rules. If they are retained until the first moment of the following month, they then are subject to the rules for counting resources.

However, regulations at 20 CFR 416.1201(a)(3) also explain that except for cash reimbursement of medical or social services expenses already paid for by the beneficiary, cash received for medical or social services that is not income under 20 CFR 416.1103(a) or (b) or a retroactive cash payment which is income that is excluded from deeming under 20 CFR 416.1161(a)(16) is not a resource for the calendar month following the month of its receipt if it is separately identifiable from other resources. Cash received for medical or social services that is retained after that time is a countable resource whether or not it is separately identifiable from other resources.

SSI regulations recognize that cash payments made specifically to enable people to pay for medical or social services are not income for SSI purposes, because they are assumed not to be available for support and maintenance. Recognizing that the recipient is not always able to use the cash for payment for medical or social services in the month of receipt, SSI regulations provide for not counting as resources any cash received to pay for medical and social services which is retained one full calendar month following the month of receipt, so long as it is separately identifiable from other resources. The rule permitting not counting such cash as resources does not encompass cash received as reimbursement for medical or social service bills the individual has already paid. The rule which permits not counting cash as resources if retained into the month following the month of receipt is consistent with the purpose of the SSI program, which is to meet the current needs of beneficiaries for food, clothing and shelter.

The Cash and Counseling collaborative demonstration project is designed to provide greater autonomy to the consumers of personal assistance services by empowering them to purchase the services they require (including medical and social services) to perform their activities of daily living. In order to accomplish the objectives of the demonstration project, cash allowances and information services will be provided directly to persons with disabilities to enable them to choose and purchase services from providers which they feel would best meet their needs.

Many of the consumers of personal assistance services are SSI beneficiaries. However, under current SSI regulations, some SSI beneficiaries would not be able to participate in the Cash and Counseling demonstration project without risk to their continuing SSI eligibility due to the possibility that participants may receive cash to be conserved towards the future purchase of services. Unless the Commissioner exercises his authority under section 1110(b) of the Act to waive certain requirements, conditions, or limitations of title XVI of the Act necessary to conduct experimental, pilot or demonstration projects, the remainder of cash received for future purchases of services by SSI beneficiaries who choose to participate in the demonstration will become countable resources two months following the month of receipt.

The consent of an SSI beneficiary to participate in this demonstration project is required under section 1110(b) of the Act. Each of the four States collaborating with the Secretary in the Cash and Counseling demonstration will obtain written consent from every participant who is an SSI beneficiary, which consent provides that his or her participation is voluntary and that he or she can revoke participation at any time. Existing SSI rules for counting cash received for the purchase of medical or social services as countable resources beginning with the second calendar month following the month of receipt will be waived for an individual participating in the demonstration as explained above only where the application of existing rules would adversely affect the individual's SSI eligibility. Accordingly, an individual's participation in the Cash and Counseling project will not affect participants' eligibility for SSI or benefit amounts.

The objectives of SSA in conducting this demonstration project are to:

- Test the appropriateness of current SSI rules which require counting cash received for the purchase of medical or social services as resources if retained for more than one month after the month of receipt;
- Facilitate the ability of the Secretary, DHHS, and collaborators to engage in the Cash and Counseling demonstration project;
- Permit the Secretary, DHHS, and collaborators to determine if cost savings can be realized from the Cash and Counseling demonstration project; and
- Empower participants in the Cash and Counseling demonstration project to demonstrate greater autonomy by allowing them to purchase their own personal assistance services.

Measurements involving these objectives will be obtained for the Social Security Administration by the Secretary, DHHS and collaborators in the Cash and Counseling demonstration.

The Commissioner's demonstration project will involve no or minimal new or additional program costs to the Federal government under title XVI of the Act or to the four State participants under section 1616 of the Act. SSI beneficiaries who choose to participate in this demonstration will purchase services which would ordinarily be provided by Medicaid and other Federal

and State services programs at a potentially greater cost. If the Commissioner decided not to exercise his authority under section 1110(b) of the Act to waive certain resources rules for participants in the Cash and Counseling demonstration, SSI beneficiaries could choose not to participate in the Secretary's demonstration and continue to receive services directly, rather than through the beneficiary's purchase. Continued SSI eligibility for beneficiaries who choose to participate in the demonstration project is not a new or additional cost related to the Commissioner's demonstration project.

SSI beneficiary participation in the Cash and Counseling demonstration should not affect SSI benefit amounts even if the beneficiary employs an ineligible spouse or ineligible parent as a provider of services, unless the beneficiary is an alien who employs the sponsor to provide these services. Although the income and resources of an eligible spouse or eligible child is deemed to include a portion of the income and resources of the ineligible spouse or parent under sections 1614(f)(1) and (2) of the Act, the Commissioner has exercised his discretion permitted under those provisions to exclude from deeming the income of an ineligible spouse or ineligible parent paid under a Federal, State or local government program to provide the eligible spouse or eligible child with chore, attendant or homemaker services as described in regulations at 20 CFR 416.1161(a)(16). However, the Commissioner has no similar discretionary authority for deeming from a sponsor to an alien.

If an SSI beneficiary chooses to employ his or her ineligible spouse or ineligible parent as a provider of services, and the ineligible spouse or parent conserves all or part of those funds, the retained portion of those funds will become deemable resources to the eligible spouse or child the month after the month of receipt as described in regulations at 20 CFR 416.1202. SSA routinely explains the SSI resources limits and the rules concerning the deeming of resources to affected SSI beneficiaries. Instructions to SSA field offices in the four States collaborating in this demonstration will reinforce the need to explain to affected, participating beneficiaries how payment to the ineligible spouse or ineligible parent could lead to an increase in deemable resources.

The four States collaborating in the demonstration project will experience no or minimal new or additional costs under section 1616 of the Act for SSI beneficiaries who participate in the Cash and Counseling demonstration project. The demonstration project will not add new beneficiaries to either the SSI or State supplementary payments rolls, or artificially extend the eligibility of beneficiaries, or increase payment amounts of SSI or State supplementary payments to participants.

Statutory and Regulatory Provisions Waived: The Commissioner waives for the duration of an individual's participation in the Cash and Counseling demonstration project certain SSI resources counting rules where application of those rules would otherwise affect the eligibility of an individual for SSI. The specific statutory and regulatory provisions waived are those described in the preceding section.

Authority: Section 1110(b) of the Social Security Act.

(Catalog of Federal Domestic Assistance Programs No. 96.006–Supplemental Security Income)

Dated: October 26, 1998.

Kenneth S. Apfel,

Commissioner of Social Security.

[FR Doc. 98–29276 Filed 10–30–98; 8:45 am]

BILLING CODE 4190–29–P

DEPARTMENT OF STATE

[Public Notice 2916]

Discretionary Grant Programs Application Notice Establishing Closing Date for Transmittal of Certain Fiscal Year 1999 Applications

AGENCY: The Department of State invites applications from national organizations with interest and expertise in conducting research and training to serve as intermediaries administering national competitive programs concerning the countries of Eastern Europe and the independent states of the former Soviet Union. The grants will be awarded through an open, national competition among applicant organizations.

Authority for this Program for Research and Training on Eastern Europe and the Independent States of the Former Soviet Union is contained in the Soviet Eastern European Research and Training Act of 1983 (22 U.S.C. 4501–4508, as amended).

SUMMARY: The purpose of this application notice is to inform potential applicant organizations of fiscal and programmatic information and closing dates for transmittal of applications for awards in Fiscal Year 1999 under a program administered by the Department of State. The program seeks to build and sustain expertise among Americans willing to make a career commitment to the study of Eastern Europe and countries of the former Soviet Union.

Organization of Notice: This notice contains three parts. Part I lists the closing date covered by this notice. Part II consists of a statement of purpose and priorities of the program. Part III provides the fiscal data for the program.

Part I

Closing Date for Transmittal of Applications

An application for an award must be mailed or hand-delivered by February 12, 1999.

Applications Delivered by Mail

An application sent by mail must be addressed to Kenneth E. Roberts, Executive Director, Advisory Committee for Studies of Eastern Europe and the Independent States of the Former Soviet Union, INR/RES, Room 6841, U.S. Department of State, 2201 C Street, NW, Washington, DC 20520–6510.

An applicant must show proof of mailing consisting of *one* of the following:

(1) A legibly dated U.S. Postal Service postmark.

(2) A legible mail receipt with the date of mailing stamped by the U.S. Postal Service.

(3) A dated shipping label, invoice, or receipt from a commercial center.

(4) Any other proof of mailing acceptable to the Department of State.

If any application is sent through the U.S. Postal Service, the Department of State does not accept either of the following as proof of mailing: (1) a private metered postmark, or (2) a mail receipt that is not dated by the U.S. Postal Service.

An applicant should note that the U.S. Postal Service does not uniformly provide a dated postmark. Before relying on this method, an applicant should check with the local post office.

An applicant is encouraged to use registered or at least first class mail. Late applications will not be considered and will be returned to the applicant.

Applications Delivered by Hand

An application that is hand delivered must be taken to Kenneth E. Roberts, Executive Director, Advisory Committee for Studies of Eastern Europe and the Independent States of the Former Soviet Union, INR/RES, Room 6841, 2201 C Street, NW, Washington, DC. Please phone first at (202) 736–4572 to ensure access to the building.

The Advisory Committee staff will accept hand-delivered applications between 9:00 a.m. and 4:00 p.m. EST daily, except Saturdays, Sundays, and Federal holidays.

An application that is hand delivered will not be accepted after 4:00 p.m. on the closing date.

Part II

Program Information

In the Soviet-Eastern European Research and Training Act of 1983 the Congress declared that independently verified factual knowledge about the countries of that area is ''of utmost importance for the national security of the United States, for the furtherance of our national interests in the conduct of foreign relations, and for the prudent management of our domestic affairs.'' Congress also declared that the development and maintenance of such knowledge and expertise ''depends upon the national capability for advanced research by highly trained and experienced specialists, available for service in and out of Government.'' The program provides financial support for advanced research, training and other related functions on the countries of the region. By strengthening and sustaining in the United States a cadre of experts on Eastern Europe and the independent states of the former Soviet Union, the program contributes to the overall objectives of the FREEDOM Support and SEED programs.

The full purpose of the Act and the eligibility requirements are set forth in Pub. L. 98164, 97 Stat. 1047–50, as amended. The countries include Albania, Armenia, Azerbaijan, Belarus, Bulgaria, Czech Republic, Estonia, Georgia, Hungary, Kazakstan, Kyrgyzstan, Latvia, Lithuania, Moldova, Poland, Romania, Russia, Slovakia, Tajikistan, Turkmenistan, Ukraine, Uzbekistan, Bosnia and Herzegovina, Slovenia, Croatia, Serbia (including Kosovo and Montenegro), and the Former Yugoslav Republic of Macedonia.

The Act establishes an Advisory Committee to recommend grant policies and recipients. The Secretary of State, after consultation with the Advisory Committee, approves policies and makes the final determination on awards.

Applications for funding under the Act are invited from U.S. organizations prepared to conduct competitive programs on the independent states of the former Soviet Union and the countries of Eastern Europe and related fields. Applying organizations or institutions should have the capability to conduct competitive award programs that are national in scope. Programs of this nature are those that make awards which are based upon an open, nationwide competition, incorporating peer group review mechanisms. Individual end-users of these funds—those to whom the applicant organizations or institutions propose to make awards—must be at the graduate or post-doctoral level, and must have demonstrated a likely career commitment to the study of Eastern Europe and/or the independent states of the former Soviet Union.

Applications sought in this competition among organizations or institutions are those that would contribute to the development of a stable, long-term, national program of unclassified, advanced research and training on the countries of Eastern Europe and/or the independent states of the former Soviet Union by proposing:

(1) *National programs* which award contracts or grants to American institutions of higher education or not-for-profit corporations in support of post-doctoral or equivalent level research projects, such contracts or grants to contain shared-cost provisions;

(2) *National programs* which offer graduate, post-doctoral and teaching fellowships for advanced training on the countries of Eastern Europe and the independent states of the former Soviet Union, and in related studies, including training in the languages of the region, with such training to be conducted on a shared-cost basis, at American institutions of higher education;

(3) *National programs* which provide fellowships and other support for American specialists enabling them to conduct advanced research on the countries of Eastern Europe and the independent states of the former Soviet Union, and in related studies; and those which facilitate research collaboration between Government and private specialists in these areas;

(4) *National programs* which provide advanced training and research on a reciprocal basis in the countries of Eastern Europe and the independent states of the former Soviet Union by facilitating access for American specialists to research facilities and resources in those countries;

(5) *National programs* which facilitate the public dissemination of research methods, data and findings; and those which propose to strengthen the national capability for advanced research or training on the countries of Eastern Europe and the independent states of the former Soviet Union in ways not specified above.

Note: The Advisory Committee will not consider applications from individuals to further their own training or research, or from institutions or organizations whose proposals are not for competitive award programs that are national in scope as defined above. Support for specific activities will be guided by the following policies and priorities:

- *Support for Transitions.* The Advisory Committee strongly encourages support for activities which, while building expertise among U.S. specialists on the region, also 1) promote fundamental goals of U.S. assistance programs such as helping establish market economies and promoting democratic governance and civil societies, and 2) provide knowledge and context related to current US policy interests in the region, broadly defined. This includes, but is not limited to, such topics as ethnic conflict, post-Soviet economics, and political participation. Research is encouraged on Russia's regions, and on other specific geographic areas— including areas outside capital cities, on Central Asia, and on the Balkans, where gaps exist in knowledge. Historical or cultural research that promotes understanding of current events in the region also is encouraged if an explicit connection can be made to contemporary political and/or economic transitions.
- *Publications.* Funds awarded in this competition should not be used to subsidize journals, newsletters and other periodical publications except in special circumstances, in which cases the funds should be supplied through peer-review organizations with national competitive programs.
- *Conferences.* Proposals for conferences, like those for research projects and training programs, should be assessed according to their relative contribution to the advancement of knowledge and to the professional development of cadres in the fields. Therefore, requests for conference funding should be directed to one or more of the national peer-review organizations receiving program funds, with proposed conferences being evaluated competitively against research, fellowship or other proposals for achieving the purposes of the grant.
- *Library Activities.* Funds may be used for certain library activities that clearly strengthen research and training on the countries of Eastern Europe and the independent states of the former Soviet Union and benefit the fields as a whole. Such programs must make awards based upon open, nationwide competition, incorporating peer group review mechanisms. Funds may not be used for activities such as modernization, acquisition, or preservation. Modest, cost-effective proposals to facilitate research, by eliminating serious cataloging backlogs or otherwise improving access to research materials, will be considered.
- *Language Support.* The Advisory Committee encourages attention to the non-Russian languages of the independent states of the former Soviet Union and the less commonly taught languages of the East European countries. Support provided for Russian language instruction/study normally will be only for advanced level. Applicants

proposing to offer language instruction are encouraged to apply to a national program as described above that has appropriate peer group review mechanisms.

• *Support for Non-Americans.* The purpose of the program is to build and sustain U.S. expertise on the countries of Eastern Europe and the independent states of the former Soviet Union. Therefore, the Advisory Committee has determined that highest priority for support always should go to American specialists (i.e., U.S. citizens or permanent residents). Support for such activities as long-term research fellowships, i.e., nine months or longer, should be restricted solely to American scholars. Support for short-term activities also should be restricted to Americans, except in special instances where the participation of a non-American scholar has clear and demonstrable benefits to the American scholarly community. In such special instances, the applicant must justify the expenditure. Despite this restriction on support for non-Americans, collaborative projects are encouraged—where the non-American component is funded from other sources—and priority is given to institutions whose programs contain such an international component.

In making its recommendations, the Committee will seek to encourage a coherent, long-term, and stable effort directed toward developing and maintaining a national capability on the countries of Eastern Europe and the independent states of the former Soviet Union. Program proposals can be for the conduct of any of the functions enumerated, but in making its recommendations, the Committee will be concerned to develop a balanced national effort that will ensure attention to all the countries of the area. Legislation requires and this announcement indicates under *Program Information* of this section that in certain cases grantee organizations must include shared-cost provisions in their arrangements with end-users. Cost-sharing is encouraged, whenever feasible, in all programs.

Part III

Available Funds

Awards are contingent upon the availability of funds. Funding may be available at a level up to $4.8 million. The precise level of funding will not be known until legislative action is complete. In Fiscal Year 1998, the Congress appropriated to the program $4.8 million from the FREEDOM Support and Support for East European Democracies (SEED) Acts, which funded grants to 9 national organizations. The number of awards varies each year, depending on the level of funding and the quality of the applications submitted.

The Department legally cannot commit funds that may be appropriated in subsequent fiscal years. Thus multi-year projects cannot receive assured funding unless such funding is supplied out of a single year's appropriation. Grant agreements may permit the expenditure from a particular year's grant to be made up to three years after the grant's effective date.

Applications

Applications must be prepared and submitted in 20 copies in the form of a statement, the narrative part of which should not exceed 20 double-spaced pages. This must be accompanied by a one-page executive summary, a budget, and vitae of key professional staff. Proposers may append other information they consider essential, although bulky submissions are discouraged and run the risk of not being reviewed fully. The one-page summary and budget should precede the narrative in the proposal.

Proposed programs should be described fully, including benefits for the fields. All applicants should provide detailed information about their plans for advertising their programs, peer evaluation and review procedures, and estimates of the types and amount of anticipated awards.

Applicants who have received a grant from this program in the previous competition should provide detailed information on the peer evaluation and review procedures followed, and awards made, including, where applicable, names/affiliations of recipients, and amounts and types of awards. If an applicant received support prior to the last competition, a summary of those awards also should be included.

Descriptions of all competitive award programs should specify both past and anticipated applicant-to-award ratios.

Proposals from national organizations involving language instruction programs should provide, for those programs supported in the past year, information on the criteria for evaluation, including levels of instruction, degrees of intensiveness, facilities, methods for measuring language proficiency (including pre- and post-testing), instructors' qualifications, and budget information showing estimated costs per student.

A description of affirmative action policies and practices must be included in the application.

Applications should include certifications of compliance with the provisions of: (1) the Drug-Free Workplace Act (Pub. L. 100–690), in accordance with Appendix C of 22 CFR 137, Subpart F; and (2) Section 319 of the Department of the Interior and Related Agencies Appropriations Act (Pub. L. 101–121), in accordance with Appendix A of 22 CFR 138, New Restrictions on Lobbying Activities.

Budget

Since funds will be appropriated separately for East Europe (including the Baltic states) and New Independent States programs, proposals must indicate how the requested funds will be distributed by region, country (to the extent possible), and activity. Subsequently, grant recipients must report expenditures by region, country, and activity.

Applicants should familiarize themselves with Department of State grant regulations contained in 22 CFR 145, ''Grants and Cooperative Agreements with Institutions of Higher Education, Hospitals, and Other Non-Profit Organizations,'' OMB Circular A–110, ''Grants and Agreements with Institutions of Higher Education . . . Uniform Administrative Requirements,'' and OMB Circular A–133, ''Audits of Institutions of Higher Learning and Other Non-Profit Institutions'' and indicate or provide the following information:

(1) Whether the organization falls under OMB Circular No. A–21, ''Cost Principles for Educational Institutions,'' or OMB Circular No. A–122, ''Cost Principles for Nonprofit Organizations;''

(2) A detailed program budget indicating direct expenses by program element, by region (the independent states of the former Soviet Union or Eastern Europe), indirect costs, and the total amount requested. NB: Indirect costs are limited to 10 percent of total direct program costs. Applicants requesting funds to supplement a program having other sources of support should submit a current budget for the total program and an estimated future budget for it showing how specific lines in the budget would be affected by the allocation of requested grant funds. Other funding sources and amounts, when known, should be identified.

(3) The applicant's cost-sharing proposal, if applicable, containing appropriate details and cross references to the requested budget;

(4) The organization's most recent audit report (the most recent U.S. Government audit report if available) and the name, address, and point of contact of the audit agency. N.B.: The threshold for grants that trigger an audit requirement has been raised from $25,000 to $300,000.

(5) An indication of the proposer's priorities if funding is being requested for more than one program or activity.

All payments will be made to grant recipients through the Department of State.

Technical Review

The Advisory Committee for Studies of Eastern Europe and the Independent States of the Former Soviet Union will evaluate applications on the basis of the following criteria:

(1) Responsiveness to the substantive provisions set forth above in Program Part II, Information (45 points);

(2) The professional qualifications of the applicant's key personnel and selection committees, and their experience conducting national competitive award programs of the type the applicant proposes on the countries of Eastern Europe and the independent states of the former Soviet Union (35 points); and

(3) Budget presentation and cost effectiveness (20 points).

FOR FURTHER INFORMATION CONTACT: For further information, contact Kenneth E. Roberts, Executive Director, Advisory Committee for Studies of Eastern Europe and the Independent States of the Former Soviet Union, INR/RES, Room 6841, U.S. Department of State, 2201 C Street, NW, Washington, DC 20520–6510. Telephone: (202) 736–4572 or 736–4386, fax: (202) 736–4851 or (202) 736–4807.

Dated: October 19, 1998.

Kenneth E. Roberts,

Executive Director, Advisory Committee for Studies of Eastern Europe and the Independent States of the Former Soviet Union.

[FR Doc. 98–29224 Filed 10–30–98; 8:45 am]

BILLING CODE 4710–32–P

DEPARTMENT OF STATE

Office of the Secretary of State

[Public Notice 2905]

Notice Convening Accountability Review Boards for the Bomb Attacks on the U.S. Embassy in Nairobi, Kenya in Which Eleven U.S. Citizen Employees and one Dependent, 32 Foreign Service National Employees, and Hundreds of People Were Killed, and on the U.S. Embassy in Dar es Salaam, Tanzania, in Which Eight Foreign Service National Employees Were Killed and at Least 70 People Injured

Pursuant to section 301 of the Omnibus Diplomatic Security and Antiterrorism Act of 1986 (22 U.S.C. 4831 *et seq.*), I have determined that the August 7, 1998 bomb attacks on the U.S. Embassies in Nairobi, Kenya, and Dar es Salaam, Tanzania, each involved serious injury, loss of life, or significant destruction of property at or related to a U.S. mission abroad. Therefore, I am convening two Accountability Review Boards, as required by that statute, to examine the facts and circumstances of each attack and report to me such findings and recommendations as they deem appropriate, in keeping with the attached mandates.

I have appointed Admiral William J. Crowe as Chair of both Boards. He will be assisted on the Nairobi Board by former Ambassadors Philip C. Wilcox and Michael H. Armacost, Ms. Janne Nolan, Mr. Arthur W. (Mick) Donahue, and by Executive Secretary Ambassador Richard C. Brown. Admiral Crowe will be assisted on the Dar es Salaam Board by former Ambassador Terence A. Todman, Mr. David Busby, Dr. Lynn Davis, Mr. Montgomery L. Rogers, and by Executive Secretary, Mr. Kenneth R. McKune. All will bring to their deliberations distinguished backgrounds in government service and the private sector.

I have asked the Boards to submit their conclusions and recommendations to me within sixty days of their first meeting, unless the Chair determines a need for additional time. Appropriate action will be taken and reports submitted to Congress on any recommendations made by the Boards.

Anyone with information relevant to the Boards' examination of these incidents should contact the Boards promptly at (202) 647–6252 or fax them at (202) 647–6640.

Dated: October 13, 1998.

Madeleine K. Albright,

Secretary of State.

[FR Doc. 98–29225 Filed 10–30–98; 8:45 am]

BILLING CODE 4710–10–M

DEPARTMENT OF TRANSPORTATION

Office of the Secretary

Aviation Proceedings, Agreements Filed During the Week Ending October 23, 1998

The following Agreements were filed with the Department of Transportation under the provisions of 49 U.S.C. 412 and 414. Answers may be filed within 21 days of date of filing.

Docket Number: OST–98–4607.
Date Filed: October 20, 1998.
Parties: Members of the International Air Transport Association.
Subject:
PTC31 Telex Mail Vote 965 (as amended)
Niigata, Japan-Hawaii fares (Reso 010v)
Intended effective date: December 19, 1998.

Docket Number: OST–98–4610.
Date Filed: October 20, 1998.
Parties: Members of the International Air Transport Association.
Subject:
COMP Telex Reso 033f—Hungary
Local Currency Rate Changes
Intended effective date: December 1, 1998.

Docket Number: OST–98–4636.
Date Filed: October 22, 1998.
Parties: Members of the International Air Transport Association.
Subject:
PTC12 NMS-ME 0062 dated September 28, 1998 r1–10
Mid-Atlantic-MidEast Resos-MV958, as amended in TE400
PTC12 NMS-ME 0063 dated September 28, 1998 r11–12
South Atlantic-MidEast Resos-MV959, as amended in TE401
Intended effective date: April 1, 1999.

Docket Number: OST–98–4637.
Date Filed: October 22, 1998.
Parties: Members of the International Air Transport Association.
Subject:
PTC23 Telex Mail Vote 966
Africa-Southeast Asia Resos 002uu
Intended effective date: December 1, 1998.

Docket Number: OST–98–4638.
Date Filed: October 22, 1998.
Parties: Members of the International Air Transport Association.
Subject:
PTC123 0049 dated October 20, 1998
North Atlantic Expedited Resos 002gg (r1) & 067m (r2)
Intended effective date: November 15, 1998.

Dorothy W. Walker,

Federal Register Liaison.

[FR Doc. 98–29282 Filed 10–30–98; 8:45 am]

BILLING CODE 4910–62–P

DEPARTMENT OF TRANSPORTATION

Office of the Secretary

Notice of Applications for Certificates of Public Convenience and Necessity and Foreign Air Carrier Permits Filed Under Subpart Q During the Week Ending October 23, 1998

The following Applications for Certificates of Public Convenience and Necessity and Foreign Air Carrier Permits were filed under Subpart Q of the Department of Transportation's Procedural Regulations (See 14 CFR 302.1701 *et. seq.*). The due date for Answers, Conforming Applications, or Motions to Modify Scope are set forth below for each application. Following the Answer period DOT may process the application by expedited procedures. Such procedures may consist of the adoption of a show-cause order, a

tentative order, or in appropriate cases a final order without further proceedings.

Docket Number: OST–98–4600.

Dated Filed: October 19, 1998.

Due Date for Answers, Conforming Applications, or Motions to Modify Scope: November 16, 1998.

Description: Application of Queen Air, Aeronaves Queen, S.A. pursuant to 49 U.S.C. 41302 and Subpart Q, applies for a foreign air carrier permit authorizing it to engage in scheduled foreign air transportation of persons, property and mail between Santo Domingo in the Dominican Republic, on the one hand, and the co-terminal points San Juan, P.R., Miami, FL and New York, NY on the other hand, and non-scheduled foreign air transportation between a point or points in the Dominican Republic and any point or points in the U.S.

Docket Number: OST–98–4605.

Date Filed: October 20, 1998.

Due Date for Answers, Conforming Applications, or Motions to Modify Scope: November 17, 1998.

Description: Application of Cargolux Airlines International S.A. pursuant to 49 U.S.C. 41302 and Subpart Q, applies to amend its foreign air carrier permit last issued by Order 97–3–10 to authorize Cargolux to provide 7th Freedom all-cargo services between the United States and any point or points. Cargolux requests this permit authority to be coextensive with the effectiveness of the U.S.-Luxembourg Air Transport Agreement in accordance with Order 97–3–10.

Docket Number: OST–95–477.

Date Filed: October 21, 1998.

Due Date for Answers, Conforming Applications, or Motions to Modify Scope: November 18, 1998.

Description: Application of L.B. Limited pursuant to 49 U.S.C. 41302 and Subpart Q applies for an amendment and re-issuance of its foreign air carrier permit issued by Order 96–6–45, to engage in scheduled air transportation of person, property and mail on the following Bahamas-U.S. scheduled combination route Freeport on the one hand, and the coterminal points Charlotte, NC and Columbus, OH on the other hand.

Docket Number: OST–98–4635.

Date Filed: October 22, 1998.

Due Date for Answers, Conforming Applications, or Motions to Modify Scope: November 19, 1998.

Description: Application of Evergreen International Airlines, Inc. pursuant to 49 U.S.C. 41120 and Subpart Q, requests issuance of a new certificate of public convenience and necessity, or an amendment to its existing international certificate, to provide scheduled foreign air transportation of property and mail between any point in the United States, on the one hand, and any point in the countries listed in Appendix A to this application, on the other. Evergreen requests authority to integrate this certificate authority with its other all-cargo certificate and exemption authority and to commingle traffic on services conducted pursuant to such authority, consistent with applicable agreements between the U.S. and foreign countries.

Dorothy W. Walker,

Federal Register Liaison.

[FR Doc. 98–29283 Filed 10–30–98; 8:45 am]

BILLING CODE 4910–62–M

DEPARTMENT OF TRANSPORTATION

Federal Highway Administration

Environmental Impact Statement: Amador County, CA

AGENCY: Federal Highway Administration (FHWA), DOT.

ACTION: Notice of intent.

SUMMARY: The FHWA is issuing this notice to advise the public that an environmental impact statement will be prepared for a proposed highway project in Amador County, California.

FOR FURTHER INFORMATION CONTACT: Mr. John R. Schultz, Chief, Program Delivery Team—North, Federal Highway Administration, California Division, 980 9th Street, Suite 400, Sacramento, California 95814–2724, Telephone: (916) 498–5041.

SUPPLEMENTARY INFORMATION: The FHWA, in cooperation with the California Department of Transportation (Caltrans), will prepare an Environmental Impact Statement (EIS) on a proposal to improve State Route (SR) 49 in Amador County, California. The proposed improvement would involve in the reconstruction of a roadway section of SR 49 between the junction of Route 104 (Ridge Road) to 0.3 kilometers (0.2 miles) south of Ranchia Creek Bridge. The project is approximately 7.9 kilometers (4.9 miles) in length. The improvement would correct deficiencies on the existing facility such as the narrow roadbed, short radius curves, inadequate sight distances, and excessively steep grades.

Alternatives under consideration include (1) taking no action, (2) constructing a limited access highway on new location, and (3) improve the existing route. Incorporated into and studied with the various build alternatives will be design variations of grade and alignment.

Letters describing the proposal action and soliciting comments will be sent to appropriate Federal, State, and Local agencies, and to private organizations and citizens who have previously expressed or are known to have interest in this proposal. Several public meetings will be held in Amador County between March and July 1999. In addition, a public hearing will be held. Public notice will be given of the time and place of the meetings and hearing. The draft EIS will be available for public and agency review and comment prior to the public hearing. No formal scoping meeting is planned at this time.

To ensure that the full range of issues related to this proposed action are addressed and all significant issues identified, comments, and suggestions are involved from all interest parties. Comments or questions concerning this proposed action and the EIS should be directed to the FHWA at the address provided above.

(Catalog of Federal Domestic Assistance Program Number 20.205, Highway Research Planning and Construction. The regulations implementing Executive Order 12372 regarding intergovernmental consultation on federal programs and activities apply to this program)

Issued on: October 22, 1998.

John R. Schultz,

Chief, Program Delivery Team—North Sacramento, California.

[FR Doc. 98–29227 Filed 10–30–98; 8:45 am]

BILLING CODE 4910–22–M

DEPARTMENT OF TRANSPORTATION

Federal Highway Administration

Transportation Infrastructure Finance and Innovation; Public Meeting

AGENCY: Federal Highway Administration (FHWA), DOT.

ACTION: Public meeting.

SUMMARY: The Transportation Equity Act for the 21st Century (TEA–21), Public Law 105–178, 112 Stat. 107 (1998) established a new Federal credit program for surface transportation projects. The Transportation Infrastructure Finance and Innovation Act (TIFIA), Title I, Subtitle E, Chapter 1 was established to provide up to $10.6 billion of Federal assistance in the form of credit (direct loans, loan guarnatees, and standby line of credit) to major surface transportation projects of critical national importance, such as intermodal facilities, border crossing infrastructure, trade corridors and other investments

generating substantial regional and national economic and other benefits.

Prior to implementation, the Federal Highway Administration (FHWA), acting on behalf of the United States Department of Transportation (USDOT) will conduct a focus group session regarding work-to-date in the development of preliminary programmatic structure for TIFIA. This notice serves to invite public officials, potential project sponsors, the financial community, and other interested parties to attend a meeting at which proposed features of the TIFIA program will be discussed and a summary of findings from a pervious TIFIA focus group session held in New York on September 14, 1998 will be presented.

DATES: The public meeting will be held on Tuesday, December 8, 1998 from 9:30 a.m. until approximately 2:00 p.m. Interested parties are requested to RSVP to the FHWA by facsimile at (202) 366–7493 by Monday, November 23, 1998.

ADDRESSES: The meeting will be held at the Center for Infrastructure Finance Studies, Copley International Conference Center, Institute of the Americas/University of California-San Diego, 10111 North Torrey Pines Road, La Jolla, California 92037.

FOR FURTHER INFORMATION CONTACT:

David Seltzer at (202) 366–0397, or Bryan Grote, at (202) 366–5785, Office of Budget and Finance, Federal Highway Administration, 400 Seventh Street, SW., Washington, D.C. 20590. Office hours are from 8:00 a.m. to 4:30 p.m., e.t., Monday through Friday, except Federal holidays.

SUPPLEMENTARY INFORMATION:

Electronic Access

An electronic copy of this document may be downloaded using a modem and suitable communications software from the Government Printing Office's Electronic Bulletin Board Service at (202) 512–1661. Internset users may reach the Federal Register's home page at: http://www.nara.gov/fedreg and the Government Printing Office's web page at: http://www.access.gpo.gov/nara. A copy of the TEA–21 legislation and conference report containing the TIFIA program is available on the FHWA home page at http://www.fhwa.dot.gov/tea21/legis.htm.

Authority: 23 U.S.C. 181; 23 U.S.C. 315; 49 CFR 1.45(a)(1), 49 CFR 1.48.

Dated: October 27, 1998.

George S. Moore, Jr.,

Associate Administrator for Administration.

[FR Doc. 98–29302 Filed 10–30–98; 8:45 am]

BILLING CODE 4910–22–M

DEPARTMENT OF THE TREASURY

Federal Law Enforcement Training Center; Meeting

AGENCY: Advisory Committee to the National Center for State, Local, and International Law Enforcement Training.

ACTION: Notice of meeting.

SUMMARY: The agenda for this meeting includes remarks by the Committee co-chairs, Karen Wehner, Acting Deputy Assistant Secretary (LE), Department of the Treasury, and Laurie Robinson, Assistant Attorney General, Office of Justice Programs, Department of Justice; progress reports on Small Town and Rural Training Series (STAR), International Training, and the International Law Enforcement Academy—South (ILEA-South); and presentations on collaborative programs with the National Center, which will include the Office of Community Oriented Policing Services.

DATE: November 4, 1998.

ADDRESS: Federal Law Enforcement Training Center, Glynco, Georgia.

FOR FURTHER INFORMATION CONTACT: Hobart M. Henson, Director, National Center for State, Local, and International Law Enforcement Training, Federal Law Enforcement Training Center, Glynco, Georgia 31524, 1–800–743–5382.

Dated: October 26, 1998.

Hobart M. Henson,

Director, National Center for State, Local, and International Law Enforcement Training.

[FR Doc. 98–29370 Filed 10–30–98; 11:36 am]

BILLING CODE 4810–32–M

DEPARTMENT OF THE TREASURY

Fiscal Service

Coupons Under Book-Entry Safekeeping (CUBES) and Bearer Corpora Conversion System (BECCS); Extension of Programs

AGENCY: Bureau of the Public Debt, Fiscal Service, Department of the Treasury.

ACTION: Notice.

SUMMARY: This notice is being published to announce the extension by the Department of the Treasury of its Coupons Under Book-Entry Safekeeping (CUBES) and its Bearer Corpora Conversion System (BECCS) programs, pursuant to 31 CFR part 358. In a notice published on March 6, 1998 (63 FR 11357), the previously announced conversion window for both CUBES and BECCS ended on October 9, 1998. Due to the popularity of the BECCS conversion program, the Department is extending the operation of the conversion window beyond October 9, 1998, and will continue to accept both stripped bearer corpora and detached bearer coupons for conversion to book-entry form until further notice. The Department of the Treasury will publish a notice in the **Federal Register** not less than thirty (30) calendar days prior to the effective ending date of the CUBES and BECCS conversion window.

The extension of the CUBES window will continue to permit the conversion to book-entry of certain physical coupons detached from U.S. Treasury bearer securities. The extension of the BECCS window will continue to permit the conversion to book-entry of U. S. Treasury stripped bearer corpora to book-entry form. CUBES and BECCS securities will be held in the commercial book-entry system, or TRADES. With the extension of the conversion window for CUBES and BECCS, depository institutions holding eligible coupons and corpora will continue to have the opportunity to convert such coupons and corpora to book-entry form until further notice by the Department. Other entities wishing to convert coupons and corpora must arrange to do so through a depository institution.

FOR FURTHER INFORMATION CONTACT: Maureen Parker, Director, Division of Securities Systems, Bureau of the Public Debt (304) 480–7761; Susan Klimas, Attorney-Adviser, Office of the Chief Counsel, Bureau of the Public Debt (304) 480–5192; Edward C. Gronseth, Deputy Chief Counsel, Office of the Chief Counsel, Bureau of the Public Debt (304) 480–5192.

SUPPLEMENTARY INFORMATION: 31 CFR part 358, Regulations governing Book-Entry Conversion of Detached Bearer Coupons and Bearer Corpora permits openings of the CUBES and BECCS windows for conversion to book-entry form of detached, physical coupons and stripped bearer corpora. Accordingly, pursuant to that authority, Treasury is extending the window for conversion under its CUBES and BECCS programs until further notice. Under the programs, depository institutions holding coupons stripped from Treasury securities and bearer corpora that have been stripped of all non-callable coupons will continue to be permitted to convert them to book-entry form. Entities other than depository institutions that hold such coupons and bearer corpora and that wish to convert them to book-entry accounts under the CUBES and BECCS programs must

arrange for conversion through a depository institution.

Detached bearer coupons and bearer corpora that are submitted within 30 days of their maturity date or, if the call provision has been invoked, within 30 days of their call date, will not be accepted for conversion.

Presentation of coupons under the CUBES and BECCS windows may be made only at the Federal Reserve Bank of New York and in compliance with the presentation procedures established by the Federal Reserve Bank of New York. Submissions of coupons are subject to the terms and conditions described in part 358.

A depository institution wishing to participate in CUBES or BECCS should contact Grace Jaiman (212) 720–8183 or Joanna Grever (212) 720–8184 of the Federal Reserve Bank of New York as soon as possible to obtain an information package and the necessary supplies required to present the stripped coupons and bearer corpora in acceptable form. The institution should inform the Federal Reserve Bank of New York of its intention to participate as soon as possible, but no later than two weeks before deposit, and should submit a completed holdings statement on the form provided in the information package.

Participants will be charged a separate conversion transaction fee of $4 for each coupon and each corpus conversion transaction processed. A corpus submitted with all associated callable coupons will be charged one conversion transaction fee. A corpus submitted minus one or more associated callable coupons will be charged a transaction fee for the conversion of the corpus and a transaction fee for each separate callable coupon converted. Each non-callable coupon submitted will be charged a conversion transaction fee. The fee for any coupon or corpus that is rejected by the Department, for whatever reason, is non-refundable.

Submitters of coupons are deemed to agree to the terms and conditions set forth in this notice, 31 CFR part 358, and any other requirements that may be prescribed by the Department of the Treasury and the Federal Reserve Bank of New York.

Dated: October 28, 1998.

R. Lee Grandy,

Acting Commissioner, Bureau of the Public Debt.

[FR Doc. 98–29279 Filed 10–28–98; 3:14 pm]

BILLING CODE 4810–39–P

Corrections

Federal Register
Vol. 63, No. 211
Monday, November 2, 1998

This section of the FEDERAL REGISTER contains editorial corrections of previously published Presidential, Rule, Proposed Rule, and Notice documents. These corrections are prepared by the Office of the Federal Register. Agency prepared corrections are issued as signed documents and appear in the appropriate document categories elsewhere in the issue.

COMMODITY FUTURES TRADING COMMISSION

17 CFR Part 10

Rules of Practice; Final Rules

Correction

In rule document 98–27983 beginning on page 55784 in the issue of Monday, October 19, 1998, make the following corrections:

§ 10.102 [Corrected]

1. On page 55795, in the first column, in § 10.102, in the third line from the bottom, paragraph designation ''(3)'' should read ''(e)''.

Subpart I to Part 10 [Corrected]

2. On the same page, in the third column, in § 10.110, in amendatory instruction 17., the table of contents heading and the text heading, ''Subpart 1'' should read ''Subpart I''.

BILLING CODE 1505-01-D

DEPARTMENT OF DEFENSE

Department of the Army

Intent to Grant an Exclusive License to RSI Industries

Correction

In notice document 98–27931 appearing on page 55849 in the issue of Monday, October 19, 1998, the subject heading should appear as set forth above.

BILLING CODE 1505-01-D

DEPARTMENT OF TRANSPORTATION

Federal Aviation Administration

14 CFR Part 71

[Airspace Docket No. 98-ACE-40]

Amendment to Class E Airspace; Pittsburg, KS

Correction

In rule document 98–25740 beginning on page 51811 in the issue of Tuesday, September 29, 1998, make the following correction:

§ 71.1 [Corrected]

On page 51812, in §71.1, in the first column, under **ACE KS E5 Pittsburg, KS [Revised]** in the second line ''(Lat. 37°26′52″N., long. 94°43′36″W.)'' should read ''(Lat. 37°26′52″N., long. 94°43′52″W.)''.

BILLING CODE 1505-01-D

DEPARTMENT OF THE TREASURY

Internal Revenue Service

26 CFR Part 1

[TD 8781]

RIN 1545–AV95

Employee Stock Ownership Plans; Section 411(d)(6) Protected Benefits (Taxpayer Relief Act of 1997); Qualified Retirement Plan Benefits

Correction

In rule document 98–23569, beginning on page 47172, in the issue of Friday, September 4, 1998, the heading is corrected to read as set forth above.

BILLING CODE 1505-01-D

DEPARTMENT OF THE TREASURY

Internal Revenue Service

26 CFR Part 1

[TD 8784]

RIN 1545–AV89

Substantiation of Business Expenses–Use of Mileage Allowances To Substantiate Automobile Expenses

Correction

In rule document 98–26226, beginning on page 52600, in the issue of Thursday, October 1, 1998, make the following correction:

§ 1.274(d)–1 [Corrected]

On page 52601, in the first column, in amendatory instruction 4., ''Section 1.274(d)-2'' should read ''Section 1.274(d)-1''.

BILLING CODE 1505-01-D

DEPARTMENT OF THE TREASURY

Internal Revenue Service

26 CFR Part 1

[REG–118966–97]

RIN 1545–AV69

Information Reporting With Respect to Certain Foreign Partnerships

Correction

In proposed rule document 98–23881, beginning on page 48144, in the issue of Wednesday, September 9, 1998, make the following correction:

§ 1.6038–3 [Corrected]

On page 48147, in the third column, in § 1.6038–3(d), in the third line, ''subchapter'' should read ''subchapter K''.

BILLING CODE 1505-01-D

Federal Register

Monday
November 2, 1998

Part II

Department of Health and Human Services

Health Care Financing Administration

42 CFR Part 405, et al.

Medicare Program; Revisions to Payment Policies and Adjustments to the Relative Value Units Under the Physician Fee Schedule for Calendar Year 1999; Final Rule and Notice

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Care Financing Administration

42 CFR Parts 405, 410, 413, 414, 415, 424, and 485

[HCFA–1006–FC]

RIN 0938–AI52

Medicare Program; Revisions to Payment Policies and Adjustments to the Relative Value Units Under the Physician Fee Schedule for Calendar Year 1999

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

ACTION: Final rule with comment period.

SUMMARY: This final rule makes several policy changes affecting Medicare Part B payment. The changes that relate to physicians' services include: resource-based practice expense relative value units (RVUs), medical direction rules for anesthesia services, and payment for abnormal Pap smears. Also, we are rebasing the Medicare Economic Index from a 1989 base year to a 1996 base year. Under the law, we are required to develop a resource-based system for determining practice expense RVUs. The Balanced Budget Act of 1997 (BBA) delayed, for 1 year, implementation of the resource-based practice expense RVUs until January 1, 1999. Also, BBA revised our payment policy for nonphysician practitioners, for outpatient rehabilitation services, and for drugs and biologicals not paid on a cost or prospective payment basis. In addition, BBA permits certain physicians and practitioners to opt out of Medicare and furnish covered services to Medicare beneficiaries through private contracts and permits payment for professional consultations via interactive telecommunication systems. Furthermore, we are finalizing the 1998 interim RVUs and are issuing interim RVUs for new and revised codes for 1999. This final rule also announces the calendar year 1999 Medicare physician fee schedule conversion factor under the Medicare Supplementary Medical Insurance (Part B) program as required by section 1848(d) of the Social Security Act. The 1999 Medicare physician fee schedule conversion factor is $34.7315.

DATES: *Effective date:* This rule this rule is effective January 1, 1999.

Applicability date: Part 405 subpart D is applicable for private contract affidavits signed and private contracts entered into on or after January 1, 1999.

This rule is a major rule as defined in Title 5, United States Code, section 804(2). Pursuant to 5 U.S.C. section 801(a)(1)(A), we are submitting a report to the Congress on this rule on October 30, 1998.

Comment date: We will accept comments on interim RVUs for selected procedure codes identified in Addendum C and on interim practice expense RVUs for all codes as shown in Addendum B. Comments will be considered if we receive them at the appropriate address, as provided below, no later than 5 p.m. on January 4, 1999.

ADDRESSES: Mail written comments (1 original and 3 copies) to the following address: Health Care Financing Administration, Department of Health and Human Services, Attention: HCFA–1006–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 443–G, Hubert H. Humphrey Building, 200 Independence Avenue, SW., Washington, DC 20201, or

Room C5–14–03, 7500 Security Boulevard, Baltimore, MD 21244–1850.

Because of staffing and resource limitations, we cannot accept comments by facsimile (FAX) transmission. In commenting, please refer to file code HCFA–1006–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 443–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).

FOR FURTHER INFORMATION CONTACT:

Roberta Epps, (410) 786–4503 (for issues related to outpatient rehabilitation services).

Stephen Heffler, (410) 786–1211 (for issues related to the Medicare Economic Index).

Anita Heygster, (410) 786–4486 (for issues related to private contracts).

Jim Menas, (410) 786–4507 (for issues related to Pap smears and medical direction for anesthesia services).

Robert Niemann, (410) 786–4569 (for issues related to the drugs and biologicals policy).

Regina Walker-Wren, (410) 786–9160 (for issues related to physician assistants, nurse practitioners, clinical nurse specialists, and certified nurse-midwives).

Craig Dobyski, (410) 786–4584 (for issues related to teleconsultations).

Stanley Weintraub, (410) 786–4498 (for issues related to practice expense relative value units and all other issues).

SUPPLEMENTARY INFORMATION:

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. Please specify the date of the issue requested, and enclose a check or money order payable to the Superintendent of Documents, or enclose your Visa, Discover, 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**.

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To assist readers in referencing sections contained in this preamble, 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. Information on the regulation's impact appears throughout the preamble and not exclusively in part IX.

Table of Contents

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:

AANA: American Association of Nurse Anesthetists
ABC: Activity based costing
ABN: Advance Beneficiary Notice
AHE: Average hourly earnings
AMA: American Medical Association
ANCC: American Nurses Credentialing Center
ASA: American Society of Anesthesiologists
ASOPA: American Society of Orthopedic Physician Assistants
AWP: Average wholesale price
BBA: Balanced Budget Act of 1997
BLS: Bureau of Labor Statistics
CAAHEP: Commission on Accreditation of Allied Health Education Programs
CF: Conversion factor
CFR: Code of Federal Regulations
CMSAs: Consolidated Metropolitan Statistical Areas
CORF: Comprehensive outpatient rehabilitation facility
CPEPs: Clinical Practice Expert Panels
CPI: Consumer Price Index
CPI–U: Consumer Price Index for All Urban Consumers
CPS: Current Population Survey
CPT: [Physicians'] Current Procedural Terminology
CRNA: Certified Registered Nurse Anesthetist
DME: Durable medical equipment
DMEPOS: Durable medical equipment, prosthetics, orthotics, and supplies
DRG: Diagnosis-related group
EAC: Estimated acquisition cost
ECI: Employment Cost Index
ES–202 Data: Bureau of Labor Statistics from State unemployment insurance agencies
ESRD: End-stage renal disease
FDA: Food and Drug Administration
FMR: Fair market rental
FQHC: Federally qualified health center
GAAP: Generally accepted accounting principles
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
HHA: Home health agency
HHS: [Department of] Health and Human Services
HMO: Health maintenance organization
HPSA: Health professional shortage area
HRSA: Health Resources and Services Administration
HUD: [Department of] Housing and Urban Development
IPLs: Independent Physiologic Laboratories
MedPAC: Medicare Payment Advisory Commission
MEI: Medicare Economic Index
MGMA: Medical Group Management Association
MSA: Metropolitan Statistical Area
MSA: Medicare Supplemental Insurance
MVPS: Medicare volume performance standard
NAIC: National Association of Insurance Commissioners
NBCOPA: National Board on Certification for Orthopedic Physician Assistants
NCCPA: National Council on Certification of Physician Assistants
NPI: National provider identifier
OBRA: Omnibus Budget Reconciliation Act
OTIP: Occupational therapist in independent practice
PC: Professional component
PHS: Public Health Service
PMSA: Primary Metropolitan Statistical Area
PPI: Producer price index
PPS: Prospective payment system
PTIP: Physical therapist in independent practice
RBRVS: Resource Based Relative Value Scale
RHC: Rural health clinic
RUC: [AMA's Specialty Society] Relative [Value] Update Committee
RN: Registered nurse
RVU: Relative value unit
SMS: Socioeconomic Monitoring System
SNF: Skilled nursing facility
TC: Technical component
TEFRA: Tax Equity and Fiscal Responsibility Act
UPIN: Uniform provider identifier number

I. Background

A. Legislative History

Since January 1, 1992, Medicare has paid for physicians' services under section 1848 of the Social Security Act (the Act), ''Payment for Physicians' Services.'' This section contains three major elements: (1) A fee schedule for the payment of physicians' services; (2) a sustainable growth rate for the rates of increase in Medicare expenditures for physicians' 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 the conversion factors (CFs) to preserve budget neutrality.

B. Published Changes to the Fee Schedule

In the June 5, 1998, proposed rule (63 FR 30820), we listed all of the final rules published through October 31, 1997 relating to the updates to the RVUs and revisions to payment policies under the physician fee schedule. In the June 5, 1998 proposed rule (63 FR 30818), we discussed several policy options affecting Medicare payment for physicians' services including resource-based practice expense RVUs, medical direction rules for anesthesia services, and payment for abnormal Pap smears. Also, we discussed the rebasing of the Medicare Economic Index from a 1989 base year to a 1996 base year. Further, based on BBA, we proposed revising our payment policy for nonphysician practitioners, for outpatient rehabilitation services, and for drugs and biologicals not paid on a cost or prospective payment basis. In addition, based on BBA, we discussed implementing new payment policies for certain physicians and practitioners who opt out of Medicare and furnish covered services to Medicare beneficiaries through private contracts. And finally, based on BBA, we discussed teleconsultation services.

This final rule affects the regulations set forth at 42 CFR part 405, which consists of regulations on Federal health insurance for the aged and disabled; part 410, which consists of regulations on supplementary medical insurance benefits; part 414, which consists of regulations on the payment for Part B medical and other health services; part 415, which pertains to services furnished by physicians in providers, supervising physicians in teaching settings, and residents in certain settings; part 424, which pertains to the conditions for Medicare payment; and part 485, which pertains to conditions of participation: specialized providers.

II. Specific Proposals for Calendar Year 1998; Response to Comments

In response to the publication of the June 5, 1998 proposed rule, we received approximately 14,000 comments. We received comments from individual physicians, health care workers, and professional associations and societies. The majority of the comments addressed the proposal related to the resource-based practice expense policy.

The proposed rule discussed policies that affect the number of RVUs on which payment for certain services would be based. Certain changes implemented through this final rule are subject to the $20 million limitation on annual adjustments contained in section 1848(c)(2)(B)(ii)(II) 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 1999. 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 this section correspond to the headings used in the June 5, 1998 proposed rule. More detailed background information for each issue can be found in the June 5, 1998 proposed rule.

A. Resource-Based Practice Expense Relative Value Units

1. Resource-Based Practice Expense Legislation

Section 121 of the Social Security Act Amendments of 1994 (Public Law 103–432), enacted on October 31, 1994, required us to develop a methodology for determining resource-based practice expense RVUs for each physician's service that would be effective for services furnished in 1998. In developing the methodology, we were required to consider the staff, equipment, and supplies used in providing medical and surgical services in various settings.

The legislation specifically required that, in implementing the new system of practice expense RVUs, we apply the same budget-neutrality provisions that we apply to other adjustments under the physician fee schedule.

On August 5, 1997, the President signed the BBA into law. Section 4505(a) of BBA delayed the effective date of the resource-based practice expense RVU system until January 1, 1999. In addition, BBA provided for the following revisions in the requirements to change from a charge-based practice expense RVU system to a resource-based method.

Instead of paying for all services entirely under a resource-based system in 1999, section 4505(b) of BBA provided for a 4-year transition period. The practice expense RVUs for the year 1999 will be the product of 75 percent of charge-based RVUs (1998) and 25 percent of the resource-based RVUs. For the year 2000, the percentages will be 50 percent charge-based and 50 percent resource-based. For the year 2001, the percentages will be 25 percent charge-based and 75 percent resource-based. For subsequent years, the RVUs will be totally resource-based.

Section 4505(e) of BBA provided that, for 1998, the practice expense RVUs be adjusted for certain services in anticipation of the implementation of resource-based practice expenses beginning in 1999. Practice expense RVUs for office visits were increased.

For other services whose practice expense RVUs (determined for 1998) exceeded 110 percent of the work RVUs and were provided less than 75 percent of the time in an office setting, the 1998 practice expense RVUs were reduced to a number equal to 110 percent of the work RVUs. This limitation did not apply to services that had a proposed resource-based practice expense RVU in the June 5, 1998 proposed rule that was an increase from its 1997 practice expense RVU.

The total of the reductions under this provision was less than the statutory maximum of $390 million. The procedure codes affected and the final RVUs for 1998 were published in the October 31, 1997 final rule (62 FR 59103).

Section 4505(d)(2) of BBA required that the Secretary transmit a report to the Congress by March 1, 1998, including a presentation of data to be used in developing the practice expense RVUs and an explanation of the methodology. A report was submitted to the Congress in early March 1998. Section 4505(d)(3) required that a proposed rule be published by May 1, 1998, with a 90-day comment period. For the transition to begin on January 1, 1999, a final rule must be published by October 30, 1998.

BBA also required that we develop new resource-based practice expense RVUs. In developing these new practice expense RVUs, section 4505(d)(1) required us to—

- Utilize, to the maximum extent practicable, generally accepted accounting principles that recognize all staff, equipment, supplies, and expenses, not just those that can be tied to specific procedures, and use actual data on equipment utilization and other key assumptions;
- Consult with organizations representing physicians regarding the methodology and data to be used; and
- Develop a refinement process to be used during each of the four years of the transition period.

2. Proposed Methodology for Computing Practice Expense Relative Value Units

(See Addendum B in the June 5, 1998 proposed rule (63 FR 30888) for a detailed technical description of the proposed methodology.)

In the June 5, 1998 proposed rule (63 FR 30827), we proposed a methodology

for computing resource-based practice expense RVUs that uses the two significant sources of actual practice expense data we have available: the Clinical Practice Expert Panel (CPEP) data and the American Medical Association's (AMA's) Socioeconomic Monitoring System (SMS) data. This methodology is based on an assumption that current aggregate specialty practice costs are a reasonable way to establish initial estimates of relative resource costs of physicians' services across specialties. It then allocates these aggregate specialty practice costs to specific procedures and, thus, can be seen as a ''top-down'' approach.

Practice Expense Cost Pools

We used actual practice expense data by specialty, derived from the 1995 through 1997 SMS survey data, to create six cost pools: administrative labor, clinical labor, medical supplies, medical equipment, office supplies, and all other expenses. There were three steps in the creation of the cost pools.

Step 1: We used the AMA's SMS survey of actual cost data to determine practice expenses per hour by cost category. The practice expenses per hour for each physician respondent's practice was calculated as the practice expenses for the practice divided by the total number of hours spent in patient care activities by the physicians in the practice. The practice expenses per hour for the specialty are an average of the practice expenses per hour for the respondent physicians in that specialty.

Step 2: We determined the total number of physician hours, by specialty, spent treating Medicare patients. This was calculated from physician time data for each procedure code and the Medicare claims data. The primary sources for the physician time data were surveys submitted to the AMA's Specialty Society Relative Value Update Committee (RUC) and surveys done by Harvard for the initial establishment of the work RVUs.

Step 3: We then calculated the practice expense pools by specialty and by cost category by multiplying the practice expenses per hour for each category by the total physician hours.

Cost Allocation Methodology

For each specialty, we separated the six practice expense pools into two groups and used a different allocation basis for each group.

- For group one, which includes clinical labor, medical supplies, and medical equipment, we used the CPEP data as the allocation basis. The CPEP data for clinical labor, medical supplies, and medical equipment were used to allocate the clinical labor, medical supplies, and medical equipment cost pools, respectively.
- For group two, which includes administrative labor, office expenses, and all other expenses, a combination of the group one cost allocations and the physician fee schedule work RVUs were used to allocate the cost pools.
- For procedures performed by more than one specialty, the final procedure code allocation was a weighted average of allocations for the specialties that perform the procedure, with the weights being the frequency with which each specialty performs the procedure on Medicare patients.

Other Methodological Issues

Professional and Technical Component Services

Using the methodology described above, the professional and technical components of the resource-based practice expense RVUs do not necessarily sum to the global resource-based practice expense RVUs since specialties with different practice expenses per hour provide the components of these services in different proportions. We made two adjustments to the methodology, depending on the specific HCFA Common Procedure Coding System (HCPCS) code, so that the professional and technical component practice expense RVUs for a service sum to the global practice expense RVUs.

Practice Expenses per Hour Adjustments and Specialty Crosswalks

Since many specialties identified in our claims data did not correspond exactly to the specialties included in the practice expenses tables from the SMS survey data, it was necessary to crosswalk these specialties to the most appropriate SMS specialty category. (See Table 3 in the June 5, 1998 proposed rule (63 FR 30833) for a listing of all proposed crosswalks.)

We also made the following adjustments to the practice expense per hour data:

- We set the medical materials and supplies practice expenses per hour for the specialties of ''Oncology'' and ''Allergy and Immunology'' equal to the medical materials and supplies practice expenses per hour for ''All Physicians,'' stating that we make separate payment for the drugs furnished by these specialties.
- We based the administrative payroll, office, and other practice expenses per hour for the specialties of ''Physical Therapy'' and ''Occupational Therapy'' on data used to develop the salary equivalency guidelines for these specialties. We set the remaining practice expense per hour categories equal to the ''All Physicians'' practice expenses per hour from the SMS survey data.
- Due to uncertainty concerning the appropriate crosswalk and time data for the nonphysician specialty ''Audiologist,'' we derived the resource-based practice expense RVUs for codes performed by audiologists from the practice expenses per hour of the other specialties that perform these codes.
- Because we believed that the use of the average practice expenses per hour should create the appropriate practice expense pool for radiology, we did not attempt to differentiate the practice expenses per hour for radiologists according to who owned the equipment.

Time Associated With the Work Relative Value Units

The time data resulting from the refinement of the work RVUs have been, on the average, 25 percent greater than the time data obtained by the Harvard study for the same services. We increased the Harvard time data in order to ensure consistency between these data sources.

For services such as radiology, dialysis, and physical therapy, and for many procedures performed by independent physiological laboratories and the nonphysician specialties of clinical psychologist and psychologist (independent billing), we calculated estimated total physician times for these services based on work RVUs, maximum clinical staff time for each service as shown in the CPEP data, or the judgment of our clinical staff.

We calculated the time for Current Procedural Terminology (CPT) codes 00100 through 01996 using the base and time units from the anesthesia fee schedule and the Medicare allowed claims data.

We received the following comments on our proposed methodology to calculate resource-based practice expense RVUs:

Top-Down Methodology

Comment: Most of the physician specialty societies commenting on our proposed general methodology supported the use of the top-down approach as the most reasonable methodology for developing resource-based practice expense RVUs, and the most responsive approach to the requirements of BBA. This was echoed by comments from several nonphysician organizations, the Association of American Medical Colleges, and the Medical Group Management

Association, as well as several hundred individual commenters.

These commenters supported the top-down method for a variety of reasons:

- It reflects the relative values of physicians' actual practice expenses.
- It uses the best available sources of aggregate practice expense data.
- It recognizes specialty-specific indirect costs.
- It does not rely upon arbitrary, distorting data adjustments such as ''linking'' and ''scaling.''
- It is conducive to refinement.

MedPAC also agreed that this approach is necessary, because of limitations in the CPEP process and because the top-down approach assures that all practice costs are reflected in the RVUs.

However, several organizations, mainly representing primary care physicians and supported by comments from individual physicians, opposed the use of a top-down methodology to develop practice expense RVUs. They argued that the top-down approach is not resource-based but, rather, rewards higher paid physicians who have spent more in the past, regardless of the extent to which these expenditures contributed to patient care. Thus, the commenters claimed that the top-down approach perpetuates the inequities in the current charge-based practice expense RVUs that the implementation of a resource-based practice expense system was supposed to correct.

One commenter also claimed that the top-down approach is not responsive to the requirements of BBA, as the methodology is not based on generally accepted accounting principles. Further, the commenter argued that this new proposal is not more responsive to the concerns of the medical community in general but, rather, only benefits those specialties whose income was projected to decline under the bottom-up approach.

A specialty society representing clinical oncology opposed the top-down methodology because—

- It does not actually measure appropriate input resource costs and thus pays for inefficiencies;
- It overpays hospital-based and underpays office-based services; and
- The RVUs for individual codes cannot be refined because of the use of macro-specialty per hour costs.

There were several comments that expressed concern about the more specific impacts of the methodology. A major primary care organization pointed out that, under the 1997 proposed rule, an internist would have had to provide only 15 midlevel established patient office visits to obtain the practice expense reimbursement of a single coronary triple-bypass graft, compared to 40 visits under our current proposal. One organization opposed the use of the top-down approach because of the estimated reduction in payments to radiology and radiation oncology. Another commenter, representing pathologists, expressed concern that because pathology received small gains under the bottom-up method, but a 10 percent reduction under the top-down, there are possible flaws in the top-down methodology.

A few of the above comments specifically recommended that we adopt a new bottom-up approach that is responsive to the BBA, the General Accounting Office (GAO), and the concerns of the medical community. Another organization commented that both top-down and bottom-up methodologies are inherently flawed, and that we should consider an entirely new payment algorithm using type of practice. One of the major primary care organizations concluded that the top-down methodology is only a reasonable starting point that will need to be improved during refinement in order to meet the original intent of improving practice-expense payments for undervalued primary care and other office-based services.

Response: As we stated in our proposed rule, BBA requires us to ''utilize, to the maximum extent practicable, generally accepted cost accounting principles which recognize all staff, equipment, supplies, and expenses, not just those which can be tied to specific procedures****'' We still believe that the top-down methodology is more responsive to this BBA requirement. By using aggregate specialty practice costs as the basis for establishing the practice expense pools, the top-down method recognizes all of a specialty's costs, not just those linked to specific procedures.

We also believe that the other reasons outlined in the proposed rule for preferring the top-down method are still valid. It answers many of the criticisms and questions from the medical community and the GAO regarding the bottom-up method's indirect practice expense allocation method, treatment of administrative costs, and use of caps and linking.

However, we agree that a possible weakness of the top-down approach is that it may perpetuate historical inequities in the current charge-based practice expense RVUs. More highly paid physicians would presumably have more revenues that could subsequently be spent on their practices. We believe this issue should be discussed during the refinement process.

Comment: One major organization commented that we will need to develop an alternative method for new and revised codes that are not included in the SMS data because having multiple methods would lead to questionable validity.

Response: It will not be necessary to develop an alternate methodology for refinement of new and revised codes. Once direct inputs are assigned to the new and revised codes, allocation to these codes will follow the same methodology used for all other services. (See Section II.A.4, Refinement of Practice Expense RVUs.)

Comment: Two major primary care organizations expressed concern that we did not consult with the physician community about our intention to abandon, rather than refine, our originally proposed bottom-up approach, since they had assumed we would only be modifying our original methodology. They commented that this is of greater concern in light of BBA's requirement that we consult with physicians regarding our methodology and of GAO's recommendation that we refine, with no mention of replacing, the bottom-up method. One of the comments stated, that as the GAO found the bottom-up method acceptable, their society would like the GAO's assurance that the new method is sound.

Response: We believe we carried out the BBA requirement to consult with physician organizations. There were extensive consultations with physicians, including the validation panels, the cross specialty panel, and the indirect cost symposium. During the course of each of these meetings, physicians and others pointed out serious problems with the bottom-up methodology. We have had two multispecialty meetings this year to explain our proposed methodology and have also had numerous meetings and discussions with many specialty societies. During all these meetings we carefully listened to all points of view and to suggestions for developing the new proposal. Following this lengthy consultation process, we published our new proposal with a 90-day comment period. This provided further opportunities for all interested groups to review and comment on this proposal.

It is true that the GAO did not recommend that we totally replace our bottom-up approach. It is our understanding that the GAO was not asked to review alternative methods. In any case, their report did not recommend against adopting a new methodology. Their report did point out

several significant weaknesses in our original approach that we believed were better responded to by adopting a top-down methodology.

Comment: One organization urged that we publish the practice-expense RVUs three ways, using a top-down, a bottom-up, and a hybrid approach that uses SMS data for indirect costs and CPEP data for direct costs. The bottom-up and hybrid approaches should reflect the recommendations previously received relating to scaling, linking, and the treatment of administrative costs. This could provide a basis for developing comments that compare the interim practice expense RVUs with those derived from a modified bottom-up approach. The commenter stated that we should be open to considering arguments for a change in the interim practice expense RVUs based on a group's determination that the values under the bottom-up approach were more accurate.

Response: We believe that we proposed the methodology for developing resource-based practice expense RVUs that best responds to the requirements of the Social Security Act Amendments of 1994 and BBA. From a practical standpoint, it would be very difficult to deal with the inconsistencies between RVUs for various services that have been derived from totally different methodologies.

SMS Data

Comment: Almost all specialty society commenters, and many individual commenters, raised questions concerning shortcomings in the SMS data, though several commented that SMS is the most appropriate data source to use in developing specialty-specific practice expense RVUs. As we noted in the proposed rule, the AMA itself pointed out that the survey had not been designed to support the development of practice expense RVUs. The AMA also stated that the sample size, the response rate, and the fact that data was collected on the physician level, rather than the practice level, raised methodological issues. Many commenters echoed these concerns, and many raised what they saw as further general methodological problems:

- MedPAC expressed concern about three types of potential errors in the SMS data: the sampling error and nonresponse error originally identified in our proposed rule and measurement error. Some of this measurement error could occur because the survey measures physician-level rather than practice-level costs, as noted above. In addition, there could be measurement error by using a self-reported survey if no mechanism exists to verify the information provided.

MedPAC suggested that we could reduce these errors through additional data collection, perhaps implementing a subsample of SMS survey participants, through an analysis of nonresponse error that compares respondents with nonrespondents, through AMA's plans to do a practice-level survey every other year, and through considering methods, other than actual audits, to verify survey responses.

- Several of the smaller specialties, such as maxillofacial, pediatric, vascular and thoracic surgeons, cardiology and gynecology subspecialties, geriatricians, and pulmonologists expressed concern with the validity and reliability of SMS data for those specialty and subspecialty groups not adequately represented in the SMS survey. A commenter also stated that academic and hospital-based specialties, such as critical care and neonatology, were not appropriately represented. Many specialty societies requested that we consider practice expense data obtained by under-represented specialty and subspecialty groups.
- Several nonphysician specialties, though supporting the use of SMS data, raised the need to modify the survey to include nonphysicians in the future. A commenter stated that, because nonphysicians were not represented in the SMS survey, we have been forced to make an educated guess about which specialties they most resemble. Another commenter pointed out that the SMS data contains no information about osteopathic physicians.
- Several specialties, regardless of their overall sample size, expressed concerns about the combining together of subspecialties with differing practice costs. For example, organizations representing cardiologists commented that it is not known how many in their sample were providing evaluation and management services, as opposed to performing equipment intensive procedures that have much higher costs. Two specialty societies representing nuclear physicians, along with several hundred individual commenters, objected to the small sample of this subspecialty, with its high costs related to the use of radiopharmaceuticals, being combined with radiologists into a single practice expense pool. The comments recommended that we increase nuclear medicine's practice expense RVUs by 20 percent.

Similarly, a vascular surgery organization objected to being combined with cardiothoracic surgeons, who made up 75 percent of the sample and whose practice style differs substantially from vascular surgeons. An organization representing pediatrics expressed concern that pediatric subspecialties were grouped together with their adult counterparts, such as gastroenterology. The AMA commented on this point that it plans refinements for future surveys to enhance the utility of the data.

- Several commenters noted that the survey consisted of physician-owned practices, despite the trend toward more physicians working as employees, resulting in a possible bias toward solo or small group practices. For example, one commenter stated that the majority of emergency room physicians now work as employees or under contract. Another commenter asserted that the majority of pediatricians list their status as ''employed.'' The AMA commented, in this regard, that a key refinement to the SMS survey will be the development of a practice-level survey to complement the current process.
- One commenter questioned our assumption that physician respondents to SMS share practice expenses equally with all other physician owners in the practice, since there is no data to show that this is the prevalent method.
- An organization representing nurses commented that issues related to changes in acuity and case mix in ambulatory care are not being addressed, particularly as they pertain to the increased professionalization of clinical staff types. The organization argued that there is a need to incorporate into the survey process a clearer distinction between the types of clinical staff that are employed based on specialty practice.
- Concerns were raised by some commenters that the SMS data did not always include the actual costs of a given specialty. Several organizations representing radiologists, radiation oncologists, and cardiologists commented that the methodology employed by the SMS survey consistently underestimated the actual costs of equipment. Organizations representing emergency room physicians, supported by the comment from the AMA, argued that the significant costs of both stand-by time and uncompensated care are not reflected in the SMS data and that these costs need to be recognized.

A gastroenterology specialty society asserted that the SMS data grossly understated actual expenses when compared to its own study. Two commenters stated that costs for home visits, such as travel expenses and insurance, are not adequately represented in the data. One organization commented that the SMS

data fails to adequately incorporate resources, including billing, nursing time, and transportation costs for audiologists utilized in settings such as skilled nursing facilities.

One commenter stated that the added costs for compliance with federal initiatives, such as anti-fraud and abuse efforts and the new evaluation and management documentation guidelines, are not yet reflected in the SMS data. These costs should be recognized during the refinement process and included in future surveys.

- On the other hand, several commenters argued that costs were included in the SMS data that should be excluded because they are paid for separately from the physician fee schedule. One commenter pointed to separately reimbursable supplies and drugs, and another to the costs of taking physician staff into the hospital, as examples of costs included in SMS that could lead to a double payment by Medicare. A society representing vascular surgeons commented that the technical component of noninvasive vascular laboratory testing falls into this ''gray zone.''
- A national specialty society commented that the AMA analysis of the ''zero'' responses by specialty by cost categories (that is, those cost categories where respondents indicated there were no costs) shows that a significant percentage of pathologists' responses for direct cost categories are zero as compared to the ''zero'' response rates for all physicians. The comment requested that the SMS pathology data be cleared of all ''zero'' responses for all cost categories, not just for the total cost category, prior to the calculation of mean costs. For the purpose of calculating practice expense per hour for pathology, the society said, we should only use data from pathologists who incur a particular cost.
- There were a number of comments concerning the SMS data on the specialty-specific physician patient care hours, which is one of the variables used to compute the practice expense per hour for each specialty:
- Many specialty societies stated their concern that in the calculation of the specialty-specific practice expense per hour, specialties working the longest hours are disadvantaged. One commenter pointed out that practice expense is not uniformly distributed over the course of a given day; there are less costs when patient care takes place after, rather than during, office hours.

Another commenter argued that our approach assumes that all of the patient care hours in the SMS survey are reflected in our claims data. However, the commenter stated, much time spent in patient care activities is not billable, such as the involvement of transplant surgeons in patient care after the initial assessments but prior to the actual transplants.

One specialty society stated that hospital-based physicians' hours of work are probably overstated, as they will include total time spent in the facility and not just hours of providing patient services. One commenter questioned both the accuracy of the SMS data on hours worked per week, as well as our assumption that the level of practice expense incurred increases proportionally with the hours spent in patient care. An organization stated that physician reports of number of hours are less reliable than the reports of costs and are prone to overstatement. For these reasons, five specialty societies recommended using a standardized work week, usually a 40-hour week, for all specialties.

- Many other specialty groups argued equally vehemently against any standardization of the patient care hours. One group commented that subjective adjustments to the SMS data, especially those which reallocate practice expenses among specialties, should be avoided. The comment added that suggestions that a standardized 40-hour work week be imposed on the data should be rejected because the proposal is driven by an arbitrary, subjective presumption that cross-specialty practice expense variations are ''too large.''

Another group argued that, as many physicians work more than a 40-hour week, such an adjustment would introduce additional error into the data and distort the relationship between different specialties' practice expenses per hour.

- Three organizations were concerned about the advantage given to specialties that use nonphysician practitioners who are not reimbursable. In such cases, the physician would incur practice expense costs, but the time of practitioners would not be included in the physician patient care hours in the denominator of the practice expense per hour calculation.

On the other hand, another commenter stated that we should not adjust the SMS data for midlevel practitioners, such as optometrists or audiologists, as physician practices employing midlevel practitioners are likely to be more complex than a physician-only operation.

- One specialty society commented that the demographics of the SMS survey are not clear, as there are no assurances that the sample is not biased towards one particular area of the country and does not exclude some areas.

Response: We believe that most of the above comments identified important areas for needed future improvement in our data collection efforts on aggregate specialty-specific practice expense. However, although the SMS survey was not initially intended to be used to develop practice expense RVUs, we believe it is the best available source of data on actual multispecialty practice costs that allows us to recognize all staff, equipment, supplies, and expenses, not just those that can be tied to specific procedures. Many specialties supported this.

For example, a specialty society commented, ''As with any complex database, the AMA SMS database is not perfect. It is, however, the best available source of data for aggregate practice expenses.'' The Medical Group Management Association (MGMA) stated in its comment that, ''The SMS survey data is the most appropriate and only primary data set in existence to determine specialty specific costs pools.''

We also need to point out that many of the weaknesses in the SMS data could well be found in any other survey, whether undertaken by us, some other national group, or a medical specialty society. Problems with sample size and response rate have plagued other previous attempts to gather reliable data on practice expenses. Problems with measurement error may be a serious impediment for survey data that is collected with the purpose of influencing the level of a given specialty's practice expense pool. In fact, we believe one advantage of the current SMS data is that they were collected before the 1997 and 1998 proposed rules were published.

We recognize that some specialties are under-represented or not appropriately represented in the SMS data and some are not included at all. We also acknowledge that additional data may need to be obtained and some adjustments made. One of our most important tasks during the immediate refinement period will be to work with the AMA and the medical community to consider possible ways to improve the representativeness of the aggregate specialty-specific data so that sampling error is decreased. As part of the refinement, we will also need to develop strategies to eliminate as many sources of nonresponse and measurement error as possible. (For further information on our refinement efforts to improve the accuracy of our

data, see Section II.A.4, Refinement of Practice Expense RVUs.)

As indicated earlier, we believe an advantage of the SMS data we used is that it was collected prior to the proposed rule. In fact, it was collected prior to the original proposal in 1997 that was delayed by BBA and that would have resulted in large redistributions among specialties.

We are very concerned, though, about the potential biases that may exist in any subsequent survey data collected by the SMS process or other surveys. We especially believe there is a problem in using data collected and submitted to us by individual specialties. We believe it is more appropriate to use data collected at the same time by an independent surveyor for a wide variety of specialties that both gain and lose under the proposal.

Further, now that it is widely known how these survey data are being used, every specialty has an incentive to ensure that their data are as high as possible in future surveys. We agree with MedPAC that it may not be possible for Medicare to audit these data and that it is essential that alternatives be established by SMS and others. Perhaps specialty data that significantly changes in a future survey should be selectively audited by SMS through an independent auditor or other appropriate entity before being considered for use by us. We will consult with physician groups and others about this during the refinement process.

Comment: One national organization suggested the use of MGMA survey data either as a supplement or alternative to SMS in the future.

Response: We do not believe that the MGMA survey could currently be used as an alternative to SMS. As we noted in our proposed rule, due to selective sampling and low response rate, this survey is not representative of the population of physicians and cannot be used to derive code-specific RVUs. This view is based on consultations with MGMA representatives. However, we do believe that this survey data can be used as one way to validate the general accuracy of the SMS data. We have analyzed the MGMA data and have concluded that, in general, it supports the relative specialty-specific ranking of the practice expense per hour data derived from the SMS survey.

Comment: One specialty society recommended using median, instead of mean, values to calculate each specialty's practice expense per hour. This comment argued that the use of medians would eliminate outliers and is statistically more appropriate.

However, three other organizations specifically commented supporting our decision to use mean SMS data rather than median data. These comments asserted that, particularly with a small sample, use of the median would obscure any major differences in practice costs within a specialty.

Response: We will continue to calculate the practice expenses per hour by using the mean values for each specialty, at least for the purposes of this final rule. This is another issue that can be revisited during the refinement period.

Comment: Organizations representing emergency room physicians, as well as several hundred individual commenters, claimed that the SMS data seriously under-represented the true practice costs of emergency care. The commenters stated that the SMS data, as noted above, did not include costs of uncompensated care, much of it mandated under the Federal Emergency Medical Treatment and Active Labor Act (Public Law 99–272), nor stand-by expenses.

In addition, the comments argued, the SMS data failed to capture a representative cross-section of their types of practice arrangements; the SMS survey focused on physician owners, but the majority of emergency room physicians work as employees or under contract. Therefore, one commenter asserted, SMS did not include the largest single expense for most emergency physicians: the costs associated with employment by practice management firms, which can total between 30–40 percent of the physician's fee.

One of the specialty societies included with its comments the results of a study it commissioned, which showed that the mean practice expense per hour for emergency physicians was $27.33, more than double the $13 per hour based on SMS, even without including uncompensated care. If we are not willing at this time to substitute this survey data for that from the SMS, the organization recommended, with support from a comment from the AMA, that we crosswalk emergency medicine to the practice expense per hour for ''All Physicians,'' which is $67.50.

Response: Though many specialties must deal with the issue of uncompensated care, we do agree that it may pose a particular problem for emergency physicians, who are obligated under law to treat any patient regardless of the patient's ability or willingness to pay for treatment. Therefore, the amount of patient care hours spent on uncompensated care could be significantly higher for emergency medicine than for any other specialty. These issues require further examination. In the meantime, we will make an adjustment in our calculation of the practice expense per hour for emergency medicine by using the ''All Physicians'' practice expense per hour to calculate the administrative labor and other expenses cost pool. We will continue to calculate the clinical labor, supply, equipment, and office cost pools using the SMS-derived data, as it seems unlikely that, as a hospital-based specialty, emergency medicine's costs for these categories would approximate those of the average physician.

Comment: Many commenters argued that the reductions published in the June 5, 1998, NPRM for services without work RVUs were inappropriate. The commenters represented a wide spectrum of specialties including radiology, radiation oncology, cardiology, independent physiological and other laboratories, psychology, audiology, dermatology, and others. These comments focused on the fact that AMA does not survey some of the entities that provide these services. They argued that the CPEP data are flawed and the indirect allocation methodology is biased.

Response: Although it is true that the AMA does not survey the entities that provide some of these services, this does not necessarily mean that these services are inadequately represented in the SMS data. If these services (or in the case of technical component services, the associated global services) are provided in the practices of physician owners surveyed by the SMS in the same proportion as they are reflected in our claims data, the practice expense per hour calculations and the practice expense pools are reasonable.

If the CPEP data accurately contain the direct cost inputs for these services, then the direct practice expense pool is being allocated appropriately. With regard to the indirect allocation methodology, we are modifying it to increase the weight of the direct costs in the allocation, as discussed elsewhere.

However, the possibility exists that inaccuracies in the CPEP data for these services are causing the substantial reductions seen in the NPRM. Therefore, because we are not altering the CPEP at this time, as an interim solution until the CPEP data for these services have been validated, we have created a practice expense pool for all services without work RVUs regardless of the specialty that provides them. We allocated this practice expense pool to procedure codes using the current practice expense relative value units.

While we are not convinced by the comments that were received to date regarding a bias in the SMS survey data against these services, we acknowledge those concerns and will examine this issue during the refinement process.

Comment: The College of American Pathologists (CAP) requested that patient care time included in the SMS data that is spent in autopsies and supervision of technicians and paraprofessionals be excluded from the patient care hours used to calculate the practice expense per hour for pathology services. The commenter stated that these are Part A services for which pathologists rarely incur any direct costs. The AMA supported these adjustments and estimated the percentage of total pathology patient care hours attributable to autopsy and supervision services at 6 and 15 percent, respectively.

CAP also asked that some portion of the patient care hours category of ''personally performing nonsurgical laboratory procedures including reports'' be eliminated for 1999 when determining pathologists' total patient care hours, as the SMS data includes both Part A and Part B services. CAP stated that we should work with the CAP and the AMA to determine the appropriate adjustment.

Response: Since pathologists have more Part A reimbursement than any other specialty, we will decrease the number of patient care hours by 6 percent for autopsies and 15 percent for supervision services. However, until we have more information about the appropriate adjustment for ''personally performing non-surgical laboratory procedures including reports,'' the hours for those services cannot be eliminated from our calculations. This point, as well as the general issue of nonbillable hours, should be revisited during refinement.

Comment: Many specialty societies have commented on specific problems with the SMS data that affect their own specialty and have requested that we supplement or replace the SMS data with data provided with their comments.

Response: There is not sufficient time before publication of the final rule to begin to validate either the methodology or findings of the submitted data. Since changes in any specialty's practice expense per hour would have an impact on other specialties, we do not believe it would be equitable to make any sweeping changes without the adequate review that the refinement process can achieve. In addition, we stated in our proposed rule that, for those larger specialties included in the SMS survey, ''we are unlikely to make any changes in the final rule****'' Therefore, we will continue to use the SMS-derived practice expense per hour for these specialties, but will ensure that all of the submitted data will be considered during the refinement process.

CPEP Data

Comment: Though one major specialty society commented that the CPEP data, in general, is relatively sound, many comments pointed out problems with the CPEP process and with the data derived from that process:

- One group commented that the CPEPs did not have adequate representation from practice managers; that there was no uniform policy dealing with issues such as duplication of time or efficiencies that might result from performing more than one task at a time; and that there was inadequate time allotted for CPEPs to meet.
- Several subspecialties pointed out that they were not included in the CPEP process and that this could have led to the undervaluing of their services.
- Several commenters recommended that we use the CPEP data as validated and refined by the validation panels.
- One organization commented that the CPEP data are flawed since only 200 codes were reviewed by validation panels.
- One primary care group argued that we should not abandon edits and modifications to raw CPEP data, as many codes are performed by more than one specialty, and inaccuracies in the CPEP data can affect several specialties.
- Two organizations commented that the CPEPs used what is now obsolete salary and benefits data, at least for sonographers and vascular technologists. One of these comments pointed out that for some codes, a different cost was computed for the same equipment. Another specialty society recommended that a review of prices and quantities for supplies and equipment be included as part of the refinement process.
- Two commenters were concerned that the CPEP data include expenses that can be billed separately. A primary care specialty society argued that we should edit out all direct inputs for services to hospital patients. The comment mentioned that since these services are paid for outside of the practice expense RVUs, failure to exclude these inputs can distort relativity across categories of services such as surgical services and office visits.
- One commenter clarified that the costs of therapy aides are a part of practice expense and should be reflected in the CPEP data, while the services of therapy assistants are included in the work RVUs.

Response: We are aware that the raw CPEP data we have used in our proposed methodology need further review. We also share many of the concerns raised by those commenting on the issue. However, we believe that the CPEP resource estimates, which were developed by practitioners representing all the major specialties, are the best procedure level data available at this time.

Under our top-down methodology, the CPEP inputs are used solely to allocate each specialty's practice expense pool to the procedures performed by that specialty. We have always believed that the relative input estimates within families of codes for each specialty's CPEP data were generally appropriate. In addition, the most contentious CPEP values were the varying estimates for the administrative staff times, and these values are not utilized in our top-down approach.

We chose not to apply the edits, caps, or linking that had originally been proposed in our 1997 proposed rule as part of our bottom-up methodology. These edits had met with severe criticism from the medical community and were questioned by the GAO. We also did not use the revised inputs from the validation panels we held in October 1997, as these panels only came to consensus on about 200 codes, and we were not convinced that all of the revised values were correct. However, we know that there is much needed improvement in the CPEP data, and the identification and correction of any CPEP errors whether in staff times, supplies, equipment, or pricing will be a major focus of our refinement process.

Comment: One specialty society commented that we erred in not incorporating increases in staff time recommended by validation panels. Partly as a result, the practice expense RVUs for gastroenterologists' out-of-office billing, scheduling, and record keeping are inadequate.

Another commenter stated that there were discrepancies in the administrative data for skilled nursing facility services, with subsequent visit codes being assigned only half of the billing time of initial visits. A third commenter requested that we standardize the administrative staff types according to the validation panels' recommendations. Three commenters stated that we do not account for the costs of maintaining an office full-time when the physician is providing services out of the office.

Response: As stated above, under our proposed methodology, CPEP administrative staff times have no effect on the practice expense RVUs calculated for any code. The costs of maintaining an office while the physician is providing services in a facility should be captured in the SMS cost data and, thus, are a part of each specialty's practice expense pool. As these would be indirect costs, they would be included in the practice expense for each service by use of our allocation methodology, which utilizes both directs costs and the physician work RVUs.

Comment: Almost 30 specialty societies submitted specific CPT code-level changes for the CPEP input data for clinical and administrative labor time, supplies, and equipment for just under 3000 CPT codes. In addition, many commenters included lists of codes with practice expense RVUs that were considered anomalous, either within a code family, or in relation to comparable codes. We also received comments from several organizations with recommendations for revised crosswalks for those codes not valued by the CPEPs, as well as recommended in-office inputs for some codes that are now being done in the office, but were only given practice expense RVUs for the facility setting.

Response: We had intended to make the CPEP revisions requested by a given specialty as part of the final rule if the recommendations appeared reasonable and if there would be no significant impact on any other specialty. However, given the huge volume of recommended revisions—over a third of the codes in the fee schedule would be affected—acceptance of the recommended changes across the board would almost certainly have a spill-over impact on many subspecialties and between sites-of-service.

We believe it would be more responsible and fair to allow the medical specialties to participate collectively in the needed revisions as part of the refinement process. The deferral of the CPEP revisions is in no way a reflection on the effort and thought that the commenters obviously expended in arriving at their recommendations. All the code-specific comments referred to above will be considered at the start of the refinement period. (See Section II.A.4, Refinement of Practice Expense RVUs)

Comment: Many organizations, representing both surgical and primary care specialties, expressed concern that we averaged CPEP data for the same procedures valued by more than one CPEP. Different rationales were offered for this concern:

- Averaging could have disturbed the relative rankings of codes within CPEPs.
- Straight averaging significantly overstated the costs of evaluation and management services.
- Averaging CPEP costs altered practice expense relationships within the evaluation and management family of services, particularly with respect to emergency department evaluation and management codes.
- The inclusion of estimates from those not performing the procedures, including nonphysicians, could have distorted the values for those services.

Likewise, different solutions were offered to answer the concerns:

- One specialty society recommended that we link the CPEP data rather than relying on straight averages.
- Two organizations recommended using frequency-weighted averages.
- Five groups recommended that the CPEP costs for redundant codes be based on the inputs from the dominant specialty's CPEP panel.

Response: As we are making no other changes in the CPEP data for this final rule, we will continue to use straight averaging for the redundant CPEP codes for the purposes of this final rule. This issue will be considered further during refinement.

Comment: Two commenters requested the inclusion in practice expense of the procedure-related supplies which are brought into a skilled nursing facility (SNF). One of these commenters made the same request for home visits.

Response: Home visits are to be paid using the non-facility RVUs. Therefore, any supplies that would be used are already included in the payment. As for the SNF setting, this is an issue for refinement. We would need more information about the supplies and why the SNF is not responsible for providing them.

Comment: The American College of Surgeons sent a list of new crosswalked codes where CPEP data had inadvertently been duplicated in our database.

Response: We thank the commenter for pointing out this discrepancy, and these duplications have been deleted.

Physician Time

Comment: One major specialty society recommended that efforts be undertaken to move toward greater consistency in physician time data. The commenter was concerned that since these data are derived from eight different sources using different methodologies, our inflation of the Harvard time data raises even more concern about consistency.

Three major organizations, two representing primary care and the other a surgical specialty, recommended that we use the unadjusted Harvard and RUC survey data. One reason given was the implication for the work RVUs of any proposed revisions to the time data. The RUC commented that, while the RUC physician time data may be greater than Harvard time data for the same codes, it may be incorrect to assume that all Harvard time data should be increased. The RUC and several other organizations requested that we provide a description of the methodology we used to make adjustments to the data in both the RUC and Harvard physician time databases so they can comment on the validity of the changes.

Response: The physician time data used for the development of the practice expense pools are based on the Harvard resource-based RVUs study and RUC survey data that were developed as part of the refinement of the work RVUs. Both sets of data were based on physician surveys. However, the RUC data, gathered in the process of refining the work values of many CPT codes, are more current and, on average, exceeded the original Harvard values by 25 percent. As a matter of consistency and fairness to those services not yet refined by the RUC, we increased the Harvard time data in proportion to the increases for related services. A detailed description of the methodology we employed to make all adjustments in physician time will be placed on the HCFA Homepage.

We still believe this adjustment is appropriate and we will continue to use the adjusted values in our calculations for this final rule. However, as the time values attributed to each procedure play an important role in the determination of each specialty's practice expense pool, we believe that ensuring the increased accuracy and consistency of physician time data should be addressed as part of the refinement of the practice expense RVUs.

Comment: Three surgical specialty societies commented that evaluation and management times have been artificially inflated due to rounding. A small increase in time would disproportionately inflate high volume procedures that take little time.

Response: In our proposed rule, we expressed concern that imprecision in the time estimates for any high volume services that have relatively little time associated with them may potentially bias the practice expense methodology in favor of the specialties that perform these services. We stated at that time that this issue should be examined as

part of the refinement of the resource-based practice expense RVUs.

Comment: There were several other comments regarding the accuracy of the physician time data:

- The RUC acknowledged that some of the RUC physician time data may not be absolutely precise.
- One specialty society, as well as the AMA, pointed out that there are some problems with the accuracy of the physician time data for psychotherapy services. For example, the times assigned to psychotherapy codes that include evaluation and management services are equal to and, in some cases, less than the psychotherapy codes that do not include these services.
- One commenter stated that the physician time data, as computed in the Harvard studies, are not current and are likely to be inappropriate for use in computing practice expense RVUs.
- The American College of Surgeons commented that physician time for pediatric surgery codes is based on erroneously low physician time data from the original Harvard study, rather than the time data from the special study of pediatric services performed by the same Harvard study team for the American Pediatric Surgical Association in 1992. The latter data were used as the basis for the work RVUs assigned to 48 pediatric surgical services.
- A surgical specialty society commented that the physician time does not compensate its members for longer hours and cited examples of nonbillable time, such as standby time for cardiac catheterization and supervision of residents and interns. The society suggested that this be considered during refinement.
- One commenter stated that travel time for home visits is not included in either the work or practice expense RVUs. The commenter suggested that travel time for house calls should be equal to the work equivalent of the lowest office service times 3, for an average of 15 minutes. Further, a modifier should be used to cover instances where travel exceeds the average.
- The American Society of Transplant Surgeons identified physician times for several services that it believes are inaccurate and recommended adjusted times for these services.

Response: As stated above, we will ensure that all identified anomalies and inaccuracies in the physician time data are considered as part of the refinement process.

Comment: The American College of Radiology commented that for our top-down approach we had used a level three office visit (99213) as a benchmark for estimating physician time for radiology codes. They suggested that it would be more appropriate to use the intravenous pyelography procedure (CPT 74400) instead of the office visit used in our methodology.

Response: Although we agree that 99213 may be an inappropriate benchmark since it is not often performed by radiologists, we are not convinced that the average work per unit time of codes on the radiology fee schedule is equivalent to CPT 74400. Instead, we are using the weighted average work per unit time for CPT 71010 and 71020 as the benchmark. These two services represent over approximately one-third of the total allowed services in the radiology fee schedule, while CPT 74400 represents less than two-tenths of one percent. We will work with the medical community to develop time estimates for radiology procedures that will make the imputation of time from the work estimates unnecessary.

Comments: The American Occupational Therapy Association commented that the practice expense pool for occupational therapy codes was understated because the time values of 15 minutes that we arbitrarily assigned were too low. They included a list of time values we should use for each code.

The American Hospital Association also objected to the reductions in times for outpatient rehabilitation codes and urged the use of the actual surveyed times for all procedure codes in the range 97001 through 97770.

Response: We believe that the time of 15 minutes we assigned to these codes is appropriate and does not lead to an underestimation of the practice expense pool for outpatient rehabilitation services. The outpatient rehabilitation codes in this range are timed codes and are billed in 15 minute increments. Also, we have been told by some physical therapy associations that at times, some of the 15 minute period time may be performed by therapy aides or assistants. (Note: We plan to review this issue during a future five-year review of work RVUs.) Finally, it is common for these timed codes to be billed in multiple units during one therapy session. Thus, any therapist's work prior to or after the visit is spread across more than one unit, rather than applied to each unit.

Crosswalk Issues

Comment: The American Academy of Maxillofacial Prosthetics (AAMP) and the American College of Prosthodontists commented that crosswalking is not valid for maxillofacial prosthetic codes since this specialty does not correspond to any other medical specialty included in the SMS data and its practice expense values are much higher than other medical specialties in the SMS survey. AAMP submitted several studies from its own organization and from the American Dental Association, as well as two studies published in professional journals that report the results of polls of prosthodontic practitioners, including information on overhead expenses. The AAMP recommended that this data be used to calculate its practice expense per hour.

Response: We agree that maxillofacial prosthetics does not correspond closely with any other medical specialty. It also is not a separately-identified specialty in either the SMS survey or the Medicare claims database.

Though the AAMP submitted survey data compiled by both its own organization and the American Dental Association, the format, definitions, and methodology of these surveys were not consistent with those of the SMS survey. For example, the 1993 AAMP survey did not survey practice expense, but rather the ''percent overhead of gross collections for 1992.'' The American Dental Association surveys counted dentist shareholder and employee dentist income as practice expense in many tabulations.

Because of these methodological differences from the SMS data, we are not able at this time to use the information in the submitted surveys to calculate a comparable practice expense per hour for maxillofacial prosthetics.

For this final rule we will create a practice expense pool for the maxillofacial prosthetic codes (CPT 21076 through 21087) and crosswalk this pool to the practice expense per hour for ''All Physicians.'' We had imputed physician times for these services in our proposed rule. However, we are now using the physician times utilized in calculating the work RVUs for the same services. In addition, until the CPEP data for these codes can be validated, we will allocate the practice expense pool to the specific services using the current RVUs. We hope to work with the specialty society as part of the refinement process in order to develop a reliable method of deriving accurate practice expense RVUs for maxillofacial prosthetics.

Comment: The American Optometric Association (AOA) disagreed with our crosswalk of optometry to the average practice expense per hour for ''All Physicians,'' that results in a practice expense per hour of $67.50. The commenter stated that AOA understands that the crosswalk decision

was based, at least in part, on the 1997 survey conducted by AOA which had been provided to us. This survey has been conducted regularly since 1990 and was included with the comment, along with a study commissioned by the AOA entitled ''Results of the First National Census of Optometrists.'' Using data from this survey and study, AOA computed an $89.53 practice expense per hour for optometry, significantly higher than the average for ''All Physicians.''

Response: As in the above request, the data submitted by AOA are not easily comparable to the SMS data. For example, the AOA calculation used medians rather than means, and retirement and fringe benefits were not counted as median net income, but rather as practice expense. It is therefore not possible, without further information, consultation, and analysis, for us to calculate a practice expense per hour that would be comparable with that of other specialties. During the refinement period we will be working with specialties not represented in the SMS survey to identify the data needed to enable us to determine accurate practice expense RVUs for their services.

Comment: Although generally supporting the crosswalk to General Internal Medicine, the American Chiropractic Association (ACA) submitted data from the 1997 survey results of ACA's biannual survey of the chiropractic profession. This survey shows considerably lower direct patient care hours than SMS shows for General Internists. Therefore, the ACA requested that we use its data to calculate the practice expense per hour for Doctors of Chiropractic, stating that we should accept specialty societies' data over SMS data if they were collected in a comparable manner.

Response: The survey submitted by the commenter indicated that the patient care hours worked by chiropractors are significantly lower than those of general internists to whom chiropractors' practice expense per hour is crosswalked. However, the hours of direct patient care a week shown in the survey were defined more narrowly than in the SMS data. For example, the 29 hours of patient care a week calculated in the submitted survey did not include the hours spent for documentation, administration, and billing, activities that we have considered to be included in the direct patient care hours for other specialties. In addition, there are insufficient details in the survey for us to determine its comparability to the SMS data and we will maintain the crosswalk for chiropractors for this final rule. We do intend, however, to revisit this issue during the refinement process.

Comment: The American Podiatric Medical Association, Inc. (APMA) objected to its crosswalk to general surgery because it believes that there is little similarity between the two specialties based on site-of-service and types of services provided. General surgery services are typically performed in the facility setting, while the high volume podiatry services are almost entirely done in the office. In addition, the comment stated that podiatrists work fewer hours than general surgeons.

The comment also included the results from APMA's 1996 and 1998 surveys of podiatric practice, as well copies of the surveys themselves. According to the comment, these surveys show that the actual practice expense per hour for podiatry is $91.50 and APMA recommends that we use this data in place of our proposed crosswalk.

The American Academy of Orthopaedic Surgeons also disagreed with the crosswalk for podiatry, but recommended that podiatry be crosswalked to orthopaedic surgery in the short run, as 70 percent of the codes billed by podiatrists are those that are shared with orthopaedic surgery.

Response: Because of significant methodological differences between the submitted surveys and the SMS data (for example, only gross and net incomes are surveyed) we are not able at this time to calculate a practice expense per hour in total, let alone for each of the different cost pools.

However, we are persuaded that the crosswalk to general surgery is not appropriate for the reasons cited in the comment, and we are changing the crosswalk to ''All Physicians.'' We will be working with all specialties not represented in the SMS data to ensure that we obtain comparable information to calculate their practice expenses per hour.

Comment: The Joint Council of Allergy, Asthma, and Immunology stated that, in calculating the allergists' practice expense per hour, we reduced the supply category practice expense per hour to that of ''All Physicians,'' because we believed that we made a separate payment for the drugs used. However, this is not true for immunotherapy drugs provided by allergists, as the cost of these drugs is included in the practice expense RVUs. Therefore an adjustment needs to be made.

Response: The commenter is correct and the adjustment has been made to the medical supplies practice expense per hour.

Comment: The American Society of Clinical Oncology commented that since the SMS supply cost data for chemotherapy codes included the costs of expensive chemotherapy drugs, which are paid for separately, we used the lower supply costs for ''All Physicians'' for their supply cost pool. The commenter argued that this fails to recognize that, in addition to the cost of the drugs, chemotherapy administration has extra supply costs in excess of that for ''All Physicians.'' Also, although chemotherapy drugs are generally among the costliest drugs, the cost of drugs was probably included in other specialties' supply costs as well, and all specialties should be treated in the same manner.

The Association of Community Cancer Centers, the Society of Gynecologic Oncologists, and the American Society of Hematology also disagreed with our adjustment for drug costs, as did the AMA, which called our method of correcting for the double counting of drugs inequitable and imprecise. The American Society of Hematology recommended increasing the supply per hour costs to 125 percent of the ''All Physicians'' level.

Response: It is true that other specialties may have some drug costs included in their SMS supply cost data, but we believe that the total costs for chemotherapy drugs are far greater than are the drug costs included for any other specialty. Failure to make an adjustment for these high drug costs would lead to a gross distortion in the supply cost pool for oncology.

We also are not convinced that the other supply costs for oncologists would necessarily exceed that of ''All Physicians,'' and we will continue to crosswalk oncology's supply costs to that category's practice expense per hour. We do agree that during refinement we need to consider development of a methodology for removing separately billable supplies and services from the SMS data so that the Medicare program avoids making duplicate payments. We also will work with the oncology specialty to ensure that their practice expense per hour for the supply category adequately reflects the actual costs of other oncology supplies.

Comment: The American Association of Oral and Maxillofacial Surgeons objected to the crosswalk of oral surgery and maxillofacial surgery to the practice expense per hour of ''All Physicians.'' They recommended a crosswalk to either otolaryngology or plastic surgery, as most of the medical procedures billed

by oral and maxillofacial surgeons can be crosswalked to these two specialties. The commenter argued that because of their significantly higher practice expenses, oral and maxillofacial surgery should not be in the same practice expense pool as manipulative therapists and optometrists, as this dilutes the practice expenses for these surgical services. In addition, the 1996 Harvard Study grouped oral and maxillofacial surgery under otolaryngology and plastic surgery.

Response: We do not currently have sufficient data to make such a change in our crosswalk. This is an issue that can be addressed during the refinement period.

Comment: The American College of Cardiology and the American Society of Echocardiography disagreed with the crosswalk of Independent Physiologic Laboratories (IPLs) to ''All Physicians.'' The comment recommended that IPLs' practice expense per hour be crosswalked to cardiologists, as 60 percent of IPL billings are in the 93000 series and for the 13 highest volume IPL codes, cardiologists account for 40 percent of claims. The Society of Vascular Technology/Society of Diagnostic Medical Sonographers also expressed concern that our crosswalk of IPLs did not adequately recognize their costs and recommended that we use the figure of $176 per hour based on the studies cited in the comment.

Response: As discussed above, we will be creating a separate practice expense pool for all services without physician work, which will include those technical component services done by IPLs and by cardiologists.

Comment: The Society of Gynecologic Oncologists requested that we consider using multiple crosswalks to determine practice expense per hour for specialties that provide interdisciplinary care. The comment stated that the true reflection of practice expense per hour for a gynecologic oncologist is a hybrid of the practice expense per hour for the specialties of obstetrics and gynecology and oncology.

Response: It is not clear whether this is desirable or what data would be used to weight such a split between more than one specialty. Many physicians belong to more than one specialty or subspecialty. This is another issue that can be discussed during the refinement period.

Comment: The American Geriatrics Society disagreed with our crosswalk of geriatrics to the General Internal Medicine practice expense per hour. The comment stated that geriatricians typically have higher costs than internists because of the need for more office space and more health care professionals on staff. Since many geriatricians are family physicians, geriatrics should be cross-walked to family practice.

Response: We believe that geriatricians are typically more like internists than family practitioners, so for the final rule we will not change the crosswalk. However, we are open to receiving data that would demonstrate that a crosswalk to family practice would be more appropriate.

However, we would note that geriatrics is a relatively small specialty and the services performed by them are frequently done by other specialties. Thus, changes in the practice expense per hour data for geriatricians would not likely have a significant impact on the RVUs for services they perform.

Comment: One commenter made recommendations for revisions or additions to our proposed crosswalks for several nursing subspecialties. Another specialty society commented that under the physician fee schedule we have chosen to pay nonphysician practitioners a percentage of the physician reimbursement, and crosswalking to specialties with higher practice expense per hour rates than general internal medicine or general surgery is not logical or reasonable. Another organization also recommended that data from nurse practitioners and physician assistants be excluded from the practice expense pool calculations.

Response: We will further consider appropriate crosswalks for nursing subspecialties during the refinement period.

Comment: The American Hospital Association and the American Occupational Therapy Association recommended that we crosswalk all of the practice expense pools for outpatient rehabilitation services to the ''All Physicians'' practice expense category, rather than using the salary equivalency guidelines for the administrative, office, and other pool.

Response: We believe that using the ''All Physicians'' practice expense per hour for the administrative, office, and other pool would considerably overstate the actual practice expense for occupational therapy. We have carefully examined outpatient therapy practice costs for the development of the salary equivalency guidelines, and believe that these better approximate the actual expenses for this cost pool. We will continue to use the salary equivalency guidelines to calculate this portion of the practice expense pool for occupational therapy for this final rule.

Comment: The American Speech-Language Hearing Association commented that it is not appropriate to use the practice expense per hour data from physicians that perform audiology tests and it submitted a 1993 survey, ''Audiology Services—Scale of Relative Work,'' as part of its comments.

Response: As we stated above, we are creating a single practice expense pool for all services, such as audiology, that have no work RVUs. This practice expense pool, created by using the average clinical staff time per procedure from the CPEP data and the ''All Physicians'' practice expense per hour, raises practice expense RVUs for audiology services relative to those previously proposed. However, during the refinement process we will be considering all data submitted on any of these services, including the study submitted with the above comment.

Calculation of Practice Expense Pools—Other Issues

Comment: Several organizations commented on potential problems with the Medicare claims data, which are used as one component of the specialty-specific practice expense pool calculation.

- Many commenters were concerned about reliance on Medicare claims data to determine the size of each specialty's practice expense pool. The comments claimed that to the extent that the Medicare population is not representative of the general population, there is a bias against specialties whose patient population does not match Medicare's. Several organizations, representing the gamut of medical specialties, urged us to work during the refinement period with organizations for whom we have no, or inadequate, historical claims utilization information and to acquire nationally representative claims data that include Medicare, Medicaid, and private payer data.

One of these commenters recommended that, if this is not feasible, we should conduct sensitivity analyses to explore the influence Medicare service utilization patterns may have on private payers. The specialty-specific utilization data are crucial for the final step of volume-weighted averaging that brings the individual specialty scales onto one scale, particularly when involving services performed very frequently by specialties that see relatively few Medicare patients.

For example, the comment argued, to the extent that the cost estimates for evaluation and management (E&M) services provided by obstetricians and gynecologists and pediatricians differ

significantly from those of specialties that account for the bulk of E&M services provided to Medicare patients, the use of an all-payer claims database would probably yield different RVUs for E&M services.

• Several surgical specialties urged that we clean the Medicare claims data to eliminate obvious errors, such as data showing a sometimes significant number of nonsurgeons or physician assistants performing complex surgeries that can only be performed by surgical specialties. This misreporting can decrease a specialty's practice expense pool and should either be reassigned or excluded during refinement.

One of the commenters recommended that Medicare claims data be reviewed for the existence of a second listed surgical specialty identifier. In addition, physician assistants' claims should use the -AS modifier, and calculations should use only the time that is assigned to the intraoperative period.

• Three specialty organizations commented that many physicians' self-designated specialties are incorrectly classified in our claims data. For example, many cardiologists and geriatricians may bill as internists, which may affect the respective practice expense pools. Until these data become more accurate, one of the commenters recommended that the specialty practice expense pools be recalculated on an annual basis.

• An organization representing transplant surgeons commented that, as transplant surgery is not a designated specialty in the Medicare claims database, many transplant surgeons designate themselves as general surgeons, who have the lowest practice expense per hour of any surgical specialty. The comment argued that this has led to a significant underestimation of the costs associated with transplant surgery.

Response: We would be interested in receiving any reliable national utilization data on the procedure code level though, to date, we are not aware of the existence of such a data source. We plan during the refinement period to work with the medical community in order to pinpoint problems in the Medicare claims data, to develop strategies to improve their accuracy, and, if possible, to find reliable supplemental data for those specialties not appropriately represented in the Medicare database.

Comment: One organization commented that the Medicare frequency numbers for occupational therapy codes will be understated because BBA requires that all outpatient therapy services be paid under the Medicare Physician Fee Schedule beginning January 1, 1999.

Response: We disagree. We have not included estimates for frequencies of expected services of outpatient therapy services in computing the practice expense RVUs. BBA specified that we pay for these services using the physician fee schedule. BBA did not incorporate these services into the fee schedule.

Comment: Many organizations representing radiation oncology, as well as numerous individual commenters, argued that we erroneously combined the SMS radiation oncology survey data with that of radiology. The commenters argued that these two specialties should be dealt with separately, as radiation oncology utilizes different codes and has considerably higher costs than radiology.

Response: We had combined radiation oncology and radiology together into one practice expense pool because of the small sample of radiation oncologists in the SMS data. However, we now agree with the commenters that these are two different specialties with differing practice costs. Therefore, we have separated them into two separate practice expense cost pools in order to calculate the practice expense per hour for each of the specialties. For radiology, excluding radiation oncology, the total practice expense per hour is $55.90. This is comprised of $17.90 for nonphysician payroll per hour ($9.70 for clerical payroll), $12.80 for office expense, $4.50 for supply expenses, $7.70 for equipment expense, and $12.90 for other expenses. For radiation oncology, the total practice expense per hour is $68.30. This is comprised of $23.70 for nonphysician payroll per hour ($9.20 for clerical payroll), $11.30 for office expense, $6.20 for supplies expense, $11.00 for equipment expense, and $16.20 for other expenses.

Allocation of Practice Expense Pools to Codes

Comment: Several organizations commented on our use of work RVUs as part of the allocation formula for indirect practice expense costs:

• A primary care specialty group stated that we should not allocate the indirect practice expenses using the work RVUs, since there is no reason to believe that the costs of providing the service, such as the cost of utilities, would vary by the intensity, where the costs would vary by time. We should, therefore, use time rather than work in our indirect allocation.

Another primary care organization commented that using work as one allocator for indirect expenses inappropriately gives surgical procedures with higher work RVUs substantially higher administrative costs for billing activities than is given to evaluation and management services. We should develop a standardized method to address administrative staff costs.

• Five other organizations argued that allocating indirect costs based on a combination of direct costs and physician work RVUs is inappropriate and treats unfairly chemotherapy and radiation oncology services as well as other technical component services, since they typically are assigned no work RVUs. Various recommendations were made by these commenters to rectify what they see as discrimination against these technical component services:

+ Indirect costs should be based on direct costs.

+ Physician time or clinical staff time should be used instead of work.

+ We could allocate 50 percent of the indirect costs based on direct costs and 50 percent based on physician work or time.

+ As an alternative for chemotherapy services, work could be imputed by using the work to time ratio for other hematology or evaluation and management services.

One commenter recommended that we vary the indirect cost allocation methodology in recognition of the practice patterns of particular specialties.

• One accounting organization commented that the use of work REUS is arbitrary and argued for the use of total dollars actually spent to perform the procedures, not indirect splits, suggesting the use of Activity Based Costing as a preferable methodology.

Response: In this final rule, we will use an allocation method for the final rule that is basically similar to our proposed allocation method. It is widely recognized by accountants and others that there is no single best method of allocating indirect expenses to individual services. If we used physician time as an allocator of indirect expenses, we would be using the same values, whose accuracy have already been questioned by some commenters, both to create the practice expense pools and to allocate these pools to individual services. If we used only direct costs, we would be giving full weight to CPEP values that have not yet been refined. We agree that the use of physician work as an allocator is not preferable in the long term. It likely provides maximum advantage to hospital-based services in which the

physician incurs relatively few direct costs.

For this final rule, we are making a technical change to the allocation method for indirect costs by using direct costs and the work REUS scaled using the Medicare conversion factor instead of a factor calculated using the physician time data. Because of questions raised by commenters concerning the time data adjustments, we believe that it is more appropriate to convert the work REUS into dollars using the Medicare conversion factor (expressed in 1995 dollars, consistent with the AMA SMS survey data). This will give somewhat less weight to work while, at the same time, avoiding a major methodological change until it has been examined further. We intend to work with the medical community during refinement so that we ensure that our allocation methodology is both appropriate and equitable.

Comment: Many major specialty societies, both primary care and surgical, commented that we should not apply a different methodology for allocating the practice expense pools to the radiology codes than we do to all other codes. One commenter argued that multiplying the current charge-based practice expense RVUs for radiology codes by some percentage cannot yield a resource-based system.

Organizations representing urologists, pulmonologists, cardiologists, and ophthalmologists commented that the uniform reductions made in the radiology codes to maintain relative values assumed that all radiology services are done only by radiologists, when many of these procedures are performed by these other specialties. A commenter stated that decisions regarding the practice expense values for radiology codes done predominantly by other specialists should not be made by one specialty. These organizations recommended that the practice expense RVUs for their codes be established using the allocation methodology used for all other services.

One specialty society, representing diagnostic vascular testing, commented that the use of the existing radiology relatives to allocate practice expense to the code level results in significantly larger decreases in the technical component than in the professional component of their services. The commenter recommended that if we continue to use the radiology relatives, then we should reduce the professional components of the codes more than the technical components because practice expenses are greater for the technical component than for the professional component.

The AMA supported the use of the radiology relative values for actual radiology services, but recommended that this methodology should be applied only to services that are performed predominantly by radiologists.

The American College of Radiology endorsed the radiology relativity of the radiology RVUs without exception, and they would oppose the exclusion of individual radiology procedures since this is inconsistent with the concept of radiology relative values. They argued that maintaining the relativity of the radiology fee schedule—

- Is consistent with generally accepted accounting principles because it is based on surveys and physician panels;
- Is widely accepted;
- Solves rank order anomalies caused by raw CPEP data;
- Simplifies the derivation of the professional component, technical component, and global practice expense RVUs;
- Is mandated by law, as the Omnibus Budget Reconciliation Act of 1989 stated that for radiology services ''the Secretary shall base the relative values on the relative values developed under section 1395m(b)(1)(A)****''; and
- They also argue that we have recognized and honored the statutory obligation to maintain the relationships in the radiology relative value scale.

Another national organization representing diagnostic imaging services also suggested keeping the radiology fee schedule as the allocator for radiology, rather than the direct costs from the CPEP data, as there would be even greater reductions on codes we allocated using the CPEP relatives.

Response: Because the majority of specialties that perform radiology services object to the use of the current practice expense RVUs for radiology services, we cannot continue to use these RVUs. However, since we are not making changes to the CPEP data for this final rule and since the American College of Radiology has not had sufficient opportunity to comment on the CPEP data because of our proposed use of the current radiology RVUs, we are using the current radiology RVUs to allocate the direct cost pools of the specialty radiology until such time as the CPEP data for radiology services have been validated. We will not use the current radiology RVUs for any other specialty.

It should be noted that radiology services or components of radiology services that lack work RVUs are handled as described in the section on services without work RVUs. This alters the impact of using the current radiology RVUs for the specialty radiology since we set the global portion of a radiology service equal to the sum of the technical and professional components.

Comment: One specialty society commented that, for one important high volume pathology service, the proposed total professional component practice expense RVU payment would be $11.37, approximately $2 short of the administrative labor costs alone. The commenter wanted more information on how our method splits administrative costs between the professional and technical components. The commenter requested that we provide a data set of the RVUs for administrative labor, office expenses, and other expenses that result from our allocation method, with a break-out of the professional and technical component RVUs for services that have both components, so that the appropriateness of the allocation method can be evaluated.

Response: Our methodology was described in the proposal, and we also provided additional detailed data files that we used to develop the proposed values. We will try to make additional data available if the request is further specified.

Comment: The American College of Cardiology expressed concern that, though it might be necessary to weight average the allocation to codes according to the practice expense per hour of the different specialties performing the service, this defeats the intent of Congress to recognize actual costs and could also lead to negative incentives. The commenter suggested that this is an issue that we and the specialties should pursue.

The American Society of Echocardiography more specifically commented that we should not include in the calculations for cardiovascular diagnostic tests the even more unrepresentative data for internists coding for these procedures. The society maintained that because of the low equipment costs for internists, this blend dilutes the RVUs allocated to these codes.

Response: The statute is very specific that Medicare is not to pay specialty differentials. Therefore, weight averaging of the CPEP inputs among specialties that do a service seems appropriate.

Other Issues

Comment: Many commenters, representing a broad spectrum of specialties, expressed concern that reductions in payment for specific services could have a negative impact on access to care. Many of these

commenters recommended that we monitor access and quality of care issues that may arise as a result of the implementation of a resource-based practice expense system.

Response: Maintaining access to high quality health care for Medicare beneficiaries is, and will continue to be, a high priority, and we will monitor available relevant data. However, we do not anticipate that the implementation of resource-based practice expense RVUs should lead to any major impediments to access to care. Any impacts of this new system are being transitioned in over a 4-year period, during which we will be refining both the practice expense per hour data and the direct cost inputs. We will be working closely with the medical community during this refinement period, and we are confident that we will achieve a resource-based practice expense system that will maintain our beneficiaries' access to the best possible medical care.

Comment: One commenter was concerned about how the monthly capitated payment for end-stage renal disease (ESRD) services was handled under the top-down approach. The commenter argued that, though the ''building block'' process used for the work RVUs for these services does not translate perfectly for practice expense values, this approach should still be utilized to calculate the practice expense RVUs. In addition, the commenter questioned our choice of CPT 99213, a mid-level office visit, to calculate physician time for ESRD services.

Response: We allocated the practice expense pool to ESRD services using the CPEP inputs, as we did for almost all other services. We also believe that the intensity of an average evaluation and management service provides a reasonable estimate of physician time. These issues can be further analyzed during refinement.

Comment: Two commenters noted that costs associated with the supervision of diagnostic tests were not included in the technical component amounts.

Response: In separate carrier manual instructions, we are revising the level of physician supervision required for many diagnostic services. For example, we are changing the requirements for most ultrasound procedures from personal or direct supervision to general supervision. We believe the required supervision for any remaining services that are at the personal supervision level are generally already reflected in the work RVUs. Therefore, we do not believe that there are additional costs for physician supervision.

Comment: One commenter indicated that there will be a marked increase in the volume of services paid under the physician fee schedule as a result of BBA changes in payment for outpatient therapy services. The commenter maintained that this increase should not adversely affect future budget neutrality adjustments.

Response: Although payment for these outpatient therapy services are based on payment amounts contained in the physician fee schedule, these services are not included as part of the fee schedule pool for budget neutrality calculations.

Comment: One commenter argued that the budget neutrality adjustment is inappropriately applied because it does not recognize the savings provided by the elimination of the facility payments for endoscopic procedures that will move to the office setting.

Response: The statute specifies that there shall be budget neutrality for physician fee schedule services. The budget neutrality adjustment does not take into account payments to facilities.

Comment: Two commenters suggested that any fiscal adjustments made to comply with BBA should be reflected in the conversion factor, or other ratio, rather than be included in the calculation of the practice expense RVUs, so that other payer reimbursement would not be affected.

Response: We do not completely understand these comments, but we believe the request is consistent with our practice of making budget-neutrality adjustments on the conversion factor.

Comment: Several commenters requested additional impact analyses such as—

- Comparison of actual practice expense by specialty with expected practice expense payments, both by amount and by percent, for both our proposed practice expense payments and the current fee schedule practice expense RVUs;
- Comparison of impacts by geographic area, including rural and urban impacts;
- Analysis of impacts on hospital, academic, and community-based physicians;
- Analysis of total Medicare and non-Medicare impact using national claims case mix data; and
- An analysis that would demonstrate to other payers the degree to which our proposed payment rates are less than actual practice costs.

Response: We lack the data to provide some of the requested analyses. For example, we do not have national claims case mix data and are unaware of the existence of such data. With regard to rural and urban impacts, in the June 5, 1998 proposed rule we discussed the limitations of such analyses given the structure of the Medicare payment localities. We are unsure what the commenters are specifically requesting on the issue of actual costs since we have based the resource-based practice expense RVUs on the best available source of multi-specialty actual cost data: the SMS survey. Cost analyses at the individual practice level are problematic since, for example, we do not have physician cost reports, but we are open to concrete suggestions on how to perform such analyses. We also note that the Medicare public use files are an excellent source of data for commenters who wish to perform additional analyses that they believe are possible with the data sources available to us.

Comment: One commenter requested that we make clear to Medicare contractors that hospital-based pathologists who incur technical component costs for nonhospital patients can be paid for both the technical and professional components.

Response: This is a long-standing policy, and we are not aware of any general problems in this regard. However, we would be willing to discuss the issue with individual carriers if the commenter provides more specific information.

Comment: One commenter recommended that we recalibrate the allocation of RVUs to the pools for physician work, practice expense and malpractice, as this allocation has remained constant since the resource-based relative value scale was implemented in 1992.

Response: We are recalibrating the allocation this year to match the Medicare Economic Index (MEI) weights. For example, work goes from 54.2 percent of the total to 54.5 percent, the practice expense portion goes from 41.0 percent to 42.3 percent, and the malpractice portion goes from 4.8 percent to 3.2 percent. (See Section II.D, ''Rebasing and Revising the Medicare Economic Index.'') In order to prevent the work RVUs from changing as a result of this, we are altering only the practice expense and malpractice RVUs. The changes to the practice expense and malpractice RVUs due to this are offset by an adjustment to the conversion factor.

Comment: One commenter recommended that we should limit the magnitude of the changes in physician payments resulting from the shift to resource-based payment for practice

expenses by imposing some reasonable limit on payment increases and decreases for individual services. The commenter maintains that section 1848(c)(4) of the Act, which authorizes the Secretary of Health and Human Services to, ''establish ancillary policies, as may be necessary to implement this section,'' provides statutory authority on which to base such a policy. The comment pointed out that we invoked this section in 1991 with reference to the transition to resource-based payment for physician work.

Response: We believe that Congress intended the transition period to be the mechanism by which we would mitigate the impacts of any changes in payment brought about by the shift to resource-based practice expense. Therefore, we believe it would be inappropriate for us to impose further limits on payment increases or decreases.

Comment: One commenter maintained that the proposal violates both the Regulatory Flexibility Act and the Paperwork Reduction Act of 1980 because the adequate filings required in both of these Acts did not accompany the proposal. Additionally, the commenter stated that we did not cite any evidence to support its contention that a Regulatory Impact Statement is not required.

Response: We had included a Paperwork Reduction Act (PRA) section in HCFA–1006-P that meets the requirements of the PRA of 1980.

One commenter stated that we do not cite any evidence in either of our proposals to support our contention that no regulatory impact statement is required. There may be some confusion about the purpose of an impact statement and the difference between a regulatory impact statement and a regulatory impact analysis (RIA). A regulatory impact statement is a brief rational on why an analysis was not conducted. An RIA is a complete analysis based on recent available data and is more extensive.

An RIA was conducted in the proposed rule of June 5, 1998 (63 FR 30866). Absent this analysis, we would be required to furnish an impact statement. Therefore, there is no violation of either the RIA or Regulatory Flexibility Act requirements.

3. Other Practice Expense Policies

Site-of-Service Payment Differential

As part of the resource-based practice expense initiative, we are replacing the current policy that systematically reduces the practice expense RVU by 50 percent for certain procedures performed in facilities with a policy that would generally identify two different levels (facility and nonfacility) of practice expense RVUs for each procedure code depending on the site-of-service.

Some services, by the nature of their codes, are performed only in certain settings and will have only one level of practice expense RVU per code. Many of these are evaluation and management codes with code descriptions specific as to the site of service. Other services, such as most major surgical services with a 90-day global period, are performed entirely or almost entirely in the hospital, and we are generally providing a practice expense RVU only for the out-of-office or facility setting.

In the majority of cases, however, we will provide both facility and nonfacility practice expense RVUs. The higher nonfacility practice expense RVUs are generally used to calculate payments for services performed in a physician's office and for services furnished to a patient in the patient's home, or facility or institution other than a hospital, skilled nursing facility (SNF), or ambulatory surgical center (ASC). For these services, the physician typically bears the cost of resources, such as labor, medical supplies, and medical equipment associated with the physician's service.

The lower facility practice expense RVUs generally are used to calculate payments for physicians' services furnished to hospital, SNF, and ASC patients. The costs for nonphysicians' services and other items, including medical equipment and supplies, are typically borne by the hospital, by the SNF, or the ASC.

We received the following comments on our site-of-service payment differential proposal.

Comment: We received several comments concerning the appropriateness of our site-of-service proposal:

- Several specialty groups commented that they agreed with eliminating the site-of-service differential and replacing it with two levels of payment.
- A national specialty society representing gastroenterologists, as well as several hundred individual commenters, strongly opposed the elimination of the current site-of-service differential and replacement of it with the facility and nonfacility resource-based practice expense RVUs. The comments argued that we should not have established different practice expense RVUs for facility and nonfacility settings for gastrointestinal endoscopy codes 43234 through 45385 because:
  - It is unsafe to do these procedures in the office and will thus jeopardize patient safety;
  - It creates an incentive to provide care in the inappropriate office setting; and
  - It is not authorized by legislation, is against the intent of BBA to have different payment levels for different settings, and is likely to result in legal challenge.

  The commenter recommended that we drop the office and out-of-office differential in practice expense payment.
- One organization commented that our site-of-service proposal will exacerbate the ability to subsidize uncompensated care and suggested exempting teaching physicians from the new site-of-service provision. It also suggested that HCFA should also monitor the effects of the site-of-service policy.
- The AMA, the American Hospital Association, and three other organizations commented that payment differentials should not provide an incentive for physicians and patients to choose one site over another. Some physician groups are concerned that the differential will accelerate the shift of some services from facility to nonfacility settings at the expense of patient safety. They asserted that claims data on changes in place of service should be made available and this issue should be one focus of refinement efforts.

Response: We believe that, to the extent that the differing RVUs for in-office and out-of-office services reflect the relative differences in practice costs for performing those services, we have not created incentives to provide services in inappropriate settings. We are required by both the Social Security Act Amendments of 1994 and BBA to develop resource-based practice expense RVUs, based on physicians' actual costs. All of our data indicate that physicians' practice expenses are higher in the office, where the physician must incur all the costs of staff, equipment, and supplies, than in a facility that provides and is paid separately for these resources. As the facility and nonfacility costs to the physician can vary by a considerable amount, we believe that adopting a single average payment for both sites would consistently underpay in-office procedures, and overpay those performed in a facility and would thus be inherently inequitable, not resource-based, and contrary to the intent of the law. Furthermore, we are not aware of any studies showing that codes 43234 through 45385 are being unsafely performed in offices. We have complete

confidence that physicians will continue to exercise their best clinical judgment as to the most appropriate setting for their patients.

Comment: One specialty society stated its support for the proposed change in the site-of-service payment, as long as it does not result in nonpayment for services actually provided. For example, there are no practice expense RVUs for emergency intubation in the nonfacility setting, though this service may occasionally have to be performed in the office.

Response: If a service for which there are only facility RVUs is performed in the office, the facility rate will be paid.

Comment: The American Urological Association commented that certain codes—50590, 52234, 52235, 52240, 52276, and 52317 were inappropriately assigned nonfacility PERVUs, as it is not safe to perform these services in the office.

Response: We would need more data to demonstrate that performing these services in the office is not appropriate before we would eliminate the nonfacility RVUs. We are willing to review such information during the refinement process. Such information should be submitted to HCFA, Office of Clinical Standards and Quality.

Comment: Two societies representing pulmonologists commented that critical care is listed with facility and nonfacility practice expense RVUs, although it is nearly always performed in an inpatient setting.

One organization representing psychiatrists noted that CPT codes 90816 through 90829 are restricted to the inpatient hospital and partial hospital and residential care settings, and that CPT code 90870, electroconvulsive therapy, would not generally be performed in an office setting. The commenter recommended that the final rule list RVUs for only the facility setting.

Response: We are not deleting RVUs proposed for the nonfacility setting in this final rule, but will be considering this issue during refinement. We would note, however, that services performed in the residential care setting would be paid by using the nonfacility RVUs.

Comment: One commenter pointed out that in our proposed rule we list the services that, by nature of their codes, would only have one level of practice expense; this list includes codes 99321 through 99333 and 99341 through 99350. However, in Addendum C, both facility and nonfacility values are given and the facility values are higher than the nonfacility values for most of these codes. These inconsistencies should be corrected. Another commenter submitted a list of some codes where the facility practice expense RVUs are higher than the in-office values.

Response: We thank the commenters for pointing out these discrepancies. The instances of higher facility RVUs are an artifact of our indirect methodology and reflect the differing mix of specialties performing a service in each setting. We will look at this more closely during the refinement process.

Comment: One specialty society commented that the dual energy x-ray absorptiometry codes have the same practice expense RVUs for both the in-office and out-of-office setting. The comment recommended that the in-office RVUs be adjusted to reflect the high costs of equipment for the office-based physician.

Response: More specific data will be needed on the actual costs of the equipment so that we can address any changes to the CPEP data during the refinement process.

Comment: Three organizations representing outpatient therapy services commented that, though outpatient rehabilitation providers will be paid the nonfacility rate, there are higher costs for providing rehabilitation services in an SNF or hospital than in a doctor's office. These costs are not reflected in the CPEP data and are grossly underestimated in the practice expense RVUs. There should be a special higher site-of-service differential to be applied when outpatient therapy services are furnished in provider settings.

Response: The site-of-service differential is intended to ensure that the Medicare program avoids making duplicate payments to practitioners and facilities for the same services. BBA specified that outpatient therapy services, which prior to January 1, 1999 have been paid by Medicare using a cost reimbursement system, should be paid using the physician fee schedule effective January 1, 1999. As discussed more fully in the June 5, 1998 proposed rule, we believe it would be inappropriate, and inconsistent with how we pay for other services under the fee schedule, to pay a higher rate for these outpatient rehabilitation services when they are provided in an SNF or hospital.

Comment: One specialty organization recommended that we confirm that facility-based practice expenses exclude only those practice expenses that are actually provided and paid for by the facility. We should provide a data file summarizing which resources are deemed to be provided by facilities, so that physician organizations can identify any errors or anomalies in HCFA's assumptions. For example, vitreoretinal physicians must often provide clinical staff for out-of-office procedures, and it is essential that there is a mechanism for the physician to be reimbursed.

Response: The differential between the facility-based and office-based practice expenses is determined by the CPEP inputs for staff labor time, supplies and equipment attributed to each site and the mix of specialties providing the services in each site. We will consider further adjustments to the CPEP inputs during the refinement period.

Comment: The American Speech-Language-Hearing Association commented that the extra costs for patient acuity and travel should be added to the site of service differential.

Response: This is an issue for which specific data is needed and that should be addressed during the refinement period.

Additional Relative Value Units for Additional Office-Based Expenses for Certain Procedure Codes

Usually office medical supplies or surgical services in the physician's office are included in the practice expense portion of the payment for the medical or surgical service to which they are incidental. The November 1991 final rule (56 FR 59522) included a policy for 44 procedure codes that allowed a practice expense RVU of 1.0 to pay for the supplies that are used incident to a physician's service but generally are not the type of routine supplies included in the practice expense RVUs for specific services. This list of procedure codes was expanded in the December 1993 final rule (58 FR 63854). Included in this list of procedures for which an additional amount may be paid for supplies if the procedure is performed in a physician's office are closing a tear duct (CPT code 68761) and billing for a permanent lacrimal duct implant (HCPCS A4263), inserting an access port (CPT code 36533) and billing for an implantable vascular access portal/catheter (A4300), and performing cystoscopy procedures and billing for a surgical tray (A4550).

We proposed to revise this policy under the resource-based practice expense system. We believe the supply costs that this policy is designed to cover were included in the supply inputs identified by the CPEPs and the AMA's SMS survey. Thus, they were included in the practice expense RVUs for each relevant procedure code. Therefore, we proposed to discontinue separate payment for supply codes A4263, A4300, A4550, and G0025.

Below are the comments we have received on this issue:

Comment: While two primary care organizations agreed with our proposal to discontinue separate payment for select supply codes, three other specialty societies opposed elimination of the current payment for these supplies. One comment argued that incident-to supplies were not counted in the CPEP process, and the other that this separate payment is a preferred method of recognizing added costs to physicians.

Response: We believe that the current practice expense RVUs include the payment for these supplies. However, we are willing to consider evidence that the CPEP inputs do not reflect the appropriate use of these supplies for any service during the refinement process.

Comment: The AMA, as well as four physician specialty organizations, recommended phasing out separate payment for supplies during the transition instead of implementing it all at once in 1999.

Response: We agree and we will be phasing out the separate payment for these supplies over the transition period.

Anesthesia Services

Although physician anesthesia services are paid under the physician fee schedule, these services do not have practice expense RVUs. Rather, payment for physician anesthesia services is determined based on the sum of allowable base and time units multiplied by a locality-specific anesthesia CF.

Since the beginning of the physician fee schedule, overall budget neutrality and work adjustments have been made to the anesthesia CF and not to the base and time units. We are following the same process and making an adjustment to the anesthesia CF to move anesthesia services under the resource-based practice expense system. The adjustment to the anesthesia CF is 3.0 percent (phased in other the transition period).

4. Refinement of Practice Expense Relative Value Units

Section 4505(d)(1)(C) of BBA requires the Secretary to develop a refinement process to be used during each of the 4 years of the transition period. In the June 5, 1998 proposed rule, we proposed keeping the practice expense RVUs as interim RVUs until at least the fall of 1999, and possibly beyond 1999, if we believe more time is needed to identify and correct errors. We also solicited recommendations for a refinement process in subsequent years.

In the June 1998 proposed rule, we did not propose a specific process for a long-term refinement process. Rather, we set out the parameters for an acceptable refinement process for practice expense RVUs. Such a refinement process would enable us to do the following:

- Review and refine practice expense and hour data.

We suggested that we would be prepared in the future to refine the practice expense and hour data of those specialties well-represented in the SMS data if we receive compelling evidence that the SMS data are incorrect. We invited comments on potential revisions to the SMS survey or alternative sources of data and on the need to confirm, through audit or other means, the survey data that would be used for long term refinement.

- Obtain and review practice expense and hour data for specialties or practitioners not included in the SMS survey.

We invited comments on the appropriateness of our crosswalks and suggested that any arguments that the practice expense and hour data should be changed would be strengthened by the submission of survey data comparable to the SMS data.

- Address anomalies, if any, in the code-specific Harvard and RUC physician time data.

We proposed that we would not revisit work RVU issues that have been already addressed as part of the 5-year review.

- Address anomalies, if any, in the code-specific CPEP data on clinical staff types and times, quantity and cost of medical supplies, and quantity and cost of medical equipment.

We proposed that the codes identified by commenters as having possible errors during the comment periods of the proposed rule and the final rule will constitute the universe of codes whose code-specific CPEP data should be reviewed, as it was not our intention to review the inputs for all the codes on an annual basis. We also proposed that we obtain the advice of practicing physicians on the appropriateness of recommended changes to the CPEP inputs. We suggested two principal options for obtaining that advice, either HCFA-convened multiple specialty panels or the RUC or new organization like the RUC that includes broad representation across all specialties and includes nonphysician practitioners. The panels would need to meet no later than the summer of 1999 to consider the comments we received on both the proposed rule and the final rule. We invited comments on these options and solicited any other recommendations.

- Refine, as needed, our process of developing practice expense RVUs for codes not addressed by the CPEP process, for example, codes that were new in 1996, 1997, and 1998.

We developed practice expense RVUs for codes that were new in 1996, 1997, and 1998 by comparing the new codes to other comparable codes for which we had actual CPEP data and we invited comments on the appropriateness of our crosswalks. Also, we solicited new code-specific data on clinical staff types and times, quantity and cost of medical supplies, and quantity and cost of medical equipment.

- Develop practice expense RVUs for codes that will be new in 1999 and beyond.

Because of time constraints, we proposed that we develop interim practice expense RVUs for new 1999 codes by preparing a crosswalk of CPEP data from existing codes. Though the practice expense values for these codes will be subject to comment, the interim values will serve as the basis of payment during 1999.

Beyond 1999, we proposed two possible options that could be used to develop practice expense RVUs for new codes. First, we could continue to crosswalk new codes to existing codes and review comments we receive with the assistance of our multiple specialty panels. Second, we could request the RUC or a RUC-like organization to provide recommended practice expense RVUs or recommended inputs before publication of the proposed rule, as we do with work RVUs. We invited comments on these options and solicited any other recommendations. Following are the comments that we have received on our proposal for refinement of the resource based practice expense RVUs:

Comment: The RUC submitted the following comments on the refinement process:

- The RUC stated its interest in reviewing any comments that we receive on the accuracy of the physician time data for specific codes.

- The RUC commented that many members of the RUC, the RUC's Advisory Committee and the Health Care Professionals Advisory Committee (HCPAC) observed or participated in the entire CPEP process. The comment stated that, based on that experience and on extensive subsequent discussion, it became clear that the RUC, through its experience in developing physician work relative value units, should also seek involvement in developing

recommendations on practice expense relative values.

• The RUC comment contained the following proposal for refinement of the CPEP data:

The RUC proposed the development of a new Advisory Committee, the RUC Practice Expense Advisory Committee (PEAC) to review comments on the code-specific CPEP data (that is, clinical staff types and times, quantity and cost of medical supplies, and quantity and cost of medical equipment) during the refinement period. This committee would report to the RUC, which would make final recommendations to HCFA. The committee composition would mirror the RUC and include additional representation from the American Nurses Association, the American Academy of Physician Assistants, the Medical Group Management Association, and four other non-MD and DO organizations to encourage input from nurses and practice managers in the process.

The committee would include one representative from the following organizations:

- Chair (To be selected by the Chair of the RUC);
- American Medical Association;
- American Osteopathic Association;
- CPT Editorial Panel;
- Health Care Professionals Advisory Committee;
- Two rotating seats for the RUC Advisory Committee (currently held by Rheumatology and Child Psychiatry);
- American Academy of Dermatology;
- American Academy of Family Physicians;
- American Academy of Neurology;
- American Academy of Ophthalmology;
- American Academy of Orthopaedic Surgeons;
- American Academy of Otolaryngology—Head and Neck Surgery, Inc.;
- American Academy of Pediatrics;
- American Academy of Physician Assistants;
- American Association of Neurological Surgeons;
- American College of Cardiology;
- American College of Emergency Physicians;
- American College of Obstetricians and Gynecologists;
- American College of Physicians;
- American College of Radiology;
- American College of Surgeons;
- American Nurses Association;
- American Psychiatric Association;
- American Society of Anesthesiologists;
- American Society of Internal Medicine;
- American Society of Plastic and Reconstructive Surgeons;
- American Urological Association;
- College of American Pathologists;
- Medical Group Management Association; and
- Society of Thoracic Surgeons.

Four seats would be added to include other organizations representing nursing or practice managers, for example, National Federation of Licensed Practical Nurses or American Licensed Practical Nurses Association, American Association of Medical Assistants, Association of Surgical Technologists, Professional Association of Health Care Office Managers, and Healthcare Financial Management Association.

Also contributing to this refinement process would be 80 members of the RUC Advisory Committee, representing those specialty societies with a seat in the AMA House of Delegates who have elected to participate in the RUC process. The RUC process will also include input from the HCPAC, which represents audiologists, chiropractors, nurses, occupational therapists, optometrists, physical therapists, physician assistants, podiatrists, psychologists, social workers, and speech-language pathologists.

The RUC has not yet implemented the PEAC, pending the initial response(s) to the proposed rule. However, the RUC has authorized the RUC Chair to convene the PEAC in a timely fashion and requests that we share all comments we wish to have reviewed regarding changes to the CPEP data with the RUC soon after the conclusion of the comment period on the final rule. The RUC would assure that all members of the RUC Advisory Committee and HCPAC Advisory Committee are contacted regarding the comments and will solicit interest in bringing recommendations forward to the PEAC on these comments. Specialty societies would collect additional data and, where possible, form a consensus recommendation with other interested specialty societies or HCPAC organizations. After considering the comments and the specialty society recommendation, the PEAC would present a report with their recommendations to the RUC which would submit its recommendations to us, along with its usual submission of work relative value recommendations, at the end of May.

The RUC comment contained the following proposal for refinement of the crosswalk for 1996, 1997, 1998, and 1999 new codes. The RUC proposes that the PEAC, when constituted, also review any comments on the final rule that are forwarded by us regarding the appropriateness of crosswalks and extrapolated code-specific data for those codes that were new in 1996, 1997, 1998, and 1999. The RUC would encourage specialty societies and HCPAC organizations to collect data or evidence to support new code-specific data on clinical staff types and times, quantity and cost of medical supplies, and quantity and cost of medical equipment for each of those new services that are frequently performed.

The RUC comment also contained the following proposal for the development of practice expense RVUs for codes that will be new in 2000 and beyond. The RUC proposes that recommendations for practice expense RVUs for new codes in 2000 and beyond be developed simultaneously with the work RVU recommendations. After a new code is approved by the CPT Editorial Panel, specialty societies would conduct a survey that would include a section on physician work and a section on direct expense inputs for that service. The specialty society would then present their recommendations on both the work and practice expense RVUs, along with all of their supporting data from the survey, to the RUC to review. The RUC would review both RVUs and submit the recommendations to us in a format similar to its current submission.

The RUC comment stated that the majority of the discussion on the expense inputs would focus on the clinical staff time and, potentially, the comparison between this time and the physician time. This time information will not be available for new codes. If we were to utilize two different processes for work and practice expenses for new codes, it would be necessary to establish a process to reconcile differences in time between the two sets of recommendations. The RUC comment recommended that the RUC process represents the best choice for reviewing this relationship and providing verifiable recommendations. The comment also recommended that for new codes for services performed by nonphysicians only, the RUC HCPAC Review Board would review both work and practice expense RVUs and would submit their recommendations to us directly. Throughout the updating process of practice expense, the RUC will also seek the input of nurses, practice managers, and others who have expertise in physician practice expense.

Comment: Almost all specialty societies and individuals commenting on refinement, as well as MedPAC and the AMA, agreed that the RUC or a group like the RUC should undertake the refinement of the CPEP input data for individual procedure codes, including reviewing our crosswalks for CPT codes new in 1996 through 1999, and recommending practice expense values for codes that will be new in 2000 and beyond. Several specialty societies, while supporting the role of the RUC in handling the complex issue

of refining CPEP data, stated that the RUC would need to include nonphysicians such as practice administrators and nurses in order to accomplish this task, as staff in management roles have more expertise than practitioners on the intricacies of practice management and the details of practice expenses. The American Podiatric Medical Association commented that podiatry must have full participation on an equal basis with other physicians' specialties; membership on the HCPAC would not be sufficient. The American Academy of Audiology has also commented that they want an audiologist to be represented on any group refining RVUs and the American Occupational Therapy Association commented on the need for therapy representatives. The Society of Vascular Technology/Society of Diagnostic Sonographers commented that they would support the use of a RUC-like group only if there would be appropriate representation of technical component service providers; otherwise they would not favor the RUC handling refinement issues.

Response: As previously described, there are four key data items we used for our methodology. Three are needed to develop practice expense ''pools'' per specialty, and the fourth is needed to allocate these aggregate practice cost pools to individual CPT codes. The data sources we used are as follows:

Practice Cost Pools

1. AMA SMS survey data for practice costs per hour, by specialty.
2. Harvard and RUC data for length of time to perform each service
3. Medicare claims frequency data for each procedure.

Allocation to Individual CPT Codes

4. ABT CPEP resource inputs per CPT code.

Refinement requires consideration of three broad types of activities:

1. Review of broad strategy and general methodology issues. Examples of these types of activities include review of the basic methodology, formulas for allocation of indirect expenses, development of criteria for consideration of alternative data sources, survey sample size consideration, development of possible approaches to validate survey data, and other similar methodology issues.
2. Refinement of specialty level practice cost per hour data.
3. Refinement of detailed code level data (CPEP data, procedure time data).

The RUC has proposed to be involved in the refinement process by creating a subcommittee to advise it, referred to as the Practice Expense Advisory Committee (PEAC). It would consist of over 35 members (RUC specialties supplemented by other groups such as MGMA, nurses, practice managers and others). The vast majority of specialties that commented on the refinement process indicated their support for the RUC proposal or for a similar process.

Initial Refinement Process

We continue to believe that our proposed general methodology is sound and responsive to the BBA requirements. We did receive a large variety of comments about broad methodology issues, practice expense per hour data, and detailed code level data. As described elsewhere, we have made some adjustments to our original proposal for a select number of situations in which we were convinced an adjustment was appropriate at this time. We are considering other comments for possible future refinement. The values of all codes will be considered interim for 1999 and for future years during the transition period. Rather than specify a detailed refinement process at this time, we will continue to work with the professional community to further develop the refinement process. We will modify the process as necessary during the period, based on our experiences and recommendations received.

Our plans to start the initial refinement process are as follows:

1. We plan to establish a mechanism to receive independent advice for dealing with broad practice expense RVU technical and methodological issues. We are considering contractor support and/or other ways of obtaining independent advice and assessments of comments that we have already received or will receive in the future about important technical issues, especially those that result in major redistributions among specialties. We welcome continuing advice and specific recommendations from the GAO, MedPAC, and the Practicing Physicians Advisory Council. We will also continue to actively consult with physician and other groups about these issues. We are particularly interested in receiving additional comments and suggestions about methodology from organizations that have a broad range of interests and expertise in practice expense and survey issues. All comments will be considered, but we especially encourage organizations that represent a broad range of physician, practitioner, and provider groups (for example, groups that represent both ''winning'' and ''losing'' specialties) with expertise in practice costs issues to make specific recommendations regarding the following methodology issues:

- *Bias in ''Top Down'' methodology.* Some commenters believe the methodology we are using to establish initial practice expense RVUs is flawed. They indicate that it is inappropriate to pass through costs and that the method will perpetuate inequities among specialties because high revenue specialties have more to spend on their practices. One possible way of dealing with this issue is to further analyze the differences in practice costs per hour by specialty to determine the ''reasonableness'' of these differences. Edits or other adjustments in practice costs data could be established if appropriate.
- Validation of data. It is difficult to establish an unbiased method for refining and validating practice costs data. Data from the SMS survey are self-reported. There could be major incentives in the future for respondents to expand the definition and reporting of ''costs'' for purposes of this methodology. In addition, we would expect that individual specialties would be likely to bring undervalued practice expense RVUs to our attention, but would not have an incentive to report overvalued practice expense RVUs. We welcome comments on the following:
  + What specific methods should HCFA use to validate key components of the data used for establishing practice expense RVUs?
  + What specific approaches should be used to ensure fairness among specialties?
  + Should we, for example, require that the specialty obtain review by an independent auditor before we consider changes in the data?
- Criteria for using alternative survey data. The primary source of practice costs per hour data was the AMA's SMS survey. Some specialties have already requested that alternative, supplementary, or more recent data be used. We welcome comments on what specific criteria should be established for use of these alternative data?
- Allocation of indirect expenses. We allocated indirect expenses to individual CPT codes based on physician work and direct expenses. Some commenters suggest that indirect expenses should be allocated by alternative methods, such as physician time and direct expenses, or just direct expenses. We would welcome your recommendations.

2. RUC/PEAC. We would welcome comments from the RUC/PEAC or any other organization or individual for individual code level data—both for

resource inputs and time data. The RUC and PEAC would function as an entity independent from us, much like the current RUC operates for purposes of providing comments on work RVUs. We also recognize the RUC/PEAC may wish to comment on other aspects of the process, such as methodology. We would consider such comments along with those received from others and would likely discuss them as part of the process described in paragraph 1 above. However, we wish to emphasize that, as in our dealings with the current RUC, we would retain the ultimate authority and responsibility to establish practice expense RVUs.

3. Comments on the refinement process.

We seek comments January 4, 1999 and suggestions on any aspect of the refinement process as described above.

Comment: All but one of the organizations commenting on the issue, as well as many individual commenters, recommended that we keep the practice expense RVUs as interim for the 4 years of the process. One national specialty society recommended we make the revised practice expense RVUs interim for 1 year, only extending the period based on the number of misvalued procedures identified and also ensuring that only changes based on compelling evidence are made.

Response: We stated in our proposed rule that we would keep the practice expense RVUs as interim through at least through 1999. Due to the complexity of the issues that need to be addressed during refinement, we now believe that a longer period could be needed to finalize all the RVUs. Therefore, as stated above, we will be keeping all the RVUs as interim throughout the transition period.

Comment: Many commenters recommended acceptance of information from alternative data sources during the refinement period, including data provided by specialty societies. One commenter suggested that we develop a standard survey instrument for specialties to use. Another organization commented that we should consider using MGMA's cost survey as an alternative source of information that could be used to supplement, validate, or otherwise expose further areas of refinement in the SMS, or perhaps be a substitute for SMS in the future. This comment also stated that we should remain open to challenges about current practice expense per hour calculations from all specialties, even from those larger specialties represented in the SMS survey, in both the short and long term. Many commenters also recommended that we develop a process for validating any supplemental data that we use.

Response: We believe that the refinement process that we outlined above is responsive to these concerns. One of the major purposes of the technical support and advice mentioned will be to help us to determine what additional data, whether from large or small specialties, are needed, whether submitted information is valid, and whether and how alternative sources of data, such as the MGMA survey, can be used to validate the assumptions used to create the practice expense pools.

Comment: One specialty society commented that we should conduct specialty-specific surveys for all HCFA-designated specialties during the refinement period. The comment stated that it is not reasonable for us to put the burden of ''oversample'' costs, which exceed $100,000 on the HCFA-designated specialties that the AMA has chosen not to include in its annual survey sample.

Response: Decisions on what surveys are needed, what the criteria should be for those surveys, who should conduct the surveys, and who should fund them will be made as we address these issues during refinement.

Comment: One organization recommended that the refinement process distinguish between intra-specialty refinement issues that can be resolved within a specialty, and inter-specialty refinement issues which change the cost pool of one specialty with respect to all other specialties.

Response: Again, we believe that our chosen refinement process addresses this concern. The intra-specialty refinement issues will, for the most part, revolve around adjustments to the CPEP data and will be referred to the PEAC for their recommendations. Those issues that affect the relative size of the practice expense pools are generally more fundamental methodological questions for which we will seek technical and methodological input as well as input from the medical community.

Comment: One national organization commented that the SMS data appears to be the best data available for the purpose of determining practice expense RVUs and that SMS data closely mirrors the specialty's own data. The comment recommended that refinement should focus on identifying the proper inputs for particular codes, rather than adjusting the current SMS data, or revamping the design of the survey, which currently does not reflect a bias towards inflating practice expenses for individual specialties.

Response: We agree that the SMS survey is, at present, the best data available for determining aggregate specialty-specific practice costs. We believe one of the purposes of refinement is to pinpoint where appropriate adjustments need to be made in the data that we use. We also agree, as mentioned above, that we will need to develop a system to validate the accuracy of data collected in the future.

Comment: One commenter recommended that we ensure that cost-saving innovations are not discouraged by the refinement process. This means that the practice expense scale should not be refined to immediately reflect the full impact of every cost-saving development, or specialties will be permanently discouraged from implementing such innovations.

Response: We are required by law to develop practice expense relative values that are resource-based. Therefore, we do not believe that we could develop an alternative approach that would only apply to cost-saving innovations. We also do not believe that the use of resource-based practice expense RVUs will have a significant effect on cost-saving innovations; on the contrary, the use of a prospectively determined payment system, in itself, offers an incentive for any individual practitioner to cut costs.

Comment: Two commenters recommended that codes for entirely new procedures and technologies have their practice expense values taken from the all-specialty practice expense pool; two organizations recommended that codes that apply to new technologies to replace current procedures come from the pertinent specialty's pool.

Response: There would be no budget neutrality adjustment for new codes that represent entirely new procedures and technologies. However, we believe that, in the majority of cases (since we would typically expect some type of substitution of new services for more established services) a budget neutrality adjustment would be appropriate. In such a case, we would spread the adjustment across all services. However, new codes that merely replace existing services would only affect the pertinent specialty's pool at the time when the practice expense pools are recalculated.

Comment: A primary care specialty group recommended that we leave undisturbed the Harvard and RUC time data during the refinement period because of the implications for the work RVUs assigned to codes, while a surgical specialty group recommended that we remain open to revising the Harvard physician time data.

Response: The physician time data plays an important role in determining the size of each specialty's practice expense pool and, for this reason, it is important that this data be as accurate as possible. Therefore, we cannot rule out the need for adjustments in the time data during the refinement period. However, according to our chosen refinement process, requests to adjust the physician time data would be initially referred to the RUC. We believe that the RUC will understand the implications that changes in physician times could have for the work RVUs.

Comment: One commenter agreed with our proposal that we address potential bias toward specialties which use more midlevel providers during the refinement period.

Response: This is one of the issues on which we will be seeking input during the refinement period.

Comment: The AMA, supported by comments from two physician specialty groups, recommended that, to avoid confusion, we publish only the blended set of values each year, but make a list of the resource-based practice expense RVUs available to interested parties. Any proposed changes in the resource-based practice expense RVUs could then be published in the spring proposed rules. Four organizations recommended that both sets of RVUs be published throughout the period.

Response: We are publishing both sets of RVUs in Addenda B and C.

5. Reductions in Practice Expense Relative Value Units for Multiple Procedures

Comment: Two commenters expressed agreement with our decision not to propose further multiple procedure reductions. Gastroenterologists stated that multiple procedure reductions should not apply to GI procedures done through different orifices.

Response: Although we have not made a specific proposal with respect to multiple procedures thus far, we may do so in the future. We continue to believe there are efficiencies when more than one service is performed during a single encounter.

6. Transition

The Proposed Rule

The transition to resource-based practice expenses, enacted in section 4505(b) of BBA, requires practice expense RVUs in 1999 to be based 75 percent on the existing charge-based practice expense system and 25 percent on the new resource-based system. In 2000, the shares are 50 percent of the former and 50 percent the latter, and in 2001, the shares are 25 percent and 75 percent, respectively. Beginning in 2002, practice expense RVUs are entirely resource-based.

In our October 31, 1997 final rule (62 FR 59052), we indicated that we would use, as the first factor in the transition formula, the 1998 practice expense RVUs actually used for payment. (''The practice expense RVUs for 1999 will be based on the product of 75 percent of the previous year's practice expense RVUs (1998) and 25 percent of the resource-based practice expense RVUs.'') In response to this statement, we received a comment suggesting that we consider interpreting the law to use 1997 practice expense RVUs as the starting point for the transition. This interpretation would have eliminated from the transition the 1998 changes in practice expenses enacted by section 4505 of BBA. Those commenting contended that the 1998 changes applied only to 1998 and should not be included in the first practice expense factor in the transition formula. Using 1997 RVUs would have resulted in higher payments for certain specialty procedures and lower payments for office visits during 1999, 2000, and 2001. Beginning in 2002, the starting point for the transition does not matter because the transition will be complete and practice expenses will be based entirely on the new resource-based system.

When we developed the proposed rule, we specifically considered the suggestion that we use actual 1997 practice expense RVUs as the starting point for the transition. In the proposed rule we indicated that we did not believe that we could use 1997 practice expense RVUs for several reasons. First, this approach seemed to us contrary to the statute's intent of moving toward a resource-based payment system; also, the interpretation could potentially result in a ''yo-yoing'' of practice expense RVUs for certain services between 1998 and future years. We pointed out that practice expense RVUs for office medical visits, explicitly increased by the Congress in 1998, could be reduced in 1999 only to be increased again when the practice expenses are fully resource-based.

We also stated that we would not use 1997 practice expense RVUs as the starting point for the transition because this result was inconsistent with our construction of similar reductions, enacted in OBRA 1993, to practice expense values for 1994, 1995, and 1996. We also indicated that we would reject the only other possibility, using 1991 practice expense RVUs; using 1991 RVUs would be unacceptable since to do so would exclude the effects of the series of reductions to practice expense RVUs mandated by the Congress between 1993 and 1998 and would instead return the system to outmoded practice expense RVUs established at the very inception of the fee schedule. We indicated that we believed this to be a poor alternative. Basing the transition on data for 1991, from which the original practice expenses were derived, would require us to retrospectively impute charge data for the many new procedure codes that had been added since the beginning of the fee schedule. It also would have been contrary to the statutory scheme, which is moving steadily toward a resource-based payment system. We indicated that adoption of 1991 data for the transition starting point would not gradually transition payments to the new resource-based system, but instead would represent an abrupt change in direction. This result is at odds with the purpose of a transition and inconsistent with other transitions in Medicare. Therefore, the June 1998 rule proposed to use the 1998 practice expense RVUs for purposes of the transition formula in 1999, 2000, and 2001.

We received comments strongly supporting the approach we took in the proposed rule, as well as strongly opposing our approach. These comments centered on section 1848(c)(2)(C)(ii) of the Act. That provision requires practice expense RVUs to be computed by multiplying ''base allowed charges'' by a practice expense percentage. BBA then requires that this ''product'' be used as the first factor in the transition formula. A cross-reference to section 1848(c)(2)(D) of the Act appears to require base allowed charges to be generated from charge data for 1991. However, we believe that a number of other factors demonstrate the irrationality of using data for 1991 as the transition starting point. Using data for 1991 would be a total aberration from the course of the past 7 years of congressional directives to decrease practice expense RVUs from which office-based and visit codes were generally excepted and would turn the clock back without any congressional direction to do so. We have analyzed both the statutory language and the context in which it is found, and we have determined that the best accommodation of the two is to use current 1998 practice expense RVUs as the basis for the transition to the resource-based practice expense system.

We have considered, among other things, that we are authorized by law to make such ancillary policies as are

necessary to implement section 1848 of the Act; that the equation, based on 1991 average allowed charges that the law seems to instruct us to use as the transition starting point, ignores consistent legislative direction since 1993, as well as our consistent implementation; that we have not used the average allowed charge provision since the establishment of practice expense RVUs in 1991, that it has no ready application to the more than 2000 codes developed since 1992, and, therefore, that using 1991 allowed charges for the transition creates a significant administrative burden, unintended by the Congress, particularly given the short time period for implementation; that the language describing the transition formula and the language describing the ''product'' upon which it is based are internally inconsistent; that our implementation of adjustments in accordance with section 1848(c)(2)(G) of the Act is consistent with our implementation of the OBRA 1993 3-year reductions; that the Congress is familiar with our implementation, has amended section 1848(c) of the Act since the implementation, and has not acted legislatively to alter our implementation prospectively. In addition, we note that the Physician Payment Review Commission (PPRC) studied resource-based practice expenses for a number of years, that the Congress is familiar with PPRC's data and analyses, and that the results of our transition are consistent with the results PPRC predicted. In sum, we believe that our construction of the law most appropriately resolves the tensions inherent in the practice expense transition provisions of the BBA.

We address below the specific comments we received with respect to transition issues.

Comment: Some commenters, mainly societies representing surgical specialties, opposed our proposed approach and indicated that our proposal to use the 1998 practice expense RVUs in the transition formula is in conflict with the language and intent of BBA. These commenters argued that section 1848(c)(2)(C)(ii)(I) and (II) of the Act require that the practice expense charge data relied upon in 1991 to establish the 1992 practice expense RVUs be used for the first factor in the transition formula. They also contend that the adjustments to the 1998 practice expense RVUs, required by BBA, were intended to accomplish a one-time redistribution of RVUs from specialty codes to primary care codes and that using these RVUs during the transition would perpetuate the redistribution for three more years. These commenters claimed that this transition would redistribute an estimated additional $490 million from specialists to office-based codes.

These commenters assert that the charge-based factor in the transition must be the formula in section 1848(c)(2)(C)(ii) of the Act that established practice expense RVUs as the product of (I) the base allowed charges for a service, and (II) the practice expense percentage for the service. Base allowed charges are defined in section 1848(c)(2)(D) of the Act as ''with respect to a physician's service, the national average allowed charges for the service . . . for services furnished during 1991, as estimated by the Secretary using the most recent data available.'' (The practice expense percentage is defined in section 1848(c)(3)(C)(ii) of the Act.) Therefore, according to these commenters, the reference in the transition provision that RVUs be determined based on ''such product'' requires us to use 1991 average charges to compute 1999 RVUs.

Response: We disagree with these commenters. We believe that the formula in section 1848(c)(2)(C)(ii) of the Act is internally inconsistent, that it was intended for the establishment of the original practice expense RVUs, that it has no ready application to the 2,000 codes new or revised since 1991, and that it produces results inconsistent with the balance of section 1848(c)(2)(C) of the Act. The commenters' construction of the law would eviscerate the changes the Congress made to practice expense RVUs since 1993 and would require that we revert to the beginning of the program in the absence of congressional direction to do so.

First, we believe that the reference to ''such product'' in section 1848(c)(2)(C)(ii) of the Act supports our view that the Congress contemplated that the first factor in the transition formula would be based on RVUs and not on 1991 average allowed charges. Under the commenters' reading, the transition formula requires that in 1999 we multiply 75 percent of a product based on average allowable charges and 25 percent of the resource-based RVUs. However, ''average allowed charges'' are expressed as dollar figures, while the resource-based factor is expressed in RVUs. This internal inconsistency suggests that the Congress contemplated instead that both factors in the formula would be expressed in RVUs and that we would use current RVUs produced under section 1848(c)(2)(C) of the Act for the first factor in the transition.

Moreover, although the Congress has not repealed section 1848(c)(2)(C)(ii)(I) and (II) of the Act, the provisions have not been applied in the fee schedule computations since 1992 when the first practice expenses were established. The language of the provisions indicate the inappropriateness of their application here. Thus, section 1848(c)(2)(D) of the Act, incorporated by reference, provides for use of average allowed charges ''as estimated by the Secretary using the most recent data available.'' This language would seem to require us to use 1998 data to recompute 1991 charges, surely an unintended result. In addition, in 1993, the Congress required us to compute practice expenses RVUs on a basis other than that contained in section 1848(c)(2)(C)(ii) of the Act: effective January 1, 1994, section 1848(c)(2)(E) of the Act provided for a ''[r]eduction in practice expense relative value units for certain services.'' The Congress did not explicitly state that the amendment applied notwithstanding the existing language of section 1848(c)(2)(C)(ii) of the Act; instead, the amendment operated without recourse to that provision at all. The amendment envisioned that reductions would be made to the ''relative value units [being] applied'' at that time, not to charges for 1991. At the end of the period for which reductions were specified in section 1848(c)(2)(E) of the Act, practice expense RVUs did not revert to 1992 values based on 1991 charges; RVU changes produced by section 1848(c)(2)(E) of the Act were permanent and carried forward into the next year's (1997) practice expense RVUs. These more recent and more specific provisions added by the Congress in subsequent years obviously control over the original provision, and the commenters' argument, if adopted, would wipe out the effects of these intervening changes in the law. We believe that it is far more rational and consistent with congressional intent to harmonize the computation during the 4-year transition period with recent legislative changes rather than reverting back to a system from 1991 that has been unused since that time.

Section 1848(c)(2)(G) of the Act, like section 1848(c)(2)(E) of the Act, provides specified reductions for specified services for a particular year to lower excessively high practice expense RVUs; it explicitly raises low RVUs attributable to office visit codes. Section 1848(c)(2)(E) of the Act also provides that ''the aggregate amount of reductions'' to practice expense RVUs for services furnished in 1998 cannot exceed $390 million. We believe that the Congress intended that RVU changes resulting from application of section

1848(c)(2)(G) of the Act be treated in the same way as we had treated changes resulting from application of section 1848(c)(2)(E) of the Act, that is, that the RVU changes produced by section 1848(c)(2)(G) of the Act would be permanent and carried forward into the next year's fee schedule.

Accepting the comments advocating use of the 1991 average allowed charges in the transition formula would present other difficulties. We did not establish average allowed charge RVUs for codes new or revised since 1991. Thus, using 1991 average allowed charges in the transition would require us to retroactively impute average allowed charges for procedure codes that did not exist in 1991. This would be a significant administrative burden, particularly given the obligation to have these amendments implemented by January 1, 1999.

We believe that the Congress intended that we devote our efforts to developing the resource-based practice expense system and refining practice expense RVUs, rather than to creating a set of imputed charges for new codes to be used only for the transition. BBA explicitly requires the Secretary to develop a process to refine resource-based practice expense RVUs during each year of the transition (see section 4505(d)(1)(C) of the Act). On the other hand, there is no mention of our refining what 1991 national average allowed charges would have been for more than 2,000 new codes. It is unlikely that the Congress contemplated that we would pursue the imputation of 1991 charges in the limited time we had to retool the resource-based practice expense system, especially given that the imputed values would have no utility after 2001.

Additionally, we note that section 1848(c)(4) of the Act provides authority for us to ''establish ancillary policies (with respect to the use of modifiers, local codes, and other matters) as may be necessary to implement this section.'' We view this situation as one appropriate for the application of the ancillary policies provision. We believe, as we have noted, that the statutory language and the context in which it appears are at odds and create an ambiguity that we must resolve based on the design of the section as a whole and the congressional policies underlying it, and we are using section 1848(c)(4) of the Act for that purpose. In order to rationally implement section 1848(c) of the Act, we will use 1998 RVUs for the first factor in the transition formula.

Comment: The surgical specialty societies argue that implementing section 1848(c)(2)(G) of the Act in the same manner as section 1848(c)(2)(E) of the Act is prohibited because the ''adjustments in relative value units for 1998'' are limited to $390 million and that including the reduced practice expense RVUs in the base for the transition makes reductions total more than $390 million.

Response: We do not agree with that statement. We believe that the commenters are misreading the limitation on the ''aggregate'' reallocation; that limitation applies only to amounts attributable to services furnished in 1998. The law requires us to ''increase the practice expense relative value units for office visit procedure codes during 1998 by a uniform percentage which [HCFA] estimates will result in an aggregate increase in payments for such services equal to the aggregate decrease in payments'' for the overpriced practice expenses. The provision simply contemplates that we add the increase for each service and assure that the total of all increases is equal to the total of all decreases in payments for the overpriced practice expenses. This provision does not restrict the use of the 1998 practice expense RVUs in future years. To read the law as these commenters suggest would be to reverse years of intentional redistribution of practice expense RVUs mandated by the Congress.

Comment: Primary care groups who commented on the proposed rule asserted that the 1998 ''down payment'' (the increased practice expense RVUs for office visit codes created by section 1848(c)(2)(G)) of the Act was a step in the direction of the ultimate resource-based system. On the other hand, a surgical group believed that we were biased because we presumed that a resource-based practice expense RVU system would lead to a reduction in most specialty codes and a corresponding increase in primary care codes.

Response: The trend in practice expense RVU redistributions under a resource-based system is clear, and section 1848(c)(2)(G) of the Act is another step in that progression, consistent with the preceding redistributions which the Congress mandated in 1993. The direction of payment changes for major categories of service—increases for medical visits and reductions for surgical procedures—has been mandated by the Congress, implemented by HCFA, and known to the public for some time. The exception of office-based services from the 1993 practice expense RVU reductions clearly indicated that the Congress intended a relative redistribution toward those services. While the Congress could not know, on a procedure-by-procedure basis, the impact of the new resource-based system, it was cognizant of the general direction of a resource-based system before it enacted section 121 of the Social Security Act Amendments of 1994, mandating resource-based practice expense RVUs.

Establishment of a resource-based system for practice expenses has been discussed for some time. In 1992, the PPRC, a statutorily established Commission that provided advice and recommendations to the Congress, issued a report titled ''Practice Expenses Under the Medicare Fee Schedule: A Resource-Based Approach'' (Number 92–1). That report described the Commission's research on a resource-based alternative for calculating practice expense RVUs. It showed the direction of the projected redistributions. The report showed that RVUs for the category of evaluation and management services (medical visits or primary care services) would increase and the category of surgical procedures would decrease.

In its 1993 Annual Report to the Congress, the Commission specifically recommended that the Congress enact a resource-based system for payment of practice expenses. The report, at page 147, indicated:

> The Commission has long questioned the appropriateness of these charge-based practice expense and malpractice expense relative values as part of the Medicare Fee Schedule. Since it suggested the OBRA 89 approach as an interim measure in the *Annual Report to Congress 1989*, the Commission has been working to develop methods for calculating practice expense and malpractice expense relative values that are more consistent with the reform goals of resource-based payments (PPRC 1989). This work has lead to the identification of methods for calculating these two components that the Commission thinks are more appropriate than the OBRA 89 formulas. Both the practice expense and malpractice expense methods have been described in previous reports to Congress, and each is the topic of a special research report issued by the Commission (PPRC 1992b; PPRC 1992c).

In the same report, the Commission specifically recommended:

> The Congress should revise the practice expense component of the Medicare Fee Schedule so that it will be resource-based. Practice expense relative values should be based on data about the direct costs incurred in delivering each service and an incentive-neutral formula to allocate indirect costs. A transition to new practice expense relative values should be introduced beginning in 1997. This date will allow for completion of the current fee schedule transition process

and for development and refinement of the resource-based approach.

Id. This report also showed the impact of a resource-based system for four major categories of services. The Commission estimated that the total payment for evaluation and management services would increase by 12 percent, that diagnostic procedures would decrease by 19 percent, that surgical global services would decrease by 29 percent and that technical procedures would not be changed. (These impacts reflect the total Medicare payment; when measured relative to the practice expense component alone, there would be greater percentage changes.) Thus, the PPRC reports put the Congress on notice about the direction of changes under a resource-based system.

The Congress, in section 13513 of OBRA 1993, enacted reductions in the practice expense component payment to move toward resource-based practice expense RVUs. (The Congress also used these reductions to achieve savings in the Medicare program.) The Congress specifically exempted from reduction any services that were performed at least 75 percent of the time in an office setting. Therefore, the impact of the reductions fell on surgical procedures, and the largest impact occurred for those procedure codes for which the practice expense RVUs most exceeded work RVUs. The structure of section 1848(c)(2)(E) of the Act—reduction of one-quarter of the amount of excess practice expense in each of 3 years—was itself a transition to moderately reduce practice expense RVUs for non-office-based codes rather than to decrease them precipitously.

Section 121 of the Social Security Act Amendments of 1994 required us to develop and implement resource-based practice expense RVUs effective January 1, 1998. Section 4505 of the BBA postponed the change to resource-based values, but included another round of reductions for certain non-visit codes. We agree with the comment that the 1998 payment changes were simply another step in the ongoing process moving payments in the direction of the resource-based practice expense system.

Comment: Groups representing primary care physicians supported our proposal, stating that using 1997 RVUs for the transition would cause some RVUs to ''ping-pong'' between 1998 practice expense RVUs and the transition years. Some commenters opposing the transition policy in the proposed rule stated that the ''yo-yoing'' of practice expense values around the transition was not inconsistent with the statutory scheme.

Response: We agree that it is inconsistent with the statutory scheme to create sharp reversals in practice expense RVUs. A transition in the direction of a resource-based practice expense system began in 1993, and a one-time upward spike in RVUs for surgical procedures, which ignores the changes previously made, would be inconsistent with congressional intent and with the very purpose of a transition.

In response to comments on our proposed rule, we have examined the impact of the transition more precisely for a limited set of procedures. While this example is illustrative only, it shows that using 1991 average allowed charges in the transition formula (disregarding the 1998 redistribution, the OBRA 1993 practice expense payment reductions, and all budget neutrality adjustments) would result in marked payment spikes in 1999 for procedures whose fully-implemented resource-based practice expense RVUs are lower than their 1998 practice expense RVUs.

The chart below illustrates the changes in practice expense RVUs for each year from 1992 through 1998 and the estimated practice expense RVUs for 1999, 2000, 2001, and 2002, using data for 1991 and 1998 RVUs as alternative starting points for the transition. The chart shows the figures for cataract removal and intraocular lens insertion (CPT code 66984); the practice expense RVUs for cataract surgery decreased under both the OBRA 1993 and BBA reductions. Practice expense RVUs for cataract surgery will decrease between 1998 and 2002 when the resource-based system is fully implemented. The chart shows that there would be smooth, moderate decreases between 1998 and 2002, as we understand the Congress to have intended, if the 1998 practice expense RVUs are used in the transition formula. The chart also shows that there would be large increases in 1999 practice expense RVUs (compared to 1998 and even compared to earlier years) if the transition practice expense RVUs were based on 1991 average allowed charges. There would indeed be spikes in Medicare payments unless the 1998 practice expense RVUs are used in the transition formula, as we understand the Congress to have intended, during 1999, 2000, and 2001.

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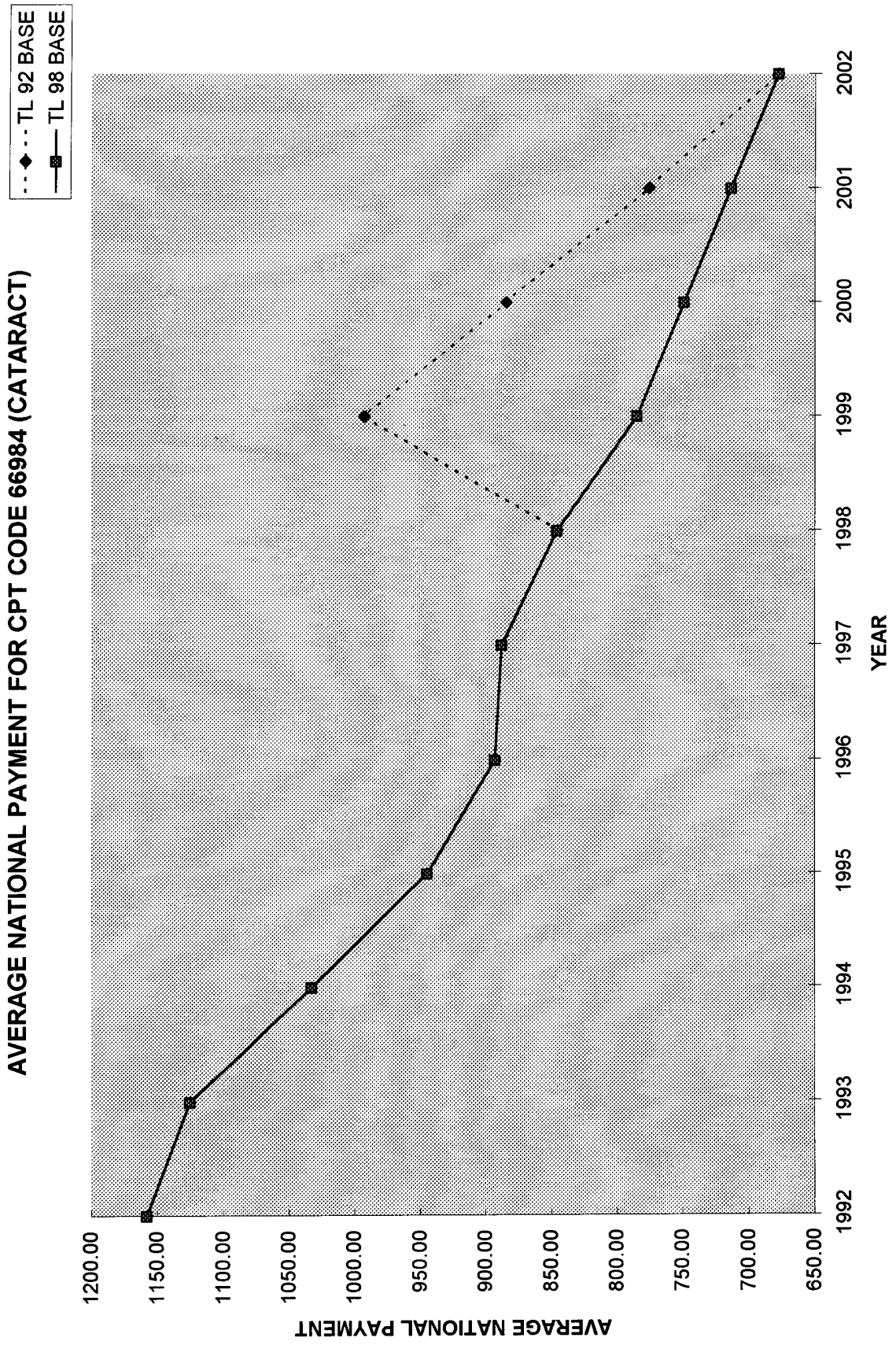

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Comment: Commenters opposing the proposed policy stated that the legislative history does not indicate that the Congress shares our concern about sharp changes in the redistribution of practice expense RVUs.

Response: We believe, instead, that the shape of the reductions made by section 1848(c)(2)(G) of the Act evidences the Congress' concern on this point. That provision explicitly exempted from reduction any procedure if the in-office or out-of-office practice expense RVUs would have increased under our June 1997 proposed rule. Thus, the Congress specifically chose not to reduce RVUs for a procedure if they were subsequently to be increased under the resource-based system. In this way, the law reflects congressional intent to avoid perverse shifts in practice expense RVUs during the transition.

Comment: Commenters opposed to the proposed rule also suggested that the OBRA 1993 changes codified at section 1848(c)(2)(E) of the Act were intended by the Congress to be temporary and apply only during 1994, 1995, and 1996.

Response: We disagree; the provisions were scored legislatively as permanent reductions, and we note that we implemented the OBRA changes in that way. Moreover, the Congress has acquiesced in our implementation of section 1848(c)(2)(E) of the Act. As discussed earlier, the OBRA 1993 reductions for practice expenses were designed to achieve Medicare savings while moving the system in the direction it would ultimately move under a resource-based system, greater relative payments for office-based procedures. The Congressional Budget Office and the Administration ''scored'' section 13513 of OBRA as having permanent savings, from which it can be inferred that the payment reductions were permanent. Until we received this comment in response to the proposed rule, it had not been suggested that our implementation of section 1848(c)(2)(E) of the Act was contrary to congressional intent. In fact, the Congress has since amended section 1848(c) of the Act without legislatively altering our implementation of section 1848(c)(2)(E) of the Act. We believe that the Congress' failure to take contrary legislative action on our implementation of section 1848(c)(2)(E) of the Act indicates that we have implemented that provision as the Congress intended.

Comment: One specialty society commented that there should be no transition for services that are new in 1999 and beyond.

Response: The law is silent as to whether there should be a transition for new services in 1999 and beyond. However, we agree with the commenter and will not provide a transition for codes representing services that are new beginning in 1999.

Comment: One specialty society suggested that we consider asking the Congress for additional transition time due to the disruption caused by the year 2000 computer systems overhaul.

Response: For 1999, we plan to make routine provider payment updates and other BBA changes. These pose minimal risks to contractors' year 2000 (Y2K) efforts and, therefore, can be done. Routine updates between October 1, 1999 and April 1, 2000 may need to be delayed because they would occur during a critical timeframe in late 1999 and early 2000 when final Y2K testing and refinements must be accomplished. We will actively consult with interested professional groups, the Congress and other parties as we develop our plans to achieve Y2K compliance while causing minimum disruption in fee schedule updates.

Comment: A surgical group suggested that we limit the magnitude of the changes in physician payments by imposing some reasonable limit on payment increases and decreases for individual services. They argue that such an approach is advisable because of what they believe is uncertainty about the accuracy of the resource-based RVUs.

Response: We do not believe that it is appropriate to place limits on increases or decreases in payments as a result of the implementation of the new system. We believe that the Congress addressed concerns about the accuracy of new values by explicitly providing for a transition and requiring a refinement process to be used each year of the transition. We believe that, in so doing, the Congress indicated its view of the appropriate contours of relief from the effects of redistribution of practice expense RVUs.

Resolution

We have considered all of the comments on our proposal to use 1998 practice expense RVUs in the formula for the 1999, 2000, and 2001 transition to fully resource-based practice expense values. We believe that use of 1998 practice expense RVUs is most consistent with the statutory design for resource-based practice expense and that using 1991 average allowed charges for this purpose would be antithetical to this scheme and to the purpose of providing a smooth transition. Thus, we are using the current, 1998, practice expense relative values in the transition formula for 1999 through 2001.

Revisions to the Regulations

We are revising § 414.22 (Relative value units (RVUs)), paragraph (b), (Practice expense RVUs), to state that for services beginning January 1, 1999, the practice expense RVUs will be based on a blend of 75 percent of practice expense RVUs used for payment in 1998 and 25 percent of the relative practice expense resources involved in furnishing the service. For services beginning January 1, 2000, the practice expense RVUs will be based on a blend of 50 percent of the 1998 PE RVUs and 50 percent of the relative practice expense resources involved in furnishing the service. For services beginning January 1, 2001, the practice expense RVUs will be based on a blend of 25 percent of the 1998 practice expense RVUs and 75 percent of the relative practice expense resources involved in furnishing the service. For services beginning January 1, 2002, the practice expense RVUs will be based on 100 percent of the relative practice expense resources involved in furnishing the service.

There will be only one level of practice expense RVUs per code for the following categories of services: those that have only the technical component of the practice expense RVUs; only the professional component practice expense RVUs; certain evaluation and management services, such as hospital or nursing facility visits that are furnished exclusively in one setting; and major surgical services. For other services, there will be two different levels of practice expense RVUs per code. The lower practice expense RVUs will apply to services furnished to hospital or ASC or SNF patients. The higher practice expense RVUs will apply to services furnished in a physician's office or services other than visits but performed in a patient's home and services furnished to patients in a nursing facility or an institution other than a hospital, ASC, or SNF.

Result of evaluation of comments: Based on our evaluation of all comments received on our proposed resource-based practice expense methodology, we have made the following modifications:

- Creation of a separate pool for services with work RVUs equal to zero. We created a separate practice expense pool for services with work RVUs equal to zero (including the technical components of services with professional and technical components) using the top-down methodology except we used the average clinical staff time

from the CPEP data (since these codes by definition do not have physician time) and, as an interim measure, we used the current 1998 practice expense RVUs to allocate the direct cost pools (clinical labor, medical supplies, and medical equipment). For services with professional and technical components paid under the physician fee schedule, the global practice expense RVUs are set equal to the sum of the professional and technical components.

- Allocation of the indirect cost pool. In the indirect allocation methodology, we are converting the work RVUs to dollars using the Medicare conversion factor (expressed in 1995 dollars for consistency with the SMS survey years).
- SMS based practice expenses per hour. For the specialty of emergency medicine, we are using the ''All Physician'' practice expense per hour to create practice expense cost pools for the categories ''clerical payroll'' and ''other expenses.''

For the specialty of pathology, we are removing the supervision and autopsy hours reimbursed through Part A of the Medicare program from the practice expense per hour calculation.

For the specialty of podiatry, we are using the ''All Physician'' practice expenses per hour to create the practice expense cost pools.

For the specialty of allergy/immunology, we are using the ''allergy/immunology'' supply practice expenses per hour to create the supply practice expense pool.

We are splitting the ''radiology'' practice expenses per hour into ''radiation oncology'' practice expenses per hour and ''radiology other than radiation oncology'' practice expenses per hour and using these split practice expenses per hour to create practice expense cost pools for these specialties.

- Corrections to code crosswalks. We had inadvertently crosswalked some codes in settings where CPEP data existed. We have removed these crosswalks.
- Use of the current practice expense relatives for radiology services. For the specialty of radiology, we are using the current practice expense relatives for radiology services, as an interim measure, to allocate radiology's direct practice expense cost pools. For all other specialties that perform radiology services, we are using the CPEP relatives for radiology services in the allocation of that specialty's direct practice expense cost pools. Note that radiology services or components of radiology services that lack work relative value units are handled as described above under ''Creation of a separate pool for services with work relative value units equal to zero.''
- Physician's time for radiology codes. For radiology codes for which we lacked Harvard or RUC survey data, we calculated the physician's time using the average work per unit time of CPT codes 71010 and 71020.
- Maxillofacial prosthetics. For maxillofacial prosthetics, we are using the ''All Physician'' practice expenses per hour to create practice expense cost pools and, as an interim measure, allocating these pools using the current practice expense RVUs.

B. Medical Direction for Anesthesia Services

General Requirements

The conditions for payment of medical direction for anesthesia services are included in § 415.110 (Conditions for payment: Medically directed anesthesia services). Before January 1999, the regulations referred to these conditions as applying to services furnished directly or concurrently. The reference to services furnished directly is not correct. It suggests that the physician personally performing the anesthesia services only has to provide the same kind of services as the physician medically directing the anesthesia service. In fact, the physician personally performing the anesthesia service must perform the entire anesthesia service alone. This policy is included in § 414.46(c)(1)(i) (Additional rules for payment of anesthesia services, Physician personally performs the anesthesia procedure). Therefore, we are deleting the reference in § 415.110 to services furnished directly.

The December 1995 final rule (60 FR 63152) allows the physician's medical direction of a certified registered nurse anesthetist (CRNA) performing a single anesthesia service. However, this provision did not take effect until January 1, 1998. This policy was incorporated in § 414.46(d)(iii) (Additional rules for payment of anesthesia services, Anesthesia services medically directed by a physician). A program memorandum explaining this policy was issued to the Medicare carriers in January 1998.

In the June 1998 proposed rule, we proposed revising § 415.110 (Conditions for payment: Medically directed anesthesia services) so that it is consistent with § 414.46(d)(iii) by stating that medical direction can apply to the single anesthesia service furnished by a CRNA.

The law provides that the payment allowance for the physician's medical direction furnished on or after January 1, 1998, is 50 percent of the fee schedule amount that would have been paid if the anesthesia service was furnished by the physician alone.

Both the ASA and the American Association of Nurse Anesthetists (AANA) have pointed out that our medical direction requirements are outdated and too restrictive. The requirements are oriented to the administration of a general anesthetic, which was the predominant mode of practice when the regulations were originally implemented. There are other types of anesthesia, such as regional, spinal or epidural anesthesia, and monitored anesthesia care, that are becoming more common and for which the Associations argue, the current requirements are not completely appropriate. For example, in monitored anesthesia care, there is no definable emergence as there is for general anesthesia.

Also, the AANA has advised us that requiring the presence of the anesthesiologist for induction for all cases may not be appropriate and may delay the start of surgery and result in the inefficient use of operating room time. In addition, the ASA has advised us that neither the regulations nor the operating instructions explain the level of documentation required by the anesthesiologist to support the payment for the medical direction service. The ASA believes that the lack of instructions for medical documentation and the concerns about payment audits have reportedly prompted anesthesiologists to overly document anesthesia records.

The ASA and the AANA reached substantial consensus on a revised recommended set of medical direction requirements. The only area that they had a difference of opinion was with respect to the pre-anesthetic exam and evaluation. The ASA favored the requirement that the physician personally perform the examination and the AANA initially favored the requirement that the physician ensure that the examination and evaluation be performed by a qualified individual. We chose the proposed language as a compromise position. We reviewed their recommendations and proposed revising our regulations in § 415.110 (Conditions for payment: Anesthesia services) to reflect current anesthesia practice arrangements. Namely, we proposed to—

- Provide that the physician either perform the pre-anesthesia examination and evaluation or review one performed by another qualified individual;

• No longer require the physician to be present during induction and emergence on all anesthesia cases; and

• Require that the physician—

+ Monitor the course of anesthesia at intervals medically indicated by the nature of the procedure and the patient's condition;

+ Remain physically present in the facility and immediately available for diagnostic and therapeutic emergencies; and

+ Provide indicated post-anesthetic or ensure that it is provided by a qualified individual.

SUMMARY OF PROPOSED CHANGES TO MEDICAL DIRECTION REQUIREMENTS

For each patient the physician—		
	Current regulations	Proposed regulations
(i)	Performs a pre-anesthetic examination and evaluation	Performs a pre-anesthetic examination and evaluation, or reviews one performed by another qualified individual permitted by the State to administer anesthesia.
(ii)	Prescribes the anesthesia plan.	Participates in the development of the anesthesia plan and gives final approval of the proposed plan.
(iii)	Personally participates in the most demanding procedures in the anesthesia plan including induction and emergence.	Personally participates in the most demanding aspects of the anesthesia plan.
(iv)	Ensures that any procedures in the anesthesia plan that he or she does not perform are performed by a qualified individual as defined in program operating instructions.	Ensures that any aspect of the anesthesia plan not performed by the anesthesiologist is performed by a qualified individual as specified in operating instructions.
(v)	Monitors the course of anesthesia at frequent intervals	Monitors the course of anesthesia at intervals medically indicated by the nature of the procedure and the patient's condition.
(vi)	Remains physically present and available for immediate diagnosis and treatment of emergencies.	Remains physically present in the facility and immediately available for diagnostic and therapeutic emergencies.
(vii)	Provides indicated post-anesthesia care	Provides indicated post-anesthesia care or ensures that it is provided by a qualified individual.

Comment: Almost all commenters recommended that we drop the proposed medical direction requirements and retain the current requirements. They pointed out that the proposed regulations would significantly relax the requirements for physician involvement in the provision of anesthesia care when a qualified nonphysician anesthetist is providing these services. They believe these changes would be to the detriment of patients and would diminish the current standards of care. The focus of these commenters' concerns was on the proposed requirements that the medically directing physician—(1) Could review a pre-anesthetic examination and evaluation performed by a qualified individual permitted by State law to administer anesthesia; and (2) ensure that indicated post-anesthesia care is provided by a qualified individual.

Several commenters also pointed out that the proposed requirement that the physician participate in the most demanding procedures in the anesthesia plan could be construed as meaning that the medically directing physician does not have to participate in any aspect of anesthesia care. Commenters also objected to the proposed requirement that the physician remain physically present in the facility and immediately available for diagnostic and therapeutic emergencies. The commenters pointed out that the proposed requirement is too lax and could be interpreted to mean the medically directing physician could be located anywhere in the facility.

Response: The medical direction requirements specify the activities that the medically directing physician, who is usually an anesthesiologist, must perform in order for the carrier to allow payment for a physician's service under the physician fee schedule. The medical direction requirements are not quality of care standards. As one commenter pointed out, these requirements are minimum requirements. Practicing anesthesiologists can, if they choose, furnish a level of services beyond the minimum standards.

As we noted in the proposed rule, we had decided to propose revised medical direction requirements because of concerns that the ASA and the AANA presented. We had asked the ASA and AANA to work together, to the extent practicable, to come up with a revised set of medical direction requirements. In February 1998, we met with both groups and heard their views and concerns. At that time, with the exception of the first proposed requirement that the CRNA be able to furnish the preanesthesia exam and evaluation and have the medically directing physician review it, it was our understanding that the leadership of both groups agreed to the uniform revised requirements.

However, because of concerns raised by their membership, the ASA and several State anesthesiologist societies are now requesting, for the most part, that we retain the current requirements, established in 1983.

We have decided to retain the current requirements (that is, requirements (i) and (ii), and (iv) through (vii)) in the preceding table and make only one technical revision in requirement (iii) at the present time. We will study the medical direction issue further and may propose to make a change in the future. The technical revision pertains to the requirement that the physician participate in the most demanding procedures in the anesthesia plan including, induction and emergence. We published a final rule in the **Federal Register** on March 2, 1983 (48 FR 8928) in which the current requirements for medical direction were included to implement section 108 of TEFRA of 1982. Since general anesthesia was the usual mode of practice for anesthesia services, the requirement reflected this practice. However, since 1983, other types of anesthesia care, such as regional anesthetics and monitored anesthesia care have become more common. One of our objectives was to revise the current requirement so that it is consistent with current anesthesia practices. As a result, we have decided that the medically directing physician must be present at induction and emergence for general anesthesia. That final requirement is as follows: The medically directing physician participates in the most demanding

aspects of the anesthesia plan, including, if applicable, induction and emergence.

Documentation Requirements

The current regulations do not specifically include medical record documentation requirements for medical direction. The proposed regulations state that the physician inclusively documents in the patient's medical record that the conditions set forth in paragraph (a)(1) of § 415.110 have been satisfied, specifically documenting personal participation in the most demanding aspects of the anesthesia plan.

The ASA asked initially that we include the medical documentation requirements in the regulations so that physicians, carrier staff, and other claims/medical record auditors have a clear and uniform understanding of the documentation requirements.

In addition, within the past 2 years, we have established medical documentation requirements for teaching physicians, including teaching anesthesiologists, that specify the amount of documentation needed to support the claim for the physician's service when the attending physician is involved in a medical/surgical case with a resident. We sought to establish some level of reasonable documentation for the medically directing physician considering that—(1) The teaching anesthesiologist is paid as if he or she personally performed the anesthesia service alone (that is, 100 percent of the fee); (2) the medically directing anesthesiologist is paid 50 percent of the total fee; and (3) the documentation requirements for the teaching anesthesiologist, as found at § 415.178, are that the record demonstrates the physician's presence or participation in the administration of the anesthesia. The operating instructions in MCM section 15016 specifically require that the teaching physician document in the medical records that he or she was present during the critical (or key) portions of the procedure, including induction and emergence. The teaching anesthesiologist's presence is not required during the preoperative or postoperative visits with the beneficiary.

Comment: The AANA asked that we revise the medical documentation requirements to require that the physician alone personally document the record; the Association stated that the CRNA should not have to document the physician's participation since the CRNA may not agree concerning the extent of the physician's participation in the case.

Response: We believe the proposed regulation text accomplishes this objective since it clearly says the physician must document the medical record. However, for purposes of further clarity, we will accept the commenter's recommendation.

Comment: The ASA asked us if their interpretation of the proposed medical documentation requirement is correct. ASA interprets the provision as allowing an anesthesiologist to state in the medical record that the medical direction standards have been met, without enumerating each such standard, and as requiring the anesthesiologist to specify in the record those demanding aspects of the case in which he or she personally participated.

Response: We understand the ASA's concerns about the medical direction requirements. We do not wish to make the act of medical documentation overly burdensome to the anesthesiologist. However, the medical record must include an amount of documentation to enable a medical records' auditor to conclude that the physician was sufficiently involved to support the payment of a medical direction fee.

The medical direction requirements specify certain functions or services that the physician must perform and cannot delegate to the directed qualified individual. We do not believe it is onerous to require the medically directing physician to document that he or she performed the pre-anesthetic exam and evaluation, provided indicated post-anesthesia care, and was present during the most demanding procedures, including induction and emergence where indicated. We also expect that there would be some indication in the record that the medically directing physician was present during some portion of the anesthesia monitoring.

Limited Activities Permitted During Medical Direction

The preamble to the final regulations (48 FR 8928) to implement section 108 of TEFRA of 1982 allows the medically directing physician to respond to medical emergencies and obstetrical patients in labor and also continue to furnish medical direction. The specific preamble language is as follows:

''We do not expect that a physician who is directing the administration of anesthesia to four surgical patients would be involved *routinely* in furnishing any additional services to other patients. However, addressing an emergency of short duration in the immediate area, or administering an epidural or caudal anesthetic to ease labor pain, or periodic rather than continuous monitoring of an obstetrical patient, would not substantially diminish the scope of control exercised by the physician in directing the administration of anesthesia to surgical patients. However, the carriers will review hospital records to ensure that such circumstances do not occur frequently, are of short duration, and do not constitute a diminution of the physician's involvement in the surgical procedure.''

In addition, the preamble addressed the specific question of whether the medically directing physician could perform certain routine tasks, such as receiving patients entering the operating suite for the next surgery, checking on or discharging patients in the recovery room and handling scheduling matters. The preamble included the following response to this comment:

''We agree that a physician may appropriately receive patients entering the operating suite for the next surgery while directing concurrent anesthesia procedures. However, checking or discharging patients in the recovery room and handling scheduling matters is not compatible with our reimbursing the physician on a reasonable charge basis (now physician fee schedule basis) for directing concurrent anesthesia procedures. The time devoted to such activities potentially can be extensive and would diminish the degree of involvement in the concurrent care beyond levels acceptable for purposes of reasonable charge reimbursement (now physician fee schedule payment).'' This continues to be our position.

Comment: Some commenters asked whether the policy of allowing certain other activities during medical direction would continue since the proposed regulation did not specifically address this matter. Also, the ASA asked whether this list of activities was exclusive or whether other similar services of short duration could be performed without violating the medical direction payment standards. The ASA did not provide examples of the kinds of services they would consider ''other limited services of short duration.''

Response: We believe this comment goes beyond our proposal. We will continue the policy enunciated in the preamble to the final TEFRA section 108 regulations. We will not expand or limit the current policy until we receive and have our medical staff evaluate information from the anesthesia societies on the specific services or the kinds of circumstances for which they are seeking an expansion of the policy. We invite comments on this issue.

Result of evaluation of comments: We have decided to include the following

set of requirements for medical direction in § 415.110 of this final rule. For each patient, the physician—

(i) Performs a pre-anesthetic examination and evaluation;

(ii) Prescribes the anesthesia plan;

(iii) Personally participates in the most demanding aspects of the anesthesia plan, including, if applicable, induction and emergence;

(iv) Ensures that any procedures in the anesthesia plan that he or she does not perform are performed by a qualified individual as defined in program operating instructions;

(v) Monitors the course of anesthesia administration at frequent intervals;

(vi) Remains physically present and available for immediate diagnosis and treatment of emergencies; and

(vii) Provides indicated post-anesthesia care.

Also, the physician directs no more than four anesthesia services concurrently and does not perform any other services while he or she is directing the single or concurrent services so that all of the conditions for medical direction are met. The physician can attend to medical emergencies and perform other limited services as allowed by Medicare instructions and still be deemed to have medically directed anesthesia procedures.

The physician alone inclusively documents in the patient's medical record that the medical direction requirements have been met, specifically documenting that he or she performed the pre-anesthetic exam and evaluation, provided indicated post-anesthesia care, and was present during the most demanding procedures, including induction and emergence, where applicable.

C. Separate Payment for a Physician's Interpretation of an Abnormal Papanicolaou Smear

As stated in the proposed rule (63 FR 30841), with the exception of services to hospital inpatients, we do not allow separate payment for a physician's interpretation of an abnormal Pap smear. Under our proposed rule, separate payment may be allowed for a physician's interpretation of the abnormal Pap smear furnished for any patient on or after January 1, 1999.

About 10 percent of Pap smears are abnormal and are interpreted by a physician, usually a pathologist. If a physician interprets an abnormal Pap smear for a patient, other than a hospital inpatient, payment for a physician's interpretation (and the underlying test) is made under the clinical laboratory fee schedule payment for the Pap smear test. The physician negotiates with the laboratory for payment for the physician's service.

The College of American Pathologists requested that we recognize separate payment for a physician's interpretation of an abnormal Pap smear in all settings. We believe this would establish an understandable and uniform definition of physicians' services across sites. Therefore, we proposed recognizing, under the physician fee schedule, separate payment for a physician's interpretation of an abnormal Pap smear in all settings.

The Pap smear test may be furnished by a hospital or an independent laboratory. For hospital inpatients, the Pap smear test is paid to the hospital on a prospective payment basis. For other than hospital inpatients, the Pap smear test is paid under the clinical laboratory fee schedule to the hospital laboratory or independent laboratory. For services to hospital patients, the Pap smear interpretation usually is furnished by the hospital pathologist who can bill for the professional component of the service. If the independent laboratory's pathologist furnishes the Pap smear interpretation, payment can be made to the pathologist or the independent laboratory if it is an appropriate reassignee.

We received 25 comments from individuals and organizations on our proposal to recognize separate payment for a physician's interpretation of an abnormal Pap smear. All of the commenters supported our proposal.

Comment: Several commenters stated that our policy in section 15020 of the Medicare Carriers Manual that allows separate payment for a physician's interpretation of a Pap smear for a hospital inpatient only as long as there is an abnormality, is too restrictive. They pointed out that regulations implementing the Clinical Laboratory Improvement Amendments at § 493.1257(c)(1) require a pathologist to confirm all Pap smears identified by the screening personnel as showing an abnormality. This includes, by regulation, all smears thought to show ''reactive or reparative changes, atypical squamous or glandular cells of undetermined significance, or to be in the premalignant (dysplasia, cervical intraepithelial neoplasia or all squamous intraepithelial lesions including human papilloma virus-associated changes) or malignant category.''

Response: Our regulation will permit separate payment for a physician's interpretation of an abnormal Pap smear in all settings as long as—(1) The laboratory's screening personnel suspect an abnormality; and (2) the physician reviews and interprets the smear.

We contrast these services with other services of laboratory physicians that we considered hospital services. For example, the services of the physician that involve the review of Pap smears as part of the laboratory's quality control assurance procedures are considered hospital services and payable only to the hospital. Such services include reviewing slides that are considered normal by the cytotechnologist but are routinely reviewed by a pathologist, because of the risk status of the patient, as part of a random sample selected for quality review.

Comment: Two commenters recommended that we treat a physician's interpretation of an abnormal blood smear similar to the interpretation of an abnormal Pap smear.

Response: This comment is outside the scope of our proposal. Our proposal did not address abnormal blood smears. However, we will look into this issue next year as part of our review of physician fee schedule policies.

Comment: One commenter pointed out that the percentage of Pap smears that are abnormal or thought to be abnormal by the cytotechnologist and that require a physician's interpretation can vary considerably from geographical area to area and among laboratories within an area. The commenter wanted to point out that the fact that some laboratory-specific percentages of Pap smears that are interpreted to be abnormal are above 10 percent is not necessarily indicative of unacceptable utilization levels.

Response: We appreciate the commenter's clarification. In our proposal, we stated that ''about 10 percent of Pap smears are abnormal and are interpreted by a physician.'' We note that the 10 percent is a national estimate and that differences among laboratories could vary from this amount based on the population that the laboratory serves.

Result of evaluation of comments: We are allowing separate payment for a physician's interpretation of a Pap smear to any patient (that is, hospital or nonhospital patient) as long as—(1) The laboratory's screening personnel suspect an abnormality; and (2) the physician reviews and interprets the Pap smear.

D. Rebasing and Revising the Medicare Economic Index

Background

The Medicare Economic Index (MEI) represents a weighted sum of the annual price changes of the inputs used to produce physicians' services. It attempts

to present an equitable measure for the changes in the costs of physician time and operating expenses. The MEI now in use was rebased and revised as stipulated in a final rule published in the **Federal Register** (57 FR 55896) on November 25, 1992.

The MEI is comprised of two broad components, which are physician net income and physician practice expenses. Physician net income is comprised of wages, salaries, and benefits. The physician practice expense portion is comprised of six major categories: (1) Nonphysician employee compensation, including the wages and salaries and benefits of nonphysician employees in physicians' offices; (2) office expenses; (3) medical materials and supplies; (4) professional liability insurance; (5) medical equipment; and (6) other professional expenses.

We believe that it is desirable to rebase and revise the index periodically, in order that the expense shares and proxies will reflect approximate current conditions. Therefore, we are rebasing the MEI to reflect 1996 physician expenses. We chose 1996 as the base year for two main reasons: (1) The 1996 data were the most recent available data for most of the data sources we are using; and (2) the 1996 data were representative of the changing distribution of physician earnings and practice expenses over time. We have selected what we believe is the most appropriate proxy for each expense category. We will continue to adjust the physician and nonphysician employee compensation for economy-wide labor productivity, to avoid accounting for both physician practice productivity and economy-wide productivity in the physician update framework.

We determined the number and composition of expense categories based on the criteria used to develop the previous MEI expenditure weights and our other input price index expenditure weights (for more information on these criteria, see the November 25, 1992 final rule (57 FR 55900)). To determine the expenditure weights, we used currently available, valid data sources on physician earnings and practice expenses.

While we consulted numerous data sources, we used five sources to determine the rebased and revised MEI expenditure weights: (1) The 1997 American Medical Association Socioeconomic Monitoring System (AMA SMS) survey (1996 data); (2) the March 1997 Bureau of Labor Statistics (BLS) Employment Cost Index; (3) the 1992 Bureau of the Census Asset and Expenditure Survey (the latest available); (4) the 1996 Bureau of the Census Current Population Survey; and (5) the *Medical Economics* continuing survey published October 1997 (1996 data). No one data source provided all of the information needed to determine expenditure weights according to our criteria.

Rebasing and Revising the Medicare Economic Index

In the June 5, 1998 **Federal Register** (63 FR 30841), we published a proposed rebased and revised MEI. In that rule, we discussed in detail the methodology and data sources used to rebase and revise the MEI. The final rebased and revised MEI will have a 1996 base year and use the same data sources we proposed in the June 5, 1998 rule. Therefore, the weights and price proxies in this final rule are the same as those we proposed and are shown in Tables 1 and 2.

TABLE 1.—REVISED MEDICARE ECONOMIC INDEX EXPENDITURE CATEGORIES, WEIGHTS, AND PRICE PROXIES

Expense category	Weights		Proposed price proxies
	1989 [1]	1996 [1 2]	
Total	100.000	100.000	
Physician Earnings [4]	54.155	54.460	
Wages and Salaries	45.342	44.197	AHE–Private [3].
Benefits [5]	8.813	10.263	ECI–Ben: Private [3].
Physician Practice Expenses	45.845	45.540	
Nonphysician Employee Compensation	16.296	16.812	
Employee Wages and Salaries	13.786	12.424	
Prof/Tech Wages	3.790	5.662	ECI–W/S: Private P&T [3].
Managers Wages	2.620	2.410	ECI–W/S: Private Admin [3].
Clerical Wages	5.074	3.830	ECI–W/S: Private Clerical [3].
Services Wages	2.233	0.522	ECI–W/S: Private Service [3].
Craft Wages	0.069	.....	
Employee Benefits [5]	2.510	4.388	ECI–Ben: Priv. White Collar [3].
Office Expenses	10.280	11.581	CPI(U)–Housing
Medical Materials and Supplies	5.251	4.516	PPI Drugs/PPI Surg. Appl/CPI(U) Med Sup.
Professional Liability Insurance	4.780	3.152	HCFA–Prof. Liab. Phys. Prem. Survey.
Medical Equipment	2.348	1.878	PPI–Medical Instruments and Equip.
Other Professional Expense	6.890	7.601	
Automobile	1.400	1.300	CPI(U)–Private Transportation.
All Other	5.490	6.301	CPI(U)–All Items less Food and Energy [1].

[1] Due to rounding, weights may not sum to 100.000 percent.

[2] Sources: Socioeconomic Monitoring System 1997 Survey of Physicians, Center for Health Policy Research, American Medical Association; Anne L. Finger, ''What it costs to run a practice,'' *Medical Economics,* October 27, 1997; U.S. Department of Labor, Bureau of Labor Statistics; and U.S. Department of Commerce, Bureau of the Census, 1992 Asset and Expenditure Survey, and 1997 Current Population Survey.

[3] Net of change in the 10-year moving average of output per man-hour for the nonfarm business sector.

[4] Includes employee physician payroll.

[5] Includes paid leave.

TABLE 2.—PERCENT DISTRIBUTION OF NONPHYSICIAN PAYROLL EXPENSE BY OCCUPATIONAL GROUP: 1996

BLS occupational group	Expenditure shares [1]
Total	100.000
Professional and Technical Workers	45.570
Managers	19.399
Clerical Workers	30.831
Service Workers	4.199

[1] These weights were derived from the 1996 Current Population Survey, U.S. Bureau of the Census.

The time series of percent changes in the current and rebased MEI are presented and compared in Table 3.

TABLE 3.—ANNUAL PERCENT CHANGE IN THE CURRENT AND REVISED MEDICARE ECONOMIC INDEX

Years ending June 30	Current MEI 89-base percent change	Revised MEI 96-base percent change	Difference
1985	3.3	3.2	0.0
1986	3.3	3.1	−0.2
1987	3.0	2.8	−0.2
1988	3.6	3.5	−0.1
1989	3.4	3.4	0.0
1990	3.0	3.2	0.2
1991	3.2	3.3	0.1
1992	2.8	2.7	−0.1
1993	2.1	2.2	0.1
1994	2.1	2.1	0.0
1995	2.0	2.0	0.0
1996	2.0	1.8	−0.2
1997	2.2	2.2	0.0
1998	2.5	2.3	−0.2
Average: 1985–1998	2.7	2.7	0.0

The CY 1999 increase in the MEI, one of the components used to update the physician fee schedule, is 2.3 percent.

We received numerous Comments on the rebased and revised MEI. Each Comment, with a response, is provided below. The Comments are organized into four major sections: index structure, expenditure weights, price proxies, and productivity adjustment.

Index Structure

Comment: A commenter believed we should re-examine the structure of the MEI, rather than make minor changes to an index that was developed in 1972 when physicians were paid reasonable charges.

Response: The structure of the MEI consists of weights associated with each of the cost categories, price proxies for each of the cost categories, and an overall adjustment for changes in productivity. The 1996-based MEI structure is identical to the revised structure we proposed on September 9, 1991 that was based on issues discussed at a public conference on March 19, 1987, thoroughly reviewed by the industry through a public Comment period, and ultimately adopted in 1992. This commenter did not offer any specific recommendations for change, and we know of no structural change we could make to improve the MEI. Consequently, the structure of the MEI will remain the same.

Comment: A commenter suggested that we indicate in the annual physician fee schedule proposed rule what the forecasted MEI would be under the different options considered and under the agency's final recommendation. The commenter noted that forecast data generally are provided when the agency updates the hospital market basket.

Response: The physician fee schedule is updated by a statutory-specified formula equal to the MEI plus or minus an update adjustment factor. The agency does not consider various options and make an update recommendation. The MEI for a year is based on changes in prices for prior periods. The performance adjustment is based on actual data; no options are considered. Thus, the situation for physician updates is not analogous to the hospital update process where changes in hospital payments are based on forecasts of the hospital market basket increase in the upcoming Federal fiscal year. In the case of physicians, the changes in the physician payment levels are based on the most current historical and performance data available.

Comment: A commenter believed that we should establish a regular schedule for updating weights of various elements of the MEI so that the index reflects the most recent data and information available.

Response: In the past, more frequent rebasing would have resulted in little or no difference in the update factors. For this current rebasing, the 1989-based MEI and the 1996-based MEI grew at the same rate on average between 1985–1998 as shown in Table 3. We will continue to monitor changes in the structure of physician costs as they might affect the MEI and we will update and rebase as needed.

Comment: A commenter believed that the MEI should contain an adjustment reflecting the fact that different inputs are used when services are provided by a SNF.

Response: Part of the fundamental design of the Medicare fee schedule is that payment is based on the service performed without regard to the place where the service is performed. The MEI is consistent with that design and provides a single national factor to update payments under the fee schedule, regardless of the site of service or the specialty of the health professional.

Expenditure Weights

Comment: One commenter was concerned that the proposed MEI does not reflect adequately the much larger portion of practice expenses the average obstetrician-gynecologist pays for professional liability insurance as compared to other specialties. The commenter pointed out that professional liability consists of 6.88 percent of the obstetrician-gynecologist's practice expenses, but only 3.2 percent of the practice expense of all physicians.

Response: The purpose of the MEI is to recognize the aggregate ''pure price'' increase of providing physicians'' services, regardless of specialty or site of service. Therefore, all input costs across all specialties are considered when determining the appropriate cost weights. The resulting cost weights, along with the price proxies and productivity adjustment, are used to calculate a national average percent change in the inputs used to provide physicians' services. This national average percent change is used to update the national payments under the fee schedule. We recognize that professional liability expenses as a portion of total expenses are above the average for some specialties and below the average for other specialties. However, differences in regional or specialty costs are accounted for by the GPCI or the RVU weight, respectively.

The only change to the professional liability insurance price proxy is that premiums are now collected for $1 million/$3 million of coverage on a quarterly basis, as opposed to premiums for $100,000/$300,000 of coverage on an annual basis. We continue to survey the same professional liability insurers that we surveyed for the 1989-based MEI.

Price Proxies

Comment: Several commenters suggested the price proxy for the physician earnings component should be the Employment Cost Index (ECI) for professional and technical workers, rather than the average hourly earnings (AHEs) for total nonfarm workers, for two reasons. First, the rationale for using a proxy of a highly heterogenous group no longer exists under the current payment system. Thus, our concern regarding circularity (increases in physician fees, which are tied to prevailing charges, are linked to

increases in physician payments) is no longer an issue. Second, earnings of professional workers are used as the proxy for the physician work component in the GPCI while AHEs for total nonfarm workers are used for physician earnings in the MEI. The commenter believes that we should use earnings for professional workers as the proxy in the MEI to be consistent with the GPCI.

Response: The commenters have raised issues that need to be clarified regarding the most fair and relevant price proxy to use for the physician work component of the MEI. The commenters are correct that circularity does not now exist between charge levels for individual physicians and subsequent Medicare fee levels for all physicians in the aggregate. However, paying based on a fee schedule does not override the need for us to continue to use fair and relevant price proxies.

We believe that the current price proxy, AHEs in the nonfarm business economy, is still the most appropriate proxy to use for the physician work component. AHEs continue to best meet the criteria of the 1972 Senate Finance Committee report shown in the June 5, 1998 **Federal Register** (63 FR 30844), including the criterion of ''fairness to all concerned.'' AHEs are also the best general earnings wage variable of which we are aware for our specific purpose. As a measure of equitable payment increases, AHEs reflect the impact of supply, demand, and economy-wide productivity for the average worker in society. By using the AHEs as the price proxy for physician time, the physician wage component captures this parity in rates of increase for physicians and the average worker in society.

The ECI for professional and technical workers includes occupations like engineer, architect, mathematical and computer scientist, and other types of technicians. Excess supply or excess demand for professional and technical workers on average can cause their wages to move differently than wages are moving in the overall economy or for a specific professional and technical occupation, such as a physician. Consequently, the ECI for professional and technical workers does not necessarily provide a good normative indicator of the percent increases in general earnings. Therefore, the ECI for professional and technical workers would fail to meet the criteria of fairness in the Senate Finance Committee report.

The commenters are correct that the proxy for physician work time in the GPCI is different than the price proxy in the MEI. This design reflects the different purposes of the GPCI and the MEI. The GPCI determines how total outlays are allocated among localities based on relative input price levels for each locality, or the ''pieces of the pie.'' Thus, the GPCI price proxy needs to validly reflect the relative levels of the specific category being proxied. The MEI, on the other hand, determines the aggregate increase in total outlays, or the ''size of the pie.'' These different purposes require that different proxies be used. Thus, the purpose of the proxy in this case is to measure the normative change in physician earnings. Our other input price indexes (market baskets), like the prospective payment system (PPS) hospital market basket and the HHA market basket, also use different price proxies than the geographic adjustment variable for similar reasons.

We are going to carefully monitor the price proxy used for physician work time in the MEI to ensure that it continues to be the most appropriate price proxy available for that purpose.

Comment: Several commenters suggested that the nonphysician employee compensation component of the MEI should be adjusted using a price proxy that reflects the increased skill mix of staff in physicians' offices.

Response: The MEI is a Laspeyres (fixed-weight) index that measures the normative ''pure price'' increase associated with physicians' services. Our other input price indexes, for hospitals, home health agencies, and skilled nursing facilities, are Laspeyres indexes as well. Changes in skill mix are appropriately captured in the volume-and-intensity adjustment in the fee schedule update, as they are with similar update formulas for our other payment programs, for example, PPS hospitals. By capturing skill mix shifts in the volume-and-intensity adjustment, we are able to appropriately separate quantity and ''pure price'' effects in the update framework. If we included positive and negative skill mix shifts in the MEI, there would be double-counting. Therefore, we will not adjust for changes in skill mix for the nonphysician employee compensation components of the MEI.

Comment: A commenter recommended that we adjust the office expense component using a price proxy based on inflation in commercial rents rather than inflation as measured by the housing component of the CPI for urban consumers.

Response: The CPI–U for housing is a comprehensive measure of changes in the cost of housing, including rent, owners' equivalent rent, insurance, maintenance and repair services, fuels, utilities, telephones, furnishings, and housekeeping services. Note that the GPCI also uses a consumer rather than a commercial rent index. The GPCI uses an index of Fair Market Rents (FMR) published by the Department of Housing and Urban Development for use in the Section 8 rental subsidy program because a valid indicator of commercial rents was not available. This measure does not meet the criterion of timeliness to be used in an input price index as it is only available prospectively on an annual basis. It would not represent historical data or be available quarterly like the rest of the proxies in the MEI.

Comment: One commenter questioned why we proposed using wholesale price changes, as measured by producer price indices (PPI), to measure cost changes for medical supplies and equipment. The commenter believed most physician practices are small entities that are unlikely to be able to purchase supplies and equipment at wholesale prices.

Response: In revising and rebasing the MEI, we selected wage and price proxies based on relevance, reliability, fairness, timeliness, and length of time a series had been established. Relevance means that the price proxy should represent price changes for goods or services within the expense category. We believe that use of the PPI for medical instruments and equipment appropriately captures price changes for the offices of physicians. Note that movement in the PPI at any given time is followed within a few months by approximately the same movement in the CPI. If this were not true, retailers would soon be out of business as their expenses rose but their revenues did not. Movement in the PPI essentially drives movement in the CPI, albeit with a slight lag. An increase in the wholesale level for a commodity will be followed by the same approximate increase in the retail level. Over time, the PPI does not move faster or slower than does the CPI. As mentioned in our June 5, 1998 proposed rule (63 FR 30846), use of the PPI for medical instruments and equipment as the price proxy for medical equipment is consistent with the 1989-based MEI.

Productivity Adjustment

Comment: A commenter proposed the elimination of the productivity adjustments to both the physician and nonphysician personnel components. The commenter believed the validity of the proposed MEI is compromised severely by this productivity adjustment.

Response: The Medicare fee schedule is appropriately adjusted for ''pure price'' inflation using a price index that approximates a price change in a freely functioning, competitive market. In

such a market, competitive forces lead to increased efficiencies (productivity). Therefore, a competitive output price does not rise as fast as a competitive input price, with the difference reflecting this increased efficiency (productivity). Thus, the input prices in the MEI need to be appropriately adjusted for productivity to approximate a freely functioning, competitive output price change. The PPS hospital input price index (market basket) is similarly adjusted for productivity, but the adjustment is included as a separate component of the PPS update framework.

The commenter believed that using economy-wide labor productivity to make the adjustment to the MEI input prices was inappropriate because physician productivity is lower than economy-wide productivity. While it is true that service industry productivity tends to be lower than economy-wide productivity, there is wide variation in productivity among specific sectors of the service industry. For physicians, the substantial influence they have over the volume and intensity of services provided to their patients allows them to increase output and, therefore, productivity.

The commenter provided information on the declining number of patient contacts per physician as evidence of declining productivity. To estimate productivity per physician, however, the large increase in volume and intensity of services per contact has to be accounted for. An approximation of the change in volume and intensity of physicians' services is the increase in allowed charges per enrollee in excess of the MEI increase (shown in the 1998 Annual Report of the Board of Trustees of the Federal Supplementary Medical Insurance Trust Fund). The increase in allowed charges per enrollee from Table II.F3. of this report has exceeded the MEI increase by 3.1 percentage points in 1994, 5.8 percentage points in 1995, and 2.1 percentage points in 1996. These data show that volume-and-intensity increases for physicians' services are still high relative to economy-wide productivity, which has historically grown around 1 percentage point annually on a 10-year moving average basis.

Economy-wide labor productivity increases automatically result in economy-wide wage rate increases as less worker time or other inputs are needed to produce the same outputs. Thus, the AHEs wage variable implicitly includes productivity increases in the overall economy. The productivity adjustment to the MEI factors out these economy-wide productivity increases. However, an individual physician practice still benefits from its own productivity increases in excess of economy-wide productivity increases. This means each individual physician practice is allowed to reap the rewards of having high productivity. Thus, it is both technically correct and fair to both providers and payers to adjust the MEI input prices by economy-wide productivity increases.

Result of Evaluation of Comments

As proposed, we rebased the MEI to 1996. We used the same data sources (for base year weights and price proxies) and methodology as explained in the June 5, 1998 proposed rule. The percent change in the MEI for CY 1999 is 2.3 percent.

III. Implementation of the Balanced Budget Act

In addition to the resource-based practice expense relative value units, BBA provides for revisions to the payment policy for drugs and biologicals, includes a provision allowing private contracting with Medicare beneficiaries, institutes payment for outpatient rehabilitation services based on the physician fee schedule, and changes the policy for nonphysician practitioners and for teleconsultations.

A. Payment for Drugs and Biologicals

Before January 1, 1998, drugs and biologicals not paid on a cost or prospective payment basis were paid based on the lower of the estimated acquisition cost (EAC) or the national average wholesale price (AWP) as reflected in sources such as the Red Book, Blue Book, or Medispan. (For purposes of this discussion, we will use the term ''drugs'' to refer to both drugs and biologicals). Examples of drugs that are paid on this basis are drugs furnished incident to a physician's service, drugs furnished by pharmacies under the durable medical equipment (DME) benefit, and drugs furnished by independent dialysis facilities that are not included in the end-stage renal disease (ESRD) composite rate payment.

Section 4556 of BBA established payment for drugs not paid on a cost or prospective payment basis at the lower of the actual billed amount or 95 percent of the AWP, effective January 1, 1998. In this final rule, we are revising the current regulations at § 405.517 to conform to this statutory change. This regulation is removing the EAC and provide for payment at the lower of the actual charge on the Medicare claim or 95 percent of the AWP.

Also, we are revising the method of calculating the AWP. Our current regulations provide that, for multiple-source drugs, the AWP equals the median AWP of the generic forms of the drug. The AWP of the brand name products is ignored on the presumption the brand AWP is always higher than the generic AWPs. While this may have been true when the policy was first promulgated, it is not always true now. Therefore, the AWP for multiple-source drugs would equal the lower of the median price of the generic AWPs or the lowest brand name AWP.

Comment: We received some comments on the proposed methodology for determining the AWP in the case of multi-source drugs. Some commenters suggested we use the average AWP instead of the median AWP. Others objected to the use of the lowest brand AWP saying that in all cases all AWPs, both generic and brand, should be used. One commenter stated that the law does not distinguish brand AWP from generic AWP; therefore, we should not make this distinction.

Response: We agree that the law does not define the term ''average wholesale price,'' and, therefore, does not distinguish brand AWP from generic AWP or average versus median price. However, we believe it is within our general authority in implementing the statute to define terms that do not have explicit statutory definitions. We believe that when there is an array of charges, the median is an appropriate measure of central tendency. This is consistent with many other areas of the program in which the median is used. With respect to distinguishing between brand and generic AWPs, as we stated in the final rule titled ''Medicare Program; Fee Schedule for Physicians'' Services (BPD–712–F),'' published in the **Federal Register** on November 25, 1991 (56 FR 59502), when this policy was promulgated, the brand AWP was believed to be always greater than the generic AWPs (56 FR 59507). Now there is evidence from the Office of Inspector General (OIG) in its report titled ''The Impact of High-Priced Generic Drugs on Medicare and Medicaid'' (OEI–03–97–00510) that this is no longer true. From a series of OIG reports spanning the past 10 years, it is clear that the AWP is higher than the amount typically paid for drugs by physicians who bill the program. It is also true that when a brand AWP is lower than the median generic AWP, typically there are also other generic AWPs that are as low as or lower than this brand AWP. We believe, therefore, that the payment allowance resulting from this methodology will be adequate.

Comment: Some commenters objected to a payment allowance of less than the AWP. One commenter alleged that not all physicians can buy drugs at less than retail prices. Another commenter stated that only large physician practices can obtain bulk purchase discounts. Another commenter suggested that we monitor access to drugs. Another suggested that we study actual acquisition costs before implementing the limit of 95 percent of AWP. Two commenters stated that physicians should not be burdened with maintaining price controls or cost containment or tracking the prices of drugs. Physicians should only be responsible for choosing the best drug and not be responsible for the cost of the drug. Furthermore, if physicians are not paid sufficiently for the drugs they now inject, they will stop injecting drugs and refer patients to the hospital instead. This will cost the program much more.

Response: First, the law now requires that the Medicare program limit its payment allowance to 95 percent of the AWP. Furthermore, there are numerous reports by the OIG over the past 10 years showing that significant discounts from the AWP are common and are not related to bulk purchases. In the absence of evidence to the contrary of the OIG findings, we believe it is reasonable to set the payment limit as we have proposed. With respect to the comment that physicians will refer patients to hospitals for injections, we believe that for the reasons stated and because payment for outpatient hospital services will be changed to a prospective payment basis, this will not occur.

Comment: One commenter stated that our definition of ''brand'' should be ''the product of the innovator company.'' The commenter objected to considering other manufacturers' products that are marketed under a proprietary name other than the generic chemical name of the drug as a ''brand.''

Response: Our definition of ''brand'' is any product that is marketed under a name other than the generic chemical name of the drug. If a manufacturer chooses to market its product under a proprietary name rather than the generic chemical name of the drug, we believe this is a brand. We do not limit the definition of ''brand'' to the innovator company product or any product manufactured under a direct license from the innovator. Furthermore, we believe that it is an unreasonable administrative burden to require our contractors to determine which of the thousands of AWPs they must look up, to also determine which of those are innovator drugs or licensed by the innovator company.

Comment: Two commenters supported our proposal stating that our proposal was consistent with the statute.

Response: We agree with this comment.

Comment: A commenter stated that radiopharmaceuticals are drugs, but because of their unique nature they do not have AWPs. Therefore, the commenter recommended that we pay for radiopharmaceutical drugs at the billed amount.

Response: We agree that radiopharmaceutical drugs do not have AWPs, and, therefore, require a different pricing methodology. However, we do not agree that these drugs should be paid at the amount billed to the program. Currently, our contractors determine an allowance for these drugs that is reasonable in light of prices paid by physicians who use them. We will continue this policy of local pricing by our contractors.

Result of evaluation of comments: We are adopting our proposal with further clarifications. The Medicare allowed charge for drugs and biologicals is the lower of 95 percent of the median generic AWP or 95 percent of the lowest brand AWP. A ''brand'' product is defined as a product that is marketed under a labeled name that is other than the generic chemical name of the drug or biological. The allowed charge for drugs and biologicals that do not have an AWP is determined by the local Medicare contractor considering the prices paid by physicians and suppliers who use them.

B. Private Contracting with Medicare Beneficiaries

Section 4507 of BBA 1997 amended section 1802 of the Act to permit certain physicians and practitioners to opt-out of Medicare and to provide through private contracts services that would otherwise be covered by Medicare. This rule conforms the regulations to sections 1802(b) and 1862(a)(19) of the Act. In addition, this rule contains ancillary policies that we believe are necessary to clarify what it means when a physician or practitioner ''opts-out'' of Medicare, and to otherwise effectuate the Congress'' intent in enacting section 4507 of BBA 1997.

The private contracting provision is effective for private contracts entered into on, or after, January 1, 1998. We implemented private contracting through a series of operating instructions for Medicare carriers and information that carriers were instructed to provide to physicians and practitioners.

The Medicare claims submission and private contracting rules apply only when a physician or practitioner furnishes Part B Medicare-covered services to a beneficiary who is enrolled in Medicare Part B. The private contracting rules do not apply to individuals who have only Medicare Part A, to individuals who are age 65 or over but who do not have Medicare, or to services that Medicare does not cover.

General Issues

State of Law Before Section 4507 of the BBA

Comment: Some commenters disagreed with our view that private contracting is not valid except as specified in section 4507 of the BBA. They believed that section 1848(g) of the Act does not preclude private contacting. In addition, they believed that the claims submission requirements apply only to ''services for which payment is made'' under the fee schedule and, therefore, by definition, do not apply if no claim is submitted.

Response: We continue to believe that under the Act, private contracts between beneficiaries and physicians or practitioners are not enforceable unless they meet the requirements of section 4507 of the BBA. The mandatory claims submission rules of section 1848(g)(4) of the Act specify that: ''For services furnished on or after September 1, 1990, within 1 year after the date of providing a service for which payment is made under this part on a reasonable charge or fee schedule basis, a physician, supplier or other person (or an employer or facility in the cases described in section 1842(b)(6)(A))—

- (i) Shall complete and submit a claim for such service on a standard claim form specified by the Secretary to the carrier on behalf of a beneficiary, and
- (ii) May not impose any charge related to completing and submitting such a form.''

Because there must be a claim to Medicare before payment can be made, the meaning of the phrase ''. . . for which payment is made on a reasonable charge or fee schedule *basis* . . . (emphasis added)'' must be to define the universe of claims to which the mandatory claims submission rules apply as being those services for which Medicare makes payment on a fee schedule or reasonable charge basis once a claim is submitted. The only exceptions the law provides to the mandatory claims submission rules are those found in the private contracting provisions of section 1802(b) of the Act and those implied by the phrase ''on

behalf of the beneficiary.'' In addition, one cannot omit the word ''basis'' and argue that the claims submission requirement applies only to services for which ''payment is made under this part on a reasonable charge or fee schedule.'' The word ''basis'' has meaning and was specifically included because it defines a universe of services to which the provision applies. The clear intention of the claims submission provision is to apply to all services for which payment is made under part B on a reasonable charge or fee schedule *basis*, but not to include services for which payment is made under part B on a reasonable cost basis (for example, hospital outpatient department services).

The phrase ''. . . for which payment is made . . .'' cannot, as commenters contend, mean that the mandatory claims submission rules apply only if payment is actually made in an instant case. That reading would mean the mandatory claims rules would never apply where no payment was made because of the absence of a submitted claim, rendering the mandatory claims provision meaningless.

Moreover, the limiting charge rules of section 1848(g)(1)(A) of the Act establish explicit limits on the charges of a nonparticipating physician or nonparticipating supplier or other person who does not accept payment on an assignment-related basis for a physician's services furnished to an individual who is enrolled in Part B. The only exception to these limits is that found in the private contracting provisions of section 1802(b) of the Act.

Comment: Commenters disagree that the limiting charge applies in the absence of a claim. They believe that if the claims submission rule can be waived by the beneficiary, then the limiting charge rule can also be waived by the beneficiary.

Response: As noted above, there is specific language in section 1848(g) of the Act that indicates that the physician, supplier, or other person must submit the claim ''on behalf of the beneficiary.'' In contrast, there is no language included in the flat prohibition in section 1848(g)(1)(A)(i) of the Act against nonparticipating physicians, suppliers, and other persons charging more than the limiting charge. For these reasons, we believe that we have no discretion to waive the limiting charge, except when the criteria established by section 4507 of the BBA are met.

Participating physicians, suppliers, and other persons who have agreed to always take assignment on claims for Medicare covered services, and nonparticipating physicians, suppliers, and other persons who take assignment, have also implicitly agreed to submit claims because one cannot take assignment on a claim unless one submits a claim. Moreover, because taking assignment means agreeing to accept Medicare allowed amounts as payment in full for covered services, they have also voluntarily agreed not to collect more than deductibles and coinsurance from all patients they see. For these reasons, signing a participation agreement, or accepting assignment by a nonparticipating physician, precludes private contracting outside of section 4507 of the BBA.

Claims for services that are not reasonable and necessary according to Medicare standards

Comment: Commenters asked that we clarify that there is no limit on the amount physicians and practitioners may charge beneficiaries when services furnished are denied as not reasonable and necessary, and the physician or practitioner has provided the advance beneficiary notice (ABN). Some commenters also asked that we clarify that when an ABN is provided, there is no private contract. They indicated that some physicians and practitioners are refusing to furnish non-covered services to beneficiaries, because they believe that giving an ABN will compel them to opt-out of Medicare.

Response: When a physician or practitioner furnishes a service that does not meet Medicare's criteria for being reasonable and necessary, and the physician or practitioner has furnished the beneficiary with an ABN that advises the beneficiary that for this reason there is a likelihood of denial of the claim by Medicare, there are no limits on what the physician or practitioner may charge the beneficiary. An ABN that states that the physician or practitioner believes that the service will not be covered by Medicare is not a private contract. The act of providing an ABN does not then require that the physician or practitioner opt-out of Medicare so that he or she avoids being at risk of having a penalty assessed for a limiting charge violation. Hence, physicians and practitioners should not hesitate to furnish services to Medicare beneficiaries when the physician or practitioner believes that those services are in accordance with accepted standards of medical care, even when those services do not meet Medicare's particular and often unique coverage requirements.

Beneficiaries in Medicare risk HMOs and Medicare+Choice organizations

Comment: Some commenters wanted us to reaffirm that a physician or practitioner may charge without regard to the limiting charge, when he or she furnishes a service to a beneficiary who is enrolled in a Medicare risk plan and the plan will not pay for that service. In addition, we were requested to address what happens in situations in which the beneficiary appeals the denial of the service and the Medicare risk plan subsequently agrees to pay the claim. Commenters asked that we define what is meant by ''covered services,'' for purposes of physicians and practitioners being able to charge Medicare risk plan or Medicare+Choice (M+C) organization enrollees more than the Medicare fee schedule, without having the physician or practitioner opt-out of Medicare for services not covered by the plan or the M+C organization.

Response: When a Medicare beneficiary enrolls in a Medicare risk plan (either currently under section 1876 of the Act or after January 1, 1999, under the M+C program), that beneficiary has Medicare coverage only to the extent that the services are covered under the risk plan according to the plan's rules for coverage. A risk plan may deny payment for a service if the beneficiary has not abided by the rules for coverage of care under the risk plan. (Examples of non-adherence to the plan's rules could be a beneficiary acquiring care without the required plan prior authorization, or acquiring care from a non-network physician if coverage is limited to network physicians.) In that situation there is no plan coverage of that service and the beneficiary is fully liable for the payment of the service, even when payment would have been made under original Medicare if the beneficiary were not in the risk plan. In these types of situations, the physician or practitioner may charge the beneficiary without regard to the limiting charge for the service furnished, and no claim need be submitted for the non-covered service. A private contract is not needed and the physician or practitioner need not opt-out of Medicare.

We would caution, however, that if the beneficiary seeks plan payment and the plan pays for the service, either initially or on appeal, then the physician or practitioner is entitled to receive no more than the amount he or she would have received under original Medicare. An adjustment would then have to be made to ensure that the beneficiary received a refund for any amount in excess of the Medicare allowed amount (if the physician participates in original Medicare) or the Medicare limiting charge (if the physician does not participate in original Medicare).

Application to Medicaid

Comment: A commenter wanted us to revise the final rule to specify that a physician or practitioner who opts-out of Medicare may not bill Medicaid for services he or she furnishes to individuals who are enrolled in both Medicare and Medicaid.

Response: There is nothing in section 4507 of the BBA that prohibits either dually eligible Medicare and Medicaid beneficiaries, or Medicare providers, from entering into a private contract, or that prohibits these providers from billing Medicaid for Medicaid covered services.

Excluded physicians and practitioners who opt-out

A physician or practitioner may be excluded from Medicare by the Office of Inspector General (OIG) for violations of the law according to sections 1128, 1156, and 1892 of the Act. An excluded physician or practitioner may not furnish, order, prescribe, or certify the need for Medicare-covered items and services (except as permitted in 42 CFR 1001.1901) for the term of the exclusion. A physician or practitioner must request and be granted reinstatement by the OIG before billing Medicare.

Comment: A commenter asked that we not permit excluded physicians and practitioners to opt-out. She believes that we need to clarify the relationship between opting-out and being excluded. She believes that if we permit excluded physicians and practitioners to opt-out, all the rules that apply to excluded physicians and practitioners can and should apply to physicians and practitioners who have opted-out. For example, excluded physicians cannot order covered services. Commenters also wanted us to agree that a private contract entered into by an excluded physician or practitioner would be recognized by us and the Office of the Inspector General as a notice to the beneficiary that the physician or practitioner is excluded, because the private contract must say whether the physician or practitioner is excluded.

Response: Section 1802(b)(2)(B) of the Act says, ''[s]uch contract shall also clearly indicate whether the physician or practitioner is excluded from participation under the Medicare program under section 1128.'' We have interpreted this to mean that, although excluded physicians can enter into private contracts, they must not only indicate their excluded status through the contract, but also still abide by the terms of their sanction under section 1128 of the Act. Practically speaking, this means that excluded physicians or practitioners may file affidavits and enter into private contracts, but that all the provisions of section 1128 of the Act and regulatory requirements pertaining to section 1128 of the Act, such as per-encounter issuances of ABNs, must still apply. Further, although section 1802(b)(2)(B) of the Act specifically mentions exclusions under section 1128 of the Act, the Secretary also has authority to exclude physicians and practitioners under sections 1156 and 1892 of the Act for the reasons specified therein. We believe it was Congress's intent to require clear notice of any exclusion, regardless of the specific statutory basis for it, in the contract with the beneficiary. Therefore, we have added language to §§ 405.415 and 405.425 to require a physician or practitioner provide clear notice of any exclusion, be it under section 1128, 1156, or 1892 or any other provision of the Act. We have also added language to § 405.440 to make clear that excluded physicians and practitioners are bound by the standards in 42 CFR § 1001.1901 for obtaining Medicare payment for emergency or urgent care services.

Grandfathering of physicians and practitioners who already opted-out

Comment: Commenters requested affirmation that the physicians and practitioners who have already opted-out will not have to file either revised affidavits or revised private contracts to meet the new standards contained in these regulations.

Response: We agree. These regulations are effective for private contracts entered into on or after January 1, 1999, and for affidavits submitted to carriers on or after January 1, 1999.

The provisions of section 4507 of the BBA were effective for private contracts entered into on or after January 1, 1998. We have therefore implemented the provisions of section 4507 of the BBA through operational instructions. Specifically, we issued Medicare program memoranda to implement the law in November 1997, January 1998, April 1998, July 1998. Medicare carriers have provided the information in these documents to all physicians and practitioners as they were released throughout the year. If physicians and practitioners submit affidavits in accordance with these program memoranda before January 1, 1999, they have opted-out of Medicare for the 2-year opt-out period, and need not submit revised affidavits to comply with the regulations. Similarly, when they have entered into private contracts with Medicare beneficiaries before January 1, 1999, they need not revise the private contracts or have beneficiaries sign second private contracts.

Comment: Commenters requested that physicians and practitioners who have opted-out before the regulations take effect, be provided with an opportunity to terminate their opt-out within 90 days of the date the new rules are effective, under the terms of early termination of opt-out.

Response: We agree. We have provided a special one time 90-day early termination opportunity for physicians and practitioners who opted-out during 1998, and who are willing to terminate their opt-out by complying with the requirements of §§ 405.445(b) (3) and (4) and 405.445(c).

Charitable care

Comment: Commenters indicated that physicians and practitioners should be permitted to opt-out of Medicare to do charitable care. They believed that because currently physicians and practitioners must collect deductible and coinsurance, they can be found to have made an illegal remuneration if they do not. They believed that the deductible and coinsurance are a financial burden for beneficiaries who do not have Medicaid. In addition, they believed that physicians and practitioners should be able to privately contract on a patient-by-patient basis, when they choose to offer free services to Medicare patients in need of those services.

Response: A physician or practitioner need not opt-out of Medicare to furnish services for which they do not charge, nor need they opt-out when either the deductible or coinsurance or both are waived because of indigence. Under current law, regulations, and instructions, nothing prevents a physician or practitioner from not charging a beneficiary for medical services. Moreover, longstanding Medicare policy permits physicians and practitioners to waive Medicare deductibles and coinsurance, when the physician's or practitioner's analysis of the beneficiary's financial information leads him or her to believe that collecting either the deductible or coinsurance or both would impose a hardship on the beneficiary. This policy has long been stated in Medicare Carrier Manual section 5220, and was stated as a permitted exception to the prohibition on the waiver of the deductible and coinsurance in section 231(h) of Health Insurance Portability and Accountability Act of 1996 (Public Law 104–191).

However, the commenter is correct that the provision of free services can become problematic in some cases, as

for example, when a charge is not made as an inducement for the beneficiary to return for covered services, or as an inducement for the beneficiary to provide referrals. The commenter is also correct that indigence is the only explicitly permitted basis for waiver of either the deductible or coinsurance or both.

Definitions (§ 405.400)

Beneficiary

Comment: Commenters wanted the definition of ''beneficiary'' clarified to indicate that it applies only to individuals who are enrolled in original Medicare and does not apply to individuals who are enrolled in Medicare risk plans, or, after January 1, 1999, the M+C organizations.

Response: We have not made this change. The commenters are under the mistaken impression that a physician or practitioner may opt-out of original Medicare, but continue to be paid by an M+C organization for Medicare-covered services furnished to a beneficiary who is enrolled in an M+C organization. Instead, under the law and as specified in these regulations at § 405.220, a physician or practitioner who opts-out of Medicare may not provide services for which payment is made by Medicare, including where payment is made to the physician or practitioner by an M+C organization for services to a Medicare beneficiary enrolled in such an organization.

Emergency care services

Comment: Some commenters raised the question of whether we would use the ''prudent layperson'' definition of emergency medical condition of § 422.2, instead of the provider agreement definition of the term at § 489.24. The commenter believed that the ''prudent lay person'' definition is preferable.

Response: We agree. In order to give both beneficiaries and physicians and practitioners the greatest protection and flexibility in medical decision-making, we have decided to adopt the more inclusive ''prudent layperson'' standard of § 422.2, which was recently published as part of the M+C regulations at 63 FR 34968.

Legal representative

Comment: Some commenters objected to permitting a beneficiary's ''legal representative'' signing a private contract, because the law makes no provision for this action. They believed the regulations should permit no one but the beneficiary to sign a private contract.

Response: We permit a beneficiary's legal representative to sign a private contract so that beneficiaries who have legal representatives will not be treated differently than beneficiaries who do not have legal representatives. We can foresee a situation in which the legal representative of a beneficiary believes that signing a private contract that allows the physician or practitioner to furnish care would be in the beneficiary's best interest, and, we believe that, if legal representatives have the right to do so under applicable State law, they should not be precluded from doing so by Medicare regulations.

Comment: Some commenters stated that the proposed definition of ''legal representative'' is too restrictive. These commenters believed that we should define a ''legal representative'' to be any person permitted by State law to make health care decisions on behalf of the beneficiary. They believed that we defer to State law under the M+C rules, and that there is no reason to make a different rule for private contracting.

Some commenters requested that the definition of ''legal representative'' be expanded to include any person who would be willing to pay the beneficiary's bill, as, for example, family members. Some commenters stated that we should not define ''legal representative'' or use the term. Rather we should state that the private contract must be recognized under State law as a legally binding contract on the beneficiary, thereby letting the State determine when someone other than the beneficiary may sign it.

Some commenters indicated that the definition is not clear and should be revised. They wanted the revision to reflect differences in State law, or differences in the scope of the court order that appointed the beneficiary's legal guardian, by defining ''legal representative'' as ''the beneficiary's court-appointed surrogate (guardian, conservator or other State law terminology) who has authority to enter into a contract for health care services. Some commenters indicated that the regulation should be revised to clarify that the ''legal representative'' accepts responsibility for making payment from the beneficiary's financial resources or from the beneficiary's estate, but is not responsible for making payments using the legal representative's personal funds. In addition, commenters wanted the regulation to clarify that the legal representative is not personally liable for the beneficiary's bills.

Commenters also indicated that the party who can make health decisions may not be the same party who can make financial decisions. These commenters believed that private contracting involves both health and financial decisions, and, thus, that both parties should have to consult and agree before any one party enters into a private contract on behalf of a beneficiary.

Response: We believe that the question of who should be allowed to enter into a private contract should be determined in accordance with State law. Therefore, we have changed the definition of legal representative as specified in § 405.400 to be: ''one or more individuals who, as determined by applicable State law, has the legal authority to enter into the contract with the physician or practitioner on behalf of the beneficiary.''

Comment: One commenter requested that the regulation require that the court order or power of attorney document establishing a ''legal representative'' be attached to the contract.

Response: We leave this matter to the States to regulate in accord with their applicable contract and agency laws.

Physician

Comment: Some commenters wanted optometrists to be able to opt-out.

Response: Section 1802(b)(5)(B) of the Act defines a physician according to the definition given in section 1861(r)(1) of the Act, which defines a physician as a doctor of medicine or osteopathy. For the purposes of opting-out and private contracting, the Congress did not define the term physician to mean the many other types of health care professionals as listed in section 1861(r)(2) through (5) of the Act. Optometrists are included in the definition only at section 1861(r)(4) of the Act.

General Rules (§ 405.405)

Two-year opt-out period

Comment: Many commenters objected to the requirements that when a physician or practitioner opts-out of Medicare, he or she must agree to sign private contracts with all Medicare beneficiaries, for all services furnished to Medicare beneficiaries for 2 years (other than emergency and urgent care services). These commenters believed that the 2-year requirement transforms private contracting from a vehicle for maximizing patient choice and access to services, into a barrier to the acquisition of services by the patient from the physician or practitioner of the patient's choice.

Response: The statute specifies that, in order to privately contract, the physician or practitioner must file an affidavit with Medicare. In the affidavit he or she must agree to enter into private contracts with Medicare beneficiaries (except in the case of those

who require emergency or urgent services) for 2 years.

Effect of opt-out that occurs during a continuum of care

Comment: Commenters asked that we clarify the effect of private contracting when the beneficiary is in a continuum of care that overlaps the opt-out period. For example, what will happen when a beneficiary is in the midst of a course of chemotherapy and the physician chooses to opt-out?

Response: When a Medicare beneficiary is in a continuum of care such as a course of chemotherapy and the physician chooses to opt-out of Medicare, the beneficiary may either privately contract with the physician, or the beneficiary may acquire the remainder of the care from a physician who has not opted-out of Medicare. If a physician or practitioner has opted-out of Medicare by filing an affidavit with the carrier, then he or she must enter into a private contract with every beneficiary to whom he or she furnishes care, except in situations where the beneficiary requires emergency or urgent care.

Conditions for Properly Opting-Out of Medicare (§ 405.410)

Advance notice of opt-out

Comment: A commenter requested that we require that physicians and practitioners give 60 days advance notice of their intention to opt-out. For nonparticipating physicians, this would be 60 days prior to filing the affidavit. For participating physicians, this would be 60 days before the calendar quarter in which their opt-out becomes effective. The notice would be given to beneficiaries treated by the physician or practitioner within 3 years, and to new beneficiaries with pending appointments.

The commenter knew of cases where beneficiaries traveled long distances for medical services without having been informed that the physician or practitioner had opted-out. Then, after arriving for the appointment, the beneficiaries had to leave without receiving the needed medical services, because they could not afford to enter into a private contract. According to the commenter, the beneficiaries in these cases suffered anxiety, distress, expense, and a delay in receiving the needed medical services. Those negative consequences could have been avoided if the beneficiaries had been advised, at the time the appointment was made or earlier, that the physicians had opted-out of Medicare. The commenter believed that the absence of advance notice leaves beneficiaries subject to duress in the physician's or practitioner's office.

Response: We have not imposed an advance notice requirement for physicians and practitioners who opt-out. We do not believe that kind of requirement is warranted. Moreover, the 60-day advance notice the commenter requested may cause physicians and practitioners to refuse to provide services during those 60 days, possibly resulting in the delay of needed medical services.

However, we hope that organizations will encourage member physicians and practitioners who have opted-out to notify the Medicare beneficiaries to whom they provide care as soon as possible after they file the affidavit. We also hope that these physicians or practitioners require that their office staff advise beneficiaries, at the time the beneficiary makes an appointment, that the physician or practitioner has opted-out of Medicare. Advance notice would spare beneficiaries the inconvenience, anxiety, duress, and delay in receiving needed medical services that might otherwise occur if they cannot enter into the private contract.

There are also significant administrative and good will advantages to the physician or practitioner of these notices. Advance notices will prevent the beneficiary from being surprised and possibly upset or angry in the office. Moreover, they will minimize the ill will that may occur if the beneficiary is asked to enter into a private contract at the time of the appointment as a condition of seeing the physician or practitioner, without being given advance notice. In addition, an advance notice will minimize the chance that beneficiaries will leave without having received the needed services, and result in an avoidable loss of income and time for the physician or practitioner.

We also hope that beneficiary organizations will encourage beneficiaries when they make an appointment to seek out information on whether they will need to sign a private contract before seeing a physician or practitioner. Then, the beneficiary could make a thoughtful and careful decision, in an environment less stressful than the physician's or practitioner's office.

Although we hope that the physician and practitioner communities will cooperate to provide an appropriate advance notice, we are concerned about the scenarios presented by the commenter and will continue to consider whether further guidance is needed.

Notice of change in participation status

Comment: A commenter indicated that there should be a mechanism for beneficiaries who have not signed private contracts, to be notified when they receive either emergency or urgent care services from an opt-out physician or practitioner who participated in Medicare before opting-out (and cannot sign a private contract at that time), that the physician or practitioner is now a nonparticipating physician or practitioner. That notification would benefit the beneficiary because the beneficiary's financial liability for those services will rise as a result of the change in the Medicare status of the physician or practitioner.

Response: We believe that this recommendation is an impractical burden to impose on physicians and practitioners, and is of little value to the beneficiary who needs emergency or urgent care services. When a beneficiary needs emergency or urgent care services, he or she probably does not have the alternative to seek care from a participating physician.

Signage

Comment: A commenter asked that we require that physicians and practitioners who opt-out to post a sign in a conspicuous space in his or her office in 5-inch type, stating that the physician or practitioner has opted-out of Medicare. Then beneficiaries will know when they enter the office that they will be required to sign a private contract to acquire non-emergency or urgent care services.

Response: We have not adopted this suggestion. As noted earlier we hope the physician and practitioner communities will cooperate to provide an appropriate advance notice to beneficiaries. We believe that a sign such as the commenter recommends would provide little or no value to the beneficiary who has already come to the physician or practitioner's office, and is about to be asked to enter into a private contract.

Relationship of opt-out physicians and practitioners to beneficiaries who do not enter into private contracts

Comment: A commenter asked that §§ 405.410 and 410.420 be revised to include an affirmative prohibition that physicians or practitioners cannot furnish an item or service to any beneficiary who has not privately contracted. The commenter believed that it should also be a condition to properly opt-out and maintain opt-out so that, if the physician or practitioner does not privately contract, the penalties of § 405.435(b) would be invoked.

Response: We have revised § 405.435 to specify that when a physician or practitioner who has opted-out fails to enter into a private contract (except in emergency or urgent care situations), he or she has failed to maintain opt-out. Therefore, where an opt-out physician or practitioner fails to enter into a private contract (except in emergency or urgent care situations), he or she will be subject to the penalties in that section for failure to maintain opt-out. We believe that this change addresses the commenter's concerns, and that changes to §§ 405.410 and 405.420 are not useful.

Timing of opt-out by participating physicians

Comment: Some commenters believed that participating physicians should be allowed to opt-out at any time after they provide sufficient advance notice. These commenters did not believe that participating physicians should have to await the beginning of a calendar quarter to be able to opt-out. Other commenters believed that physicians should only be permitted to opt-out during the standard participating physician enrollment period. They argued that permitting participating physicians to opt-out on a quarterly basis, and permitting nonparticipating physicians to opt-out at any time, leaves beneficiaries with too little time to find another physician or practitioner if theirs chooses to opt-out.

Response: We have decided to make no changes to the conditions regarding the timing of the opt-out period, either to permit opt-out by participating physicians at will, or to permit opt-out only during the participation enrollment period. Medicare carriers must make systems changes to permit participating physicians to opt-out, and, thereby, become nonparticipating physicians in the middle of the year, in such a way that they do not reduce Medicare payments for services furnished during the part of the year that they had a participation agreement in effect.

Medicare has a longstanding policy of making systems changes no less often than on a quarterly basis. The quarterly opt-out for participating physicians is designed to accommodate that schedule, while simultaneously permitting participating physicians to opt-out without having to await the annual participation enrollment or disenrollment period. The law does not link the opt-out election to the annual participation period and, therefore, we do not preclude participating physicians from opting-out only during that period.

Whether a carrier should send a return receipt to a physician or practitioner that submitted an affidavit

Comment: A commenter wanted carriers to be required to send a return receipt verifying the accuracy and acceptance of the affidavit. The commenter believed that procedure will eliminate problems with lost mail or an incorrect affidavit, and reduce the incidence of physicians and practitioners not properly opting-out and later finding themselves in trouble for having failed to properly opt-out.

Response: Our experience with those physicians and practitioners who have opted-out, indicates that there have been no notable problems with lost mail or incorrect affidavits. Hence, we do not believe that there is sufficient justification at this time for requiring the carrier (and the Medicare program) to incur the costs associated with sending return receipts to the physician or practitioner.

Impact of changes in carrier jurisdiction

Comment: A commenter asked that we address how carrier terminations and replacements will affect the opt-out status of physicians and practitioners. Specifically, the commenter wanted to know if the physician or practitioner needs to again file the affidavit with the carrier that is taking over the jurisdiction.

Response: Physicians and practitioners who have filed affidavits opting-out of Medicare will not need to refile when a carrier is replaced by a new carrier. The information will be transferred from the existing contractor to the new contractor, as part of the systems and records transition process.

Requirement to submit affidavits to all carriers

Comment: Commenters objected to the requirement that the physician or practitioner must submit affidavits to all carriers to which he or she has submitted claims in the past 2 years. They believed that this is a burdensome requirement that will become more so as there are more M+C organizations. Commenters also believed that this requirement is particularly burdensome for physicians and practitioners in States that have a lot of ''snowbirds.'' They asked whether the physician or practitioner must submit an affidavit to each carrier to which they would send claims. A commenter requested that there should either be a standard form that contains all addresses, or the affidavit should be submitted to us for distribution to all carriers.

Response: We do not believe that this requirement is burdensome. The submission of an affidavit is done no more than once every 2 years, and requires simply mailing it to the addresses to which the physician or practitioner ordinarily sends claims. Physicians and practitioners already know to whom they have sent claims within the past 2 years, and this is the reason we proposed this standard.

We want to reinforce the importance of mailing the affidavits to the appropriate carriers. We have received many affidavits that were sent to the Secretary, rather than being sent to the physician's or practitioner's carrier. The result of the misrouting of the affidavits has been significant delays in the processing of these misdirected affidavits by carriers. Physicians and practitioners were instructed where to send the affidavit in the November 1997 ''Dear Doctor'' letter. That letter was sent to all physicians and practitioners who had submitted claims to Medicare within the previous year.

Moreover, the comments reflect several misunderstandings. First, the number of M+C organizations has no relationship to the number of affidavits to be filed, because an M+C organization is not a Medicare carrier. M+C organizations will acquire information on physicians and practitioners who have opted-out through mutually agreed upon arrangements with carriers.

Also, when a physician furnishes care to a Medicare beneficiary who lives much of the time in another State, the physician files the Medicare claim with the carrier that has jurisdiction over the claims for the services furnished in the physician's or practitioner's Medicare locality. For example, when a physician in Jacksonville treats a Medicare beneficiary who resides most of the time in Detroit, the physician files the claim with the carrier who processes claims for services furnished in Jacksonville, not with the carrier who processes claims for services furnished in Detroit. Hence, the physician would file the affidavit with the carrier for Jacksonville, not with the carrier for Detroit.

We recognize that this process could be more streamlined. Therefore, we are considering ways to simplify it for physicians, practitioners, carriers, and M+C organizations, and would welcome suggestions on this subject.

Comment: A commenter asked for specific guidance in the case of physicians and practitioners who have not filed claims with Medicare in the past 2 years.

Response: The physician or practitioner should file the affidavit with the carrier that has jurisdiction over claims for the services furnished in

the Medicare localities in which the physician furnishes services.

Requirements of Private Contracts (§ 405.415)

Need for a model contract

Comment: Some commenters wanted us to develop a model contract. They believed that it would help physicians and practitioners by ensuring that they maintain their opt-out status. They believed that a model contract would increase the probability that beneficiaries will understand the effects of the private contract.

Response: We agree. We plan to create boilerplate language that may be included with any other contractual document the physician or practitioner and beneficiary create. We plan to create boilerplate language as part of the development of manual instructions, after consultation with the physician, practitioner, and beneficiary communities.

Wording of the private contract

Comment: Commenters requested that we require that the wording of the private contract be plain and simple, and not reference law, regulations, or government instructions. They believed such references cause beneficiaries to cease reading documents.

Response: We agree that the wording of private contracts should be plain and simple. At the same time, a private contract is a binding legal document. Its purpose is to waive a beneficiary's right to have his or her government-sponsored insurance coverage pay for certain health services. It is unlikely that a sensible and intelligent contract on this issue could be developed without a reference to law or regulation. Therefore, we are not prohibiting inclusion of references to law and regulations because such references may be necessary. However, contracts could have references to law or regulations and still be in plain and simple language.

Comment: Commenters requested that we require that the private contract specify that the beneficiary does not forego Medicare coverage for the services furnished by other physicians or practitioners who have not opted-out. In addition, commenters requested that the private contract specify that the beneficiary is not compelled to enter into private contracts that apply to other Medicare-covered services.

Response: We believed that these concerns were addressed in § 405.415(g) of the proposed rule. However, because of this comment, we have revised § 405.415(g), adding that the beneficiary must be advised that he or she is not compelled to enter into private contracts that apply to other Medicare-covered services furnished by other physicians or practitioners who have not opted-out. In addition, this and other terms a private contract should contain may be incorporated in boilerplate language that we plan to create after consulting with the physician, practitioner, and beneficiary communities. That boilerplate language could then be included as part of the private contract document.

Comment: Commenters requested that we require that the private contract contain wording that specifies that the private contract applies to all services by the opt-out physician or practitioner, including emergency and urgent care services, and that, therefore, Medicare will not pay for any services furnished by the opt-out physician or practitioner. Commenters indicated that this wording is needed, because many private contracts specify that the beneficiary will have to pay for certain services, wrongly implying that other services not identified in the contract will be paid by Medicare. If the beneficiary is misled by this wording, it increases the likelihood that he or she will sign the private contract without understanding the effect.

Response: We have revised § 405.415(c) to clarify that the private contract must state that the beneficiary understands that by signing the private contract, the beneficiary or his or her legal representative accepts full responsibility for payment of the physicians's or practitioner's charge for all services furnished by the physician or practitioner. We will consider the exact language to be used in the private contract as part of the development of the boilerplate private contract language.

Beneficiary's copy of the private contract

Comment: Commenters asked how far in advance must the physician or practitioner give the beneficiary a copy of the private contract as required by § 405.415(l).

Response: Under § 405.415(l), we proposed that the beneficiary receive a copy of the contract before receiving any services under the contract, but we did not require that this occur a specific duration of time before services are furnished under the contract. We only proposed that the beneficiary be in possession of the private contract, or a copy of the private contract, by the time services under the private contract are furnished. This is consistent with the policy we have in place under the interim operating instructions issued to carriers in November 1997, January 1998, April 1998, and July 1998.

Duration of retention of the private contract

Comment: Commenters requested that we require the opt-out physician and practitioner to retain the private contract for the duration of the longest statute of limitations in the relevant state jurisdiction, so it would be available to use in potential claims against the physician or practitioner. They believed that this would assist in settling disputes about whether a private contract was required.

Response: We proposed that the private contract be retained for the duration of the opt-out term to which it applies. However, we are aware that, for example, a particular physician's or practitioner's opt-out term may run from January 1, 1999 to December 31, 2001. In this example, a beneficiary could enter into a contract with that practitioner or physician in November 2001, and a dispute over the existence or validity of the contract could arise in January 2002. If the physician or practitioner disposed of the contract on December 31, 2001, the physician or practitioner would not have the contractual evidence in the subsequent dispute. However, because retention of the private contract would be to the practitioner's or physician's benefit, we believe that the contract would become part of the patient's permanent record. In addition, although the physician or practitioner might have disposed of his or her copy of the contract, the beneficiary should still have the copy of the contract the beneficiary was given when the beneficiary entered into the contract.

Private contract type size

Comment: Commenters indicated that they support the absence of specified requirements regarding size of the print in the private contract, but that the regulations should stipulate that the physician or practitioner and the beneficiary should reach mutual agreement on all aspects of the private contract.

Response: Implicit in the fact that both parties enter into a private contract is the notion that both parties have read, fully understand, and agree to the terms and provisions of the private contract.

Requirements of the Opt-Out Affidavis (§ 405.420) Reassignment Implications

Comment: Commenters wanted the proposed regulations to be revised to explicitly authorize continued reassignment of Medicare benefits for

services furnished by opt-out physicians and practitioners to community mental health centers (CMHCs). They believed that opt-out physicians and practitioners should be able to opt-out of Medicare for purposes of their private practices, but be able to remain in Medicare when they furnish services in other settings like CMHCs. That would allow the physician and practitioner to continue to furnish services to low income persons for which the CMHC could bill Medicare.

Response: We disagree. Under the law, when a physician or practitioner opts-out of Medicare, he or she signs an affidavit that promises that he or she will privately contract for all Medicare-covered services he or she furnishes to Medicare beneficiaries. Hence, the opt-out decision applies to all services furnished by the physician or practitioner, including those for which a CMHC bills and is paid by Medicare under a reassignment of benefits to the CMHC, a billing agent arrangement, or through an employment relationship. Except as discussed below, no payment may be made to the physician or practitioner or to the CMHC for the services of a physician or practitioner who has opted-out of Medicare.

The only exception occurs when a clinical social worker (CSW) who is recognized by Medicare as a practitioner provides services as part of a partial hospitalization program for which Medicare is paying the CMHC. In this case, the CMHC (and not the CSW) is the provider of a partial hospitalization service (not a CSW service) and the fact that the CSW opted-out of Medicare does not preclude payment for the partial hospitalization service.

Identifying Information

Comment: Commenters objected to the quantity of information that we proposed requiring in the affidavits. They believed that we have gone beyond what the law requires for the specific identifying information that must be provided. They requested that the proposed regulations be revised to require only a name, address, phone number, and one identifying number such as either the national provider identifier, the uniform provider identification number, or the tax identification number.

Response: We are sympathetic to these commenters concerns, but we believe that we have requested the minimum practical quantity of information be provided in the affidavit that we, and carriers, need to properly and uniquely identify opt-out physicians and practitioners. Given the possibility that a large number of physicians or practitioners could opt-out of Medicare, the potential for having confusion among physician or practitioners with the same name or business address is significant. This is especially true when the additional factors such as the prevalence of the use of billing agents and reassignments are considered.

We need sufficient information to ensure that no entity is billing on behalf of an opt-out physician or practitioner. We also need sufficient information to identify persons who have never been involved in the Medicare program. In addition, and most importantly from the physician's or practitioner's standpoint, we need what some physicians and practitioners may believe to be duplicate information to ensure that we have correctly identified the opt-out physician or practitioner and have not incorrectly assumed that a physician or practitioner has opted-out.

Failure to Properly Opt-Out (§ 405.430)

Difference Between Failing to Properly Opt-Out and Failing to Maintain Opt-Out

Comment: Commenters asked that we clarify the difference between failing to properly opt-out (§ 405.430) and failing to maintain opt-out (§ 405.435).

Response: Failure to properly opt-out means failure to meet the criteria that change a physician's or practitioner's status, from a physician or practitioner who is bound by the Medicare claims filing rules and limits on charges (that is, participating or nonparticipating), to a physician or practitioner who is no longer bound by Medicare claims filing and limits on charges and must privately contract with Medicare beneficiaries (that is, an opt-out physician or practitioner). The effects of failing to properly opt-out as specified in § 405.435(b) are the same conditions that existed before the private contract provisions of section 4507 of the BBA were effective. These conditions continue to exist for all physicians and practitioners who do not properly opt-out by meeting all of the requirements of these rules. A physician or practitioner who has never filed an affidavit is bound by the rules in § 405.430(b) because he or she has not properly opted-out.

Failing to maintain opt-out means failure to continue to comply with the requirements of properly opting-out, but only after having properly opted-out. A physician or practitioner who has opted-out by meeting the requirements of § 405.410, but who fails to continue to meet one of the requirements specified in § 405.435(a), has failed to maintain opt-out and is subject to the effects of § 405.435(b).

Beneficiary rights when a physician or practitioner does not properly opt-out

Comment: Commenters asked that we specify the beneficiary's rights when the physician or practitioner fails to properly opt-out. Specifically, are beneficiaries entitled to refunds for services furnished under private contracts? If the answer is yes, are the refunds based on Medicare rules, and does the pre-opt-out or post opt-out status (participating versus nonparticipating) control the payment?

Response: Beneficiary rights when a physician or practitioner fails to properly opt-out are specified in § 405.430(b). However, we realize that the proposed rule failed to indicate that a participating physician in Part B of Medicare who has not properly opted-out may not charge more than the deductible and coinsurance that applies to the service furnished because, in the absence of the physician properly opting-out of Medicare, the participation agreement to accept assignment on all claims continues to apply. We have made the relevant change to this section.

Repeated attempts to opt-out

Comment: Commenters asked us to clarify what happens when the physician or practitioner fails to properly opt-out. Does a participating physician have to wait until the next calendar quarter to properly opt-out? Commenters wanted the regulations to specify that all attempts to properly opt-out must meet the same criteria as if no opt-out attempt had occurred.

Response: A physician or practitioner who fails to properly opt-out continues to be bound by the Medicare claims filing and charge limit rules identified in § 405.430(b). However, he or she may make an unlimited number of attempts to properly opt-out at any time. We believe that the regulations are clear that the criteria for properly opting-out as specified in § 405.410 must be met for the physician or practitioner to opt-out.

Failure to Maintain Opt-Out (§ 405.435)

Inclusion of failure to enter into a private contract as a failure to maintain opt-out

Comment: Some commenters requested that the regulations specify that the failure of a physician or practitioner who has properly opted-out to privately contract with a beneficiary to furnish services, that are not emergency or urgent care services, is a failure to maintain opt-out. In those

cases, the commenters wanted the penalties for failure to maintain opt-out to apply.

Response: We agree and have revised § 405.435(a). Failure to enter into a private contract with a beneficiary who requires services that are neither emergency nor urgent care services is now a condition that results in the physician or practitioner failing to maintain opt-out as specified in § 405.435(a)(5). Commenters have provided information about situations in which physicians and practitioners who opted-out of Medicare failed to enter into private contracts with beneficiaries who did not need emergency or urgent care services. Those beneficiaries subsequently learned that they would be wholly liable for the physician's or practitioner's charges because they had opted-out of Medicare. We believe that failing to privately contract after promising to do so in the affidavit clearly violates the intent of the law. That intent, we believe, is to ensure that beneficiaries have entered into private contracts before they assume liability for payment of furnished services without regard to charge limits.

Medicare payment when the beneficiary has not entered into a private contract

Comment: Some commenters requested that we require that when the opt-out physician or practitioner fails to enter into a private contract before furnishing services that are not emergency or urgent care services, the beneficiary be reimbursed by Medicare. In addition, the physician or practitioner would have to refund to the beneficiary any amount in excess of the limiting charge. Commenters indicated that this would parallel longstanding policy in which Medicare pays the first claim submitted by an excluded physician or practitioner.

Response: We have revised § 405.435 to add failure to enter into a private contract as a failure to maintain opt-out. Under these provisions, the physician or practitioner would be required to refund amounts in excess of the charge limits under the limited terms described in § 405.435(b). Under those terms, where a carrier notifies a physician or practitioner that he or she appears to have failed to maintain opt-out, the physician or practitioner would have 45 days to respond to the carrier with the good faith efforts that he or she has taken to resolve the problem. In cases in which the physician or practitioner did not sign private contracts, those good faith efforts would have to include refunds to those beneficiaries of amounts in excess of the charge limits (that is, the limiting charge for physicians, and deductible and coinsurance for practitioners). Where a carrier notified a physician or practitioner that there was an apparent failure to maintain opt-out and he or she did not respond within 45 days with an explanation of how the problem was or would be solved, the charge limits would apply after the 45th day, resulting in refund of excess amounts if any are collected for the remainder of the opt-out period. Where the physician or practitioner responded to the carrier notice and resolved the problem, no refunds would be required and the opt-out would continue unaffected.

In addition, we have added § 405.435(c), which specifies that payment may be made to beneficiaries in a similar manner as payment made to beneficiaries who receive services from physicians and practitioners who are excluded from Medicare by the Office of the Inspector General (OIG).

Under a longstanding exclusion provision at 42 CFR 1001.1901(c), payment may be made to a beneficiary who has not been notified of the physician's exclusion, for the first claim submitted by the enrollee. Payment to the beneficiary may also be made for services received by the beneficiary no more than 15 days after the date of the carrier's notice to the beneficiary that the physician has been excluded from Medicare. Therefore, in § 405.435(c), we have included similar provisions with respect to physicians and practitioners who have opted-out of Medicare, but failed to enter into private contracts before furnishing services that are not emergency or urgent care services.

We agree with the commenters that it is not fair to deny beneficiaries reimbursement for otherwise allowable services when they had no reason to believe that Medicare would not pay for the furnished services. We should point out, however, that as a practical matter, payment to the beneficiary will probably be made after denial of the beneficiary's claim and as part of the appeal process. In other words, the beneficiary's claim initially would be denied on the basis that the physician or practitioner opted-out. Should the beneficiary then appeal on the basis that he or she did not enter into a contract with the physician or practitioner, and should the physician or practitioner fail to produce documentation that there was a contract, the beneficiary's appeal would be allowed and the claim would be paid.

Comment: Commenters objected to any recovery of payment from the physician or practitioner when the physician or practitioner failed to maintain opt-out, because he or she failed to enter into a private contract with the beneficiary before furnishing services that were not emergency or urgent care services.

Response: As discussed above, we have revised § 405.435 to define failure of an opt-out physician or practitioner to enter into a private contract as being a failure to maintain opt-out. When a carrier notifies an opt-out physician or practitioner that he or she appears to have failed to maintain opt-out by not entering into a private contract, he or she may continue to opt-out if he or she makes good faith efforts at fixing the problem that led to the failure to maintain opt-out and notifies the carrier of these efforts within 45 days of the carrier notice. When a physician or practitioner appears to have failed to maintain opt-out by not entering into a private contract with a Medicare beneficiary (except in emergency or urgent care cases), these good faith efforts should include refunding amounts collected in excess of applicable charge limits (that is, limiting charge for physicians and deductible and coinsurance for practitioners) to beneficiaries. Where the physician or practitioner makes good faith efforts to correct the problem he or she would not be subject to the consequences of failing to maintain opt-out. However, if he or she does not make good faith efforts to fix the problem that resulted in violating the opt-out, the consequences of § 405.435(b) would apply.

Treatment of incidental failure to maintain opt-out

Comment: Some commenters indicated that the first time the carrier becomes aware that a physician or practitioner failed to enter into a private contract before furnishing services that were not emergency or urgent care services, there should be a presumption that there was an isolated error. They believed in those cases that no adverse consequences should occur to the physician or practitioner. Some commenters stated that there should be a process for dealing with physicians and practitioners who demonstrate a pattern of failing to enter into private contracts with beneficiaries, before furnishing services that are not emergency or urgent care services.

Response: We agree that, as written, an isolated error causes the physician or practitioner to fail to maintain opt-out. We also recognize that isolated errors will occur and should not result in the consequences provided in § 405.435(b). We accommodated this concern in our operating instructions to carriers. Consequently, we have revised the

regulation at § 405.435(b). We have limited the effects of failing to maintain opt-out when the physician or practitioner has failed to maintain opt-out in accordance with the provisions of § 405.435(a), by failing to make a good faith effort to advise carriers regarding how they will correct violations of opt-out within 45 days of the date a carrier brings those violations to their attention. This change comports with the current operating procedures in place when a physician or practitioner submits a claim for Medicare payment in violation of the affidavit, in which he or she promised not to submit claims.

Payment to physicians and practitioners when they fail to maintain opt-out

Comment: Commenters indicated that it is unclear whether the physician or practitioner would be paid anything for the services they furnished if they fail to maintain opt-out. Commenters objected to what they view as provisions that prevent them from collecting more than the deductible and coinsurance if the physician or practitioner fails to maintain opt-out.

Response: Physicians and practitioners who have opted-out and who fail to maintain opt-out are not precluded from collecting payment from the beneficiary. But if they failed to privately contract with a beneficiary (other than in an emergency or urgent care case), they may have to refund amounts in excess of the applicable charge limits to those beneficiaries with whom they failed to privately contract in order to preserve their opt-out status.

Specifically, under § 404.435(b) when a physician or practitioner fails to maintain opt-out, he or she is given 45 days after a notice from the carrier to respond with a description of the good faith efforts that he or she has made to correct the problem that led to the failure to maintain opt-out. If the failure to maintain opt-out was caused by the physician's or practitioner's failure to privately contract with a beneficiary (other than one in need of emergency or urgent care), then the good faith efforts would include refunding to that beneficiary amounts collected in excess of the applicable charge limits (that is, the limiting charge in the case of physicians, and the deductible and coinsurance in the case of practitioners). If the physician or practitioner does not respond with a description of the good faith efforts taken to resolve the problem that led to the failure to maintain opt-out, then the provisions of § 405.435(b) apply after the 45th day after the carrier notice and the physician or practitioner become again required to submit claims and are bound by the applicable charge limits (that is, the limiting charge in the case of physicians, and the deductible and coinsurance in the case of practitioners) for the rest of the opt-out period.

Medicare inspection of private contracts

Comment: Commenters stated that a very high threshold should be met before we are allowed to inspect private contracts. Commenters wanted the regulations to specify that we would be allowed to inspect private contracts only if the request is reasonable and does not interfere with the delivery of services. Commenters wanted the regulations to require that we obtain beneficiary consent before asking to see the private contract. Otherwise, they believed it is a violation of privacy. Some commenters indicated that when it is alleged that a physician or practitioner opted-out but did not enter into private contracts before furnishing services that are not emergency or urgent care services, settlement of the case should be on a case-by-case basis by the appeal process.

Response: We anticipate that we will request to see private contracts rarely, and only in cases where a beneficiary alleges that he or she did not enter into a private contract before the service was furnished. We anticipate we will have the consent of the beneficiary, or his or her legal representative, to acquire a copy of the private contract from the physician or practitioner who alleges that one was entered into, and that the contract will be requested as part of the processing of an appeal of a denial of a claim for services.

Application of effects of failure to maintain opt-out

Comment: Commenters objected to considering the provisions of §§ 405.435(a)(2), (3), and (4) to be a failure to maintain opt-out resulting in the adverse effects of § 405.435(b). Commenters believed that the statute provides for the adverse effects in § 405.435(b) only if the physician or practitioner who has opted-out submits a claim for Medicare payment. In addition, they believed that we have exceeded what the law permits by providing adverse consequences in these other cases:

- The physician or practitioner fails to use private contracts that meet the requirements of § 405.435(a)(2).
- The physician or practitioner fails to comply with the emergency and urgent care rules as specified in § 405.435(a)(3).
- The physician or practitioner fails to keep a copy of a private contract or fails to permit us to review contracts on request as specified in § 405.435(a)(4).

In these cases, commenters believed that nothing supports applying the penalties of § 405.435(b) for failing to maintain opt-out, and they objected that we do not apply the knowing and willful test in these cases.

Response: We believe that under general rulemaking authority, we have the authority to impose the requirements we believe are necessary to implement the law in a manner that conforms with the intended effect. We believe that it would be inconsistent with the intent of the law if we could not ensure that—(1) private contracts adequately protect beneficiaries who enter into them; (2) emergency and urgent care services are provided without the patient being asked to enter into a private contract; and (3) a private contract is available for review when an appeal is based on the allegation that a contract was not entered into.

Comment: Commenters wanted the regulations to specify that when the physician or practitioner who has opted-out fails to maintain opt-out, the physician or practitioner must refund amounts collected in excess of the limiting charge for services he or she furnished before the failure to maintain opt-out occurred.

Response: We have not made this change. When a physician or practitioner has properly opted-out, he or she is not limited in what he or she can collect from the beneficiary for services furnished during the period in which he or she has properly opted-out.

As discussed previously, to avoid the consequences of failing to maintain opt-out, the physician or practitioner must respond within 45 days after the carrier notice with good faith efforts to resolve the problem (including refunding to the beneficiary amounts in excess of the charge limits where the physician or practitioner failed to enter into a private contract with a beneficiary who did not need emergency or urgent care). However, if the physician or practitioner does not respond within 45 days with good faith efforts to maintain opt-out, he or she becomes bound by the consequences of failing to maintain opt-out (including applicable charge limits), but only for services furnished in the remainder of the opt-out period—not for services furnished while he or she was in compliance with the opt-out.

Emergency and Urgent Care Services (§ 405.440)

Disagreements about emergency or urgent care services

Comment: Commenters asked what will happen if the physician or practitioner furnishes services that they believe are emergency or urgent care services, but the carrier disagrees. Will the physician or practitioner be subjected to any penalties for failure to privately contract? Commenters believed that this is particularly problematic in instances of furnishing urgent care services, when the carrier or M+C organization believes those services could wait more than 12 hours, but the physician or practitioner disagrees. There should be some protection for the physician or practitioner who believes that the proper categorization of the needed furnished services was urgent care, even if the physician or practitioner loses on appeal.

Response: We believe that changing the definition of emergency care, from the ''anti-dumping'' definition specified at § 489.24 to the ''prudent layperson'' standard specified at § 422.2, will offer more protection to physicians and practitioners who are presented with a beneficiary who believes he or she is in need of emergency or urgent care services. Therefore, we have revised the text of emergency care services to mean ''services furnished to an individual for treatment of an 'emergency medical condition' as that term is defined in § 422.2 of this chapter.''

Comment: Commenters asked what oversight processes we will use to ensure that physicians and practitioners that opt-out do not abuse their ability to see patients without private contracts. The commenters were concerned that beneficiaries may be left unprotected if Medicare disagrees with the physician's or practitioner's view that the services were emergency medical care or urgent care services. They were also concerned that beneficiaries who believe that they need emergency medical care or urgent care services may be coerced by physicians or practitioners to enter into private contracts. The reason for that coercion would be to protect the physician or practitioner from potential conflict with the carrier, if the physician or practitioner does not believe that the patient needs emergency medical care or urgent care services.

Response: Section 1802(b)(2)(A)(iii) of the Act is clear that a physician or practitioner cannot enter into a private contract with a beneficiary if the private contract is entered into when the beneficiary is facing an emergency or urgent health care situation. We also extend this analysis to mean that, in case of a beneficiary emergency, the beneficiary's legal representative cannot enter into a private contract on the beneficiary's behalf. Because we are adopting the prudent layperson standard the test would be whether the beneficiary is a prudent layperson, and whether a prudent layperson would have thought he or she was facing an emergency or urgent health care situation under the particular circumstances involved.

Renewal and Early Termination of Opt-Out (§ 405.445)

Early termination of opt-out

Comment: Commenters asked that we clarify whether a physician or practitioner who opted-out but then completed an early termination of opt-out, may reapply for a subsequent opt-out period. They also asked that we also identify what notice he or she must give to the beneficiary.

Response: A physician or practitioner who opted-out of Medicare and completed an early termination of opt-out may reapply for a subsequent opt-out period under the same terms, including the same beneficiary notice terms, that would apply if he or she had not opted-out and then terminated opt-out.

We would note, however, that a physician or practitioner can terminate opt-out early only once. Therefore, if a physician or practitioner opts-out, then executes an early termination of opt-out, and then submits a second affidavit opting-out again, he or she will not be permitted early termination of that or any subsequent opt-out. We expect that a single early termination of opt-out will be sufficient to meet the needs of a physician or practitioner who has opted-out and decides that it was a mistake. Moreover, permitting more than one early termination of opt-out would be very difficult for carriers' systems to accommodate and would impose a costly systems burden to them (and to Medicare).

Comment: Commenters asked what participation status applies to a physician or practitioner who completes early termination of opt-out. In addition, they asked what payment status (participating versus nonparticipating) applies to service charges for services furnished during the aborted opt-out period.

Response: When a physician or practitioner terminates opt-out early, he or she resumes the participation status that existed before he or she opted-out. That participation status would apply to the service furnished during the shortened opt-out period.

Medicare+Choice Organizations (§ 405.450)

Acquisition of information on opt-out physicians and practitioners by Medicare+Choice organizations

In § 405.455, we indicate that M+C organizations may not pay for services of physicians or practitioners who opt-out of Medicare under these rules. We also specify that M+C organizations must acquire the information needed to implement this requirement from Medicare carriers that have jurisdiction over the claims in the areas the M+C organization serves.

We recognize that this approach for acquiring this information may not be optimal and we want to streamline it. We welcome suggestions on the specific information M+C organizations need to implement these rules and the most efficient means by which they could receive it.

C. Payment for Outpatient Rehabilitation Services

The term outpatient rehabilitation therapy encompasses outpatient physical therapy (including speech-language pathology) and outpatient occupational therapy.

1. BBA 1997 Provisions Affecting Payment for Outpatient Rehabilitation Services

a. Reasonable Cost-Based Payments. Section 4541(a) of BBA 1997 added new section 1834(k) to the Act. Section 1834(k)(2) establishes a 10-percent reduction in the reasonable cost of therapy services furnished during 1998. The 10-percent reduction does not apply to outpatient therapy services furnished by hospitals. In accordance with this provision, we have revised our policy to make payment for outpatient rehabilitation services furnished during 1998 based upon the lesser of the charges imposed or the reasonable cost determined for such services, reduced by 10 percent. The 10-percent reduction does not apply to outpatient physical therapy or occupational therapy services furnished by a hospital to an outpatient or to a hospital inpatient entitled to benefits under Part A but who has exhausted benefits or is otherwise not in a covered Part A stay.

As stated in our proposed rule, the salary equivalency guidelines will remain in effect until all BBA provisions regarding a prospective payment system for outpatient rehabilitation services are implemented. The prospective payment system, which is effective for services

furnished on or after January 1, 1999, removes the need for salary equivalency guidelines because providers will no longer be paid on a reasonable cost basis for their therapy services. The salary equivalency guidelines were a tool used to determine the reasonable cost of therapy services provided by practitioners other than physicians.

Comment: We received several comments stating that the 10-percent payment reduction may cause certain small providers to cease operations or cease providing services to Medicare beneficiaries. The commenters also stated that the Congress did not adequately consider the impact of the 10-percent reduction on small providers and that the Congress was misled.

Response: The 10-percent payment reduction is required by BBA.

b. Prospective Payment System for Outpatient Rehabilitation Services.

(1) Overview

Section 4541 of BBA adds a new section 1834(k) to the Act that provides for a prospective payment system for outpatient rehabilitation services and all services provided by CORFs. The prospective payment system is effective for services furnished on or after January 1, 1999. Section 1834(k)(1)(B) of the Act provides for payment for those services to be made at 80 percent of the lesser of (1) the actual charge for the services, or (2) the applicable fee schedule. Section 1834(k)(2) defines the applicable fee schedule amount as the amount determined under the physician fee schedule, or, if there is no such fee schedule established for those services, the amount determined under the fee schedule established for comparable services as specified by the Secretary.

The physician fee schedule is currently applied to certain outpatient rehabilitation therapy services. It is now the basis of payment for outpatient rehabilitation services furnished by physical therapists in independent practice (PTIPs) and occupational therapists in independent practice (OTIPs), physicians, and certain nonphysician practitioners or incident to the services of these physicians or nonphysician practitioners. The physician fee schedule has been the method of payment for outpatient rehabilitation therapy services provided by such entities for several years. As discussed in our proposed rule, fee schedule payment will now apply when outpatient physical therapy, occupational therapy, and speech-language pathology services are furnished by rehabilitation agencies, public health agencies, clinics, SNFs, home health agencies for beneficiaries who are not eligible for home health benefits because they are not homebound or to homebound beneficiaries who are not entitled to home health benefits, hospitals (when such services are provided to an outpatient or to a hospital inpatient who is entitled to benefits under Part A but who has exhausted benefits, or is not entitled), and CORFs. The fee schedule also applies to outpatient rehabilitation services furnished under an arrangement with any of the cited entities that are to be paid on the basis of the physician fee schedule. The fee schedule will not apply to outpatient rehabilitation services furnished by critical access hospitals. Under section 1833 of the Act as amended by section 4541 of BBA, these services will be paid on a reasonable cost basis.

Comment: We received one comment in support of delaying the implementation of a prospective payment system for outpatient rehabilitation services until April 2000 because implementation of the hospital outpatient prospective payment system is being delayed. The commenter stated that a delay would provide sufficient time for HCFA to develop a site-of-service differential and, at the same time, would allow for implementation of all revisions to hospital outpatient billing. It was also noted that hospitals are faced with Year 2000 (Y2K) problems as well and that the piecemeal implementation of outpatient regulations adds to the already daunting Y2K task.

Response: We disagree that development of a site-of-service differential for outpatient rehabilitation services is a rational basis for seeking to delay implementation of a prospective payment system for outpatient rehabilitation services because as we noted in our proposed rule, we find no legislative basis for making such a payment differential. On the other hand, we are sensitive to the commenter's concerns about the Y2K system compliancy challenges confronting hospitals and their need to effectively and efficiently renovate their systems. We face similar challenges and have therefore, to delay implementation of certain BBA provisions such as the hospital outpatient PPS to which the commenter refers. However, we will not be delaying implementation of the outpatient rehabilitation PPS. Implementation of hospital outpatient PPS must be delayed by the year 2000 system renovations because it requires massive system changes. Major contractor systems will be affected and the consequence of these required changes to the basic systems will be to change the entire way fiscal intermediaries process and pay hospital outpatient and community mental health claims (These latter claims will be paid under the hospital outpatient PPS).

By contrast, implementation of the fee schedule provision for outpatient rehabilitation services does not require that we develop an entirely new system or even undertake extensive reprogramming of the existing system in order to accommodate the new entities such as CORFs and rehabilitation agencies that will bill under this system. Basically, we can implement the fee schedule provision because it involves extending billing under an existing system (the physician fee schedule) to additional practitioners and services.

However, extension of the two $1,500 outpatient financial limitations or caps on a per-beneficiary basis as proposed in our June 5, 1998 rule requires considerable new programming that we are not able to undertake concurrent with our Y2K efforts. Therefore, we are delaying *full* implementation of the caps, effective January 1, 1999. We will implement them as discussed in our proposal as soon as possible after January 1, 2000.

Effective January 1, 1999, we will begin employing a transitional approach to implementing the caps on a provider/practitioner specific basis. This approach, will require each provider/practitioner not subject to the current limitations to cap their Medicare billings at $1,500 per beneficiary. We describe this partial implementation measure elsewhere in this rule under the section on financial limitations.

(2) Services Furnished by Skilled Nursing Facilities

Section 4432(a) of BBA added a new subsection(e) to section 1888 of the Act to establish a prospective payment systems for SNFs. Under the statute, effective for cost reporting periods beginning on or after July 1, 1998, Medicare pays for covered Part A SNF stays on the basis of prospectively determined payment rates that encompass all costs of ''covered SNF services'' furnished to an SNF resident. The statute defines covered SNF services to include (1) post-hospital extended care services paid for under Part A, and, (2) certain services that may be paid under Part B and that are furnished to SNF residents receiving covered post-hospital extended care services. Section 1888(e)(2) provides for exclusion of specific services from the definition of covered SNF services, but the statute explicitly states that the exclusions do not encompass ''any

physical, occupational or speech-language therapy services regardless of whether or not the services are furnished by, or under the supervision of, a physician or other health care professional.'' Thus, if an SNF resident is in a covered Part A stay, therapy services furnished to the SNF resident are encompassed in the PPS payment and Medicare does not make a separate Part B payment.

Under the new payment system for SNF inpatient services, and consistent with current policy (which applied before enactment of BBA), services furnished to SNF residents that are not covered under Part A may nevertheless be covered under Part B. Section 4432(b) of BBA amended section 1842(b)(6) of the Act to require that payment for most services furnished to an individual who is a resident of an SNF, including outpatient rehabilitation services, be made to the facility (without regard to whether the service was furnished by the facility, by others under arrangement with the facility, or under any other arrangement). When the services are not being furnished directly, the facility then pays the provider of therapy services. The consolidated billing provision was scheduled to be effective for services furnished on or after July 1, 1998. However, due to systems modification delays in implementing SNF consolidated billing, instructions in Program Memorandum (PM) AB–98–18 dated July 1998, as they apply to services and supplies furnished to residents in a Part A stay in an SNF not yet on the PPS and to the Part B stay (Part A benefits exhausted, posthospital or level of care requirements not met), are delayed until further notice. We announced this decision in a subsequent Program Memoranda, that is, PM AB–98–35 dated July 1998.

Section 4432(b)(3) of BBA added a new paragraph (9) to section 1888(e) of the Act to provide that, with respect to a service covered under Part B that is furnished to an SNF resident, the amount of payment for the service is the amount provided under the fee schedule for such item or service. This provision must be read in conjunction with the provisions of section 4541 of BBA. Section 4541 added a new section 1833(a)(8) to specify that the amounts payable for outpatient rehabilitation services furnished by an SNF will be the amounts determined under section 1834(k) of the Act. Section 1834(k) of the Act provides that payment in 1998 is to be based on the lesser of the charges imposed for these services or the adjusted reasonable costs and, in 1999 and thereafter, 80 percent of the lesser of the actual charge for the service or the physician fee schedule. Thus, as discussed in our proposed rule, we have revised our policy so that Part B services furnished to a SNF inpatient (Part A benefits exhausted, posthospital or level of care requirements not met) remain payable on a reasonable cost basis until January 1, 1999. Effective January 1, 1999, the services will be paid in accordance with the physician fee schedule.

The physician fee schedule amount applicable to services furnished in a nonfacility setting will apply to the Part B services to inpatients (Part A benefits exhausted, posthospital or level; of care requirement not met) and other outpatient rehabilitation services furnished by the SNF. The nonfacility amount applies because the consolidated billing provision requires that the SNF be directly paid for the entire therapy service (including facility costs) based on the physician fee schedule. This is in contrast to the amount applicable to physician services, excluding outpatient rehabilitation services, billed for SNF residents. In this case, the physician payment is not intended to cover the facility costs associated with the service and the fee schedule amount applicable to services furnished in a facility applies. Through PM AB–98–63 dated October 1998, we advised our fiscal intermediaries to require SNFs to bill Medicare directly for all outpatient therapy services provided to their SNF residents in a noncovered Part A stay and to the their nonresidents covered under Part B.

(3) Services Furnished by Home Health Agencies

Section 1833(a)(8)(A) applies the physician fee schedule to outpatient rehabilitation services furnished by an HHA to an individual who is not homebound. Most outpatient rehabilitation services furnished by an HHA under section 1861(s)(2)(D) of the Act is to individuals who are not homebound. The likelihood is great that most individuals who are homebound and are receiving physical therapy, speech-language pathology, or occupational therapy are entitled to home health benefits. However, there may be some individuals who are homebound and have not required a qualifying service for home health benefits but who need occupational therapy services. If provided by an HHA, these services could be provided under section 1861(s)(2)(D) of the Act. Although section 4541 of BBA did not expressly address these services, the statute allows them to be remain payable on a reasonable cost basis under section 1861(v)(1) of the Act. All other services furnished by the HHA will be paid under a prospective payment system. (Implementation of an HHA prospective payment system that was scheduled to take effect October 1, 1999 has been delayed due to our Y2K compliancy efforts.) Section 1861(v)(1) provides that the reasonable cost of any service is the cost actually incurred, excluding any costs unnecessary to the efficient delivery of needed health services.

Section 1861(v)(1) also allows, use in determining reasonable cost, to provide for the use of estimates of cost for particular items and services. In enacting section 4541 of BBA, the Congress determined that payment in the amounts dictated by the physician fee schedule represents the appropriate level of payment for outpatient rehabilitation services provided by HHAs to certain non-homebound beneficiaries who do not qualify for the HHA benefit. (Of course, pursuant to section 4541, this payment level applies to all suppliers of rehabilitation services enumerated in the provision.) The Congress has, thus, evinced its view that payment at the fee schedule level adequately compensates HHAs for their expenses for this group of services. We believe that the Congress' determination in this case forms a basis for us to find that this level of payment represents an acceptable estimate of the expenses of providing rehabilitation services to other, homebound beneficiaries receiving services from HHAs, but also not eligible for the HHA benefit. Thus, we are applying the fee schedule payment level as our estimate of the reasonable costs of these services for these beneficiaries receiving outpatient rehabilitation services and not eligible for HHA benefits. Therefore, § 413.125 is modified to provide that effective for services furnished on or after January 1, 1999, the reasonable cost of outpatient rehabilitation services furnished by an HHA to homebound patients who are not entitled to home health benefits may not exceed the amounts payable under the fee schedule.

(4) Services Furnished by Comprehensive Outpatient Rehabilitation Facilities

Section 4541(a)(1) of the BBA adds a new section 1832(a)(2)(D)(9) to the Act to provide that all services furnished by a CORF, not just outpatient rehabilitation services, will be paid the applicable fee schedule amount. In cases in which there is no physician fee schedule amount for the services, section 1834(k) of the Act specifies that

the applicable fee schedule amount will be the amount established for comparable services as specified by the Secretary. Therefore, we revised our policy so that the existing fee schedules for prosthetic and orthotic devices, durable medical equipment, and supplies, and drugs and biologicals apply when these services are furnished by a CORF. We believe that these fee schedules, together with the physician fee schedule, will encompass all CORF services other than nursing services. The physician fee schedule amount applicable to services furnished in a nonfacility setting will apply to the services furnished by the CORF since no separate payment will be made for facility costs.

To establish a fee schedule amount for nursing services delivered within a CORF, we created a new HCPCS code, G0128. We have defined this code as direct face-to-face skilled nursing services delivered to a CORF patient as part of a rehabilitative plan of care. It is a timed code and can be billed for 10-minute intervals (when the initial interval is longer than 5 minutes). G0128 is to be used for services that are not included in the work or practice expense of another therapy or physician service. An example might be a nurse who spends 33 minutes instructing a patient in the proper procedure of ''in and out'' urethral catheterization; in this situation, 3 units of G0128 would be billed. We are setting the RVUs for this code at 0.26, based upon half the value of the lowest level physician follow-up visit, HCPCS code 99211, in the nonfacility setting. This results in a payment that is slightly more than the average wage reported by the Bureau of Labor Statistics (BLS) for registered nurses, inflated to reflect benefits and overhead (using the fringe benefit and expense factor used to establish the salary equivalency guideline).

Comment: One commenter supported the use of the nonfacility physician fee schedule for therapy services performed in an SNF and CORF; however, clarification was requested as to whether the facility or the nonfacility physician fee schedule will be used for hospital outpatient departments.

Response: The physician fee schedule payment amount applicable to outpatient rehabilitation services furnished by hospitals is the same as that for SNFs, CORFs, and other outpatient rehabilitation providers. That is, hospitals will be paid for these services under the nonfacility component of the physician fee schedule.

(5) Site-of-Service Differential

We did not propose a site-of-service differential for providers of outpatient rehabilitation services as suggested by some of the providers prior to publication of our proposed rule. That is, we did not propose a payment amount greater or lesser than that provided by the physician fee schedule for some of the types of providers or sites at which outpatient rehabilitation services are furnished.

As explained in our proposed rule, the law requires that these services be paid the amount determined ''under the fee schedule established under section 1848.'' Furthermore, we believe higher payment amounts for certain facilities, such as CORFs or rehabilitation agencies, would create payment incentives that favor one site or setting over another. We believe the statute establishes a ''level playing field'' for these services. We find no directive in the statutory language or legislative history that we recognize higher costs that some providers argue might be associated with furnishing services in a provider setting. To the extent that CORFs or rehabilitation facilities provide services to patients who need additional care, CORFs or rehabilitation facilities may bill for additional, medically necessary services. For these reasons, we are not revising our policy to allow for a site of service adjustment or higher payment amount for specific settings.

Comment: One commenter believes the work RVU should be the same regardless of setting; however, the commenter contends that the practice expense component may differ among the settings. The commenter states that the impact of any unique regulatory requirements among settings on the cost of furnishing services should be determined.

Response: As stated above, we find no statutory or legislative basis for recognizing a distinct payment differential that is site specific. Therefore, we are not revising our policy to allow for a payment differential among settings.

(6) Mandatory Assignment

Section 1834(k)(6) of the Act, as added by BBA, establishes a restraint on billing for outpatient rehabilitation therapy services; that is, this provision requires that services paid under section 1834(k) of the Act are subject to mandatory assignment under the same terms applicable to practitioners under section 1842(b)(18) of the Act. Therefore, we have revised our policy in accordance with this provision to require mandatory assignment for services provided under the outpatient rehabilitation prospective payment system by hospitals, SNFs, HHAs, rehabilitation agencies, public health agencies, clinics, and CORFs. The mandatory assignment provision does not apply to therapy services furnished by a physician or ''incident to'' a physician's service or to services furnished by a physical therapist in private practice or an occupational therapist in private practice. However, when these services are not furnished on an assignment-related basis, the limiting charge applies.

2. Uniform Procedure Codes for Outpatient Rehabilitation Services

Section 4541(a)(2) of BBA added section 1834(k)(5) to the Act. This new statutory provision requires that claims submitted on or after April 1, 1998 for outpatient physical therapy services, including speech language pathology services and outpatient occupational therapy services, include a code under a uniform coding system that identifies the services furnished.

The uniform coding requirement is needed to ensure proper payment under the physician fee schedule. Hospitals, SNFs, HHAs (for individuals who are not eligible for home health services), CORFs, and outpatient physical therapy providers must use HCPCS codes to report outpatient rehabilitation services when furnished to their outpatients. Hospitals and SNFs that provide outpatient rehabilitation services to their inpatients who are entitled to benefits under Part A but who have exhausted their benefits for inpatient services during a spell of illness or to their inpatients who are not entitled to benefits under Part A are also required to report HCPCS codes.

In March, 1998, we issued Program Memorandum AB–98–8 which describes the coding for outpatient rehabilitation services and identifies certain HCPCS codes available for billing by CORFs that are not generally rehabilitation services, including vaccinations and nursing services. This memorandum also specifies how these codes will be reported on the UB–92. We assigned the various codes to revenue centers, that is, physical therapy, occupational therapy, and speech-language pathology, for purposes of applying the financial limitation described below. Assigning codes to revenue centers was not intended to limit the scope of practice or range of procedures that could be furnished by therapists in a particular discipline. We recognize that many therapy services, for example, physical therapy

modalities or therapy procedures as described by HCPCS codes are commonly delivered by both physical and occupational therapists. Other services may be delivered by either occupational therapists or speech-language pathologists.

Therefore, in July 1998, we issued PM A–98–24 which in effect constituted a reissuance of PM A–98–8 in its entirety. PM A–98–24 was intended, in part, to clarify PM AB–98–8 regarding the reporting of HCPCS codes for outpatient rehabilitation and CORF services and to instruct fiscal intermediaries to eliminate edits installed to match revenue centers to outpatient rehabilitation HCPCS codes in order to cap therapy services. HCFA did not intend for such edits to be installed and employed. Thus, PM A–98–24 instructed fiscal intermediaries to eliminate the edits for services furnished on or after October 1, 1998. However, in response to industry concerns, on August 6, 1998, we issued a memorandum to all fiscal intermediaries advising them to remove immediately any coding edits imposed to match outpatient rehabilitation HCPCS codes to revenue codes.

Comment: We received three comments regarding PM A–98-24 issued July 1998. The commenters stated that confusion remains regarding the effective date of the memorandum. Also, they urged that we instruct carriers to not deny claims based on the practitioners' failure to comply with coding requirements until there is a clarification regarding the manner in which the coding requirement is to be implemented. One commenter recommended that fiscal intermediaries be required to adhere to revised PM A–98–24, effective immediately. The commenter contended that claims wrongly denied based on PM AB–98–8 should be promptly paid based on the claims originally submitted by providers.

Response: We apologize for the confusion. As noted above, PM A–98–24 carried an effective date of October 1, 1998 for fiscal intermediaries to remove any edits installed to match revenue center to HCPCS coding for outpatient rehabilitation services. As also stated above, on August 6, 1998 we issued a subsequent memorandum to all intermediaries advising them to remove the edits immediately. Providers and practitioners were encouraged to resubmit any claims that were incorrectly denied due to misinterpretation of our instructions for billing outpatient rehabilitation services using HCPCS codes.

Comment: We received one comment recommending that the definition of outpatient rehabilitation services be expanded to include payment for low-vision training. The commenter stated that Medicare's failure to cover low-vision training places beneficiaries at risk for extreme out-of-pocket expenditures for transportation services, home-bound visits, and psychological counseling.

Response: We have not accepted the commenter's recommendation. Outpatient rehabilitation services are clearly defined in the statute. Low-vision training is not specifically mentioned in the statute, and we find no statutory or legislative basis for including low-vision training in the definition of outpatient rehabilitation services. Therefore, we cannot arbitrarily expand our definition of outpatient rehabilitation to encompass low-vision training.

Since the statute does not specifically identify low-vision training as a separate Medicare benefit and does not provide a basis for including it under the outpatient rehabilitation benefit, carriers have the discretion to cover these low-vision training services if they determine that they meet the statutory requirements applicable to covered services and are determined to be medically reasonable and necessary.

Comment: A commenter recommends that CPT codes 92520, 94799, and psychiatric therapeutic codes after 90804 be added to the list of outpatient rehabilitation services. The commenter stated that code 94799 is currently recognized by Blue Cross and Blue Shield of Florida. The commenter also stated that, in addition to code 90804, other psychiatric therapeutic codes should be added for assessments and community resource education, referral and advocacy, family conferences, and home assessments.

Response: The commenter asked that we add code 92520, laryngeal function studies, to our list of outpatient therapy codes. Our data show that this code is almost entirely billed by otolaryngologists. Our standard for the inclusion of diagnostic tests as outpatient rehabilitation services is as follows:

- If the primary purpose of a diagnostic test, at times performed by therapists, is to assess the appropriateness or effectiveness of outpatient therapy services or to guide additional treatment by a physical therapist, an occupational therapist or speech-language pathologist, then the test is considered to be outpatient therapy or rehabilitation services; or
- If the primary purpose of the diagnostic test is to provide information on decisions for future medical or surgical treatment or to assess the effect of previous medical or surgical treatment, then the diagnostic test is not considered to be an outpatient therapy or rehabilitation service.

Because the purpose of code 92520 is not clear to us and because our data show that it is performed overwhelmingly by otolaryngologists, we suggest that providers and practitioners who believe it meets the above criteria as an outpatient rehabilitation service provide information to their Medicare contractors and the contractors can approve it if it meets the coverage criteria of being ''medically necessary.'' We advised our carriers and fiscal intermediaries in PM AB–98–24 that they may recognize codes other than those identified in our instruction as outpatient rehabilitation services to the extent that the codes represent services that are determined to be medically necessary and within the scope of practice of the practitioner or therapist billing the service.

The commenter asked that code 94799, unlisted pulmonary services or procedures, be added to the list of outpatient rehabilitation services. Again, we suggest that practitioners and providers that wish to use this code to describe an outpatient rehabilitation service discuss with their Medicare contractor the specific services or procedures being provided when this code is used. Before this code can be used, the Medicare contractor needs to determine whether the services are ''medically necessary.''

The commenter also asked that we add other psychotherapy codes from the family of codes that includes 90804 that is on our list of outpatient rehabilitation services. Clinical psychologists and clinical social workers who deliver services in CORFs can bill any of the psychotherapy codes except for the ones that involve medical evaluation and management. These services are billed under Part B and are submitted to carriers on the HCFA form 1500. Therefore, these codes will not be added to our list of outpatient rehabilitation services.

Comment: One commenter recommended adding to our final rule the statement contained in PM A–98–24 that denotes that other codes may be considered to represent outpatient rehabilitation services to the extent that the services are determined to be medically reasonable and necessary and can be billed as outpatient rehabilitation services.

Response: Although we have included the statement in the text in the regulation, we will consider other codes to be outpatient rehabilitation codes under the terms we have stated.

Comment: One commenter requested that we clarify in the final rule that Addendum F contains the codes for reporting outpatient rehabilitation services.

Response: We appreciate the suggestion. It was inaccurately reported in the proposed rule that Addendum E contains a listing of outpatient rehabilitation therapy codes. It should have read that Addendum F contains such a listing. We have made the appropriate correction in this rule.

3. Financial Limitation

a. Overview. Outpatient rehabilitation therapy services are subject to annual financial limitations or caps beginning January 1, 1999. (The amount of the current cap is $900.) There will be a $1,500 per-beneficiary annual limitation or cap on incurred expenses for outpatient physical therapy services including outpatient speech-language pathology services. A separate $1,500 per-beneficiary limitation will apply on incurred expenses for outpatient occupational therapy services. The annual limitation does not apply to services furnished directly or under arrangements by a hospital to an outpatient or to an inpatient who is not in a covered Part A stay. The limitation will apply to outpatient rehabilitation services furnished by a separately-certified hospital-based provider, such as a hospital-based SNF. The limitation also applies to outpatient rehabilitation services furnished by a physician or nonphysician practitioner, or incident to a physician's professional services or to a nonphysician practitioner's professional services.

As stated above, there is a single $1,500 limitation for outpatient physical therapy services which includes outpatient speech-language pathology services. As amended, section 1833(g) of the Act applies a single $1,500 limitation to ''physical therapy services of the type described in section 1861(p).'' Section 1861(p) defines outpatient physical therapy services and includes speech-language pathology services within that definition.

Outpatient rehabilitation services are subject to a 20-percent coinsurance amount. Under the outpatient prospective payment system, the beneficiary will be responsible for 20 percent of the applicable fee schedule amounts. The $1,500 limitation is on incurred expenses. If a beneficiary has already satisfied the Part B deductible, the maximum amount payable by the Medicare program is $1,200, that is, 80 percent of $1,500. Beginning January 1, 2002, the $1,500 annual limitations or caps will be increased by the percentage increase in the MEI.

In addition to outpatient physical therapy services and outpatient occupational therapy services (other than those provided by a hospital), the limitation applies to physical therapy services (including speech-language pathology services) and occupational therapy services ''of such type which are furnished by a physician or as incident to a physician service.'' As discussed elsewhere in this document, Medicare covers under certain conditions services performed by nurse practitioners, clinical nurse specialists, and physician assistants that would be physicians' services if furnished by a physician. We are applying the financial limitation to therapy services furnished by these nonphysician practitioners because such therapy services are by definition the same type as are furnished by physicians. Similarly, we have revised our policy to apply the financial limitation to therapy services furnished incident to these nonphysician practitioner's services. We have included in Addendum D a listing of the specific services that are subject to the limitation when furnished by a physician or practitioner directly or incident to his or her services. Such outpatient rehabilitation services included in Addendum D furnished either directly or incident to the services of a physician or practitioner are always subject to the financial limitation. Other services such as casting, splinting, and strapping may be used in the treatment of conditions (for example, fractures or sprains) or as part of the postsurgical treatment or medical treatment when no other rehabilitation services are delivered. If the services are delivered by a physical or occupational therapist, speech-language pathologist, therapy assistant or therapy aide, are part of a rehabilitation plan of care, or involve services included in the aforementioned Addendum D, then the services are subject to the cap. These outpatient rehabilitation services are delineated in Addendum E and must be identified with a discipline-specific modifier. Addendum F contains a listing of commonly-utilized outpatient rehabilitation therapy codes. Other codes may be considered for payment as outpatient rehabilitation services to the extent that the services are determined to be medically reasonable and necessary and those that can be performed within the scope of practice of the therapist, physician, or nonphysician practitioner billing the code. Payment for certain HCPCS codes will be made on a basis other than the physician fee schedule in hospital outpatient departments. Other HCPCS codes represent CORF services. Further, PM AB–98–63 dated October 1998 provides additional program instructions regarding the use of HCPCS codes for outpatient rehabilitation therapy services.

With regard to ''incident to'' services, we note that section 4541(b) of BBA amended section 1862(a) of the Act to require that outpatient physical therapy services (including speech-language pathology services) and outpatient occupational therapy services furnished ''incident to'' a physician's professional services meet the standards and conditions (other than any licensing requirement specified by the Secretary) that apply to therapy services furnished by a therapist. This provision was effective January 1, 1998 and was implemented through program instructions.

The financial limitations apply only to items and services furnished by nonhospital providers and therapists under the outpatient physical therapy (including speech-language pathology) and the outpatient occupational therapy benefit (section 1861(s)(2)(D) of the Act) and therapy services furnished by physicians and nonphysician practitioners or incident to their services. The limitations do not apply to diagnostic tests covered under section 1861(s)(3) of the Act or to items furnished or covered under the durable medical equipment benefit.

Comment: Some commenters urged us to repeal the limitation.

Response: We have no authority to repeal the annual financial limitation as set forth in BBA. An annual per beneficiary limit of $1,500 will apply to all outpatient physical therapy services (including speech-language pathology services). A separate $1,500 limit will also apply to all occupational therapy services. As noted above the annual limitations do not apply to services furnished directly or under arrangements by a hospital to an outpatient or to an inpatient who is not in a covered Part A stay. This limitation applies to expenses incurred on or after January 1, 1999.

Comment: Several commenters want us to delay implementing the financial limitation while others asked that, if we proceed with implementation, we clarify how we would implement it. We received one comment suggesting that we delay the implementation of the annual limitation until we develop a

system of tracking the aggregate amount of speech-language pathology expenses incurred by a beneficiary.

Response: As previously stated, because of our efforts to become Y2K compliant, with the exception of qualified therapists in independent practice, we are not able to make the appropriate systems changes to fully implement the caps on a per-beneficiary basis at this time. Instead, we will use a transitional measure, whereby providers and practitioners (those not currently subject to the caps, for example, physicians and nonphysician practitioners) will be held accountable for tracking incurred expenses for each beneficiary to ensure they do not bill Medicare for beneficiaries that have met the annual $1,500 limitation at their facility for each separate limitation. This means that SNFs will be directly responsible for the billing of all outpatient rehabilitation services and the tracking of incurred expenses of those services when furnished to SNF residents not in a covered Part A stay and SNF nonresidents receiving outpatient rehabilitation services from the SNF.

However, the provider and the practitioner may submit bills to Medicare for the sole purpose of receiving no-pay notices to bill Medicaid or other insurers.

It is noted that the current annual per beneficiary financial limitation applied to outpatient physical therapy services including speech-language pathology services furnished by PTIPs is increased from $900 to $1,500 effective January 1, 1999 for PTPPs. In addition, the current annual per beneficiary financial limitation applied to outpatient occupational therapy services is increased from $900 to $1,500 effective January 1, 1999 for OTPPs. As cited, for these qualified therapists only, the financial limitations continue to be applied on an annual per beneficiary basis rather than on a per provider basis.

Comment: Many commenters believed there should be three separate annual financial limitations, that is, one each for physical therapy, occupational therapy, and speech-language therapy services. They argue that the Congress never intended to include speech-language pathology services within the physical therapy cap because speech therapists have never been defined as independent therapists and were never subject to the current $900 cap.

Response: As stated above, section 1861(p) of the Act defines the term outpatient physical therapy services to include speech-language pathology services. The language in BBA specifically makes provision for physical therapy services and occupational therapy services in applying the annual financial limitation and does not separately mention speech-language pathology services. It is our position that BBA does not include a separate cap for speech-language pathology services, and that there are only two financial limitations (OT and PT that includes speech-language therapy services).

Comment: Two commenters oppose the imposition of the $1,500 cap because it is not sufficient to cover the cost of physical therapy for many common diagnoses or cost of care for typical rehabilitation cases. One of the commenters noted that MedPAC found in its June 1998 report to Congress that one third of the patients receiving outpatient rehabilitation services from rehabilitation agencies and CORFs exceeded either the combined $1,500 cap on outpatient physical therapy and speech-language pathology or the $1,500 cap on outpatient occupational therapy.

Response: The commenter is correct in stating that the MedPAC's study of a 5-percent sample of Medicare outpatient rehabilitation claims for 1996 did find that about one-third of all patients receiving outpatient rehabilitation services from rehabilitation agencies and CORFs exceeded the $1,500 caps. However, the study noted that because most Medicare beneficiaries received the services in hospital outpatient departments in 1996, the percent of all patients impacted by the $1,500 caps is considerably less, that is, only 10 percent of all outpatient physical and speech therapy patients receiving services in hospital outpatient departments, rehabilitation agencies and CORFs and only 2 percent of all occupational therapy patients in those three settings.

We plan to carefully study this issue. As discussed elsewhere in this document, BBA requires that we submit a report to the Congress by January 1, 2001 that recommends viable options for replacing the current dollar caps that take into account patient diagnosis and prior use of services.

Comment: One commenter stated that the limitation should apply only to therapy services furnished by physical therapists and occupational therapists, and not to therapy services furnished by physicians. Another commenter contends that the cap applies solely to therapists and physicians furnishing outpatient rehabilitation services under a plan of care. Neither commenter believes that nonphysician practitioners should be allowed to perform therapy services. These commenters argue that only physical therapists or services provided under the supervision of a physical therapist should be reimbursed by Medicare. The commenters maintain that the definition of physical therapists as referenced in § 485.705(b) and the coverage guidelines specified in section 2210.B of the MCM and 3101.8B of the MIM are not met if the services are provided by persons other than physical therapists. In addition, the statute does not extend the cap to services furnished by practitioners other than OTIPs and PTIPs.

Response: Section 4541 of BBA provides for a prospective payment for outpatient rehabilitation services. The operative word in the statute is ''services''. Reference is made both to the payment for outpatient therapy services and comprehensive outpatient rehabilitation services on the basis of the physician fee schedule and to the financial limitation for all rehabilitation services. The fee schedule is applied to outpatient therapy or rehabilitation services without regard to the practitioner who furnishes the service. Physical and occupational therapy services furnished by physicians and certain other recognized practitioners are payable under the physician fee schedule. A nonphysician practitioner who provides services that would be physicians' services if furnished by a physician under a specific enumerated benefit in the statute would be considered as the physician treating the beneficiary. Thus, a nonphysician practitioner would be considered as the physician treating the beneficiary when he or she furnishes outpatient physical therapy and occupational therapy services. Nonphysician practitioners who meet this definition are physician assistants (section 1861(s)(2)(K)(I) of the Act); and nurse practitioners and clinical nurse specialists (sections 1861(s)(2)(K)(ii) and 1861(s)(2)(K)(iii) of the Act), operating within the scope of their State licenses.

B. Use of Modifiers to Track the Financial Limitation. We have established three discipline-specific modifiers for use in tracking the financial limitation or cap. They are listed below.

GN Services delivered personally by a speech-language pathologist or under an outpatient speech-language pathology plan of care;

GO Service delivered personally by an occupational therapist or under an outpatient occupational therapy plan of care; or

GP Service delivered personally by a physical therapist or under an outpatient physical therapy plan of care.

Reporting of these modifiers will also assist us in gathering data on who is providing the services, and the frequency and duration of the services. Many of the services, for example, physical modalities or therapeutic procedures as described by HCPCS codes, are commonly delivered by both physical and occupational therapists. Other services may be delivered by either occupational therapists or speech-language pathologists. For these services, we expect the claim to include a modifier that describes the type of therapist who delivered the service; if the service was not delivered by a therapist, then the type of therapy plan of care under which the service is delivered would be specified. If the type of therapy is not listed in the modifier field, the claim would be rejected and sent to the provider for resubmission.

Comment: We received one comment that supports our proposal to use modifiers that will be discipline-specific to identify whether a plan of care is for physical therapy or occupational therapy. However, the commenter also favors the addition of modifiers that will allow for the identification of physician and nonphysician services that are provided under a plan of care. Claims from physicians and nonphysicians with a modifier would be subject to one of the caps, while claims without a modifier would not be subject to any cap. Another commenter stated that the proposed policy to reject a claim and send it to the provider for resubmission if the type of therapy is not listed in the modifier field is inappropriate and should not be adopted. The commenter contends that there are legitimate cases in which the codes in Addendum D will be reported but should not be applied against the caps, for example, if the services are furnished by a nonphysician practitioner or a physician but they are not provided under a therapy plan of care. This contention is also shared by another commenter who strongly opposed our proposal to apply services against the caps for occupational therapy and physical therapy including speech-language pathology services based strictly on an arbitrary reporting of certain CPT codes. The presumption with this approach is that therapy services are furnished whenever codes listed in Addendum D are reported

Response: At this time, we have decided to only use the discipline-specific modifiers listed in the response above. These modifiers will differentiate between either the type of therapist (physical therapist, occupational therapist, speech-language pathologist) personally providing the service or the discipline plan of care (physical, occupational, and speech-language pathology). For example, if modifier GP is used, the physical therapist must deliver personally the service or the service must be delivered under a physical therapy plan of care. Therefore, in addition to the personal provision of the therapy service by the physical therapist, a physician or nonphysician practitioner can also furnish the physical therapy service. We believe that additional modifiers are not needed to delineate services provided by physicians and nonphysician practitioners under a therapy plan of care; however, we believe that the commenter's statement is valid regarding the possible use of codes listed in Addendum D for other than therapy purposes, that is, not under a therapy plan of care. We are exploring the use of an additional modifier to indicate that the service denoted by the code was not provided under a therapy plan of care. By the time that the financial limitation or cap is fully implemented, we expect to have established the additional modifier. Until that modifier is in place, claims without a discipline-specific modifier will be returned for resubmission.

Comment: A commenter stated that the cap will be difficult to track administratively and recommended that there be a clearer delineation of when services will be subject to the limit and what the controlling factors will be (including the type of professional delivering the service, whether there is a rehabilitation plan of care, and the nature of the service), a listing or examples of services and the circumstances under which they would not be included under the cap.

Response: The commenter's request for clarification is based on a full implementation of the financial limitation or cap. Because of Y2K issues, the financial limitation or cap will not be fully implemented as mandated by statute effective January 1, 1999. Therefore, it is our intention to carefully review, consider, and address the commenter's concerns as we move from the transitional implementation of the cap on a per-provider basis to the full implementation of the cap on an annual per-beneficiary basis.

Comment: One commenter stated that the mechanics of implementing the cap should be clarified. The commenter said that there are serious concerns regarding the calculation of the cap, time of billing, and timing of processing payments that would be fed into the database. The commenter is concerned about the effect of medical review, for example, whether payment will be reserved when a claim is filed in a timely manner, subjected to medical review, denied, and successfully appealed, and the claim was originally filed well before the cap is met. Several commenters were of the opinion that it is administratively difficult for all parties (beneficiaries, providers, and contractors) to track the cap even with the use of the modifiers. They want us to address specific issues regarding tracking and the use of modifiers before implementation of the cap, and to also notify beneficiaries regarding the tracking procedure. These specific issues include a clear delineation of when services are subject to the limit, what the controlling factors will be (including the type of professional delivering the service, whether there is a rehabilitation plan of care, and the nature of the service), a listing or examples of the services and the circumstances under which they would be excluded from the cap.

Response: These are issues that will be addressed prior to the full implementation of the financial limitation or cap. Because there is the distinct possibility that systems requirements will change before such full implementation, it does not seem prudent at this time to detail the mechanics of the future implementation of the cap. However, it is our current thinking that these concerns will be discussed and clarified in companion program instructions issued to the Medicare carriers and fiscal intermediaries.

Comment: A commenter stated that there should be a timely, readily accessible means (such as a query system) for beneficiaries and providers to ascertain the status of the beneficiary's outpatient therapy benefits.

Response: This question relates to the full implementation of the financial limitation or cap on an annual per-beneficiary basis. We are exploring mechanisms by which both the beneficiary and the provider can be informed in a timely and accurate manner, the amounts that have been expended by the beneficiary for outpatient physical therapy services including speech language pathology services and for outpatient occupational therapy services. These methods will be discussed in any program memorandum or other program instruction that we determine will be the vehicle for the conveyance of the beneficiary cap status information.

C. Treatment of Services Exceeding the Financial Limitation. As required by section 1833(g) of the Act, as amended by section 4541 of BBA, we revised our

policy to establish two annual per-beneficiary limits of $1,500. There will be (1) an annual per-beneficiary limit for all outpatient physical therapy services excluding hospital outpatient therapy services furnished to an outpatient or an inpatient who is not in a covered Part A stay and, (2) an annual per beneficiary limit for all outpatient occupational therapy services excluding hospital outpatient therapy services furnished to an outpatient or an inpatient who is not in a covered Part A stay. As stated previously, outpatient physical therapy services include speech-language pathology services. A provider of outpatient rehabilitation services with a provider agreement under section 1866 of the Act, as well as physicians, PTIPs and OTIPs, will be allowed to collect payment from a beneficiary for therapy services after the $1,500 limit is reached. This is consistent with current policy allowing PTIPs and OTIPs to collect payment from a beneficiary for therapy services in excess of the current $900 limit.

Required Congressional Report on Financial Limitation

We note that a report to the Congress is due from the Secretary no later than January 1, 2001. This report must include recommendations on the establishment of a revised coverage policy of outpatient physical therapy services, including speech-language pathology services and outpatient occupational therapy services. The revised policy must be based on a classification of individuals by diagnosis category and prior use of services in both inpatient and outpatient settings. The report should include recommendations on how such durational limits by diagnostic category could be implemented in a budget-neutral manner.

Comment: It was recommended by a commenter for the report to the Congress that, in addition to basing a revised policy on classification by diagnosis category and prior use of services, an individual's functional status should be a component of any system that purports to address a patient's need for rehabilitation.

Response: As we develop the report to the Congress, we will consider the feasibility of the recommendation.

4. Qualified Therapists

Section 1861(p) includes services furnished an individual by a physical therapist who meets licensing and other standards prescribed by the Secretary if the services meet the conditions relating to health and safety the Secretary finds necessary. The services must be furnished in the therapist's office or the individual's home. By regulation, we have defined therapists meeting the conditions for coverage of services under this provision as physical therapists in independent practice. The conditions for coverage are set forth in part 486, subpart D (Conditions for coverage: Outpatient Physical Therapy Services Furnished by Physical Therapists in Independent Practice) and require that the services be provided by a therapist in independent practice under § 410.60. Under § 410.60, a therapist in independent practice is one who:

- Engages in the practice of therapy on a regular basis.
- Furnishes services on his or her own responsibility without the administrative and professional control of an employer.
- Maintains at his or her own expense office space and equipment.
- Furnishes services only in the office or patient's home.
- Treats individuals who are his or her own patients and collects fees or other compensation for the services.

Under § 486.151 (Conditions for coverage: Supervision), all therapy services must be furnished under the direct supervision of a qualified therapist in independent practice. In other words, the therapist in independent practice must be on the premises whenever services are provided to Medicare beneficiaries, including services provided by a licensed physical therapist. This long-standing requirement has been controversial with therapists in independent practice. For example, a therapist in independent practice cannot have more than one office open for services at the same time since he or she could not be on both premises at once.

We are revising our policy to replace the existing ''Conditions for Coverage: Outpatient Physical Therapy Services Furnished by Physical Therapists in Independent Practice'' (part 486, subpart D), which requires survey and certification, with a simplified criteria for physical therapists in private practice that would use a carrier enrollment process. The impetus for this change comes from congressional statements associated with the fiscal year 1997 appropriations process. Statements in both the House and Senate committee reports accompanying HCFA's fiscal year 1997 appropriations addressed the issue of requiring that the certified physical or occupational therapist in independent practice directly supervise all services performed by his or her employees, even if those employees are fully-licensed therapists. The House committee report urged that we modify the regulations so that the certified therapist need not be on premises to supervise other licensed therapists. The Senate urged us to review this concern and recommend regulatory or instructional changes.

We are redefining those therapists who are qualified under section 1861(p) of the Act. That is, we would discontinue the focus of the regulation on their ''independent'' status (which is not statutory) and recognize therapists in private practice who are employed by others and, therefore, do not meet our current ''independent'' criteria. This would be consistent with health and safety concerns and would conform to normal private sector practice standards. The following new requirements replace the current ones for qualified therapists:

- The term ''independent'' is dropped and the benefit would be for an individual physical therapist or occupational therapist in private practice.

Private practice includes an ''individual'' whose practice is in an unincorporated solo practice, unincorporated partnership, or unincorporated group practice. Private practice also includes an ''individual'' who is practicing therapy as an employee of one of the above or of a professional corporation or other incorporated therapy practice. However, private practice does not include individuals when they are working as employees of a provider. A provider as defined in § 400.202 includes a hospital, CAH, SNF, HHA, hospice, CORF, CMHC, or an organization qualified under part 485, subpart H (Conditions of Participation for Clinics, Rehabilitation Agencies, and Public Health Agencies as Providers of Outpatient Physical Therapy and Speech-Language Pathology Services), as a clinic, rehabilitation agency, or public health agency.

- In implementing the statutory requirement that services be furnished to an individual in the therapist's office, or in the individual's home, ''in his office'' is defined as the location(s) where the practice is operated, in the State(s) where the therapist (and practice, if applicable) is legally authorized to furnish services, during the hours that the therapist engages in practice at that location.

A therapist in private practice must maintain a private office, if services always are furnished in patients' homes. However, if services are furnished in private practice office space, that space would have to be owned, leased, or

rented by the practice and used for the exclusive purpose of operating the practice. For example, because of the statutory restriction on the site of services, a therapist in private practice cannot furnish covered services in an SNF. Therefore, if a therapist wished to locate his or her private office on site at a nursing facility, special care would need to be taken. The private office space could not be part of the Medicare-participating SNF's space, and the therapist's services could be furnished only within that private office space. Neither the therapist nor any assistants or aides who help furnish services could be employed by the SNF during the same hours that they are working in the private practice. Another example where special attention would be needed is space that generally serves other purposes and is only used by a therapy practice during limited hours. For example, a therapist in private practice may furnish aquatic therapy in a community center pool on Wednesday mornings. The practice would have to rent or lease the pool for those hours, and the use of the pool during that time would have to be restricted to the therapist's patients, in order to recognize the pool as part of the therapist's own private office during those hours.

In describing other services that are specifically limited to the patient's home, the statute uses qualifying language. For example, the durable medical equipment definition in section 1861(n) of the Act refers to a patient's home as ''including an institution used as his home other than an institution that meets the requirements of subsection (e)(1) of this section or section 1819(a)(1).'' This definition of home is codified under our regulations at § 410.38(b). The same definition always has been used in the Medicare Carriers Manual for purposes of covering therapists' services in a patient's home. We are continuing the current practice and are adopting the definition formally in this regulation.

- Assistants and aides have to be personally supervised by the therapist and employed directly by the therapist, by the partnership or group to which the therapist belongs, or by the same private practice that employs the therapist. Personal supervision requires that the therapist be in the room during the performance of the service. Levels of supervision are defined in § 410.32 of our regulations.
- The therapist must be licensed or otherwise legally authorized to engage in private practice. We understand that all States license or certify physical therapists, so no alternative personnel qualifications need to be specified.
- Each therapist enrolls ''as an individual'' with the carrier.

There would be no survey and no certification by HCFA. The Medicare carrier would verify that the qualifications proposed in §§ 410.59(c)(1) or 410.60(c)(1) of our regulations are met. All applicants for new enrollment would become subject to these new rules and procedures upon the effective date of the final rule. For transition purposes, we intend that independent therapists who are certified and enrolled at that time would be ''grandfathered'' temporarily and would become subject to the new enrollment rules and procedures at the time of their next regular periodic reenrollment.

These changes would address the concern that current rules require each independent therapist to personally supervise services performed by any other licensed therapists that he or she employs. Under our proposal, each individual therapist in a practice could qualify to separately enroll, and enrolled therapists would not be required for purposes of Medicare to be supervised by their employer. These changes also address the concern that current rules prohibit an independent therapist from being employed by any entity. Under our proposal, a variety of employment situations would be permitted.

These new requirements are established in a revised § 410.60(c) for physical therapists. To date, the statutory requirements for coverage of outpatient occupational therapy services have not been codified. We are codifying these requirements by establishing a new § 410.59 for outpatient occupational therapy services. The regulations section for outpatient occupational therapy parallels the § 410.60 requirements for outpatient physical therapy, as revised in this final rule. We are also making conforming changes in § 410.61 to include occupational therapy.

Therapists in private practice do not participate in the Medicare program in the same way that ''providers of services'' do. Though they must be approved as meeting certain requirements, unlike ''providers of services,'' they do not execute a formal provider agreement with the Secretary as described in 42 CFR part 489 (Provider Agreements and Supplier Approval). Like physicians, they do have the option of accepting a beneficiary's assignment of his or her claim for Medicare Part B benefits and of becoming a Medicare-participating supplier that agrees to accept assignment in all cases.

Comment: One commenter strongly supports the carrier enrollment process for physical therapists instead of the existing conditions of coverage. However, the commenter wanted operational issues addressed such as a specification that payments will be made under the practice or corporation's tax ID number for services furnished by physical therapists in private practice who are employees of other practices or corporations. This is the same payment system used by a physician group practice, and the treating therapist's Medicare number or license number would be included on the bill. In addition, the commenter urged that the same process be used for the carrier enrollment process as for the current physician enrollment. Another commenter supported the changes for OTPPs; however, assuming that payment is made to the individual, the commenter inquired as to whether group numbers would be assigned so that payment could be issued to the group under the tax identification number of the business entity.

Response: We will use the same enrollment and billing process as is currently used for individual physicians and physician group practices. This process is delineated at section 1030.7 of the Medicare Carriers Manual, HCFA Pub. 14–Part 4. We note that payment is not made on the basis of the corporate or group practice tax identification number. This number is just one of the data elements that can be related to the Medicare individual and/or group billing number.

Comment: A commenter recommended that direct supervision of assistants and aides be required instead of personal supervision. The commenter provided that direct supervision would be consistent with state laws, the supervision requirements for nonphysician personnel performing services in a physician's office, and with the supervision requirements for aides and assistants of PTIPs.

Another commenter agreed that personal supervision over therapy aides by a qualified occupational therapist or qualified occupational therapy assistant is appropriate. However, the commenter strongly disagreed with the proposal to require personal supervision over occupational therapy assistants and instead urged the adoption of a policy for practicing occupational therapists whereby occupational therapy assistants can perform covered services under the general supervision (that is, initial direction and periodic inspection) of a qualified occupational therapist. In

addition, the commenter thought the policy should state that either a qualified occupational therapist or a qualified occupational therapy assistant must provide personal supervision when therapy aides are used to furnish services.

A commenter stated that qualified occupational therapists who are not Part B suppliers, but who are employed by a therapist who is enrolled as a Part B supplier, should not be subject to the personal supervision requirement. In addition, it was suggested that the proposed language at § 410.59(c)(2) regarding supervision of occupational therapy services should be revised as follows:

''Occupational therapy services are performed by, or under the general supervision of, the occupational therapist in private practice. Services provided by therapy aides must be performed under the personal supervision of an occupational therapist or occupational therapy assistant. All services not performed personally by the therapist in private practice must be performed by employees of the practice, under the applicable level of supervision by the therapist, and included in the fee for the therapist's services.''

Response: Statements contained in the House and Senate committee reports accompanying the 1997 appropriations recommended modifications in our supervision requirements for qualified therapists. As stated, the House committee report urged a regulatory change in the requirement that certified therapists be on the premises to supervise other licensed therapists. We were also urged by the Senate to review this concern and recommend regulatory or instructional changes. We have addressed the concern expressed in the House and Senate 1997 appropriations committee reports and will allow certified therapists to be off the premises when other licensed therapists are present. However, we do not believe that we have the authority to modify the supervision requirements for therapy (physical, occupational or speech-language pathology) assistants and aides. Therefore, we are maintaining our current requirement that therapy assistants and aides have to be personally supervised by the therapist and employed directly by the therapist, by the partnership or group to which the therapist belongs. In accordance with the aforementioned policy, there is no change in the proposed language found at § 410.59(c)(2).

Comment: We received one comment on our proposed qualifications for occupational therapists. One organization recommends that we require evidence of successful completion of a national certification examination recognized by the regulatory authority in the State of practice. Reasons given for the addition of this requirement are that practice varies by jurisdiction and unsuccessful exam candidates often move from State to State obtaining temporary licenses in spite of repeatedly failing qualifying exams. The commenter adds that the particular test they recommend is required in every jurisdiction.

Response: We believe that this recommendation has merit. However, we believe that it requires further study and discussion to assess its impact before we can consider it for adoption. Therefore, we believe it would be more appropriate to consider this recommendation as a proposal for a subsequent publication rather to accept it for adoption in this final rule.

Comment: One commenter supports our proposed set of changes addressing independent practicing occupational therapist services, but adds that as Medicare moves to embrace market based competition, the focus should be on the outcomes delivered rather than the input credentialing. There should be a commitment to move beyond burdensome input criteria that add costs and restrict competition. The commenter suggests that, as part of that initiative, we establish a meaningful time horizon for moving to outcomes-based performance measures.

Response: This is a welcomed recommendation. In recent years, when revising our conditions of participation for various entities, we have emphasized outcomes-based measures. However, this is an area that requires further study in order to apply this concept to our conditions for occupational therapists practice.

Comment: One commenter stated that verification should be provided in the final rule that section 1861(p) of the Act requires a physician to have services furnished by a licensed physical therapist or under the supervision of such a therapist when billing for physical therapist services incident to the physician's professional services.

Response: Section 1861(p) of the Act does not set forth the requirements as specified by the commenter. As previously stated, section 4541(b) of the BBA 1997 amended section 1862(a) of the Act to require that outpatient physical therapy services (including speech-language pathology services) and occupational therapy services furnished ''incident to'' a physician's professional services meet the standards and conditions (other than any licensing requirement specified by the Secretary) that apply to therapy services furnished by a therapist. In May 1998, we issued Transmittal No. 1606 of the Medicare Carriers Manual, Part 3—Claims Process which implemented this provision that was effective January 1, 1998. Section 2218(A) of the Medicare Carriers Manual requires that physical therapy services provided by a physician or by an incident-to employee of the physician in the physician's office or the beneficiary's home must be provided by, or under the direct supervision of, a physician (a doctor of medicine or osteopathy) who is legally authorized to practice physical therapy services by the State in which he or she performs such function or action.

5. Plan of Treatment

We are proposing to revise §§ 410.61(e), 424.24(c)(4)(i), and 485.711(b), which concern the plan of treatment review requirements for outpatient rehabilitation therapy services. Section 1861(p) of the Act defines these therapy services, in part, as services furnished to an individual who is under the care of a physician and for whom a plan, prescribing the type, amount, and duration of therapy services that are to be furnished, has been established by a physician or a qualified therapist and is periodically reviewed by a physician.

Currently, providers that furnish outpatient rehabilitation therapy services are required to have a physician review the plan of treatment and recertify the need for care at least every 30 days. We proposed revising our policy to allow the physician to review and recertify the required plan of treatment within the first 62 days and at least every 31 days after the first review and recertification. The current requirement for the review of a plan of treatment for patients of physical therapists in independent practice is similar in that the physician must review the plan at least every 30 days. We proposed changing this review requirement and requiring that the physician review and recertify the plan of treatment within the first 62 days and at least every 31 days thereafter.

We recommended these changes because it was our understanding that an initial 2-month (62 day) review is consistent with the usual therapy course of treatment. It is also consistent with our current therapy requirements in the home health setting. These changes were intended to reduce the burden on providers, patients, and physicians by eliminating the current requirement for an initial review within the first 30 days. After the first 62 days, we believed

that patients receiving outpatient rehabilitation services are likely to show significant progress that warrants subsequent reviews every 31 days. Changes in the patient's level of function and need for continued therapy can be expected to occur more frequently after the first 2 months of therapy. We believe this subsequent review schedule will help control potential over-utilization that results in excessive therapy to some Medicare patients.

Under our proposed policy, the therapists would be required to immediately notify the physician of any changes in the patient's condition, and physicians retain the ability to review the care at closer intervals if necessary.

Comment: We received comments from six outpatient rehabilitation associations supporting our proposal and two comments from orthopedic surgical associations strongly opposing it. The opposing orthopedic associations informed us that 62 days is not the usual course of treatment. They argued that every patient's need for therapy is unique depending on the condition. While 62 days may be appropriate for some back injuries, they contend it would be inappropriate for a hand, foot, or shoulder injury. Therapy is appropriate as long as the patient continues to make progress and should be discontinued when the patient's condition has plateaued and no further progress is being made. They stated this can best be determined by the referring physician periodically evaluating the patient's progress and recovery. They believe the current 30-day requirement is appropriate and should be maintained.

Response: After careful review of the comments received and study of the issue by our medical staff, we are retaining our current 30-day requirement and rescind our proposal. As indicated above, our intent, in part, was to establish consistency with the initial review period for HHA therapy services. However, subsequent to our proposal we further learned that HHA patients may not receive the same level of intensity of therapy services as patients receiving them under the outpatient rehabilitation benefit. Our medical staff believes that patients in the latter group are seen more often by their therapists than are HHA patients. Therefore, the rate of progression between the two patient groups may be different and warrant a 30-day rather 62-day initial plan of treatment review for beneficiaries receiving outpatient rehabilitation services.

Comment: We received several comments to allow nonphysician practioners such as nurse practitioners, physician assistants, and clinical nurse specialist to certify the therapy plan of care.

Response: Because we allow nonphysician practioners, that is, nurse practitioners, clinical nurse specialists, and physician assistants to prescribe medicine, we have also decided that nonphysician practioners who have knowledge of the therapy case may certify therapy plans of treatment.

Result of the evaluation of comments: We are adopting our proposal to pay all outpatient rehabilitation services and CORF services under the physician fee schedule. We are delaying full implementation of the financial limitations on outpatient rehabilitation services furnished by nonhospital entities due to our Y2K efforts until after January 1, 2000. We are not adopting a site-of-service differential for outpatient rehabilitation providers as recommended by commenters. Regarding proposed qualifications for therapists, we are adopting them as proposed and are not accepting the recommendation that we require occupational therapists to provide evidence of successful completion of a national certification examination. We anticipate that this issue will be further studied and discussed in a subsequent rule. We are withdrawing our proposal to extend from 30 days to 60 days the time required for physician recertification of the plan of treatment.

D. Payment for Services of Certain Nonphysician Practitioners and Services Furnished Incident to Their Professional Services

Nonphysician practitioners' services have been covered by Medicare since the inception of the program; originally the law did not provide for separate payments for these services. Coverage and payment of nonphysicians' services was primarily within the context of section 1861(s)(2)(A) of the Act as implemented by section 2050 of the Medicare Carriers Manual, for the payment of services incident to a physician's professional services. In recent years, the Congress has expanded Medicare coverage of nonphysician practitioners' services in certain settings to improve beneficiary access to medical services. Separate Part B coverage is specifically authorized for certain nonphysician practitioners' services and for services and supplies furnished as incident to those services.

For purposes of this rule as it applies to nonphysician practitioners, we define nonphysician practitioners as nurse practitioners, clinical nurse specialists, certified nurse-midwives, and physician assistants. With respect to services and supplies furnished as incident to a nonphysician practitioner's services, we are requiring that, to be covered by Medicare, the services must meet the longstanding requirements in section 2050 of the Medicare Carriers Manual applicable to services furnished as incident to the professional services of a physician. Therefore, we specify, in new §§ 410.74(b), 410.75(d), 410.76(d), and 410.77(c) that Medicare Part B covers services and supplies (including drugs and biologicals that cannot be self-administered) furnished as incident to the nonphysician's services only if these services and supplies would be covered if furnished by a physician or furnished as incident to a physician's professional services. In addition, §§ 410.74(b), 410.75(d), 410.76(d), and 410.77(c) specify the various requirements for these incidental services and supplies.

Coverage and Payment for Nurse Practitioners' Services Subsequent to BBA

Effective for services furnished on or after January 1, 1998, section 4511 of BBA authorizes nurse practitioners to bill the program directly for services furnished in any setting, regardless of whether the settings are located in rural or urban areas, but only if the facility or other providers of services do not charge or are not paid any amounts with respect to the furnishing of nurse practitioners' services. Accordingly, a new § 410.75 of this rule specifies the qualifications for nurse practitioners, lists the requirements for the professional services of a nurse practitioner and the requirements for services furnished incident to the professional services of a nurse practitioner. This new section also specifies the process that applies to the provision of nurse practitioners' services.

New §§ 405.520(a), (b), and (c) of this rule provide the general rule and requirements for nurse practitioners. A new paragraph (16) is added to § 410.150(b) to authorize payment for nurse practitioners' services when furnished in collaboration with a physician in all settings located in both rural and urban areas. A new paragraph (c) is added to § 414.56 of this rule to set forth the payment amount for nurse practitioner services.

All of the independent nurse practitioners and clinical nurse specialists commenting on the proposed rule and all of the major organizations representing these nonphysician practitioners vigorously opposed the proposed Federal guidelines for

collaboration; those provisions would apply only in States with no collaboration requirement.

Comment: The commenters that objected to the proposed guidelines for collaboration requested that we adopt a policy that strictly defers to State laws, rules, and regulations regarding collaboration. The commenters insisted that the absence of State guidelines for collaboration does not necessitate the intrusion of Federal guidelines. In fact, they claimed that where State laws or guidelines do not include a requirement for collaboration, or fail to provide specific detailed requirements for a collaborative relationship, it is not a matter of accident or simple omission, but of conscious State policy regarding professional scope of practice. In these cases, they believe that there should be *no* collaboration requirement.

Additionally, these commenters stated that they believe that there is a better understanding at the State level of the practice situations encountered and the evolving advancements in health care issues. Therefore, many States have determined that this relationship is best defined by the professionals themselves, rather than through detailed statutory legislation.

The commenters claimed that they are not aware of any substantial problems in interpreting or implementing the collaboration requirement in the 7½ years that carriers have been applying the collaboration requirement without the benefit of Federal rule. According to one commenter, currently at least 26 States have no statutory or regulatory requirement for collaboration as a condition that nurses must satisfy in order to practice, and in the 16 States that have physician collaboration or supervision practice requirements, none are as restrictive as the guidelines that we proposed.

One of the commenters that opposed the proposed collaboration guidelines stated that if more detailed provisions such as these are imposed on nurse practitioners and clinical nurse specialists, there will be a cost attached to be borne by the practitioner or consumers through cost shifting. Another commenter expanded upon this comment by posing the concern about how collaboration might affect States that authorize nurses to practice independently. The commenter stated that imposition of the collaboration requirement in ''independent practice States'' could create a new area for potentially fraudulent or abusive practices. For example, a physician may refuse to provide collaboration in a given area or may refuse to enter into a collaboration agreement unless the nurse pays a fee to the physician. This practice may violate the anti-kickback statute.

One commenter stated that our proposal restricted nurses to a collaboration arrangement with one physician, and that the State's nurse practice act does not restrict nurses to a collaborative practice arrangement with *one* physician. The requirement of collaboration with *one* physician raises the cost to patients, restricts access, and requires unnecessary, additional services. Additionally, this same commenter raised concerns about the phrase in the collaboration guidelines that states ''or as provided by other mechanisms defined by Federal regulations,'' because she believes that this is the first time this wording has appeared in the definition of collaboration and it appears to give unlimited authority for regulation of practice.

One of the professional organizations representing nurse practitioners maintained that the proposed collaboration guidelines would particularly harm Medicare beneficiaries located in rural areas, where nurse practitioners may be the sole source of health care within the community. If a nurse practitioner is not able to receive payment for care due to the inability to locate a physician in that geographic area who is able to perform the functions of a collaborating physician, these areas may not be served at all.

Response: Section 6114 of OBRA 1989 established the nurse practitioner benefit as a separate benefit under the Medicare Part B program and also required that nurse practitioners collaborate with a physician in order for their services to be covered under Medicare. Therefore, nurse practitioners have always been required by Medicare law to collaborate with a physician. The collaboration requirement is a specific and distinct requirement, separate from the requirement that these nonphysician practitioners must practice within the scope of the law of the State where the services are performed.

The 1989 Omnibus Budget Reconciliation Act, adding section 1861(aa)(6) of the Act, defined the term, ''collaboration'' as a process in which a nurse practitioner works with a physician to deliver health care services within the scope of the practitioner's professional expertise, with medical direction and appropriate supervision as provided for in jointly developed guidelines or other mechanisms as provided by the law of the State in which the services are performed. The BBA of 1997 increased payment amounts to nurse practitioners and expanded the settings where they can receive payments, but the BBA did not change the collaboration requirement. In the absence of State law regarding the collaborative relationship that nurse practitioners must share with a physician when furnishing their services to Medicare beneficiaries, we must implement the collaboration requirement as required by law.

However, we did not intend to introduce new burdensome requirements to address situations where there is no State requirement for collaboration. Therefore we are removing the proposed definition of collaboration that applies to these situations and will require that, in the absence of State law or regulations governing collaboration relationships, we will require nurse practitioners and clinical nurse specialists to document their scope of practice and indicate the relationships that they have with physicians to deal with issues outside their scope of practice. The proposed rule was not intended to require that a nurse practitioner must furnish services in collaboration with only one physician. We fully expect that these nonphysician practitioners may have collaborative relationships with numerous physicians and will continue to do so in the future. We did not intend to introduce any new costs to the practices of nurse practitioners and clinical nurse specialists.

Comment: Five major associations and professional organizations representing physicians, medical directors, and hospitals commented in favor of the proposed collaboration guidelines and suggested alternative criteria that they believed the Medicare program should use to determine coverage and payment for the services of nurse practitioners and clinical nurse specialists.

Two of these organizations commented that ''appropriateness'' is the key criterion that Medicare contractors should use in determining whether services of these nonphysician practitioners should be covered under the ''reasonable and necessary'' provisions of section 1862(a)(1)(A) of the Act. These commenters suggested that we consider services to be appropriate if they are furnished by qualified personnel; further, the commenters believed that, in the case of psychiatry services, these nonphysician practitioners are not qualified as physicians are to perform a psychiatric diagnostic interview examination (CPT codes 90801 and 90802), nor are they qualified to furnish services represented by any of the psychotherapy CPT codes

that include medical evaluation and management. Therefore, these commenters asserted, all of the pertinent sections of the regulations text should be revised to read that the nonphysician practitioners are not performing services otherwise precluded from coverage because of one of the statutory coverage exclusions listed under section 1862(a)(1)(A) of the Act.

Response: In order for any service to be covered under Medicare, it must be determined to be reasonable and necessary, and therefore, appropriate. Accordingly, we do not believe that it is necessary to revise the regulations text to specify that services furnished by these nonphysician practitioners can be covered only when they are not otherwise excluded from coverage under section 1861(a)(1)(A) of the Act. It is already stated in the proposed rule at sections 410.74(a)(2)(iii), 410.75(c)(3), and 410.76(c)(3) that services performed by any of these nonphysician practitioners are not covered if they are otherwise excluded from coverage because of a statutory exclusion. Additionally, it is our understanding that some nurse practitioners and clinical nurse specialists specialize in mental health. Therefore, if State law authorizes these nonphysician practitioners to perform mental health services and evaluation and management services that would otherwise be furnished by a physician or incident to a physician's services, psychiatric nurse practitioners and clinical nurse specialists could bill for psychiatric diagnostic interviews and any of the psychotherapy CPT codes that include medical evaluation and management.

Comment: One association representing hospitals urged us to clarify in the final rule all of the settings in which separate payment to nurse practitioners and clinical nurse specialists will not be made. Also, the commenter suggested clarification regarding whether Medicare will continue to pay hospitals for the facility component of hospital outpatient department services when separate payment is made to these nonphysician practitioners for their professional services furnished in hospital outpatient departments.

Response: Payment is made to nurse practitioners and clinical nurse specialists for their professional services furnished in all settings, with the exception of RHCs and FQHCs. (The professional services of all practitioners are bundled in these two settings, and Medicare payment is made to the facility for such services under an all-inclusive composite rate.) However, when these nonphysician practitioners furnish services in hospital outpatient departments, Medicare will continue to make payment to the hospital outpatient department for the facility component of hospital outpatient department services.

Comment: Two other organizations commented that we should require that the employer of a nurse practitioner or a clinical nurse specialist bill for his or her professional services. The commenter stated that technically, some nurses can practice without direct supervision, but not independently of the supervising physician since the physician must review all records within 2 weeks. The commenter believes that safe and high quality medical care requires that diagnosis, evaluation, treatment, and management decisions be made by physicians who directly supervise nonphysician practitioners on-site. The commenter argues that, if payment is made directly to the nurses, the physician has no way of verifying what is billed when an employer relationship does not exist. Also, because collaboration does not require that the physician be present while services are furnished, and it does not require a physician to make an independent evaluation of each patient, there is no assurance that safe, high quality services are being performed.

Response: The law no longer requires that the employers of nurse practitioners and clinical nurse specialists bill for their services, as it does for physician assistants. The law does maintain the requirement, however, that these nonphysician practitioners must furnish their services in collaboration with a physician. Nurse practitioners and clinical nurse specialists have been educated and specially trained to furnish primary care and certain other services that have traditionally been furnished by physicians. As long as the services that nonphysician practitioners furnish are medically reasonable and necessary, meet Medicare requirements, and fall within the scope of services that they are licensed to perform, the Medicare program covers the services.

Comment: Numerous nurse practitioners and clinical nurse specialists commented that §§ 410.75(d) and 410.76(d) that pertain to services and supplies furnished incident to the professional services of a nurse practitioner or clinical nurse specialist should be clarified to state that these nonphysician practitioners need not be present in the same room where the services are being provided, but may be present and available in the office suite.

Additionally, these same commenters requested the elimination of the list of examples of professional services performed by nurse practitioners and clinical nurse specialists at § § 410.75(e)(3) and 410.76(e)(3), asserting that the list is too limited, confusing, and ultimately unnecessary.

Response: We agree that it may be more appropriate to include the list of examples of services in manual instructions to provide guidance to contractors to use in processing claims. Therefore, we are removing the listing of examples of services that can be provided by physician assistants at section 410.74(d)(3), nurse practitioners at section 410.75(e)(3), and clinical nurse specialists at section 410.76(e)(3).

Comment: One commenter suggested a language change to the requirement that ''incident to'' services be of a type that are commonly furnished in a physician's office, to also include a reference to the offices of other health professionals.

Response: The ''incident to'' requirements for nonphysician practitioners are the same requirements that apply to physicians and that have been in place since the inception of the Medicare program. The various ''incident to'' requirements are currently interpreted at section 2050 of the Medicare Carriers Manual. We will not amend any of the ''incident to'' requirements at this time.

Comment: A few nurses' associations commented that the proposed qualifications for nurse practitioners and clinical nurse specialists should be amended to clarify that these individuals must be licensed or certified by a professional association or an accrediting body that has, at a minimum, eligibility requirements that meet certain standards. One commenter stated that the accrediting body could be one that is recognized by us. These commenters explained that most organizations that certify nurses are not professional associations themselves; rather they are separately incorporated accrediting bodies. For example, the American Nurses Association does not certify nurse practitioners or clinical nurse specialists, but the American Nurses Credentialing Center (ANCC) does by utilizing standards developed by the nurse profession.

Response: Currently, the qualifications for nurse practitioners at section 2158 of the Medicare Carriers Manual require that such an individual be certified as a primary care nurse practitioner by the American Nurses' Association or by the National Board of Pediatric Nurse Practitioners and Associates. (Section 2160 of the Medicare Carriers Manual does not contain a specific certification criteria

for clinical nurse specialists.) Thus, the manual recognizes the ANCC as an appropriate certifying body for nurse practitioners.

Comment: One comment made was directed specifically toward the qualifications for nurse practitioners at § 410.75(b) of the proposed rule. One academy representing nurse practitioners stated that the intent of the law is to pay nurse practitioners who are licensed in their States to practice as such. Therefore, the qualifications for nurse practitioners should be that the individual be a registered nurse who is authorized to practice as a nurse practitioner in accordance with State law. This academy believes that the inclusion of additional requirements will exclude some fully qualified nurse practitioners who are certified by national certifying bodies that recognize grandfathering laws in the States and by States that currently use program accreditation or certification rather than national certification in their licensing processes for nurse practitioners.

Response: We agree with the commenter that the intent of the law is to pay nurse practitioners who are licensed in their States to practice as such. However, we believe that State licensure should not be the only qualification criterion that would enable nurse practitioners to bill the Medicare program directly for their professional services. Therefore, we will revise the qualification requirements to ensure that for Medicare purposes, appropriate individuals can bill the program for services furnished to Medicare beneficiaries.

Comment: One college representing nurse practitioners raised concerns about the types of services for which nurse practitioners can bill the Medicare program. The college stated that it wishes to ensure that we intend to permit a nurse practitioner to bill within a group practice setting for the services of all other licensed health care professionals and technicians in that practice. The commenter stated that, although the proposed rule does not indicate a problem with this billing arrangement, it would appreciate a specific statement from us about the arrangement.

Response: A nurse practitioner within a group practice setting would be permitted to bill the Medicare program for the services of all other licensed health care professionals and technicians within the practice, provided the services of others in the practice are furnished incident to the nurse practitioner's professional services and all the ''incident to'' requirements are met.

Comment: The college also stated that it is concerned that the proposed rule does not list nurse practitioners as designated providers of outpatient physical therapy and outpatient speech-pathology services. The college asks that the language of §§ 410.60 and 410.62 be amended to include nurse practitioners as nonphysician practitioners who are authorized to bill for these types of services.

Response: Nurse practitioners, clinical nurse specialists, and physician assistants may order physical therapy, occupational therapy, and speech-language pathology services in the case where the services are medically reasonable and necessary and the State in which they are practicing authorizes them to do so. Also, these nonphysician practitioners may also certify and recertify the plan of treatment for physical therapy, occupational therapy, and speech-language pathology services providing they are authorized by State law to perform such services. Accordingly, § 410.60 and 410.62 regarding physical therapy, occupational therapy, and speech-language pathology will be revised to include these nonphysician practitioners as designated providers of such services.

Result of evaluation of comments: We have determined that for purposes of Medicare Part B payment, a nurse practitioner must—

- Possess a master's degree in nursing;
- Be a registered professional nurse who is authorized by the State in which the services are furnished, to practice as a nurse practitioner in accordance with State law; and
- Be certified as a nurse practitioner by the ANCC or other recognized national certifying bodies that have established standards for nurse practitioners as stated above.

We have removed the alternate proposed definition of collaboration in §§ 410.75(c)(2)(iv) and 410.76(c)(2)(iv) of the proposed rule. For purposes of Medicare coverage, the collaboration requirement will state that nurse practitioners and clinical nurse specialists must meet the standards for a collaborative process, as established by the State in which they are practicing. In the absence of State law governing collaborative relationships, collaboration is a process in which these nonphysician practitioners have a relationship with one or more physicians to deliver health care services. Such collaboration is to be evidenced by nurse practitioners or clinical nurse specialists documenting their scope of practice and indicating the relationships that they have with physicians to deal with issues outside their scope of practice. Nurse practitioners and clinical nurse specialists must document this collaborative process with physicians. The collaborating physician does not need to be present with the nurse practitioner or clinical nurse specialist when the services are furnished or to make an independent evaluation of each patient who is seen by the nurse practitioner or clinical nurse specialist.

Also, we are deleting the proposed listing of examples of services that can be provided by physician assistants, nurse practitioners and clinical nurse specialists.

Coverage and Payment for Clinical Nurse Specialists' Services Subsequent to BBA

Effective for services furnished on or after January 1, 1998, section 4511 of BBA authorizes clinical nurse specialists to bill the program directly for services furnished in any setting, regardless of whether the settings are located in rural or urban areas, but only if the facility or other providers of services do not charge or are not paid any amounts with respect to the furnishing of nurse practitioners' services. A new § 410.76(e) of this rule sets forth this provision.

The new § 410.76(b) sets forth new qualifications for clinical nurse specialists. Section 410.76(c) describes the conditions of coverage for clinical nurse specialists' services, defines the collaboration process, and paragraph (d) lists the requirements for services furnished incident to the professional services of a clinical nurse specialist.

New § § 405.520(a), (b), and (c) of this rule provide the general rule, requirements, and civil monetary penalties for clinical nurse specialists. A new paragraph (c) is added to § 414.56 of this rule to set forth the payment amounts for clinical nurse specialists' services.

Comment: Numerous nurses associations commented specifically about the qualifications for clinical nurse specialists at § 410.76(b) of the proposed rule. They suggested that the qualifications for clinical nurse specialists be amended to require that a clinical nurse specialist be an individual who is a registered nurse currently licensed to practice as in the State in which he or she practices and have a master's degree in a defined clinical area of nursing from an accredited educational institution. The commenters emphasized that there is no need to provide for an exception as included in the proposed qualifications

for clinical nurse specialists, because the nursing profession has long held consensus that clinical nurse specialists be required to have a master's degree. Additionally, they believed that the definition of a clinical nurse specialist under the BBA makes it clear that a clinical nurse specialist must hold a master's degree. Furthermore, they stated that the proposed exception requirement contains erroneous information about the educational focus of clinical nurse specialist programs that may be preparatory both for primary care and specialty care.

Response: Prior to the BBA, section 2160 of the Medicare Carriers Manual required that a clinical nurse specialist had to satisfy the applicable requirements for a clinical nurse specialist in the State in which the services are performed. In the absence of State requirements, Medicare contractors had the discretion to determine whether an individual's qualifications warranted Medicare payment for clinical nurse specialist services. However, the BBA, which established qualifications for clinical nurse specialists, defines a clinical nurse specialist as an individual who is a registered nurse and is licensed to practice nursing in the State in which the services are performed and holds a master's degree in a defined clinical area of nursing from an accredited educational institution. Therefore, we will implement the BBA qualifications for clinical nurse specialists without an exception for clinical nurse specialists who do not possess a master's degree.

Comment: One independently practicing clinical nurse specialist argued that access to psychiatric clinical nurse specialists, in particular, is being denied even though they are the only mental health providers, other than psychiatrists, whose education, experience, and legal scope of practice include the management of co-morbid medical and psychiatric illness. Psychiatric clinical nurse specialists also provide services that include patient and family education to manage symptoms of illness and medications, evaluation and management of side effects, identification of adverse reactions, and evaluation of effectiveness of medications and psychotherapy. The commenter explained that all clinical nurse specialists in psychiatric nursing hold master's or doctoral degrees; have completed 2-years post-graduate, supervised, clinical experience; have passed a national board certification exam; and are required to obtain 75 hours of continuing education credit every 5 years. The commenter concluded that psychiatric clinical nurse specialists are the only group of mental health providers whose practice is being restricted.

Response: Psychotherapy services are listed in the AMA's CPT coding book as ''physician services''. Nurse practitioners and clinical nurse specialists are authorized by the Medicare program to bill for services that would otherwise be furnished by a physician or incident to a physician's services. Accordingly, it is appropriate for the Medicare program to pay these nonphysician practitioners who have the specific training mentioned for psychotherapy services that are determined to be medically reasonable and necessary.

Result of evaluation of comments: We have determined that for purposes of Medicare Part B payment, a clinical nurse specialist must—

- Be a registered nurse who is currently licensed to practice in the State where he or she practices and be authorized to perform the services of a clinical nurse specialist in accordance with State law;
- Have a master's degree in a defined clinical area of nursing from an accredited educational institution; and
- Be certified as a clinical nurse specialist by the American Nurses Credentialing Center.

Coverage and Payment for Certified Nurse-Midwives' Services

Section 13554 of OBRA 1993 (Pub. L. 103–66) amended section 1861(gg)(2) of the Act to revise the definition of certified nurse-midwife. The revision eliminated a limitation on coverage and included, as covered services, those services furnished by certified nurse-midwives outside the maternity cycle. This change was made effective for services furnished on or after January 1, 1994.

A new § 410.77 of this rule lists the qualifications for certified nurse-midwives and provides the conditions for coverage of certified nurse-midwives' services. Paragraph (d) of § 410.77 lists the coverage requirements for the professional services of certified nurse-midwives, while paragraph (c) lists the requirements for services furnished incident to the professional services of a certified nurse-midwife.

The comments that we received from a major college representing certified nurse-midwives mainly addressed the proposed qualifications for these individuals.

Comment: The commenter urged that the qualifications for certified nurse-midwives be revised to read that the individual must—

(1) Be legally authorized to practice as a certified nurse-midwife under State law or regulations;

(2) Have successfully completed a program of study and clinical experience accredited by an accrediting body approved by the U.S. Department of Education; and

(3) Be currently certified as a nurse-midwife by the American College of Nurse-Midwives or by the American College of Nurse-Midwives Certification Council.

The college believed that these revised qualifications at § 410.77(a) would eliminate the possibility of individuals being able to practice as certified nurse-midwives in the Medicare program without having to take and pass appropriate certification examinations that are explicitly linked to a demonstrated mastery of the ''core competencies'' for basic nurse-midwife practice. These revised qualifications would, the commenter stated, also assure greater uniformity of quality and competency among certified nurse-midwives who wish to be paid by Medicare for services that they provide to Medicare patients.

Response: Section 1861(gg)(2) of the Act states that the term, ''certified nurse-midwife'' means a registered nurse who has successfully completed a program of study and clinical experience meeting guidelines prescribed by the Secretary, or has been certified by an organization recognized by the Secretary. Accordingly, we are implementing qualifications for certified nurse-midwives that implement these statutory requirements.

Comment: The other comment that the college representing certified nurse-midwives made was directed toward the criteria for determining payment to certified nurse-midwives for their professional services. The college stated that § 410.77(d)(1) should clarify that, while supervision of nonphysician staff by a nurse-midwife does not constitute a professional service, the service provided by the nonphysician may be paid to the certified nurse-midwife if it meets the requirements of a service incident to his or her service.

Additionally, the college suggested that § 410.77(d)(3) be revised to state that Medicare will pay a certified nurse-midwife for all services that he or she is legally authorized under State law or regulations to furnish as a certified nurse-midwife in the State, if those services are also covered services under the Medicare program. The college suggested this change because it maintains that certified nurse-midwives are qualified to perform ''other services'' that might not be interpreted to include

newborn care or certain primary care services, or primary care case management in a managed care context, and certain States license them to perform these ''other services.''

Response: The requirements pertaining to services furnished incident to the professional services of a certified nurse-midwife are listed separately at § 410.77(c) of the proposed rule. We do not want to confuse the requirements for the professional services of certified nurse-midwives with the requirements that pertain to services furnished incident to the professional services of certified nurse midwives.

Section 1861(gg)(1) defines the term, ''certified nurse-midwife services'' as services furnished by a certified nurse-midwife and services and supplies furnished as an incident to the nurse-midwife's service which the certified nurse-midwife is legally authorized to perform under State law as would otherwise be covered if furnished by a physician or as an incident to a physicians' service. Therefore, we agree with the statement made by the commenter that coverage of the professional services of certified nurse-midwives are not restricted to newborn care, certain primary care services, or primary care case management services if State law authorizes them to furnish ''other services.''

Result of Evaluation of Comments: We have determined that for purposes of Medicare Part B payment, a nurse-midwife must—

- Be a registered nurse who is legally authorized to practice as a nurse-midwife in the State where services are performed;
- Have successfully completed a program of study and clinical experience for nurse-midwives that is accredited by an accrediting body approved by the U.S. Department of Education; and
- Be certified as a nurse-midwife by the American College of Nurse-Midwives or the American College of Nurse-Midwives Certification Council. The Secretary reserves the right to determine that these accrediting bodies' standards are no longer sufficient for qualifying nurse midwives for Medicare Part B payment.

Also, a nurse-midwife may provide services that he or she is legally authorized to perform under State law as a nurse-midwife, if the services would otherwise be covered by the Medicare program when furnished by a physician or incident to a physicians' professional services.

Coverage and Payment for Physician Assistants' Services Subsequent to BBA

Effective for services furnished on or after January 1, 1998, the majority of the conditions for coverage of physician assistants' services as indicated by new §§ 410.74(a) and (b) remain unchanged with the exception of the condition for coverage of physician assistants' services furnished in certain areas and settings. Section 4512 of BBA removes the restrictions on the sites in which physician assistants may furnish their professional services, regardless of whether the settings are located in rural or urban areas. Physician assistants are authorized to furnish their professional services as independent nonphysician practitioners to practically all providers of services and suppliers of services, provided the facility or other provider of services do not charge or is not paid any amounts with respect to the furnishing of physician assistants' professional services. Accordingly, separate payment may be made for physician assistants' services in all settings, except in RHCs and FQHCs; physician assistant services are included as RHC and FQHC services for which Medicare payment is made based on an all-inclusive payment rate that the program makes to these facilities.

In new § 410.74(c), we proposed to amend the qualifications for physician assistants to recognize certification of physician assistants by the National Board of Certification of Orthopedic Physician Assistants. These qualifications would also have recognized academic programs for physician assistants that are accredited by either the Commission on Accreditation of Allied Health Education Programs or the American Society of Orthopedic Physician Assistants.

Additionally, effective January 1, 1998, physician assistants have the option of furnishing services under a different employment arrangement with a physician. They can furnish services as employees of a physician under a W–2 form employment arrangement or they can furnish services as an independent contractor to a physician and receive a 1099 form. Under either arrangement, the employer of the physician assistant must bill the program for physician assistants' services as required under § 410.150(b)(15). Moreover, when an individual furnishes services ''incident to'' the professional services of a physician assistant, these ancillary services must meet the requirements under § 410.74(a)(2)(vi)(B).

The Medicare payment amount for a physician assistant's professional services as of January 1, 1998, as stated in new paragraph (d) of § 414.52, remains at 80 percent of the lesser of either the actual charge or 85 percent of the physician fee schedule amount for professional services. Also, new § 405.520 provides the general rule, requirements, and civil monetary penalties for physician assistants who furnish services under the Medicare program.

We received a total of 140 comments on the proposed physician assistant qualifications. Half of all of the commenters strongly opposed the inclusion of orthopedic physician assistants (OPAs) under the qualifications for physician assistants. The others commenting on the inclusion of OPAs applauded and supported their inclusion and suggested a few minor changes to the qualifications overall.

Comment: The commenters who strongly opposed the proposed physician assistant qualifications included professional organizations, individual physician assistants, State level professional societies and academies, congressional representatives, educational institutions, hospitals, and a board of medical examiners. The commenters stated overwhelmingly that the proposed qualifications for physician assistants inappropriately included orthopedic physician assistants and that orthopedic physician assistants are not physician assistants even if the acronyms (PA and OPA) appear to be similar. The majority of commenters who opposed the inclusion of OPAs noted that they would not object, however, if the Congress implemented a Medicare benefit that recognizes orthopedic physician assistants as separate independent nonphysician practitioners, and, in that case, there should be a payment differential in the amounts of payment made to physician assistants and orthopedic physician assistants that would reflect a higher payment to PAs because they have a greater career investment, patient care responsibility, and higher malpractice insurance costs than OPAs.

The commenters stated that PAs and OPAs do not receive the same education and training, accreditation, certification, or State licensure, and their continuing medical education requirements are not similar. These commenters stated that the curricula for the physician assistant educational programs reveal that these programs emphasized primary care involving diagnosis and treatment of five major clinical disciplines (medicine, surgery, pediatrics, psychiatry, and obstetrics), as well as pharmacology. The training period for

PAs lasts anywhere from 24 to 28 months. The orthopedic educational programs train technical assistants to assist orthopedic surgeons, with an emphasis on orthopedic disease and injury, management of equipment and supplies, operating room techniques, cast application and removal, office procedures, and orientation to prosthetics and orthotics. The training period for OPAs lasted for no more than 24 months.

The commenters asserted that the Commission on Accreditation of Allied Health Education Programs (CAAHEP) must accredit all physician assistant educational programs. CAAHEP is a national independent accrediting agency that is recognized by the U.S. Department of Education and sponsored by medical, allied health, and educational organizations. However, there are currently no existing OPA programs to be accredited. The AMA accredited eight orthopedic physician assistant educational programs from 1969 to 1974. Accreditation ceased in 1974 when the American Academy of Orthopedic Surgeons withdrew sponsorship of the accreditation process.

The commenters stated that PAs are required to take and pass a national examination after graduation from a physician assistant educational program that is certified by the National Council on Certification of Physician Assistants (NCCPA). The NCCPA national certification examination is open only to those individuals who have graduated from accredited physician assistant educational programs. The NCCPA, which provides the certified national examination, is an independent organization whose governing board has representatives from the American Medical Association, American Hospital Association, American Academy of Family Physicians, American Academy of Pediatrics, American College of Physicians, American College of Surgeons, National Medical Association, Association of American Medical Schools, Federation of State Medical Boards, U.S. Department of Defense, Association of Physician Assistant Programs, and the American Academy of Physician Assistants. The NCCPA also includes three public members.

OPAs who have had on-the-job training or other mid-level paraprofessionals who challenge the exam and have had on-the-job training may take the examination for OPAs that is certified by the National Board on Certification for Orthopedic Physician Assistants (NBCOPA). The NBCOPA certification examination is an open examination and is currently reached through the Professional Testing Corporation, a for-profit business that administers tests for various organizations. The NBCOPA is comprised of six members of the American Society of Orthopedic Physician Assistants (ASOPA), the orthopedic physician assistant professional society, and an unspecified number of advisory members who are presumably non-voting physicians and educators. There is no organized medical group that sponsors or oversees the national certification examination for OPAs other than ASOPA.

The commenters emphasized that all States except Mississippi license and regulate PAs. Forty-three States, the District of Columbia, and Guam have enacted laws to authorize PAs to prescribe medicine. Thirty-three States authorize PAs to write prescriptions for controlled medications. Conversely, only Tennessee specifically licenses OPAs. Tennessee's licensure of OPAs is, however, separate from its licensure of PAs. California and New York have laws referencing OPAs, but the laws refer to OPAs as distinct from PAs. California refers to OPAs who successfully completed training as OPAs from an approved California orthopedic physician assistant educational program in any year between 1971 to 1974 to perform only those orthopedic medical tasks that a physician and surgeon may delegate. New York defines the qualifications for PAs in terms broad enough to include OPAs. The New York State regulations do not limit the acceptable examination to the NCCPA certification examination. Therefore, the NBCOPA certification examination could be considered to adequately assess entry level skills for the physician assistant profession. None of the other States, however, recognize OPAs, and none of the States specifically grant OPAs prescribing privileges.

Additionally, the commenters explained that PAs are required to log 100-hours of continuing medical education over a 2-year cycle and to take a recertification exam every 6 years to maintain certification as PAs. On the other hand, OPAs are required to complete 120 hours of continuing medical education every 4-years or retake the initial NBCOPA certification examination to maintain certification as OPAs.

The professional organizations representing PAs and numerous independent PAs and congressional representatives argued that the proposed changes to the PA qualifications run counter to our twin goals of controlling costs to the Medicare program and maintaining the quality of services furnished to Medicare beneficiaries. There are approximately 49,000 surgical technologists and 3,000 registered nurse first assistants and an uncounted number of unlicensed medical school graduates (for example, from other countries). These individuals could potentially qualify as PAs under the proposed qualifications by getting the requisite orthopedic work experience and passing the orthopedic physician assistant examination that is certified by NBCOPA. Thus, the number of individuals who could qualify for payment under the PA benefit ultimately is substantial.

Additionally, these commenters argued that the proposal to include OPAs as PAs runs counter to congressional intent because the BBA, which amends coverage payment for PAs, does not include any mention of OPAs. They state that the debate on the BBA provisions for physician assistants, nurse practitioners, and clinical nurse specialists did not include any discussion of orthopedic physician assistants or any other types of physician extenders, nor did the Congressional Budget Office consider orthopedic physician assistants or other types of specialty physician extenders when projecting the costs of physician assistant services under the BBA. Furthermore, these commenters stated that the primary sponsors of the 1977 Rural Health Clinic Services Act acknowledged the educational preparation of PAs to provide a wide range of primary care services to Medicare beneficiaries living in areas experiencing a shortage of primary care physicians. While orthopedic technicians may provide valuable, specialized services in assisting orthopedic surgeons, they do not have an educational background in primary care. Consequently, they are not qualified to provide the wide range of primary care services that the Congress anticipated when it recognized the need to cover and pay for the services of PAs under Medicare.

Finally, the commenters urged us to require that, in order for an individual to qualify as a PA under Medicare, he or she must (1) possess State approval to practice as a PA, and (2) demonstrate either graduation from a physician assistant educational program accredited by CAAHEP or certification by NCCPA.

The commenters who supported the inclusion of OPAs under the physician assistant benefit were represented by a national society and academy, orthopedic surgeons, independent orthopedic physician assistants,

hospitals, universities, and organizations that provide orthopedic surgical services. The national society representing OPAs declared that our clarification of the PA qualifications does not relate to payment because orthopedic surgeons are already paid for many services provided by OPAs incident to their professional services. Rather, it believes that the clarification is about recognition of OPAs.

The national academy representing orthopedic surgeons, numerous independent orthopedic surgeons, and OPAs stated that OPAs are specially trained to assist orthopedic surgeons in surgical procedures and other services involving the total care of patients with orthopedic conditions of the anatomy and pathophysiology of the musculoskeletal organ system. Commenters state that OPAs receive extensive training that includes rotations in general medicine and surgery, history and physical assessment, and pharmacology. Additionally, they say, OPAs are trained to obtain medical histories, perform physical examinations, assist the physician in developing and implementing patient management plans, perform common laboratory, radiologic, and other routine diagnostic procedures, and provide injections, immunizations, suturing and wound care, among other services. Other services that these groups have stated that OPAs may perform include the application, fabrication and removal of casts, splints, braces and orthopedic hardware, emergent care of trauma patients, pre- and post-operative care, and serving as first and second assistants to orthopedic surgeons for all procedures. A few commenters noted that the only orthopedic experience that the primary care physician assistants have is received during a 6-week rotation within the 4-year primary care educational program.

Many orthopedic surgeons and others stated that the specialty training that OPAs receive has enabled them to become extremely valuable to their practices freeing up orthopedic surgeons to perform other tasks. Also, some commenters stated that they have found PAs and OPAs to be equally competent and in some cases, OPAs have proven to be more competent than PAs. Therefore, OPAs are very quickly becoming an integral part of their patient care teams. A professional organization commented that the inclusion of OPAs under the PA benefit should not result in exorbitant costs to the Medicare program because there are only approximately 1,000 OPAs who could meet the proposed PA qualifications. Also, when Tennessee established State licensure for OPAs, the State Comptroller's office found that there was an increase in State revenues from fees collected and a slight, but not significant, increase in State expenditures for administering the program.

The national society representing OPAs suggested specific language be added to the proposed PA qualifications to require formal education programs for OPAs.

Response: After reviewing more closely information about the distinctions between PAs and OPAs, and after reviewing the comments that we received on the proposal to include OPAs as PAs, we have determined that it would not be appropriate to treat OPAs in the same way as PAs. There are substantial differences in education and training, certification examinations, accreditation of educational programs, and State licensure and regulation of PAs and OPAs. Additionally, we believe that the 1977 Rural Health Clinic Services Act, which first recognized and paid for the services of PAs under Part B of the Medicare program, would have specifically recognized OPAs as within its scope if it intended to do so. We also believe that a significant number of individuals, exceeding the approximately 1,000 currently practicing OPAs, could qualify as PAs under the proposed rule because the national certification examination for OPAs is currently open to other mid-level nonphysician practitioners who challenge the examination and have had on-the-job training.

Comment: We did not specifically solicit public comment in the proposed rule on the BBA provision that authorized PAs to provide services under an arrangement as independent contractors, in addition to performing services as an employee of entities or individuals such as a physician, medical group, professional corporation, hospital, skilled nursing facility, or nursing facility. However, we discussed, in the background section of the proposed rule, that effective January 1, 1998, PAs have the option of furnishing services under an independent contractor arrangement. Under either arrangement, we explained that the employer of the PA must bill the program for services furnished by the PA. As a result of this discussion, one commenter stated that, generally, PAs have been under the direction of a physician, and they have not been viewed as independent contractors. Therefore, the commenter emphasized that clarification is needed about PAs performing in an independent contractor employment relationship.

Response: Regardless of whether a PA performs services under an employment relationship or under an independent contractor relationship, the Medicare statute requires that he or she furnish services under the general supervision of a physician, and the employer of the PA must always bill for the services furnished.

However, just as we adopt the Internal Revenue Service's definition of an employer/employee employment relationship, we also adopt the Internal Revenue Service's definition of an independent contractor relationship.

Some of the distinctions between an employer/employee and an independent contractor relationship are that, under an independent contractor relationship, the employer does not generally have to withhold or pay any taxes on payments to independent contractors and the employer has virtually no behavioral or financial control over the independent contractor. That is, under an independent contractor relationship, the independent contractor works autonomously without any instructions from his or her employer about when, where, and how to work. The contractor is engaged to perform services for a specific project or period of time, for which he or she is paid at the completion of the project. Independent contractors can make a profit or loss. The services that the independent contractor performs may not be a key aspect of the employer's regular business and, therefore, an independent contractor may have a significant investment in the facilities he or she uses in performing services for the employer. Additionally, the employer of an independent contractor may not provide employee-type benefits such as insurance, a pension plan, vacation pay, or sick pay.

Result of evaluation of comments: We have determined that for purposes of Medicare Part B payment, a physician assistant is an individual who—

- Has graduated from a physician assistant educational program that is accredited by the National Commission on Accreditation of Allied Health Education Programs;
- Has passed the national certification examination that is certified by the National Commission on Certification of Physician Assistants; and
- Is licensed by the State to practice as a physician assistant.

E. Payment for Teleconsultations in Rural Health Professional Shortage Areas

In section 4206 of BBA, the Congress required that, not later than January 1, 1999, Medicare Part B pay for professional consultations by a physician via interactive telecommunications systems (teleconsultations).

Under section 4206(a) of BBA, payment may be made under Part B, provided the teleconsultation service is furnished to a beneficiary who resides in a county in a rural area designated as a Health Professional Shortage Area (HPSA). This payment is notwithstanding that the individual physician or practitioner providing the professional consultation is not at the same location as the physician or practitioner furnishing the service to that beneficiary. (For the purposes of convenience, in this section the term ''practitioner'' is used to mean physicians and practitioners as specified.)

Section 4206(b) of BBA also required that the Secretary establish a methodology for determining the amount of payments made for a teleconsultation within the following parameters:

- The payment is to be shared between the referring practitioner and the consulting practitioner.
- The amount of the payment is not to exceed the current fee schedule amount that would be paid to the consulting practitioner.
- The payment is not to include any reimbursement for any telephone line charges or any facility fees, and a beneficiary may not be billed for these charges or fees.
- The payment is to be subject to the coinsurance and deductible requirements under section 1833 (a)(1) and (b) of the Act.
- The payment differential of section 1848(a)(3) of the Act is to be applied to services furnished by nonparticipating physicians.
- The provisions of sections 1848(g) and 1842(b)(18) of the Act are to apply.
- Further, payment for the consultation service is to be increased annually by the update factor for physicians' services determined under section 1848(d) of the Act.

In addition, the statute directs that, in establishing the methodology for determining the amount of payment, the Secretary take into account the findings of the report required by section 192 of the Health Insurance Portability and Accountability Act of 1996 (Public Law 104–191), the findings of the report required by section 4206(c) of BBA, and any other findings related to clinical efficacy and cost-effectiveness of telemedicine applications.

Provisions of HCFA–1906–P

On June 22, 1998, we published a proposed rule titled ''Payment for Teleconsultations in Rural Health Professional Shortage Areas'' (HCFA–1906–P) (63 FR 33882) that would implement the provisions of section 4206 of the BBA addressing Medicare reimbursement for telehealth services.

Regulatory Provisions

In proposed § 410.75(a)(1), we required that as a condition for Medicare Part B payment for a teleconsultation, the referring and the consulting practitioner be any of the following:

- A physician as described in existing § 410.20.
- A physician assistant as defined in existing § 491.2.
- A nurse practitioner as defined in existing § 491.2.
- A clinical nurse specialist as described in existing § 424.11(e)(6).
- A certified registered nurse anesthetist or anesthesiologist's assistant as defined in existing § 410.69.
- A certified nurse-midwife as defined in existing § 405.2401.
- A clinical social worker as defined in section 1861(hh)(1) of the Act.
- A clinical psychologist as described in existing § 417.416(d)(2).

We required, in proposed § 410.75(a)(2), that teleconsultation services be furnished to a beneficiary residing in a rural area as defined in section 1886(d)(2)(D) of the Act that is designated as an HPSA under section 332(a)(1)(A) of the Public Health Service Act. For purposes of this requirement, the beneficiary is deemed to be residing in such an area if the teleconsultation presentation takes place in such an area.

In proposed §§ 410.75(a)(3) through 410.75(a)(5) we specified further that teleconsultations must meet the following requirements in order to be covered by Medicare Part B:

- The medical examination of the beneficiary must be under the control of the consultant practitioner.
- The consultation must involve the participation of the referring practitioner, as appropriate to the medical needs of the patient, and as needed to provide information to and at the direction of the consultant.
- The consultation results must be in a written report that is furnished to the referring practitioner.

We defined ''interactive telecommunications systems'' in paragraph (b) of proposed § 410.75, as multimedia communications equipment that includes, at a minimum, audio-video equipment permitting two-way, real-time consultation among the patient, consulting practitioner, and referring practitioner as appropriate to the medical needs of the patient and as needed to provide information to and at the direction of the consulting practitioner. Telephones, facsimile machines, and electronic mail systems do not meet the definition of interactive telecommunications systems.

Payment Provisions

Proposed regulatory provisions: We proposed adding § 414.62 (Payment for consultations via interactive telecommunication systems) to our regulations.

We specified, in paragraph (a) of proposed § 414.62, that Medicare total payments for a teleconsultation may not exceed the current fee schedule amount for the service when furnished by the consulting practitioner. We further specified that the payment (1) may not include any reimbursement for any telephone line charges or any facility fees, and (2) is subject to the coinsurance and deductible requirements of section 1833(a)(1) and (b) of the Act. We also specified in paragraph (b) that the payment differential of section 1848(a)(3) of the Act applies to services furnished by nonparticipating physicians.

In paragraph (c) of proposed § 414.62, we provided that payment to nonphysician practitioners is made only on an assignment-related basis. Paragraph (d) provided that only the consultant practitioner may bill for the consultation, and paragraph (e) required the consultant practitioner to provide the referring practitioner 25 percent of any payments, including any applicable deductible or coinsurance amounts, he or she received for the consultation.

Paragraph (f) specified that a practitioner may be subject to the sanctions provided for in 42 CFR chapter V, parts 1001, 1002, and 1103 if he or she (1) knowingly and willfully bills or collects for services in violation of the limitations of proposed § 414.62 on a repeated basis, or (2) fails to timely correct excess charges by reducing the actual charge billed for the service to an amount that does not exceed the limiting charge or fails to timely refund excess collections.

Analysis of and Response to Public Comments to HCFA–1906–P Eligibility Provisions

Comment: Most commenters applauded HCFA's decision to include

both partial and full county geographic HPSAs when determining eligibility. However, a few commenters believed we should not limit eligibility to rural HPSAs. One commenter stated that the proposed eligibility criteria discriminated against elderly persons living in other remote areas. Another commenter suggested that travel time or distance to the specialist, not the availability of primary care physicians in the community, are the most important criteria for elderly patients in need of specialty consultation.

Response: BBA limits eligibility for teleconsultation to rural areas as defined by section 1886(d)(2)(D) of the Act designated as an HPSA as defined by section 332(A)(1)(a) of the Public Health Service Act. This section of the Public Health Service Act defines an HPSA as an area that the Secretary determines has a shortage of health professionals and is not reasonably accessible to an adequately serviced area.

We believe that, it is likely that in an area where sources of primary care are a considerable distance and travel time away, the same would be true for specialty care. In any event, we do not have the authority to expand eligibility for teleconsultation beyond what is specified by BBA.

Comment: One commenter questioned whether psychiatric, dental, and facility HPSAs are eligible for teleconsultation.

Response: As discussed above, HPSA eligibility is limited to eligibility under section 332(a)(1)(A) of the Public Health Service Act. This section of the law references geographic HPSAs only.

Coverage Provisions

Comment: Many commenters requested that we include payment for the use of store-and-forward technology within the scope of coverage of this provision. Commenters believed that, for many specialties, store-and-forward technology provided the same information that would be provided in a live consultation.

For instance, several commenters recommended that we broaden the definition of a consultation to allow stored full-motion video exams or other representations to substitute for the presence of the patient. Other commenters recommended payment for store-and-forward applications such as dermatology photos and orthopedic digital x-rays.

Other justifications for coverage of store-and-forward technology included lack of infrastructure and scheduling difficulties. A few commenters mentioned congressional interest in providing coverage and payment for the use of store-and-forward technology in providing a consultation.

Response: We believe that a teleconsultation is a different method of delivering a consultation service. To that end, we view a teleconsultation as an interactive patient encounter that must meet the criteria for a given consultation service included in the American Medical Association's (AMA) Current Procedure Terminology.

In the proposed rule, we specified that the minimum technology necessary to deliver a consultation must include interactive audio and video equipment permitting two-way real-time communication between the beneficiary, consulting practitioner, and referring practitioner as appropriate. For Medicare payment to occur, the patient must be present, and the telecommunications technology must allow the consulting practitioner to conduct a medical examination of the patient.

The telecommunications requirements do not mandate full motion video. If the telecommunications technology permits two-way interactive audio and video communication allowing the consulting practitioner to conduct a medical exam, Medicare would make payment for a teleconsultation.

These requirements would not prohibit the use of higher end store-and-forward technology in which less than full motion video is sufficient to perform an interactive examination at the control of the consulting practitioner. When performed in real-time, with the patient present, store-and-forward may allow the consultant physician to control the examination by requesting additional, real-time pictures of the patient that are transmitted immediately to the online consultant.

Traditional store-and-forward technology in which an examination, diagnostic test, or procedure is filmed and later transmitted can be used in conjunction with the interactive (via audio-video technology) examination to facilitate the consultant's decision making. However, for Medicare payment to occur, the patient must be present in real-time.

We do not propose to make separate payment provisions for the review of medical records via telecommunications in this final rule. BBA gives payment authority for consultation via telecommunications with a physician or practitioner described in section 1842(b)(18)(C) of the Act, furnishing a service for which payment may be made under Medicare. Medicare currently does not make separate payment for the review and interpretation of medical records.

Separate payment for traditional store-and-forward applications may be appropriate for many forms of diagnostic testing including radiology, electrocardiogram, and electroencephalogram interpretations, as well as imaging studies such as magnetic resonance imaging and ultrasound. Medicare currently allows coverage and payment for medical services delivered via telecommunications systems that do not require a face-to-face ''hands on'' encounter. Section 2020(A) of the Medicare Carriers Manual addresses this issue and lists radiology, electrocardiogram, and electroencephalogram interpretations as examples of such services.

Review of dermatology photos would not be considered a consultation. We believe that this would be a new service for which payment could not currently be made under Medicare. BBA limits the scope of coverage to professional consultations for which payment may be made under Medicare.

Comment: Many commenters believed that we should be more stringent regarding practitioners who can be consultants. For instance, a number of commenters believed that a certified registered nurse anesthetist, anesthesiologist assistant, clinical psychologist, or clinical social worker should not be eligible to be a consulting practitioner because Medicare does not make payment for consultations provided by these practitioners. Additionally, commenters stated that consultation is beyond the scope of practice for these practitioners.

Response: In the proposed rule for teleconsultation we specified that all practitioners described in section 1842(b)(18)(C) of the Act qualify to be a consulting and a referring practitioner. These practitioners include: a physician, physician assistant, nurse practitioner, clinical nurse specialist, certified registered nurse anesthetist, anesthesiologist assistant, certified nurse midwife, clinical psychologist, and clinical social worker.

After further review of this proposal, we have determined that allowing clinical psychologists, clinical social workers, certified nurse anesthetists, and anesthesiologist assistants to provide a teleconsultation is inconsistent with the Medicare benefit.

We believe that a professional consultation delivered via telecommunications is a method of delivering a consultation service, rather than a new service. For instance, BBA section 4206(a) states that ''payment

shall be made for professional consultations via telecommunications systems with a physician or practitioner described in section 1842(b)(18)(C) of the Act furnishing a service for which payment may be made * * * '' Moreover, section 4206(b) of BBA states ''the amount of such payment shall not be greater than the current fee schedule of the consulting physician or practitioner.''

Under existing Medicare policy, clinical psychologists, clinical social workers, certified registered nurse anesthetists, and anesthesiologist assistants cannot bill, nor receive payment, for consultation services under Medicare. Therefore, these particular practitioners are prohibited from billing for a teleconsultation because, under the Medicare program, no payment would be made for a consultation service provided by these practitioners.

In addition, we have reviewed our proposed policy which allowed certified registered nurse anesthetists and anesthesiologist assistants to refer Medicare beneficiaries for teleconsultation. After review, we have decided to omit these practitioners as eligible to refer patients for teleconsultation. Section 1861(bb) of the Social Security Act defines services provided by these practitioners as anesthesia services and related care. Currently, our view is that the nature of these services is such that certified registered nurse anesthetists and anesthesiologist assistants would not request a consultation as defined by the Physicians' Current Procedure Terminology. Thus, we are excluding certified registered nurse anesthetists and anesthesiologist assistants from the list of referring practitioners. We invite specific comments regarding this issue.

To implement this policy change, we are omitting clinical psychologists, clinical social workers, certified nurse anesthetists, and anesthesiologist assistants from being consulting practitioners as follows at redesignated § 410.78(a)(1):

(1) The consulting practitioner is any of the following:
(i) A physician as described in § 410.20.
(ii) A physician assistant as defined in § 410.74.
(iii) A nurse practitioner as defined in § 410.75.
(iv) A clinical nurse specialist as defined in § 410.76.
(v) A nurse-midwife as defined in § 410.77.

Additionally, a new section is added to omit certified nurse anesthetists and anesthesiologist assistants as referring practitioners as follows at redesignated § 410.78(a)(2):

(2) The referring practitioner is any of the following:
(i) A physician as described in § 410.20.
(ii) A physician assistant as defined in § 410.74.
(iii) A nurse practitioner as defined in § 410.75.
(iv) A clinical nurse specialist as defined in § 410.76.
(v) A nurse-midwife as defined in § 410.77.
(vi) A clinical psychologist as described at § 410.71.
(vii) A clinical social worker as described in section 410.73.

Comment: We received a number of comments regarding the referring practitioner participation requirements. Several commenters believed that requiring the participation of the referring practitioner as a condition of payment is unreasonable. They believed this responsibility can usually be delegated to a midlevel practitioner or, in some cases, no presenting practitioner. Commenters made the case that the referring practitioner does not travel to the consultant's office for a traditional consultation and therefore should not be required to participate in a teleconsultation.

Response: We have reviewed our proposed policy requiring the participation of the actual referring practitioner as appropriate to the medical needs of the patient. After review we have decided to amend this policy to allow all practitioners listed as referring practitioners in this rule to be eligible to present a Medicare beneficiary for teleconsultation. However, if the practitioner is not the actual referring practitioner, he or she must be an employee of the referring practitioner.

Hence, if a primary care physician determines that a specialty consultation is necessary, he or she could delegate the presentation of the beneficiary to an eligible referring practitioner (i.e., nurse practitioner, physician assistant, nurse midwife, clinical nurse specialist, clinical psychologist, or clinical social worker) who is an employee.

We clarify, that for circumstances where the condition of the patient may not medically require the participation of a presenting practitioner, we would not require the participation of a presenting practitioner as a condition of payment for the teleconsultation.

When no practitioner is present with the patient, the consultant will continue to share 25 percent of total payments with the referring practitioner. As discussed in the payment provision section of this document, the 25-percent allocation is intended to reflect the average amount of new work performed by the referring practitioner over many teleconsultations. However, because of the potential for fraud or abusive practices in these situations where the referring practitioner is not present with the patient, HCFA in consultation with the Office of the Inspector General will monitor these services in our review of the Medicare teleconsultation benefit.

To execute this policy in this final rule, proposed § 410.75(a)(5), redesignated as § 410.78(a)(5), specifies that as a condition of payment, the teleconsultation involves the participation of the referring practitioner or a practitioner described in section 1842(b)(18)(C) of the Act (other than a certified registered nurse anesthetist or anesthesiologist assistant) who is an employee of the referring practitioner, as appropriate to the medical needs of the beneficiary and to provide information to and at the direction of the consulting practitioner.

Comment: Several commenters requested clarification regarding the availability of the referring practitioner while the teleconsultation takes place.

Response: A practitioner who is eligible to be a referring practitioner, as described in redesignated § 410.78(a)(2) (formerly § 410.75(a)(2)), is required to be present in the office suite or hospital wing and available to participate in the teleconsultation as necessary. We do not mandate that a practitioner be present in the room while the teleconsultation is taking place.

As discussed earlier in this document, a presenting practitioner's participation is required as appropriate to the medical needs of the beneficiary and to provide information at the direction of the consulting practitioner. However, if the medical needs of the beneficiary require the participation of a presenting medical professional, that professional must be a practitioner described in redesignated § 410.78(a)(2).

Comment: A few commenters requested clarification regarding whether the referring practitioner may bill for other services on the same day that the teleconsultation takes place. A suggestion was made that a referring practitioner should be permitted to bill for a primary care visit on the same day as a teleconsultation if the primary care visit is the basis of the consultation or for a medical problem unrelated to the consultation.

Response: On the day the teleconsultation occurs, the referring practitioner may bill for the office, outpatient, or inpatient visit that preceded the need for a consultation. Additionally, the referring practitioner could bill for other services as ordered by the consultant, or for services unrelated to the medical problem for which a consultation was requested.

However, the referring practitioner is prohibited from billing for a second visit for his or her role in presenting the patient at the time of teleconsultation. The consulting practitioner is responsible for billing Medicare for the consultation service.

Comment: Many commenters suggested an expansion in the scope of coverage beyond consultation services including speech pathology, occupational therapy, diabetic self management, psychotherapy, office and other outpatient visits for new and established patients, nursing facility services, and patient education and diagnostic interviews. Additionally, the nature of the comments indicated a belief that consultation can only be requested for a limited number of conditions or specialties and that a consultation service can only be provided once per patient.

Response: Section 4206(a) of BBA limits the scope of coverage to professional consultation for which payment is currently made under Medicare. We believe that a consultation is a specific service that meets the criteria specified for a consultation service in the AMA 1998 Current Procedure Terminology. BBA does not give authority to cover services beyond consultation under this provision.

We clarify that a consultation can be requested by a physician or practitioner for many medical specialties including, but not limited to: cardiology, pulmonary, neurology, dermatology, gastrology, and psychiatry. Additionally, the scope of coverage for teleconsultation is not limited to the initial request for consultation from the referring practitioner. If an additional request for consultation regarding the same or new problem is received from the attending practitioner and documented in the medical records, another teleconsultation may be billed.

Comment: Two commenters requested clarification of whether a physician assistant is eligible to be a consultant under this provision.

Response: A physician assistant, as defined in existing § 410.74, is eligible to bill for a teleconsultation.

Comment: A number of commenters believed that, in many cases, a registered nurse, or other medical professional, is qualified to present the patient to the consultant. One commenter believed that patient care has never suffered when a medical professional not recognized as a Medicare practitioner is used to present the patient and only a small percentage of cases actually require a physician, nurse practitioner, or physician assistant to be present for the teleconsultation.

Response: Section 4206(a) of BBA specifies that the individual physician or practitioner providing the professional consultation does not have to be at the same location as the physician or practitioner furnishing the service to the beneficiary. We believe this language is limiting and requires that a practitioner, as recognized under section 1842(b)(18)(C) of the Act, must be present with the patient during the teleconsultation. Since the same phrase describes the medical professional at both ends of the teleconsultation, we believe that it would be difficult to interpret the phrase to have one meaning for purposes of identifying the consultant and a different meaning for purposes of identifying who may be physically with the patient. Therefore, registered nurses, and other medical professionals not recognized as practitioners under section 1842(b)(18)(C) cannot act as presenters during teleconsultations.

Comment: A few commenters believed that the range of medical professionals eligible to provide a teleconsultation should be expanded beyond what is allowed by BBA. Suggestions included physical therapists, respiratory therapists, and occupational therapists. Commenters stated that outpatient rehabilitation following a stroke or other disorder is less expensive and better than prolonged inpatient care. Other commenters suggested that nurse specialists and registered nurses be allowed to provide a consultation service. Commenters stated that nurses provide education to patients without the presence of a physician or other practitioner.

Response: BBA limits the medical professionals who may be consultants to physicians or practitioners described in section 1842(b)(18)(C) of the Act. These practitioners include a clinical nurse specialist as described in § 410.76; however, nurses who are not recognized as practitioners under section 1842(b)(18)(C) of the Act are not eligible to provide a teleconsultation. This section of the law does not include physical therapists, respiratory therapists, and occupational therapists. We have no authority to expand the statutory definition.

Comment: One commenter stated that a certain State law requires the referring practitioner to have the ultimate authority over the care of the patient. The commenter believed that this requirement conflicts with our proposed rule which specifies that the examination be at the control of the consulting practitioner.

Response: We clarify that the language at proposed § 410.75(a)(4), redesignated in this final rule as § 410.78(a)(4), ''The medical examination of the beneficiary is under the control of the consultant practitioner,'' does not mean that the referring practitioner relinquishes the overall responsibility for a beneficiary's care. The intent of this requirement is to clarify that the consulting practitioner is conducting a real-time examination with the patient present, rather than reviewing a prior examination, diagnostic test, or procedure prepared in advance by the referring practitioner.

Payment and Billing Provisions

Comment: One commenter believed that the discussion of general Medicare payment policy is unclear. The commenter specifically questioned the applicability of coinsurance.

Response: Generally, under Medicare part B, Medicare pays 80 percent of the lower of the actual charge or appropriate fee schedule amount, presuming the beneficiary has met his or her Medicare part B deductible. Under the Medicare program and for purposes of this provision, the maximum Medicare payment for a teleconsultation provided by a participating physician would be based on 80 percent of the physician fee schedule, presuming that the deductible had been met. For all other eligible consulting practitioners, the maximum Medicare payment amount would be 80 percent of 85 percent of the physician fee schedule. The beneficiary would be responsible for 20 percent of the appropriate payment amount.

An example of this formula using $100 as the Medicare physician fee schedule amount is provided below.

Payment for a teleconsultation when a participating physician is the consultant:

- Medicare Physician Fee Schedule: $100.
- Max. Medicare Payment Amount (80% of $100): $80.
- Coinsurance (20% of $100): $20.
- Total Payment Amount: $100.

Payment for a teleconsultation when an eligible non-physician practitioner is the consultant:

- Medicare Physician Fee Schedule: $100.
- Practitioners Respective Percentage of the Physicians Fee Schedule and Resulting Non-Physician Fee Schedule Amount (85% of $100): $85.
- Max. Medicare Payment Amount (80% of $85): $68.
- Coinsurance (20% of $85): $17.
- Total Payment Amount: $85.

Comment: One commenter questioned whether Medigap, Medicaid, and other supplemental insurance will pay the 20-percent coinsurance for teleconsultations.

Response: Medicare Supplemental Insurance (MSI) will pay the 20-percent coinsurance for covered teleconsultations. MSI coverage including Medigap, Medicaid, or employer plans have been standardized across the country. All MSI plans provide what are known as ''basic benefits,'' which are defined to include Medicare Part B coinsurance for covered services (20 percent of the Medicare-approved amount). Teleconsultation is a consultation service delivered via telecommunications systems and is covered under Medicare in rural HPSAs effective January 1, 1999.

Comment: We received a number of comments regarding the proposed payment allocation in which the consultant would receive 75 percent and the referring practitioner would receive 25 percent of the consulting practitioners fee schedule. Several recommendations were made to vary the distribution of payment based on the work performed by each practitioner. A few commenters suggested that if it is not medically necessary for a presenting practitioner to participate in the teleconsultation, the consultant should receive 100 percent of the payment. Other commenters suggested that the payment allocation be determined by the practitioners involved.

Response: We recognize that the level of involvement of the presenting practitioner will vary from case to case, and our model for payment allocation reflects this belief. In determining the payment allocation, we developed a model simulating the combined intensity level for both the referring and consulting practitioners by using relative value units (RVUs) applicable to consultation services and primary care visits (primary care visits were used as proxy for the role of a presenting practitioner during a teleconsultation).

The model reflects that some consultations will require more preparation and medical expertise from the presenting practitioner. For instance, in the first scenario we used the full primary care RVUs. In the second scenario we reduced the work component by 50 percent to reflect that some consultations will require less new work from the presenting practitioner.

The consultation service and primary care visit RVUs were calculated as a percentage of the combined total and resulted in a 75-percent payment to the consulting practitioner and 25-percent payment to the referring practitioner. This percentage allocation is intended to reflect the average level of new work performed by each practitioner over the course of various teleconsultations. It would not be practical for us to develop varying fee amounts for the referring practitioner's role in presenting the patient given our lack of program experience with teleconsultation. However, we are not eliminating the possibility of making changes to the allocation methodology if program experience demonstrates that a modification is warranted.

We considered making a single payment to the consulting practitioner without specifying the amount to be shared with the referring practitioner, however we wished to avoid raising issues of prohibitions against ''fee splitting.'' For more information on the payment allocation see page 33886 of the June 22, 1998 proposed rule.

Comment: A few commenters believed that the regulation should specify the consequences in the event that a consultant fails to share payment in a timely fashion. A suggestion was made to amend the regulation to require the consultant to share payment within 30 days of receipt from the Medicare carrier. The commenter also requested that, in the event of untimely sharing of payment, the referring practitioner have the right to contact the consultant's Medicare carrier directly for the required percent of payment.

Response: We are not mandating or imposing time limits or dictating how sharing of payments should occur. We believe the specific details of how the payment should be shared, including the appropriate time frame, should be up to the practitioners involved. We believe that specifying a time frame in which sharing must occur, would impose an unnecessary burden on the consulting practitioner.

Comment: One commenter stated that the proposed rule is unclear regarding when the consulting practitioner should share 25 percent of the total payment with the referring practitioner. Specifically, the commenter provided two examples of how payment could possibly be shared. The first example involved sharing Medicare and coinsurance payments separately (upon the receipt by the consultant), while the second example involved sharing 25 percent of the total fee schedule amount before coinsurance was received by the consulting practitioner. The commenter believed that the amount of payment allocation changes depending on when sharing occurs.

Response: The consulting practitioner is responsible for billing Medicare for the consultation service and sharing 25 percent of total payments received with the referring practitioner. Whether the consulting practitioner shares payments as he or she receives them, waits until all payments are received, or shares the Medicare and coinsurance payments up-front, the total payment amount allocated to each practitioner remains the same. We are not imposing further guidelines on the sharing arrangement between the two practitioners.

Comment: Several commenters questioned whether our proposed payment methodology of making a single payment to the consultant and requiring him or her to share payment violates section 1877 of the Act. This section provides penalties for certain prohibited referrals. A few commenters questioned the applicability of State laws that prohibit fee splitting.

Response: The payment provisions for teleconsultation specify that the consulting practitioner must submit the claim for the consultation service and must share 25 percent of total payment with the referring practitioner. Given that we require the sharing of payments and predetermine by law the payment amount allocated to the referring practitioner, we believe that our regulation does not constitute a prohibited compensation arrangement between the consulting and referring practitioners. We do not regard the consulting practitioner as actually making a payment to the referring practitioner, but rather acting as a ''conduit'' to pass a portion of the Medicare payment on. Therefore, we believe that physicians and practitioners, under our payment policy, are not in violation of the Act. For more discussion regarding the bundled payment approach see page 33887 of the June 22, 1998 proposed rule.

Comment: A few commenters questioned how this payment sharing arrangement is treated for tax purposes and whether requiring the consultant to share payment is in conflict with the tax laws.

Response: HCFA does not give tax advice. However, we believe that what the commenter presents as a tax problem is merely a matter of bookkeeping. We note that the law requires the sharing of payment, and the regulation requires the consultant to give 25 percent of the payment received to the referring practitioner. We do not believe that the consultant would ever account for the portion of the Medicare payment for which he serves as a ''conduit'' as income of his or her own. Each practitioner should consult his or her own tax adviser for specific

information about his own bookkeeping practices.

Comment: Many commenters believed that it will be an administrative burden for the consultant to share payments with the referring practitioner. We received suggestions for two alternative billing proposals. The first alternative proposal maintained the single bill approach, but required us to issue separate checks to the consulting and referring practitioner from the same claim form. The second alternative proposal required the submission of separate claims from the consulting and referring practitioner with HCFA issuing separate checks.

Response: We understand the commenters' concern regarding the additional administrative requirements placed on the consulting practitioner. As a result of public comment, we examined the possibility of issuing two separate checks from the same claim form. Under this approach, we would pay the consultant 75 percent of the appropriate fee schedule amount and the referring practitioner would be paid 25 percent based upon the claim submitted by the consultant. However, this option could not be implemented to meet the January 1, 1999, effective date of this provision as mandated by section 4206 of BBA. For instance, the Medicare claims processing system is currently designed to accept only one ''pay to'' personal identification number (PIN) per claim on the electronic claim record and the HCFA–1500 paper claim fields that are used as the source for generating a check to a practitioner.

Currently there is only one scenario in which two checks can be issued from one claim form. That situation occurs when a beneficiary overpays his or her deductible and/or coinsurance on an assigned claim. In this case, one check is issued to the provider and a second check is issued to the beneficiary reflecting the amount the beneficiary overpaid. It is possible to issue two checks in this one instance because there is only one personal identification number.

Additionally, the Medicare claims processing system is designed to accommodate only one provider signature per claim. As such, if the consulting practitioner bills on behalf of the referring practitioner, we would not have a valid claim from the referring practitioner upon which to base payment and issue a check.

Another administrative difficulty concerns the possibility that the consulting and referring practitioners may be located in different carrier jurisdictions. This would make it difficult for one carrier to make separate payments to both practitioners. This option may be more feasible once national practitioner identification numbers are implemented as mandated by the Health Insurance Portability and Accountability Act of 1996.

When developing the proposed rule we considered requiring each practitioner to submit a separate claim. This alternative was rejected due to the administrative difficulties in linking claims to assure that the payment ceiling as allowed by section 4206 of BBA is not exceeded. Total payment could exceed what the consultant would have otherwise received if the presenting practitioner were to submit a claim for a consultation at a higher intensity level than the consultant. The task of linking claims becomes increasingly difficult if two carriers are involved because the practitioners' locations fall within separate carrier jurisdictions. The systems modifications necessary to accommodate separate claims could not have been implemented by the January 1, 1999, effective date as mandated by BBA.

Although the final rule requires the consulting practitioner to submit a claim for the teleconsultation and share payment with the referring practitioner, we are not foreclosing the possibility of making changes to this policy in the future.

Comment: One commenter had concerns regarding language in the proposed rule that stated that the teleconsultation transfers the patient to the consulting practitioner. The commenter believed that we should clarify that this statement was made only for administrative requirements of the physician fee schedule and that we did not intend it as a comment on the scope of medical practice.

Response: Our determination of the consultant's location as the site of service is for Medicare payment purposes only. Given that BBA allows payment up to the consultant's current fee schedule, we believe that it is appropriate to use the Geographic Practice Cost Index (GPCI) relevant to the location of the consulting practitioner, rather than the GPCI applicable to the referring practitioner. We did not intend to make a comment regarding the scope of medical practice.

Coding Provisions

Comment: The majority of commenters were strongly in favor of using a modifier to identify a consultation delivered via telecommunications systems. A few commenters suggested new codes to identify a teleconsultation. One commenter stated that modifiers are not always handled correctly by the Medicare carriers and that separate codes would offer the most reliable way of identifying services subject to their own payment rules.

Response: Using a modifier to identify a consultation delivered via telecommunications conforms with our view that a teleconsultation is a method of delivering a consultation service, rather than a new service. We considered developing a separate coding structure for teleconsultation, however, we rejected this option because we believe that new codes would be administratively cumbersome for the medical community and the Medicare program. We believe it will be easier for practitioners to use a single modifier rather than an entirely new set of codes.

Issues Not Addressed in the Proposed Rule

Comment: One commenter asked whether we plan to evaluate the impact of this rule on beneficiaries, providers, other payers, or Medicare. The commenter further stated that data has been limited from the current teleconsultation demonstration project.

Response: We believe that it would be beneficial to evaluate the impact of expanding eligibility for teleconsultation beyond the existing demonstration sites. We plan to evaluate program data resulting from this provision, such as utilization patterns, service intensity, and the type of practitioners providing a teleconsultation.

Comment: A few commenters suggested we provide clarification regarding both intra- and inter-state scope of practice and licensure issues. One commenter expressed concern that the proposed rule may unintentionally involve us in State-based scope of practice and recommended that we clarify that midlevel practitioners are prohibited from operating outside the licensed health professionals scope of practice in their State.

Response: BBA specifies that a nonphysician practitioner may refer a beneficiary for consultation. We clarify that midlevel practitioners would need to meet the governing requirements of the State in which they are licensed. Therefore, if the law of the State in which they are licensed would prohibit a midlevel practitioner (for example, a nurse practitioner or a physician assistant) from referring a patient for consultation, the practitioner could not refer a patient for teleconsultation. Likewise, if the law of the State in which the teleconsultation occurs prohibits a nonphysician from providing a consultation service, the

practitioner could not provide a teleconsultation under Medicare. Moreover, if State law precludes an out-of-State practitioner from delivering a teleconsultation, Medicare would not pay for that consultation.

Comment: One commenter believed that this rule would disadvantage specialists located in a rural HPSA by drawing patients to specialists outside of the local area. The commenter stated that managed care organizations may possibly be able to negotiate a better price from consultants outside the community and believed we should develop safeguards to prohibit such possibilities.

Response: We believe this comment is beyond the scope of this provision as authorized by BBA. BBA provides for payment of teleconsultation when the requirements of this benefit are met. However, HCFA is not authorized by the law to direct physicians and other medical practitioners to a specific consultant.

Comment: A few commenters suggested that we consider guidelines regarding beneficiary consent and safeguards for confidentiality.

Response: We agree that the beneficiary should be thoroughly informed regarding the nature of a teleconsultation and that confidentiality of medical records is of great concern. However, we assume that practitioners are already cognizant of their responsibility to obtain patients' informed consent and to protect patients' medical records. Therefore, we are not establishing guidelines regarding beneficiary consent or confidentiality at this time. We invite specific comments regarding this issue.

We recognize that this rule is a first step in refining face-to-face ''hands on'' requirements for a medical service under Medicare to reflect a telemedicine service. We are not eliminating the possibility of the development of modifications to Medicare telemedicine coverage and payment policies as the law permits and as more program experience in this area is obtained.

To that end, we intend to explore several issues, including: (1) The use of store and forward technologies as a method for delivering medical services; (2) the use of registered nurses and other medical professionals not recognized as a practitioner under the teleconsultation provision to present the patient to the consulting practitioner; and (3) the appropriateness of current consultation codes for reporting consultations delivered via communications systems.

In a year we will send recommendations to Congress regarding these issues along with any necessary legislative changes.

Clarifications and Modifications

Teleconsultation in Rural Health Clinics

As a result of further analysis and evaluation, we have decided to clarify payment policy for teleconsultations provided in a Rural Health Clinic (RHC).

We believe that Congress did not intend to include teleconsultation, as provided for by BBA, as part of the RHC benefit. Section 4206(a) of BBA specifies that Medicare payment shall be made for a professional consultation delivered via telecommunications with a physician as defined in section 1861(r) of the Social Security Act or practitioner as defined by section 1842(b)(18)(C) of the Act. Services furnished by an RHC are treated as ''RHC services'' and lose their identity as physicians' services or services of other practitioners.

Moreover, section 4206(b) of BBA instructs us to create a system of payment for teleconsultation that requires that payment be shared between the referring and consulting professionals, precludes payment for any sort of capital or facility fees, and applies the mandatory claims submission and limiting charge provisions of section 1848(g) of the Social Security Act. The method of payment for teleconsultation services under this benefit is not congruent with the method of payment for services under the RHC benefit. Under the RHC benefit, payment is made on the basis of an all-inclusive rate per visit (see 42 CFR 405.2462). These provisions are another indication that we should not include teleconsultation services furnished by physicians in RHCs as RHC services for which we make payment to the RHC.

While, some argument could be made that Congress simply did not intend for teleconsultation services ever to be paid for under section 4206 if they are furnished within the confines of an RHC, this would be an unusual conclusion since section 4206 specifically provides payment for consultation services in rural areas similar to those areas serviced by RHCs that may lack sufficient specialists to provide necessary beneficiary care.

Since Congress did not address how we should treat the services of physicians and other practitioners providing teleconsultation in RHCs, we are interpreting the law to permit practitioners in RHCs to bill for teleconsultation as do other practitioners. The law and the legislative history indicate that the intent of the teleconsultation benefit was to expand services to beneficiaries in rural areas. The same intent informs the RHC benefit, so we believe it would be anomalous to read the teleconsultation benefit as being unavailable to rural beneficiaries who receive a teleconsultation in an RHC.

Section 402 of the RHC manual (HCFA Pub. 27) describes ''services furnished by RHCs . . . which are not RHC/FQHC services.'' These services include durable medical equipment, ambulance services, diagnostic tests (''unless an interpretation of the test is provided by the RHC/FQHC physician''), prosthetic devices, braces, and artificial limbs. Thus, services created by other benefit provisions and not explicitly enumerated as part of the RHC benefit have been paid not under the RHC benefit (even if furnished in an RHC), but rather under the appropriate authority in section 1833 of the Act. We believe that it is consistent with this policy to pay for teleconsultations under the authority of section 4206 of BBA, not as an RHC service.

Therefore, consulting practitioners providing a teleconsultation in an RHC setting will be paid according to the payment methodology specified in this final rule. A teleconsultation would not generate an RHC visit and would not be paid for under the all-inclusive rate methodology. For instance, the consulting practitioner providing a teleconsultation in an RHC would bill the applicable Medicare carrier using his or her own identification number rather than the identification number of the RHC. Payment would be based on the consultant's fee schedule amount and he or she would be required to share 25 percent of total payments with the referring practitioner.

When a practitioner in an RHC refers a Medicare beneficiary for a teleconsultation, he or she will receive 25 percent of the approved Medicare consultation fee schedule. An RHC visit would not be billed by either the referring or consulting practitioner for the teleconsultation. However, the referring practitioner could bill for the initial visit which prompted the need for a consultation as an RHC visit.

Note: These requirements would also apply to Federally Qualified Health Centers located in a rural HPSA.

Result of Evaluation of Comments

- Eligibility for Teleconsultation—Medicare beneficiaries residing in rural HPSAs are eligible to receive teleconsultation services. This final rule stipulates the use of the site of presentation (patient location) as a proxy for beneficiary residence. However, if a beneficiary can

demonstrate that he or she resides in a rural HPSA, Medicare would make payment regardless of the site of consultation. Eligibility for teleconsultation includes both full and partial county HPSAs designated by section 332(a)(1)(A) of the Public Health Service Act.

- Scope of Coverage—Covered services include initial, follow-up, or confirming consultations in hospitals, outpatient facilities, or medical offices delivered via interactive audio and video telecommunications systems (CPT codes 99241–99245, 99251–99255, 99261–99263, and 99271–99275).

- Practitioners eligible to be consulting and referring practitioners—Clinical psychologists, clinical social workers, certified registered nurse anesthetists, and anesthesiologist assistants do not provide for consultation services payable under Medicare and therefore cannot provide a teleconsultation under this provision. Additionally, certified nurse anesthetists and anesthesiologist assistants are not eligible to be referring practitioners for a teleconsultation. Practitioners who may provide teleconsultations include the following: physicians, physician assistants, nurse practitioners, clinical nurse specialists, and nurse-midwives. Practitioners who may refer patients for teleconsultation include the following: physicians, physician assistants, nurse practitioners, clinical nurse specialists, nurse-midwives, clinical psychologists, and clinical social workers.

- Conditions of Payment—The patient must be present at the time of consultation, the medical examination of the patient must be under the control of the consulting practitioner, and the consultation must take place via an interactive audio and video telecommunications system. Interactive telecommunications systems must be multi-media communications that, at a minimum, include audio and video equipment permitting real-time consultation among the patient, consulting practitioner, and referring practitioner (as appropriate). Telephones, facsimile machines, and electronic mail systems do not meet the requirements of interactive telecommunications systems.

- We amended the proposed rule to allow another practitioner who can be a referring practitioner under this provision to present the patient to the consultant provided that he or she is an employee of the actual referring practitioner.

- Registered nurses and other medical professionals not included within the definition of a practitioner in section 1842(b)(18)(C) of the Act are not permitted to act as presenters during teleconsultations.

- Medicare Payment Policy—A single payment will be made to the consulting practitioner. The amount will be equal the consultant's current fee schedule payment for a face-to-face patient consultation. The statute requires that the fee be shared by the referring and consulting practitioners. This final rule implements this requirement by providing that the consulting practitioner receive 75 percent, and the referring practitioner 25 percent, of the consulting practitioner's Medicare fee. The patient continues to be responsible for the 20 percent Medicare coinsurance.

- Billing for Teleconsultation—The consulting practitioner will submit one claim for the consultation service and will provide the referring practitioner with 25 percent of any payment, including any deductible or coinsurance received for the consultation. A coding modifier will be used to identify the claim as a teleconsultation. The referring practitioner cannot submit a Medicare claim for the teleconsultation.

IV. Refinement of Relative Value Units for Calendar Year 1999 and Responses to Public Comments on Interim Relative Value Units for 1998

A. Summary of Issues Discussed Related to the Adjustment of Relative Value Units

Section IV.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, 1999.

B. Process for Establishing Work Relative Value Units for the 1999 Physician Fee Schedule

Our October 31, 1997 final rule on the 1998 physician fee schedule (62 FR 59048) 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 physicians' services furnished beginning January 1, 1998. We announced that we considered the RVUs for the interim codes to be subject to public comment under the annual refinement process. In this section, we summarize the refinements to the interim work RVUs that have occurred since publication of the October 1998 final rule and our establishment of the work RVUs for new and revised codes for the 1999 physician fee schedule.

Work Relative Value Unit Refinements of Interim and Related Relative Value Units (Includes Table 4—Work Relative Value Unit Refinements of 1998 Interim and Related Relative Value Units)

Although the RVUs in the October 1997 final rule were used to calculate 1998 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 comments from approximately 8 specialty societies on approximately 34 CPT codes with interim RVUs. Only comments received on codes listed in Addendum C of the October 1997 final rule were considered this year.

Due to the content of the comments received, we did not convene multi-specialty refinement panels (see the November 22, 1996 final rule on the physician fee schedule (61 FR 59536) for a detailed explanation of the refinement of CPT codes with interim RVUs). Instead, determinations were made by HCFA medical officers in conjunction with our carrier medical directors.

Table 4—Work Relative Value Unit Refinements of 1998 Interim and Related Relative Value Units

Table 4 lists the interim and related codes reviewed during the 1998 refinement process described in this section. 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.

- *1998 Work RVU.* The work RVUs that appeared in the October 1997 rule are shown for each reviewed code.

- *Requested Work RVU.* This column identifies the work RVUs requested by commenters.

- *1999 Work RVU.* This column contains the final RVUs for physician work.

The new values emerged from analysis of the specialty society's written comments on the 1998 interim valued CPT codes.

TABLE 4.—WORK RELATIVE VALUE UNIT REFINEMENTS OF 1998 INTERIM AND RELATED RELATIVE VALUE UNITS

CPT	MOD	Description	1998 work RVU	Requested work RVU	1999 work RVU
11055	.....	Paring or cutting of nails	0.27	0.43	0.27
11056	.....	Paring or cutting of nails	0.39	0.61	0.39
11057	.....	Paring or cutting of nails	0.50	0.79	0.50
11719	.....	Paring or cutting of nails	0.11	0.17	0.11
17003	.....	Destruction of lesions	0.15	0.18	0.15
17004	.....	Destruction of lesions	2.79	3.05	2.79
90804	.....	Psytx, office (20–30)	1.11	1.30	1.21
90805	.....	Psytx, office (20–30) w/e&m	1.47	1.47	1.37
90806	.....	Psytx, office (45–50)	1.73	1.99	1.86
90807	.....	Psytx, office (45–50) w/e&m	2.00	2.16	2.02
90808	.....	Psytx, office (75–80)	2.76	2.99	2.79
90809	.....	Psytx, office (75–80) w/e&m	3.15	3.16	2.95
90810	.....	Intac psytx, office (20–30)	1.19	1.42	1.32
90811	.....	Intac psytx, off 20–30 w/e&m	1.58	1.59	1.48
90812	.....	Intac psytx, office (45–50)	1.86	2.11	1.97
90813	.....	Intac psytx, off 45–50 w/e&m	2.15	2.28	2.13
90814	.....	Intac psytx, office (75–80)	2.97	3.11	2.90
90815	.....	Intac psytx, off 75–80 w/e&m	3.39	3.28	3.06
90816	.....	Psytx, hosp (20–30)	1.24	1.34	1.25
90817	.....	Psytx, hosp (20–30) w/e&m	1.65	1.51	1.41
90818	.....	Psytx, hosp (45–50)	1.94	2.03	1.89
90819	.....	Psytx, hosp (45–50) w/e&m	2.24	2.20	2.05
90821	.....	Psytx, hosp (75–80)	3.09	3.03	2.83
90822	.....	Psytx, hosp (75–80) w/e&m	3.53	3.20	2.99
90823	.....	Intac psytx, hosp (20–30)	1.33	1.46	1.36
90824	.....	Intac psytx, hsp 20–30 w/e&m	1.77	1.63	1.52
90826	.....	Intac psytx, hosp (45–50)	2.08	2.15	2.01
90827	.....	Intac psytx, hsp 45–50 w/e&m	2.41	2.32	2.16
90828	.....	Intac psytx, hosp (75–80)	3.32	3.15	2.94
90829	.....	Intac psytx, hsp 75–80 w/e&m	3.80	3.32	3.10
99343	.....	Home care visits	2.27	No Rec	2.27
99345	.....	Home care visits	3.79	No Rec	3.79
99348	.....	Home care visits	1.26	No Rec	1.26
99350	.....	Home care visits	3.03	No Rec	3.03

*All CPT and descriptors copyright 1998 American Medical Association.

Paring or cutting of nails (CPT codes 11055 through 11057 and 11719)

Comment: A commenter disagreed with our decision to decrease the RUC-recommended RVUs for this family of codes. (''RUC'' refers to the American Medical Association's Specialty Society Relative Value Scale Update Committee.) They believed our budget-neutral approach decreased the recommended RUC work RVUs by too large a factor. (See the section on the establishment of interim work Value Units for a brief discussion of the budget-neutral approach.)

Response: We disagree with the commenter's view that the RUC recommendations were decreased by too large a factor. CPT codes 11055 through 11057 can be performed in conjunction with CPT code 11719. The methodology that was used accounts for these combinations. Therefore, the 1998 interim work RVUs will be made final for this series of CPT codes. The final work RVUs, effective January 1, 1999, will be as follows: CPT code 11055 (0.27), CPT code 11056 (0.39), CPT code 11057 (0.50), and CPT code 11719 (0.11).

Destruction of lesions (CPT codes 17003 and 17004)

Comment: A commenter disagreed with our decision to accept the RUC recommendations for CPT codes 17003 and 17004. The commenter believed that the work RVUs associated with these codes were decreased by the RUC without any rationale.

Response: We disagree with the commenter's belief that we should not have accepted the RUC recommendation for CPT codes 17003 and 17004. The RUC determined the work RVUs for these two codes by crosswalking the utilization of existing procedure codes (which were to be deleted for CPT 1998) into these two new CPT codes for the same services. Compliance with our guidelines for budget neutrality resulted in the reduction of the society's recommended work RVUs by the RUC. Therefore, the 1998 interim RVUs for CPT codes 17003 and 17004 will be made final. The final work RVUs, effective January 1, 1999, will be as follows: CPT code 17003 (0.15) and CPT code 17004 (2.79).

Psychotherapy (CPT codes 90804 through 90829)

Comment: In May of 1997, the RUC recommended that HCFA-assigned RVUs for the 24 HCPCS psychotherapy codes be crosswalked to the 1998 CPT codes. The RUC also recommended that the work RVUs remain interim until such time as a survey is conducted by each of the professions that furnish the services.

Response: We received recommendations that were based upon the cooperative efforts of the American Academy of Child and Adolescent Psychiatry, The American Nurses Association, the American Psychiatric Association, the American Psychological Association, and the National Association of Social Workers. The RUC accepted these recommendations.

The cooperative effort by the referenced specialties used frequency estimations to maintain budget neutrality within the family of new CPT codes. Based upon actual 1997

frequencies, the recommended work RVUs are not budget-neutral. We will retain the relative relationships that were recommended but will attain budget neutrality by applying a uniform 6.7 percent reduction across all of the codes. The final 1999 work RVUs will be as follows:

TABLE 5.—PSYCHOTHERAPY (CPT CODES 90804 THROUGH 90829)

CPT code	Descriptor	1999 work RVUs
90804	Psytx, office (20–30)	1.21
90805	Psytx, office (20–30) w/e&m	1.37
90806	Psytx, office (45–50)	1.86
90807	Psytx, office (45–50) w/e&m	2.02
90808	Psytx, office (75–80)	2.79
90809	Psytx, office (75–80) w/e&m	2.95
90810	Intac psytx, office (20–30)	1.32
90811	Intac psytx, off 20–30 w/e&m	1.48
90812	Intac psytx, office (45–50)	1.97
90813	Intac psytx, off 45–50 w/e&m	2.13
90814	Intac psytx, office (75–80)	2.90
90815	Intac psytx, off 75–80 w/e&m	3.06
90816	Psytx, hosp (20–30)	1.25
90817	Psytx, hosp (20–30) w/e&m	1.41
90818	Psytx, hosp (45–50)	1.89
90819	Psytx, hosp (45–50) w/e&m	2.05
90821	Psytx, hosp (75–80)	2.83
90822	Psytx, hosp (75–80) w/e&m	2.99
90823	Intac psytx, hosp (20–30)	1.36
90824	Intac psytx, hsp 20–30 w/e&m	1.52
90826	Intac psytx, hosp (45–50)	2.01
90827	Intac psytx, hsp 45–50 w/e&m	2.16
90828	Intac psytx, hosp (75–80)	2.94
90829	Intac psytx, hsp 75–80 w/e&m	3.10

Home care visits (CPT codes 99341 through 99350)

Comment: A commenter suggested that, when we increased the RUC's work RVU recommendations by a uniform 10 percent intensity factor, we used incorrect base intra-service time. The commenter believed the RUC survey of intra-service time was more accurate than the typical time agreed to by CPT.

Response: We maintain that the correct intra-service times were used and thus will finalize these interim valued codes for home visits. Effective January 1, 1999, the final work RVUs for the home care visit codes will be as follows: CPT code 99341 (1.01), CPT code 99342 (1.52), CPT code 99343 (2.27), CPT code 99344 (3.03), CPT code 99345 (3.79), CPT code 99347 (0.76), CPT code 99348 (1.26), CPT code 99349 (2.02), and CPT code 99350 (3.03).

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 1999 Methodology (Includes Table 6—American Medical Association Specialty Society Relative Value Update Committee and Health Care Professionals Advisory Committee Recommendations and HCFA's Decisions for New and Revised 1999 CPT Codes)

One aspect of establishing work RVUs for 1999 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 our November 26, 1996 final rule (61 FR 59505 through 59506), 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 70 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 physician 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 RUC recommendations. We agreed with the 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 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 93 percent of the RUC recommendations, proposed work RVUs were accepted or increased, and, for approximately 7 percent, work RVUs were decreased.

We received only one recommendation from the Health Care Professionals Advisory Committee (HCPAC) for a new code for which the RUC did not provide a recommendation. This HCPAC recommendation was accepted.

There were also 10 CPT codes for which we did not receive a RUC recommendation. After review of these codes by HCFA medical officers, we established interim work RVUs for 8 of these codes and identified the remaining 2 CPT codes as carrier-priced for 1999.

Table 6 is a listing of those codes that will be new or revised in 1999 as well as their associated work RVUs. This table includes the following information:

- A ''#'' identifies a new code for 1999.
- *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 (''agree''); we established work RVUs that are higher than the RUC recommendation (''increase''); or we established work RVUs that were less than the RUC recommendation (''decrease''). Codes for which we did not accept the RUC recommendation are discussed in greater detail following Table 6 below. An ''(a)'' indicates that no RUC recommendation was provided. A discussion follows the table.
- *HCFA work RVUs.* This column contains the RVUs for physician work based on our reviews of the RUC recommendations. The RVUs shown for global surgical services have not been adjusted to account for the 1998 increases for work RVUs in evaluation and management services.

1999 work RVUs. This column contains the 1999 RVUs for physician work. The RVUs shown for global surgical services have been adjusted to account for the 1998 increases for work RVUs in evaluation and management.

This table includes only those codes that were reviewed by the full RUC or for which we received a recommendation from the HCPAC.

TABLE 6.—AMERICAN MEDICAL ASSOCIATION SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE AND HEALTH CARE PROFESSIONALS ADVISORY COMMITTEE RECOMMENDATIONS AND HCFA'S DECISIONS FOR NEW AND REVISED 1999 CPT CODES

CPT * code	MOD	Description	RUC recommendation	HCPAC recommendation	HCFA decision	NCFA Work RVU	1998 Work RVU
15000	.....	Skin graft procedure	4.00	.....	Agree	4.00	4.00
15001# ..	.....	Skin graft procedure	1.00	.....	Agree	1.00	1.00
15100	.....	Skin split graft procedure	9.05	.....	Agree	9.05	9.05
15101	.....	Skin split graft procedure	1.72	.....	Agree	1.72	1.72
15120	.....	Skin split graft procedure	9.83	.....	Agree	9.83	9.83
15121	.....	Skin split graft procedure	2.67	.....	Agree	2.67	2.67
15350	.....	Skin homograft procedure	4.00	.....	Agree	4.00	4.00
15351# ..	.....	Skin homograft procedure	1.00	.....	Agree	1.00	1.00
15400	.....	Skin heterograft procedure	4.00	.....	Agree	4.00	4.00
15401# ..	.....	Skin heterograft procedure	1.00	.....	Agree	1.00	1.00
19364	.....	Breast reconstruction	41.00	.....	Agree	41.00	41.00
27347# ..	.....	Excision tendon sheath	5.78	.....	Agree	5.78	5.78
28289# ..	.....	Hallux rigidus correction	7.04	.....	Agree	7.04	7.04
31622	.....	Bronchoscopic procedures	.....	.....	(a)	2.67	2.67
31623# ..	.....	Bronchoscopic procedures	.....	.....	(a)	3.07	3.07
31624# ..	.....	Bronchoscopic procedures	.....	.....	(a)	3.11	3.11
31643# ..	.....	Bronchoscopy for brachytherapy	3.50	.....	Agree	3.50	3.50
32001# ..	.....	Bronchoscopic procedures	.....	.....	(a)	5.71	5.71
33975	.....	Ventricular assist devices	21.60	.....	Agree	21.60	21.60
33976	.....	Ventricular assist devices	29.10	.....	Agree	29.10	29.10
35500# ..	.....	Bypass grafts	.....	.....	(a)	carrier	carrier
35681	.....	Bypass grafts	3.93	.....	Decrease	1.60	1.60
35682# ..	.....	Bypass grafts	7.20	.....	Agree	4.80	4.80
35683# ..	.....	Bypass grafts	8.50	.....	Agree	6.10	6.10
35875	.....	Thrombectomy of grafts	10.13	.....	Agree	10.13	10.13
35876	.....	Thrombectomy of grafts	17.00	.....	Agree	17.00	17.00
36823# ..	.....	Arteriovenous Chemo	carrier	.....	Agree	carrier	carrier
36831# ..	.....	Thrombectomy of grafts	8.00	.....	Agree	8.00	8.00
36832	.....	Thrombectomy of grafts	10.50	.....	Agree	10.50	10.50
36833# ..	.....	Thrombectomy of grafts	11.95	.....	Agree	11.95	11.95
36860	.....	Thrombectomy of grafts	2.01	.....	Agree	2.01	2.01
38792# ..	.....	Sentinel node biopsy	.....	.....	(a)	carrier	carrier
45126# ..	.....	Pelvic exenteration	38.39	.....	Agree	38.39	38.39
56321# ..	.....	Laparoscopic adrenalectomy	carrier	.....	Agree	carrier	carrier
57106# ..	.....	Radical vaginectomy	6.36	.....	Agree	6.36	6.36
57107# ..	.....	Radical vaginectomy	23.00	.....	Agree	23.00	23.00
57109# ..	.....	Radical vaginectomy	27.00	.....	Agree	27.00	27.00
57110	.....	Radical vaginectomy	14.29	.....	Agree	14.29	14.29
57111# ..	.....	Radical vaginectomy	27.00	.....	Agree	27.00	27.00
57112# ..	.....	Radical vaginectomy	29.00	.....	Agree	29.00	29.00
67208	.....	Destruction of choroid lesion	6.70	.....	Agree	6.70	6.70
67210	.....	Destruction of choroid lesion	8.82	.....	Agree	8.82	8.82
67220# ..	.....	Destruction of choroid lesion	13.13	.....	Agree	13.13	13.13
67320	.....	Strabimus surgery	4.33	.....	Agree	4.33	4.33
67331	.....	Strabimus surgery	4.06	.....	Agree	4.06	4.06
67332	.....	Strabimus surgery	4.49	.....	Agree	4.49	4.49
67334	.....	Strabimus surgery	3.98	.....	Agree	3.98	3.98
67335	.....	Strabimus surgery	2.49	.....	Agree	2.49	2.49
67340	.....	Strabimus surgery	4.93	.....	Agree	4.93	4.93
69990# ..	.....	Microsurgery	.....	.....	(a)	3.46	3.46
73560	26	Radiological examination, knee	0.17	.....	Agree	0.17	0.17
73562	26	Radiological examination, knee	0.18	.....	Agree	0.18	0.18
73564	26	Radiological examination, knee	0.22	.....	Agree	0.22	0.22
76006# ..	.....	Stress views	0.41	.....	Agree	0.41	0.41
76977# ..	26	Bone density	.....	.....	(a)	0.22	0.22
78020# ..	.....	Thyroid carcinoma metastases	0.67	.....	Decrease	0.60	0.60
78205	26	Liver imaging	0.71	.....	Agree	0.71	0.71
78206# ..	26	Liver imaging	0.96	.....	Agree	0.96	0.96
78472	26	Cardiac blood pool imaging	0.98	.....	Agree	0.98	0.98
78494# ..	26	Cardiac blood pool imaging	1.19	.....	Agree	1.19	1.19
78496# ..	26	Cardiac blood pool imaging	0.50	.....	Agree	0.50	0.50
78588# ..	26	Pulmonary perfusion imaging	1.09	.....	Agree	1.09	1.09
88291# ..	26	Cytogenetic studies	0.52	.....	Agree	0.52	0.52
92135# ..	26	Confocal Scanning	0.35	.....	Agree	0.35	0.35
93571# ..	26	IV distal blood velocity measure	2.99	.....	Decrease	1.80	1.80
93572# ..	26	IV distal blood velocity measure	1.70	.....	Decrease	1.44	1.44
94014# ..	26	Pulmonary function	0.52	.....	Agree	0.52	0.52

TABLE 6.—AMERICAN MEDICAL ASSOCIATION SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE AND HEALTH CARE PROFESSIONALS ADVISORY COMMITTEE RECOMMENDATIONS AND HCFA'S DECISIONS FOR NEW AND REVISED 1999 CPT CODES—Continued

CPT* code	MOD	Description	RUC recommendation	HCPAC recommendation	HCFA decision	NCFA Work RVU	1998 Work RVU
94016# ..	.....	Pulmonary function	0.52	.....	Agree	0.52	0.52
94060	26	Pulmonary function	0.31	.....	Agree	0.31	0.31
94620	26	Pulmonary function	.....	.....	(a)	0.88	0.88
94621# ..	26	Pulmonary function	.....	.....	(a)	0.88	0.88
95920	26	Neurotransmitter analysis	2.11	.....	Agree	2.11	2.11
95970# ..	.....	Neurotransmitter analysis	0.45	.....	Agree	0.45	0.45
95971# ..	.....	Neurotransmitter analysis	0.78	.....	Agree	0.78	0.78
95972# ..	.....	Neurotransmitter analysis	1.50	.....	Agree	1.50	1.50
95973# ..	.....	Neurotransmitter analysis	0.92	.....	Agree	0.92	0.92
95974# ..	.....	Neurotransmitter analysis	3.00	.....	Agree	3.00	3.00
95975# ..	.....	Neurotransmitter analysis	1.70	.....	Agree	1.70	1.70
97140# ..	.....	Manual therapy techniques	0.45	.....	Decrease	0.43	0.43
99298# ..	.....	Neonatal care	2.75	.....	Agree	2.75	2.75

[a] No RUC recommendation provided.
New Codes.
* All numeric HCPCS CPT Copyright 1997 American Medical Association.

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. Furthermore, the RVUs in the following discussion have not been adjusted by the budget-neutrality adjustment factor.

Bypass grafts (CPT code 35681).

We received RUC recommendations for three of the four add-on codes (codes that may be billed only in conjunction with selected primary procedure codes) related to composite bypass grafts. We rejected the RUC recommendation of 3.93 work RVUs for CPT code 35681 (Bypass graft, composite, prosthetic and vein). These work RVUs were suggested during the 5-year review of work RVUs at a time when this family of composite codes had not been established. The recommendation was based on the assumption that the work could be estimated at 12 percent of an independent procedure, CPT code 35102. We believe that a more appropriate evaluation is based on the work involved in anastomosing the vein and prosthetic grafts, which we estimate at 1.60 work RVUs. Effective January 1, 1999, CPT code 35681 will be valued at 1.60 work RVUs.

Thyroid carcinoma metastases uptake (CPT code 78020)

We received a RUC recommendation of 0.67 for CPT code 78020. The survey data indicated that CPT code 78020 was previously reported with unlisted CPT code 78099. The survey estimated that CPT code 78020 will be billed approximately 15 percent of the time CPT code 78018 is billed. CPT code 78099 was only billed 61 times in 1997, while the projected utilization of CPT code 78020 for 1999 is approximately 575 claims annually. To retain budget neutrality within this family of codes, the total work RVUs that will be paid in 1999 were scaled to what would have been paid in 1999 if CPT code 78020 had not been established. This results in work RVUs of 0.60 for CPT code 78020 and 0.86 for CPT code 78018.

Intravascular distal blood flow velocity measurements (CPT code 93571 and 93572)

The RUC recommended work RVUs of 2.99 and 1.70, respectively, for CPT codes 93571 and 93572. The RUC recommendation was constructed based upon a building block approach. Our analysis of this approach raised concerns about the inclusion of certain items in the building block for each respective code. We chose to value these procedures based upon analogous CPT codes 92978 (IV ultrasound) and 92979 (IV ultrasound, each additional vessel) for which the RUC time estimates were identical. For this reason, we assigned 1.80 work RVUs to CPT code 93571 and 1.44 work RVUs to CPT code 93572.

Physical medicine and rehabilitation (CPT code 97140) CPT code 97140 (RUC-recommended work RVU=0.45 replaces CPT codes 97122, 97250, 97260, 97261, and 97265.)

To retain budget neutrality within this family of codes, the total work RVUs that will be paid in 1999 were scaled to the total work RVUs that would have been paid if CPT code 97140 had not been established. This results in work RVUs of 0.43 for CPT code 97140.

V. Physician Fee Schedule Update and Conversion Factor for Calendar Year 1999

The 1999 physician fee schedule conversion factor is $34.7315.

In accordance with section 1848(d)(1)(D) of the Act, as amended by section 4504 of the BBA 1997, the separate conversion factor for anesthesia services for a year shall be equal to 46 percent of the single conversion factor for other physicians' services, except as adjusted for changes in work, practice expense, or malpractice relative value units. This calculation yields a 1999 anesthesia conversion factor of $17.24.

The specific calculations to determine the conversion factor for physicians' services for calendar year 1999 are explained below.

Detail on Calculation of the Calendar Year 1999 Physician Fee Schedule Update and the 1999 Conversion Factor

Physician Fee Schedule Update and Conversion Factor

The conversion factor is affected by section 1848(c)(2)(B)(ii)(II) of the Act, which requires that changes to the relative value units of the Medicare physician fee schedule not cause expenditures to increase or decrease by more than $20 million from the amount of expenditures that would have been made if such adjustments had not been made. We implement this requirement through a uniform budget-neutrality adjustment to the conversion factor.

The conversion factor is also affected by the elimination of the separate 0.917 budget-neutrality adjustment to the work relative value units. This adjustment and its elimination are described in the October 31, 1997 final rule.

The conversion factor is further affected by adjustments made to the practice expense and malpractice relative value units to ensure that the percentages of fee schedule allowed charges for work, practice expense, and malpractice premiums equal the new percentages that those categories represent in the revised Medicare Economic Index (MEI) weights.

Taking all of these factors into account, as well as the percent change in the MEI and Sustainable Growth Rate (SGR) adjustments described below, the 1999 conversion factor is calculated as follows:

1998 Conversion Factor: 36.6873
1999 Update: 2.3%
Other 1999 Factors: −7.45944%
1999 Conversion Factor: 34.7315

The 2.3 percent 1999 update is calculated as follows:

MEI: 2.3%
SGR adjustment: 0.0%
1999 Update: 2.3%

The −7.45944 percent adjustment for other factors is calculated as follows:

Elimination of the separate work adjuster: −8.30%
Adjustment to match MEI weights: 1.20%
Volume and Intensity adjustment: −0.28%
Other 1999 factors: −7.45944%

Note that the elimination of the separate work adjuster and the adjustment to match the MEI weights does not affect aggregate Medicare payments because offsetting changes have been made to the practice expense and malpractice relative value units. As described earlier, the volume-and-intensity adjustment does not affect aggregate payments because our actuaries assume an offsetting increase in the volume and intensity of services provided in 1999.

The MEI and the SGR adjustments are described below.

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 1996 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 annual 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 annual 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 1999 update. The calendar year 1999 MEI is 2.3 percent.

INCREASE IN THE MEDICARE ECONOMIC INDEX UPDATE FOR CALENDAR YEAR 1999 [1]

	1996 weights [2]	CY 1999 percent changes
Medicare Economic Index Total	100.0	2.3
1. Physician's Own Time [3 4]	54.5	2.6
a. Wages and Salaries: Average hourly earnings private nonfarm, net of productivity	44.2	2.9
b. Fringe Benefits: Employment Cost Index, benefits, private nonfarm, net of productivity	10.3	1.2
2. Physician's Practice Expense [3]	45.5	2.1
a. Nonphysician Employee Compensation	16.8	2.4
1. Wages and Salaries: Employment Cost Index, wages and salaries, weighted by occupation, net of productivity	12.4	2.7
2. Fringe Benefits: Employment Cost Index, fringe benefits, white collar, net of productivity	4.4	1.5
b. Office Expense: Consumer Price Index for Urban Consumers (CPI–U), housing	11.6	2.3
c. Medical Materials and Supplies: Producer Price Index (PPI), ethical drugs/PPI, surgical appliances and supplies/CPI–U, medical equipment and supplies (equally weighted)	4.5	4.3
d. Professional Liability Insurance: HCFA professional liability insurance survey [5]	3.2	−0.8
e. Medical Equipment: PPI, medical instruments and equipment	1.9	−1.1
f. Other Professional Expense	7.6	1.7
1. Professional Car: CPI–U, private transportation	1.3	−1.1
2. Other: CPI-U, all items less food and energy	6.3	2.2
Addendum:		
Productivity: 10-year moving average of output per man-hour, nonfarm business sector	n/a	1.1
Physician's Own Time, not productivity adjusted	54.5	3.7
Wages and salaries, not productivity adjusted	44.2	4.0
Fringe benefits, not productivity adjusted	10.3	2.3
Nonphysician Employee Compensation, not productivity adjusted	16.8	3.5
Wages and salaries, not productivity adjusted	12.4	3.8
Fringe benefits, not productivity adjusted	4.4	2.6

[1] The rates of change are for the 12-month period ending June 30, 1998, which is the period used for computing the calendar year 1999 update. The price proxy values are based upon the latest available Bureau of Labor Statistics data as of September 15, 1998.

[2] The weights shown for the MEI components are the 1996 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 1996. To determine the MEI level for a given year, the price proxy level for each component is multiplied by its 1996 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+.040=1.040 by one plus the decimal form of the percent change in the 10-year moving average of labor productivity (1+.011=1.011) equals one plus the change in average hourly earnings net of the change in output per man hour (1.040/1.011=1.029). 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 1997). 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.

Medicare Performance Relative to the SGR

Medicare Sustainable Growth Rate

Section 1848(f) of the Act, as amended by section 4503 of the BBA 1997, replaces the volume performance standard with a sustainable growth (SGR) standard. It specifies the formula for establishing yearly SGR targets for physicians' services under Medicare. The use of SGR targets is intended to control the actual growth in Medicare expenditures for physicians' services.

The SGR targets are not limits on expenditures. Payments for services are not withheld if the SGR target is 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 SGR target.

As provided in section 4502 of the BBA 1997, the update to the conversion factor is established to match spending under the SGR. The law refers to this update as the update adjustment factor. The amended section 1848(d)(3)of the Act now states that:

> the 'update adjustment factor' for a year is equal (as estimated by the Secretary) to—
> (i) the difference between (I) the sum of the allowed expenditures for physicians' services (as determined under subparagraph (C)) for the period beginning April 1, 1997, and ending on March 31 of the year involved, and (II) the amount of the actual expenditures for physicians' services furnished during the period beginning April 1, 1997, and ending on March 31 of the preceding year; divided by—
> (ii) the actual expenditures for physicians' services for the 12-month period ending on March 31 of the preceding year, increased by the sustainable growth rate under subsection (f) for the fiscal year which begins during such 12-month period.

The result is a 0.0 percent adjustment for 1999. The allowed expenditures for physicians' services are calculated based upon the 1998 and 1999 SGR derivations as detailed in the October 31, 1997 final rule and the Notice announcing the Sustainable Growth Rate found in this edition of the Federal Register, respectively.

VI. Provisions of the Final Rule

The provisions of this final rule restate the provisions of the June 5, 1998, proposed rule except as noted elsewhere in this preamble. Following is a highlight of the changes made:

For our proposal relating to the medical direction of anesthesia services (§ 415.110), we have decided to retain the current requirements (that is, requirements (i) and (ii), and (iv) through (vii)) and make only one technical revision in requirement (iii). The technical revision pertains to the requirement that the physician participate in the most demanding procedures in the anesthesia plan, including induction and emergence.

For our proposal relating to nonphysician practitioners, following is a highlight of the changes to the proposed rule:

- Proposed §§ 410.75(c) and 410.76(c) are revised to remove the alternate proposed definition of collaboration. For purposes of Medicare coverage, the collaboration requirement will state that these nonphysician practitioners must meet the standards for a collaborative relationship, as established by the State in which they are practicing. In the absence of State law or regulations governing collaborative relationships, these nonphysician practitioners must document their scope of practice and indicate the relationships that they have with physicians to deal with issues outside their expertise.
- In proposed §§ 410.74(d) and 410.75(e) we deleted the proposed listing of examples of services that can be provided by physician assistants, nurse practitioners and clinical nurse specialists.
- Proposed § 410.76(b) is revised to implement the qualifications for clinical nurse specialist as established by the BBA without the proposed exception for those clinical nurse specialist that do not possess a master's degree.
- Proposed § 410.77(a) is revised to state that a nurse-midwife must—
  + Be a registered nurse who is currently licensed to practice as a nurse-midwife in the State where services are performed;
  + Have successfully completed an accredited program of study and clinical experience for nurse-midwives as specified by the State; or
  + Be certified as a nurse-midwife by the American College of Nurse-Midwives or the American College of Nurse-Midwives Certification Council.
- Proposed § 410.74(c) is revised to state that a physician assistant is an individual who—
  + Has graduated from a physician assistant educational program that is accredited by the National Commission on Accreditation on Allied Health Education Programs;
  + Has passed the national certification examination that is certified by the National Commission on Certification of Physician Assistants; and
  + Is licensed by the State to practice as a physician assistant.

This final rule also restates the provisions of teleconsultations in rural health professional shortage areas proposed rule published on June 22, 1998, at 63 FR 33890, that provided for payment for consultations via telecommunications systems in rural HPSAs, with changes. The changes listed below have been discussed elsewhere in this preamble. Following is a highlight of the changes to the proposed rule:

- Proposed § 410.75(a)(1) is revised to omit clinical psychologists, clinical social workers, certified nurse

anesthetists, and anesthesiologist assistants from the list of practitioners who may be consulting practitioners and the section is redesignated as § 410.78(a)(1).

- The definition of referring practitioners at proposed § 410.75(a)(2) is revised to omit certified registered nurse anesthetists and anesthesiologist assistants, and is redesignated as § 410.78(a)(2).
- Proposed § 410.75(a)(5) is redesignated as § 410.78(a)(5) and specifies that as a condition of payment, the teleconsultation involves the participation of the referring practitioner or a practitioner described in section 1842(b)(18)(C) of the Act (other than a certified registered nurse anesthetist or anesthesiologist assistant) who is an employee of the referring practitioner, as appropriate to the medical needs of the beneficiary and to provide information to and at the direction of the consulting practitioner.
- The definition at proposed § 410.75(b) is revised to reflect the above changes and is redesignated as § 410.78(b).
- For clarification purposes, we are referencing different definition citations for non-physician practitioners than those provided in the proposed rule. The definitions of physician assistants, nurse practitioners, clinical nurse specialists, nurse-midwives, clinical social workers, and clinical psychologists have been reassigned to § 410.74(a)(2), § 410.75(b), § 410.76(b), § 410.77(a), § 410.73(a), and § 410.71(d), respectively.

VII. Collection of Information Requirements

Under the Paperwork Reduction Act of 1995 (PRA), agencies are required to provide a 60-day notice in the **Federal Register** and solicit public comment before a collection of information requirement is submitted to the Office of Management and Budget (OMB) for review and approval. In order to fairly evaluate whether an information collection should be approved by OMB, section 3506(c)(2)(A) of the PRA requires that we solicit comment on the following issues:

Whether the information collection is necessary and useful to carry out the proper functions of the agency;

The accuracy of the agency's estimate of the information collection burden;

The quality, utility, and clarity of the information to be collected; and

Recommendations to minimize the information collection burden on the affected public, including automated collection techniques.

Based on a public comment, this rule modifies a regulatory requirement creating an additional information collection requirement (ICR) which was not reflected in the proposed rule that was published on June 5, 1998, at 63 FR 30818. (The PRA package associated with the proposed rule is: OMB No. 0938–0730, HCFA–R–0234, with an expiration date of August 31, 2001.) Therefore, to ensure that all of the requirements in this rule can be implemented concurrently, we are requesting emergency OMB review of the additional ICR referenced in this final rule. In compliance with section 3506(c)(2)(A) of the PRA of 1995, we are submitting to OMB the following requirement for emergency review. We are requesting an emergency review because the collection of this information is needed before the expiration of the normal time limits specified by OMB's regulations at 5 CFR 1320. This ensures compliance with the Balanced Budget Act of 1997 (BBA) which requires us to revise our payment policy for nonphysician practitioners, for outpatient rehabilitation services, and for drugs and biologicals not paid on a cost or prospective payment basis.

We cannot reasonably comply with normal clearance procedures in order to implement the renewal and early termination of the opt-out requirement described below. Physicians and practitioners must notify carriers of their intent to terminate opt-out in accordance with the BBA.

We are requesting OMB review and approval of this collection within 11 working days from the date of publication of this regulation, with a 180-day approval period. Written comments and recommendations will be accepted from the public if received by the individuals designated below within 10 working days from the date of publication of this regulation.

During this 180-day period, we will publish a separate **Federal Register** notice announcing the initiation of an extensive 60-day agency review and public comment period on this requirement. We will submit the requirement for OMB review and an extension of this emergency approval.

Therefore, we are soliciting public comment on this issue for the information collection requirement discussed below.

§ 405.445 Renewal and early termination of opt-out

Section 405.445(d) states that a physician or practitioner who has completed opt-out on or before January 1, 1999 may terminate opt-out during the 90 days following January 1, 1999 if he or she notifies all carriers to whom he or she would otherwise submit claims of the intent to terminate opt-out and complies with paragraphs (b)(3) and (4) of this section. Paragraph (c) of this section applies in those cases.

The burden associated with this requirement is time and effort for the physician or practitioner to notify all carriers to whom he or she would otherwise submit claims of the intent to terminate opt-out. There is a one-time opportunity for physicians and practitioners who opted-out in 1998 to re-enter the program. Afterwards, physicians and practitioners may re-enter the program annually. It is estimated that it will take 30 physicians or practitioners 15 minutes each to notify their carriers for a total of 8 hours. We estimate the average annualized three year burden estimate to be 11 hours. (Year 1—1998 and 1999 16 hours, Year 2—2000 8 hours, Year 3—2001 8 hours for a total of 32 hours/ 3 years = 11 hours per year)

We have submitted a copy of this final rule with comment to OMB for its review of the ICR described above. This requirement is not effective until they have been approved by OMB.

If you comment on any of this information collection and record keeping requirement, please mail copies directly to the following:

Health Care Financing Administration, Office of Information Services, Security and Standards Group, Division of HCFA Enterprise Standards, Room N2–14–26, 7500 Security Boulevard, Baltimore, MD 21244–1850, Attn.: Louis Blank, HCFA–1006–FC.

Office of Information and Regulatory Affairs, Office of Management and Budget, Room 10235, New Executive Office Building, Washington, DC 20503, Attn.: Allison Herron Eydt, HCFA Desk Officer.

VIII. Regulatory Impact Analysis

We have examined the impacts of this final rule as required by Executive Order 12866, the Unfunded Mandates Act of 1995, and the Regulatory Flexibility Act (RFA) (Public Law 96–354). Executive Order 12866 directs agencies to assess all costs and benefits of available regulatory alternatives and, when regulation is necessary, to select regulatory approaches that maximize net benefits (including potential economic, environmental, public health and safety effects, distributive impacts, and equity). A regulatory impact analysis (RIA) must be prepared for major rules with economically significant effects ($100 million or more annually).

This final rule is expected to have varying effects on the distribution of Medicare physicians' payments and services. With few exceptions, we expect that the impact will be limited.

The Unfunded Mandates Reform Act of 1995 also requires (in section 202) that agencies prepare an assessment of anticipated costs and benefits before proposing any rule that may result in an annual expenditure by State, local, or tribal governments, in the aggregate, or by the private sector, of $100 million. This final rule will have no consequential effect on State, local, or tribal governments. We believe the private sector cost of this rule falls below these thresholds as well.

A. Regulatory Flexibility Act

Consistent with the provisions of the Regulatory Flexibility Act, we analyze options for regulatory relief for small businesses and other small entities. We prepare a Regulatory Flexibility Analysis (RFA) unless we certify that a rule would not have a significant economic impact on a substantial number of small entities. The RFA is to include a justification of why action is being taken, the kinds and number of small entities the final rule would affect, and an explanation of any considered meaningful options that achieve the objectives and would lessen any significant adverse economic impact on the small entities.

In addition, section 1102(b) of the Act requires us to prepare an RIA 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.

For purposes of the RFA, all physicians are considered to be small entities. There are about 700,000 physicians and other practitioners who receive Medicare payment under the physician fee schedule. Thus, we have prepared the following analysis, which, together with the rest of this preamble, meets all three assessment requirements. It explains the rationale for and purposes of the rule, details the costs and benefits of the rule, analyzes alternatives, and presents the measures we propose to minimize the burden on small entities.

B. Resource-Based Practice Expense Relative Value Units

Our methodology for implementing resource-based practice expense RVUs for each physician's service considers the staff, equipment, and supplies used in the provision of various medical and surgical services in various settings, including those that cannot be attributed to specific procedures. We are required to begin the transition to the new practice expense RVUs on January 1, 1999.

By law, the conversion to a resource-based determination for the payment of physicians' practice expenses must be budget neutral. In other words, the total Medicare expenditures for calendar year 1999 must be the same as the amount that would have been paid under the prior method of paying practice expenses.

As we indicated in the proposed rule, each year since the fee schedule has been implemented, our actuaries have determined any adjustments needed to meet this requirement. A key component of the actuarial determination of budget neutrality involves estimating any impact of changes in the volume and intensity of physicians' services provided to Medicare beneficiaries as a result of the proposed changes.

We indicated in the proposed rule that, in estimating the impacts of proposed changes under the physician fee schedule on the volume and intensity of services, the actuaries have historically used a model that assumes that 50 percent of the change in net revenue for a practice would be recouped. This does not mean that payments are reduced by 50 percent. In fact, payments have typically been reduced only a few percent or less. The actuaries also assume that there is no offsetting reduction in volume and intensity for physicians whose Medicare revenue increases.

As we indicated in the proposed rule, our actuaries have reviewed the literature and conducted data analysis of the volume-and-intensity response. In the proposed rule, we indicated that for the purpose of establishing budget neutrality for the physicians' practice expense determination, the actuaries will use a model that assumes a 30 percent volume-and-intensity response to price reductions but no reduction in volume and intensity in response to a price increase. There were some inadvertent delays in making our actuary's analysis of the volume-and-intensity response available on our homepage (www.hcfa.gov), but it is now available there.

Comment: Most commenters were pleased that the volume-and-intensity response was lowered, but opposed use of any volume-and-intensity offset. Many groups recommended that to the extent that any adjustments are necessary, they could be made within the framework of the SGR system. Some groups stated that their specialty or particular services should be exempt from the application of a volume-and-intensity adjustment.

Response: Our actuaries have reviewed the issue but believe that their review of the literature and their own analysis presents a convincing case as to the need for them to utilize a model that incorporates a volume-and-intensity response to price reductions. We cannot apply a volume-and-intensity adjustment that exempts certain procedures because the response could occur for other procedures furnished by a physician. Similarly, we cannot exempt certain specialties from application of the adjustment because physicians of all specialties have some discretion as to the nature and extent of services furnished. We do not believe that we can use the SGR mechanism alone, without the adjustment for volume and intensity for 1999, because any SGR adjustment would be in the future and the actuaries would not determine us to be in compliance with the statutory budget-neutrality requirement for 1999. To the extent that the volume-and-intensity response does not occur, the SGR system enacted as part of the BBA 1997 will return the volume-and-intensity adjustment in the form of higher future updates to the Medicare physician fee schedule conversion factor.

Using the revised actuarial model, achieving budget neutrality for the practice expense per hour method would require lowering physicians' payments in calendar year 1999 by 0.28 percent (1.12 percent cumulative from 1999 to 2002). The 0.28 percent volume-and-intensity adjustment results in a reduction in the 1999 physician fee schedule CF of $0.10.

Table 7, ''Impact on Total Allowed Charges by Specialty of the Resource-Based Practice Expense Relative Value Units under the Practice Expense per Hour'' shows the change in Medicare physician fees resulting from the practice expense per hour methodology discussed earlier in this final rule. In order to isolate the change in fees resulting from the resource-based methodology, this analysis assumes the same mix of services is furnished under the new and old practice expense payment systems and does not include the effects of the annual updates to the Medicare physician fee schedule conversion factor. The impact of the changes on the total revenue (Medicare and non-Medicare) for a given specialty is less than the impact displayed in

Table 7 since physicians furnish services to both Medicare and non-Medicare patients.

For example, Table 7 shows that when the resource-based system is fully phased-in, general surgery will experience a 7 percent decrease in Medicare revenues relative to the current practice expense system and family practice will experience a 7 percent increase.

The magnitude of the Medicare impact depends generally on the mix of services the specialty provides and the sites where the services are performed. In general, those specialties that furnish more office-based services are expected to experience larger increases in Medicare payments than specialties that provide fewer office-based services. Table 7 also includes the impact of the volume-and-intensity adjustments to the conversion factor discussed above, but does not include the impact of the volume response on revenues.

TABLE 7.—IMPACT ON TOTAL ALLOWED CHARGES BY SPECIALTY OF THE RESOURCE-BASED PRACTICE EXPENSE RELATIVE VALUE UNITS UNDER THE PRACTICE EXPENSE PER HOUR METHOD (PERCENT CHANGE)

Specialty	Allowed charges (in billions)	Impact per year	Cumulative 4-year impact
M.D./D.O. Physicians:			
Anesthesiology	1.6	0	0
Cardiac Surgery	0.3	−3	−12
Cardiology	3.8	−2	−9
Clinics	1.6	−1	−3
Dermatology	1.0	5	20
Emergency Medicine	0.9	−3	−10
Family Practice	2.7	2	7
Gastroenterology	1.2	−4	−15
General Practice	1.0	1	4
General Surgery	2.0	−2	−7
Hematology/Oncology	0.5	2	6
Internal Medicine	6.0	0	2
Nephrology	0.9	−2	−7
Neurology	0.7	0	−1
Neurosurgery	0.3	−3	−11
Obstetrics/Gynecology	0.4	1	4
Ophthalmology	3.3	1	4
Orthopedic Surgery	2.0	0	−1
Other Physician*	1.1	0	1
Otolaryngology	0.5	2	9
Pathology	0.5	−3	−13
Plastic Surgery	0.2	1	2
Psychiatry	1.1	0	1
Pulmonary	1.0	−1	−4
Radiation Oncology	0.6	−2	−6
Radiology	2.9	−3	−10
Rheumatology	0.2	4	16
Thoracic Surgery	0.6	−3	−12
Urology	1.1	1	5
Vascular Surgery	0.3	−3	−11
Others:			
Chiropractic	0.4	−2	−8
Nonphysician Practitioner	0.8	0	2
Optometry	0.3	6	27
Podiatry	0.9	2	9
Suppliers	0.5	−2	−6

*Other physician includes allergy/immunology, oral surgery, physical medicine and rehabilitation, pediatrics, critical care, and hematology.

Table 8 below compares the impact of the resource-based practice expense methodology described in this final rule with the impacts published in the June 5, 1998 proposed rule. Differences reflect the net effect of the changes described earlier in the section ''Results of the Evaluation of Comments.'' In general, the changes with the greatest impact were the creation of a separate pool for services with work relative value units equal to zero and the use of the Medicare conversion factor in the indirect cost pool allocation.

TABLE 8.—COMPARISON OF THE IMPACT ON TOTAL ALLOWED CHARGES BY SPECIALTY OF THE RESOURCE-BASED PRACTICE EXPENSE RELATIVE VALUE UNITS UNDER THE PRACTICE EXPENSE PER HOUR METHODOLOGY WITH THE IMPACTS FROM THE JUNE 5, 1998 PROPOSED RULE

Specialty	Proposed rule cumulative 4-year impact	Current cumulative 4-year impact
M.D./D.O. Physicians:		
Anesthesiology	2	0
Cardiac Surgery	−14	−12
Cardiology	−13	−9
Clinics	−3	−3
Dermatology	27	20
Emergency Medicine	−13	−10
Family Practice	6	7
Gastroenterology	−14	−15
General Practice	3	4
General Surgery	−6	−7
Hematology/Oncology	2	6
Internal Medicine	1	2
Nephrology	−5	−7
Neurology	0	−1
Neurosurgery	−10	−11
Obstetrics/Gynecology	5	4
Ophthalmology	11	4
Orthopedic Surgery	−1	−1
Other Physician*	0	1
Otolaryngology	6	9
Pathology	−10	−13
Plastic Surgery	5	2
Psychiatry	4	1
Pulmonary	−3	−4
Radiation Oncology	−13	−6
Radiology	−13	−10
Rheumatology	15	16
Thoracic Surgery	−13	−12
Urology	7	5
Vascular Surgery	−12	−11
Others:		
Chiropractic	−2	−8
Nonphysician Practitioner	−1	2
Optometry	36	27
Podiatry	5	9
Suppliers	−18	−6

*Other physician includes allergy/immunology, oral surgery, physical medicine and rehabilitation, pediatrics, critical care, and hematology.

For certain high volume procedures, Table 9, ''Total Payment for Selected Procedures,'' shows the percentage change between the current 1998 payments (calculated using the 1998 relative value units, 1998 site-of-service policy, and the 1998 conversion factor) and the fully phased-in resource-based practice expense payments (calculated using the full resource-based practice expense relative value units, the 1999 work and malpractice relative value units, and the 1999 Medicare conversion factor).

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TABLE 9. - TOTAL PAYMENT FOR SELECTED PROCEDURES

Code	Mod	Description	Current Non-Facility	Resource Based Non-Facility	Non-Facility Percent Change	Current Facility	Resource Based Facility	Facility Percent Change
11721		Debride nail, 6 or more	$39.81	$37.16	-7%	$29.91	$32.65	9%
17000		Destroy benign/premal lesion	$36.69	$46.89	28%	$28.99	$30.56	5%
27130		Total hip replacement	NA	NA	NA	$1,656.80	$1,360.78	-18%
27236		Repair of thigh fracture	NA	NA	NA	$1,244.62	$1,060.70	-15%
27244		Repair of thigh fracture	NA	NA	NA	$1,230.38	$1,074.59	-13%
27447		Total knee replacement	NA	NA	NA	$1,771.16	$1,422.60	-20%
33533		CABG, arterial, single	NA	NA	NA	$2,107.91	$1,839.38	-13%
35301		Rechanneling of artery	NA	NA	NA	$1,262.70	$1,065.91	-16%
43239		Upper GI endoscopy, biopsy	$228.81	$258.40	13%	$211.20	$139.97	-34%
45385		Colonoscopy, lesion removal	$443.89	$391.77	-12%	$414.17	$277.50	-33%
66821		After cataract laser surgery	$187.65	$191.37	2%	$187.65	$181.65	-3%
66984		Remove cataract, insert lens	NA	NA	NA	$795.26	$663.72	-17%
67210		Treatment of retinal lesion	$686.27	$563.34	-18%	$520.81	$516.80	-1%
71010	26	Chest x-ray	$9.36	$8.34	-11%	$9.36	$8.34	-11%
71020		Chest x-ray	$34.55	$33.34	-3%	$34.55	$33.34	-3%
71020	26	Chest x-ray	$11.44	$10.07	-12%	$11.44	$10.07	-12%
77430		Weekly radiation therapy	$188.62	$170.88	-9%	$188.62	$170.88	-9%
78465		Heart image (3D) multiple	$514.68	$514.37	0%	$514.68	$514.37	0%
88305		Tissue exam by pathologist	$65.95	$58.35	-12%	$65.95	$58.35	-12%
88305	26	Tissue exam by pathologist	$46.14	$38.20	-17%	$46.14	$38.20	-17%
90801		Psy dx interview	$122.08	$136.15	12%	$122.08	$135.45	11%
90806		Psytx, office (45-50)	$80.95	$92.73	15%	$80.95	$91.00	12%
90807		Psytx, office (45-50) w/e&m	$90.03	$96.55	7%	$90.03	$97.60	8%
90862		Medication management	$47.37	$47.23	0%	$47.37	$46.54	-2%
90921		ESRD related services, month	$235.86	$232.70	-1%	$235.86	$232.70	-1%
90935		Hemodialysis, one evaluation	NA	NA	NA	$93.87	$66.34	-29%
92004		Eye exam, new patient	$77.83	$114.61	47%	$67.37	$82.31	22%
92012		Eye exam established pt	$39.42	$71.89	82%	$31.35	$34.38	10%
92014		Eye exam & treatment	$57.55	$83.36	45%	$47.65	$55.92	17%
92980		Insert intra coronary stent	NA	NA	NA	$1,142.75	$899.89	-21%
92982		Coronary artery dilation	NA	NA	NA	$857.33	$679.00	-21%
93000		Electrocardiogram, complete	$28.83	$25.01	-13%	$28.83	$25.01	-13%
93010		Electrocardiogram report	$11.96	$8.34	-30%	$11.96	$8.34	-30%
93015		Cardiovascular stress test	$116.95	$101.07	-14%	$116.95	$101.07	-14%
93307		Echo exam of heart	$215.85	$193.80	-10%	$215.85	$193.80	-10%
93307	26	Echo exam of heart	$70.94	$47.23	-33%	$70.94	$47.23	-33%
93510	26	Left heart catheterization	$266.37	$219.16	-18%	$266.37	$219.16	-18%
98941		Chiropractic manipulation	$32.87	$32.99	0%	$27.55	$28.83	5%
99202		Office/outpatient visit, new	$50.15	$64.95	30%	$39.69	$50.71	28%
99203		Office/outpatient visit, new	$68.93	$92.04	34%	$56.82	$73.98	30%
99204		Office/outpatient visit, new	$102.50	$129.90	27%	$84.53	$106.28	26%
99205		Office/outpatient visit, new	$128.35	$161.15	26%	$108.72	$137.88	27%
99211		Office/outpatient visit, est	$14.16	$21.88	55%	$9.94	$13.55	36%
99212		Office/outpatient visit, est	$27.61	$34.73	26%	$21.01	$26.74	27%
99213		Office/outpatient visit, est	$39.42	$45.85	16%	$30.61	$36.47	19%
99214		Office/outpatient visit, est	$59.39	$72.24	22%	$47.65	$59.04	24%
99215		Office/outpatient visit, est	$93.67	$105.24	12%	$76.06	$91.69	21%
99221		Initial hospital care	NA	NA	NA	$69.84	$68.77	-2%

TABLE 9. - TOTAL PAYMENT FOR SELECTED PROCEDURES

Code	Mod	Description	Current Non-Facility	Resource Based Non-Facility	Non-Facility Percent Change	Current Facility	Resource Based Facility	Facility Percent Change
99222		Initial hospital care	NA	NA	NA	$113.45	$109.06	-4%
99223		Initial hospital care	NA	NA	NA	$144.98	$149.35	3%
99231		Subsequent hospital care	NA	NA	NA	$36.57	$32.30	-12%
99232		Subsequent hospital care	NA	NA	NA	$53.64	$52.10	-3%
99233		Subsequent hospital care	NA	NA	NA	$74.65	$74.33	0%
99236		Observ/hosp same date	NA	NA	NA	$188.78	$209.08	11%
99238		Hospital discharge day	NA	NA	NA	$63.24	$65.30	3%
99239		Hospital discharge day	NA	NA	NA	$79.05	$86.83	10%
99241		Office consultation	$47.95	$54.18	13%	$36.21	$38.55	6%
99242		Office consultation	$74.95	$91.00	21%	$60.82	$70.50	16%
99243		Office consultation	$97.12	$115.66	19%	$79.33	$93.43	18%
99244		Office consultation	$135.96	$159.42	17%	$113.40	$134.76	19%
99245		Office consultation	$183.26	$202.14	10%	$152.26	$176.44	16%
99251		Initial inpatient consult	NA	NA	NA	$49.72	$39.94	-20%
99252		Initial inpatient consult	NA	NA	NA	$75.59	$73.28	-3%
99253		Initial inpatient consult	NA	NA	NA	$99.75	$98.98	-1%
99254		Initial inpatient consult	NA	NA	NA	$136.88	$138.58	1%
99255		Initial inpatient consult	NA	NA	NA	$185.53	$187.90	1%
99261		Follow-up inpatient consult	NA	NA	NA	$27.34	$26.74	-2%
99262		Follow-up inpatient consult	NA	NA	NA	$46.94	$48.28	3%
99263		Follow-up inpatient consult	NA	NA	NA	$68.77	$68.42	-1%
99282		Emergency dept visit	NA	NA	NA	$33.55	$26.40	-21%
99283		Emergency dept visit	NA	NA	NA	$61.16	$56.27	-8%
99284		Emergency dept visit	NA	NA	NA	$93.48	$87.52	-6%
99285		Emergency dept visit	NA	NA	NA	$147.34	$135.11	-8%
99291		Critical care, first hour	$191.07	$191.37	0%	$191.07	$189.98	-1%
99292		Critical care, addl 30 min	$91.86	$96.55	5%	$91.86	$95.51	4%
99301		Nursing facility care	NA	NA	NA	$57.98	$62.17	7%
99302		Nursing facility care	NA	NA	NA	$73.98	$81.97	11%
99303		Nursing facility care	NA	NA	NA	$105.04	$102.11	-3%
99311		Nursing facility care,subseq	NA	NA	NA	$33.76	$31.95	-5%
99312		Nursing facility care,subseq	NA	NA	NA	$49.78	$50.36	1%
99313		Nursing facility care,subseq	NA	NA	NA	$66.12	$70.85	7%
99348		Home visit, estab patient	$63.30	$66.68	5%	$63.30	$67.03	6%
99350		Home visit, estab patient	$132.39	$150.04	13%	$132.39	$146.91	11%

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Table 10 below displays the impact of the practice expense per hour methodology by Medicare payment locality, including the volume-and-intensity increase and corresponding conversion factor adjustment discussed earlier. This analysis does not include the effects of the annual updates to the Medicare physician fee schedule conversion factor.

TABLE 10.—IMPACT OF PRACTICE EXPENSE PER HOUR METHODOLOGY ON TOTAL ALLOWED CHARGES BY MEDICARE LOCALITY (PERCENT CHANGE)

Locality	State	Impact per year	Cumulative four year impact
All	Alaska	0.1	0.5
All	Alabama	−0.2	−0.8
All	Arkansas	−0.2	−0.9
All	Arizona	0.2	1.0
Anaheim/Santa Ana	California	0.6	2.5
Los Angeles	California	0.5	2.1
Marin/Napa/Solano	California	0.6	2.4
Oakland/Berkley	California	0.3	1.1
Rest of California	California	0.3	1.4
San Francisco	California	0.6	2.3
San Mateo	California	0.4	1.5
Santa Clara	California	0.2	0.8
Ventura	California	0.4	1.5
All	Colorado	0.1	0.4
All	Connecticut	0.1	0.6
All	District of Columbia	0.1	0.3
All	Delaware	0.0	0.1
Ft Lauderdale	Florida	0.6	2.6
Miami	Florida	0.1	0.5
Rest of Florida	Florida	0.1	0.5
Atlanta	Georgia	−0.1	−0.3
Rest of Georgia	Georgia	−0.1	0.5
All	Hawaii	0.6	2.4
All	Iowa	−0.2	−0.8
All	Idaho	0.0	0.1
Chicago	Illinois	−0.2	−1.0
East St Louis	Illinois	−0.1	−0.5
Rest of Illinois	Illinois	−0.2	−0.7
Suburban Chicago	Illinois	−0.1	−0.4
All	Indiana	−0.4	−1.5
All	Kansas	−0.2	−0.8
All	Kentucky	−0.3	−1.1
New Orleans	Louisiana	−0.3	−1.2
Rest of Louisiana	Louisiana	−0.3	−1.3
Boston	Massachusetts	−0.3	−1.1
Rest of Massachusetts	Massachusetts	0.1	0.6
Balto/Surr Ctys	Maryland	−0.3	−1.2
Rest of Maryland	Maryland	−0.2	−0.6
Rest of Maine	Maine	−0.1	−0.4
Southern Maine	Maine	−0.1	−0.2
Detroit	Michigan	−0.2	−0.8
Rest of Michigan	Michigan	−0.2	−0.9
All	Minnesota	−0.1	−0.4
Metro Kansas City	Missouri	−0.7	−2.7
Rest of Missouri	Missouri	−0.2	−0.8
Rest of Missouri	Missouri	0.1	0.2
St Louis	Missouri	−0.4	−1.6
All	Mississippi	−0.5	−1.8
All	Montana	0.1	0.3
All	North Carolina	−0.1	−0.3
All	North Dakota	−0.3	−1.1
All	Nebraska	−0.2	−0.8
All	New Hampshire	0.0	−0.2
Northern New Jersey	New Jersey	0.0	0.0
Rest of New Jersey	New Jersey	0.1	0.5
All	New Mexico	0.2	0.8
All	Nevada	0.0	−0.1
Manhattan	New York	0.4	1.5
NYC Suburbs/LI	New York	0.3	1.3
NYC Suburbs/Poughk.	New York	0.3	1.2
Queens	New York	0.7	2.8
Rest of New York	New York	−0.1	−0.2
All	Ohio	−0.3	−1.2
All	Oklahoma	−0.2	−0.7

TABLE 10.—IMPACT OF PRACTICE EXPENSE PER HOUR METHODOLOGY ON TOTAL ALLOWED CHARGES BY MEDICARE LOCALITY (PERCENT CHANGE)—Continued

Locality	State	Impact per year	Cumulative four year impact
Portland	Oregon	0.1	0.2
Rest of Oregon	Oregon	0.4	1.5
Philadelphia	Pennsylvania	−0.1	−0.4
Rest of Pennsylvania	Pennsylvania	−0.1	−0.3
All	Puerto Rico	1.0	3.9
All	Rhode Island	0.2	0.6
All	South Carolina	0.0	−0.2
All	South Dakota	−0.4	−1.5
All	Tennessee	−0.3	−1.3
Austin	Texas	−0.3	−1.0
Beaumont	Texas	−0.6	−2.5
Brazoria	Texas	0.4	1.7
Dallas	Texas	−0.2	−0.8
Fort Worth	Texas	0.0	0.0
Galveston	Texas	−0.4	−1.5
Houston	Texas	−0.4	−1.8
Rest of Texas	Texas	−0.1	−0.4
All	Utah	0.0	0.2
All	Virginia	0.0	−0.1
All	Virgin Islands	0.6	2.5
All	Vermont	0.2	0.9
Rest of Washington	Washington	0.3	1.2
Seattle (King Co)	Washington	0.0	0.0
All	Wisconsin	−0.2	−1.0
All	West Virginia	−0.2	−0.8
All	Wyoming	0.3	1.0

C. Medical Direction for Anesthesia Services

For our proposal relating to the medical direction of anesthesia services (§ 415.110), we have decided to retain the current requirements (that is, requirements (i) and (ii), and (iv)) and make only one technical revision in requirement (iii). The technical revision pertains to the requirement that the physician participate in the most demanding procedures in the anesthesia plan, including, induction and emergence.

D. Separate Payment for a Physician's Interpretation of an Abnormal Papanicolaou Smear

We are allowing separate payment for a physician's interpretation of a Pap smear to any patient (that is, hospital or nonhospital patient) as long as—(1) The laboratory's screening personnel suspect an abnormality; and (2) the physician reviews and interprets the pap smear. Currently, separate payment to a physician is limited to a Pap smear interpretation that is abnormal and is furnished to a hospital inpatient. We estimate that there would be a $10 million increase in payments under the physician fee schedule for this change in payment for Pap smear interpretations for FY 1999.

E. Rebasing and Revising the Medicare Economic Index

There is negligible impact on Medicare expenditures as a result of this change.

F. Payment for Nurse Midwives' Services

The provision for nurse midwives' services will place into regulations text a provision of OBRA 1993 that eliminates the limitation on coverage of services furnished outside the maternity cycle by nurse midwives. This provision has been implemented previously through program instructions; therefore, this change in the regulations text will have no impact.

G. BBA Provisions Included in This Final Rule

The following five provisions of BBA 1997 are implemented in this final rule. This final rule conforms the regulations text to BBA 1997 provisions. Table 11 below provides the cost and savings estimates (in millions of dollars) for the Medicare program for these provisions for the fiscal years shown:

TABLE 11.—COST AND SAVINGS ESTIMATES FOR BBA 1997 PROVISIONS

[In millions]

Provision section	Subject	1999	2000	2001	2002	2003
4206	Teleconsultations	20	40	55	70	90
4511	Nurse practitioners and Clinical Nurse Specialists	290	330	370	440	490
4512	Physician Assistants	60	60	70	90	100
4541	Outpatient Rehabilitation	−130	−190	−200	−230	−250
4556	Drugs	−60	−70	−70	−80	−80

Payment for Services of Certain Nonphysician Practitioners and Services Furnished Incident to Their Professional Services

Sections 4511 and 4512 of BBA 1997 provide for the expanded coverage of nurse practitioner, clinical nurse specialist, and physician assistant services. This provision is self-implementing. This final rule changes the regulations text to conform to the BBA 1997 provisions. We are clarifying the following two existing issues unrelated to the BBA 1997 provisions for nonphysician practitioners:

- Definition of physician collaboration for nurse practitioners.
- The impact of the BBA 1997 provisions is shown in Table 11 (a combination of sections 4511 and 4512 of BBA 1997). The proposals being made final in this rule will have negligible budgetary impact.

Payment for Outpatient Rehabilitation Services

Sections 4541(a)(2) and 4541(a)(3) of BBA 1997 change the payment of outpatient rehabilitation services from cost-based to a payment system based on the physician fee schedule. The regulatory changes are to conform our regulations to the provisions of the BBA 1997.

In addition to the changes directed by the statute, the following changes are being made in this rule to furnish information for identification of the outpatient rehabilitation services and for administrative purposes:

- Specifying HCPCS as the coding system for rehabilitation services since it is used by the fee schedule in section 1848 of the Act.
- Providing for discipline-specific modifiers to be used in coding services.
- Providing for a code for nursing services performed in CORFs.

These administrative changes will have a negligible impact.

Section 4541(c) of BBA 1997 applies an annual per beneficiary limit of $1,500 to all outpatient physical therapy services (including speech-language pathology services) except for services furnished by a hospital outpatient department. A separate $1,500 limit also applies to all outpatient occupational therapy services except for services furnished by hospital outpatient departments. Therapy services furnished incident to a physician's professional services are also subject to these limits. The changes in this rule conform the regulations to the BBA 1997 provisions. The delay in full implementation, however, is discussed below.

There are several different types of providers that will be affected by this BBA 1997 provision. The largest providers are SNFs, outpatient rehabilitation facilities, and hospital outpatient departments. There are about 15,000 SNFs, 2,500 outpatient rehabilitation facilities, and about 5,600 outpatient hospital facilities. We determined that the services that would be affected by these changes account for about 15 percent of Medicare Part B payments to facilities.

We estimate that these providers as well as other providers and practitioners of outpatient therapy services will experience a reduction in revenue both because of the movement from cost reimbursement to fee schedule payments and because of the $1,500 limits. The impact of the provisions on individual providers, however, cannot be estimated for a variety of reasons. First, since reimbursement has historically been based on cost for most providers, we do not have coded information on individual services per beneficiary at individual providers. Second, with respect to the impact of the $1,500 limit, the extent to which a provider will receive a payment from another source to substitute for Medicare's payment is unknown. For example, if a beneficiary reaches the $1,500 limit, Medicare will no longer pay, but payment may be received from another source, such as a Medigap insurer, a retiree health plan, or the beneficiary.

The $1,500 limits will reduce the amount of therapy services paid for by Medicare. The patients most affected are likely to be those with diagnoses such as stroke, certain fractures, and amputation, where the number of therapy visits needed by a patient may exceed those that can be reimbursed by Medicare under the statutory limits. Services not paid for by Medicare, however, may be paid for by other payers.

As explained in the preamble, the $1,500 limits will not be fully implemented until sometime in 2000 due to the necessity to devote resources to Y2K compliance activities. Until that time, the limits will be implemented partially on a per-provider basis whereby each provider will be held accountable for tracking expenses for each beneficiary and not billing Medicare for beneficiaries that have met the limit at their facility. Implementing the provision in this fashion should lessen the impact on both beneficiaries and providers until full implementation occurs.

Impact on Small Rural Hospitals

We realize that the provision to move from cost reimbursement to a fee schedule may have an impact on small rural hospitals; however, we have been unable to assess this impact because we do not have the data to make this analysis. Also, data that would identify the extent to which these services are currently being furnished in small rural hospitals to serve as the baseline for comparing the impact of the legislative changes are not available. In addition, we do not maintain data that identify services furnished under the physician fee schedule in areas where rural hospitals are located. Although there are localities designated for payment purposes, there is very little correlation between the payment localities (most of which are state-wide) and areas where small rural hospitals are located.

Payment for Drugs and Biologicals

The impact of this BBA 1997 provision is shown in Table 5. This final rule modifies the current regulatory language regarding drug payment to conform to the BBA 1997 changes. Revising the regulation on multi-source drugs to include the brand name version of the drug is not related to the BBA 1997 drug provision but will have a slight program savings.

Private Contracting with Medicare Beneficiaries

We anticipate that there would be a negligible impact on Medicare trust fund payments as a result of the regulation that implements the law. The program impact of the provision when it was assessed in the legislative process was negligible. The impact on beneficiaries, physicians, and practitioners is impossible to assess in any quantitative way.

Specifically, beneficiaries who have had difficulty in finding physicians or practitioners to furnish services because the physicians or practitioners were dissatisfied with the Medicare payment rates may find it easier to acquire care. On the other hand, beneficiaries who cannot afford to privately contract with physicians or practitioners who opt out of Medicare may have more limited access to care as they try to seek care from reduced numbers of physicians and practitioners who will accept Medicare payment rules.

Physicians and practitioners who opt out of Medicare may see increased incomes as a result of their ability to charge without regard to the Medicare limiting charge. However, to the extent that beneficiaries cease to seek treatment from them because they have

opted out of Medicare, their incomes may decline. Moreover, organizations to which physicians and practitioners had reassigned Medicare benefits may cease their contracts with them if they opt out since the organizations could no longer be paid by Medicare for the physician's or practitioner's service. Managed care plans that have a contract with Medicare may cease their contractual arrangement with physicians and practitioners who opt out of Medicare since the plan cannot pay for any of their services to Medicare beneficiaries and, hence, their services no longer offer access to care under the plan. Similarly, insurance plans other than Medicare can choose to not pay for the services provided to any of their enrollees by physicians and practitioners who opt out of Medicare, causing the physicians and practitioners who opt out further loss of income.

Teleconsultations

We estimate that the cost of providing consultation services in accordance with section 4206 of BBA 1997 will be approximately $20 million in FY 1999 and approximately $90 million by FY 2003. Note that the FY 1999 estimate reflects only a partial year estimate, given the January 1, 1999 effective date for teleconsultation coverage. We estimate that teleconsultation will cost approximately $275 million for the first 5 years of coverage, as indicated below:

MEDICARE COSTS

[In millions]

FY 1999	FY 2000	FY 2001	FY 2002	FY 2003
$20	$40	$55	$70	$90

This rule would provide for payment exclusively for professional consultation with a physician and certain other practitioners via interactive telecommunication systems. Section 4206 of BBA 1997 does not provide for payment for telephone line fees or any facility fees associated with teleconsultation that may be incurred by hospitals included in the telemedicine network.

Further, this rule does not mandate that entities provide consultation services via telecommunications. Thus, this final rule does not require entities to purchase telemedicine equipment or to acquire the telecommunications infrastructure necessary to deliver consultation services via telecommunication systems. Therefore, this rule does not impose costs associated with starting and operating a telemedicine network.

The benefit changes in this final rule resulting from payment for teleconsultation services do not result in additional Medicare expenditures of $100 million or more for any single FY through FY 2003. We have determined, and we certify, that teleconsultation provisions do not have a significant economic impact on a substantial number of small entities or a significant impact on the operations of a substantial number of small rural hospitals.

H. Impact on Beneficiaries

Although changes in physicians' payments when the physician fee schedule was implemented in 1992 were large, we detected no problems with beneficiary access to care. Because there is a 4-year transition to the resource-based practice expense system, we anticipate a minimal impact on beneficiaries.

The benefit changes in this final rule resulting from payment for teleconsultation services do not result in additional Medicare expenditures of $100 million or more for any single FY through FY 2003. We have determined, and we certify, that teleconsultation provisions do not have a significant economic impact on a substantial number of small entities or a significant impact on the operations of a substantial number of small rural hospitals.

Statutory effects that are being implemented by this regulation result in specialty impacts exceeding $100 million per year. Therefore, this rule is an economically significant rule under Executive Order 12866, and a major rule under Title 5, United States Code, section 804(2).

In accordance with the provisions of Executive Order 12866, this regulation was reviewed by the Office of Management and Budget.

List of Subjects

42 CFR Part 405

Administrative practice and procedure, Health facilities, Health professions, Kidney diseases, Medicare, Reporting and recordkeeping requirements, Rural areas, X-rays.

42 CFR Part 410

Health facilities, Health professions, Kidney diseases, Laboratories, Medicare, Rural areas, X-rays.

42 CFR Part 413

Health facilities, Kidney diseases, Medicare, Puerto Rico, Reporting and recordkeeping requirements.

42 CFR Part 414

Administrative practice and procedure, Health facilities, Health professions, Kidney diseases, Medicare, Reporting and recordkeeping requirements, Rural areas, X-rays.

42 CFR Part 415

Health facilities, Health professions, Medicare and Reporting and recordkeeping requirements.

42 CFR Part 424

Emergency medical services, Health facilities, Health professions, Medicare.

42 CFR Part 485

Grant programs-health, Health facilities, Medicaid, Medicare, Reporting and recordkeeping requirements.

For the reasons set forth in the preamble, 42 CFR chapter IV is amended as follows:

PART 405—FEDERAL HEALTH INSURANCE FOR THE AGED AND DISABLED

A. Part 405 is amended as set forth below:

1. A new subpart D, consisting of §§ 405.400, 405.405, 405.410, 405.415, 405.420, 405.425, 405.430, 405.435, 405.440, 405.445, 405.450, and 405.455 is added to read as follows:

Subpart D—Private Contracts

Secs.

Authority: Secs. 1102, 1802, and 1871 of the Social Security Act (42 U.S.C. 1302, 1395a, and 1395hh).

Subpart D—Private Contracts

§ 405.400 Definitions.

For purposes of this subpart, the following definitions apply:

Beneficiary means an individual who is enrolled in Part B of Medicare.

Emergency care services means services furnished to an individual for treatment of an ''emergency medical condition'' as that term is defined in § 422.2 of this chapter.

Legal representative means one or more individuals who, as determined by applicable State law, has the legal authority to enter into the contract with the physician or practitioner on behalf of the beneficiary.

Opt-out means the status of meeting the conditions specified in § 405.410.

Opt-out period means the 2-year period beginning on the effective date of the affidavit as specified by § 405.410(c)(1) or § 405.410(c)(2), as applicable.

Participating physician means a ''physician'' as defined in this section who has signed an agreement to participate in Part B of Medicare.

Physician means a doctor of medicine or a doctor of osteopathy who is currently licensed as that type of doctor in each State in which he or she furnishes services to patients.

Practitioner means a physician assistant, nurse practitioner, clinical nurse specialist, certified registered nurse anesthetist, certified nurse midwife, clinical psychologist, or clinical social worker, who is currently legally authorized to practice in that capacity by each State in which he or she furnishes services to patients or clients.

Private contract means a document that meets the criteria specified in § 405.415.

Properly opt-out means to complete, without defect, the requirements for opt-out as specified in § 405.410.

Properly terminate opt-out means to complete, without defect, the requirements for terminating opt-out as specified in § 405.445.

Urgent care services means services furnished to an individual who requires services to be furnished within 12 hours in order to avoid the likely onset of an emergency medical condition.

§ 405.405 General rules.

(a) A physician or practitioner may enter into one or more private contracts with Medicare beneficiaries for the purpose of furnishing items or services that would otherwise be covered by Medicare, provided the conditions of this subpart are met.

(b) A physician or practitioner who enters into at least one private contract with a Medicare beneficiary under the conditions of this subpart, and who submits one or more affidavits in accordance with this subpart, opts-out of Medicare for a 2-year period unless the opt-out is terminated early according to § 405.445. The physician's or practitioner's opt-out may be renewed for subsequent 2-year periods.

(c) Both the private contracts described in paragraph (a) of this section and the physician's or practitioner's opt-out described in paragraph (b) of this section are null and void if the physician or practitioner fails to properly opt-out in accordance with the conditions of this subpart.

(d) Both the private contracts described in paragraph (a) of this section and the physician's or practitioner's opt-out described in paragraph (b) of this section are null and void for the remainder of the opt-out period if the physician or practitioner fails to remain in compliance with the conditions of this subpart during the opt-out period.

(e) Services furnished under private contracts meeting the requirements of this subpart are not covered services under Medicare, and no Medicare payment will be made for such services either directly or indirectly, except as permitted in accordance with § 405.435(c).

§ 405.410 Conditions for properly opting-out of Medicare.

The following conditions must be met for a physician or practitioner to properly opt-out of Medicare:

(a) Each private contract between a physician or a practitioner and a Medicare beneficiary that is entered into prior to the submission of the affidavit described in paragraph (b) of this section must meet the specifications of § 405.415.

(b) The physician or practitioner must submit an affidavit that meets the specifications of § 405.420 to each Medicare carrier with which he or she would file claims absent completion of opt-out.

(c) A nonparticipating physician or a practitioner may opt-out of Medicare at any time in accordance with the following:

(1) The 2-year opt-out period begins the date the affidavit meeting the requirements of § 405.420 is signed, provided the affidavit is filed within 10 days after he or she signs his or her first private contract with a Medicare beneficiary.

(2) If the physician or practitioner does not timely file any required affidavit, the 2-year opt-out period begins when the last such affidavit is filed. Any private contract entered into before the last required affidavit is filed becomes effective upon the filing of the last required affidavit and the furnishing of any items or services to a Medicare beneficiary under such contract before the last required affidavit is filed is subject to standard Medicare rules.

(d) A participating physician may properly opt-out of Medicare at the beginning of any calendar quarter, provided that the affidavit described in § 405.420 is submitted to the participating physician's Medicare carriers at least 30 days before the beginning of the selected calendar quarter. A private contract entered into before the beginning of the selected calendar quarter becomes effective at the beginning of the selected calendar quarter and the furnishing of any items or services to a Medicare beneficiary under such contract before the beginning of the selected calendar quarter is subject to standard Medicare rules.

§ 405.415 Requirements of the private contract.

A private contract under this subpart must:

(a) Be in writing and in print sufficiently large to ensure that the beneficiary is able to read the contract.

(b) Clearly state whether the physician or practitioner is excluded from Medicare under sections 1128, 1156, or 1892 or any other section of the Social Security Act.

(c) State that the beneficiary or his or her legal representative accepts full responsibility for payment of the physician's or practitioner's charge for all services furnished by the physician or practitioner.

(d) State that the beneficiary or his or her legal representative understands that Medicare limits do not apply to what the physician or practitioner may charge for items or services furnished by the physician or practitioner.

(e) State that the beneficiary or his or her legal representative agrees not to submit a claim to Medicare or to ask the physician or practitioner to submit a claim to Medicare.

(f) State that the beneficiary or his or her legal representative understands

that Medicare payment will not be made for any items or services furnished by the physician or practitioner that would have otherwise been covered by Medicare if there was no private contract and a proper Medicare claim had been submitted.

(g) State that the beneficiary or his or her legal representative enters into this contract with the knowledge that he or she has the right to obtain Medicare-covered items and services from physicians and practitioners who have not opted-out of Medicare, and that the beneficiary is not compelled to enter into private contracts that apply to other Medicare-covered services furnished by other physicians or practitioners who have not opted-out.

(h) State the expected or known effective date and expected or known expiration date of the opt-out period.

(i) State that the beneficiary or his or her legal representative understands that Medigap plans do not, and that other supplemental plans may elect not to, make payments for items and services not paid for by Medicare.

(j) Be signed by the beneficiary or his or her legal representative and by the physician or practitioner.

(k) Not be entered into by the beneficiary or by the beneficiary's legal representative during a time when the beneficiary requires emergency care services or urgent care services. (However, a physician or practitioner may furnish emergency or urgent care services to a Medicare beneficiary in accordance with § 405.440.)

(l) Be provided (a photocopy is permissible) to the beneficiary or to his or her legal representative before items or services are furnished to the beneficiary under the terms of the contract.

(m) Be retained (original signatures of both parties required) by the physician or practitioner for the duration of the opt-out period.

(n) Be made available to HCFA upon request.

(o) Be entered into for each opt-out period.

§ 405.420 Requirements of the opt-out affidavit.

An affidavit under this subpart must:

(a) Be in writing and be signed by the physician or practitioner.

(b) Contain the physician's or practitioner's full name, address, telephone number, national provider identifier (NPI) or billing number, if one has been assigned, uniform provider identification number (UPIN) if one has been assigned, or, if neither an NPI nor a UPIN has been assigned, the physician's or practitioner's tax identification number (TIN).

(c) State that, except for emergency or urgent care services (as specified in § 405.440), during the opt-out period the physician or practitioner will provide services to Medicare beneficiaries only through private contracts that meet the criteria of paragraph § 405.415 for services that, but for their provision under a private contract, would have been Medicare-covered services.

(d) State that the physician or practitioner will not submit a claim to Medicare for any service furnished to a Medicare beneficiary during the opt-out period, nor will the physician or practitioner permit any entity acting on his or her behalf to submit a claim to Medicare for services furnished to a Medicare beneficiary, except as specified in § 405.440.

(e) State that, during the opt-out period, the physician or practitioner understands that he or she may receive no direct or indirect Medicare payment for services that he or she furnishes to Medicare beneficiaries with whom he or she has privately contracted, whether as an individual, an employee of an organization, a partner in a partnership, under a reassignment of benefits, or as payment for a service furnished to a Medicare beneficiary under a Medicare+Choice plan.

(f) State that a physician or practitioner who opts-out of Medicare acknowledges that, during the opt-out period, his or her services are not covered under Medicare and that no Medicare payment may be made to any entity for his or her services, directly or on a capitated basis.

(g) State a promise by the physician or practitioner to the effect that, during the opt-out period, the physician or practitioner agrees to be bound by the terms of both the affidavit and the private contracts that he or she has entered into.

(h) Acknowledge that the physician or practitioner recognizes that the terms of the affidavit apply to all Medicare-covered items and services furnished to Medicare beneficiaries by the physician or practitioner during the opt-out period (except for emergency or urgent care services furnished to the beneficiaries with whom he or she has not previously privately contracted) without regard to any payment arrangements the physician or practitioner may make.

(i) With respect to a physician who has signed a Part B participation agreement, acknowledge that such agreement terminates on the effective date of the affidavit.

(j) Acknowledge that the physician or practitioner understands that a beneficiary who has not entered into a private contract and who requires emergency or urgent care services may not be asked to enter into a private contract with respect to receiving such services and that the rules of § 405.440 apply if the physician furnishes such services.

§ 405.425 Effects of opting-out of Medicare.

If a physician or practitioner opts-out of Medicare in accordance with this subpart for the 2-year period for which the opt-out is effective, the following results obtain:

(a) Except as provided in § 405.440, no payment may be made directly by Medicare or by any Medicare+Choice plan to the physician or practitioner or to any entity to which the physician or practitioner reassigns his right to receive payment for services.

(b) The physician or practitioner may not furnish any item or service that would otherwise be covered by Medicare (except for emergency or urgent care services) to any Medicare beneficiary except through a private contract that meets the requirements of this subpart.

(c) The physician or practitioner is not subject to the requirement to submit a claim for items or services furnished to a Medicare beneficiary, as specified in § 424.5(a)(6) of this chapter, except as provided in § 405.440.

(d) The physician or practitioner is prohibited from submitting a claim to Medicare for items or services furnished to a Medicare beneficiary except as provided in § 405.440.

(e) In the case of a physician, he or she is not subject to the limiting charge provisions of § 414.48 of this chapter, except for services provided under § 405.440.

(f) The physician or practitioner is not subject to the prohibition-on-reassignment provisions of § 414.80 of this chapter, except for services provided under § 405.440.

(g) In the case of a practitioner, he or she is not prohibited from billing or collecting amounts from beneficiaries (as provided in 42 U.S.C. 1395u(b)(18)(B)).

(h) The death of a beneficiary who has entered into a private contract (or whose legal representative has done so) does not invoke § 424.62 or § 424.64 of this chapter with respect to the physician or practitioner with whom the beneficiary (or legal representative) has privately contracted.

(i) The physician or practitioner who has not been excluded under sections 1128, 1156, or 1892 of the Social Security Act may order, certify the need for, or refer a beneficiary for Medicare-covered items and services, provided

the physician or practitioner is not paid, directly or indirectly, for such services (except as provided in § 405.440).

(j) The physician or practitioner who is excluded under sections 1128, 1156, or 1892 of the Social Security Act may not order, prescribe, or certify the need for Medicare-covered items and services except as provided in § 1001.1901 of this title, and must otherwise comply with the terms of the exclusion in accordance with § 1001.1901 effective with the date of the exclusion.

§ 405.430 Failure to properly opt-out.

(a) A physician or practitioner fails to properly opt-out if—

(1) Any private contract between the physician or practitioner and a Medicare beneficiary, that was entered into before the affidavit described in § 405.420 was filed, does not meet the specifications of § 405.415; or

(2) He or she fails to submit the affidavit(s) in accordance with § 405.420.

(b) If a physician or practitioner fails to properly opt-out in accordance with paragraph (a) of this section, the following results obtain:

(1) The physician's or practitioner's attempt to opt-out of Medicare is nullified, and all of the private contracts between the physician or practitioner and Medicare beneficiaries for the two-year period covered by the attempted opt-out are deemed null and void.

(2) The physician or practitioner must submit claims to Medicare for all Medicare-covered items and services furnished to Medicare beneficiaries, including the items and services furnished under the nullified contracts. A nonparticipating physician is subject to the limiting charge provisions of § 414.48 of this chapter. A participating physician is subject to the limitations on charges of the participation agreement he or she signed.

(3) The practitioner may not reassign any claim except as provided in § 424.80 of this chapter.

(4) The practitioner may neither bill nor collect an amount from the beneficiary except for applicable deductible and coinsurance amounts.

(5) The physician or practitioner may make another attempt to properly opt-out at any time.

§ 405.435 Failure to maintain opt-out.

(a) A physician or practitioner fails to maintain opt-out under this subpart if, during the opt-out period—

(1) He or she knowingly and willfully—

(i) Submits a claim for Medicare payment (except as provided in § 405.440); or

(ii) Receives Medicare payment directly or indirectly for Medicare-covered services furnished to a Medicare beneficiary (except as provided in § 405.440).

(2) He or she fails to enter into private contracts with Medicare beneficiaries for the purpose of furnishing items and services that would otherwise be covered by Medicare, or enters into contracts that fail to meet the specifications of § 405.415; or

(3) He or she fails to comply with the provisions of § 405.440 regarding billing for emergency care services or urgent care services; or

(4) He or she fails to retain a copy of each private contract that he or she has entered into for the duration of the opt-out period for which the contracts are applicable or fails to permit HCFA to inspect them upon request.

(b) If a physician or practitioner fails to maintain opt-out in accordance with paragraph (a) of this section, and fails to demonstrate, within 45 days of a notice from the carrier of a violation of paragraph (a) of this section, that he or she has taken good faith efforts to maintain opt-out (including by refunding amounts in excess of the charge limits to beneficiaries with whom he or she did not sign a private contract), the following results obtain, effective 46 days after the date of the notice, but only for the remainder of the opt-out period:

(1) All of the private contracts between the physician or practitioner and Medicare beneficiaries are deemed null and void.

(2) The physician's or practitioner's opt-out of Medicare is nullified.

(3) The physician or practitioner must submit claims to Medicare for all Medicare-covered items and services furnished to Medicare beneficiaries.

(4) The physician or practitioner or beneficiary will not receive Medicare payment on Medicare claims for the remainder of the opt-out period, except as provided in paragraph (c) of this section.

(5) The physician is subject to the limiting charge provisions of § 414.48 of this chapter.

(6) The practitioner may not reassign any claim except as provided in § 424.80 of this chapter.

(7) The practitioner may neither bill nor collect any amount from the beneficiary except for applicable deductible and coinsurance amounts.

(8) The physician or practitioner may not attempt to once more meet the criteria for properly opting-out until the 2-year opt-out period expires.

(c) Medicare payment may be made for the claims submitted by a beneficiary for the services of an opt-out physician or practitioner when the physician or practitioner did not privately contract with the beneficiary for services that were not emergency care services or urgent care services and that were furnished no later than 15 days after the date of a notice by the carrier that the physician or practitioner has opted-out of Medicare.

§ 405.440 Emergency and urgent care services.

(a) A physician or practitioner who has opted-out of Medicare under this subpart need not enter into a private contract to furnish emergency care services or urgent care services to a Medicare beneficiary. Accordingly, a physician or practitioner will not be determined to have failed to maintain opt-out if he or she furnishes emergency care services or urgent care services to a Medicare beneficiary with whom the physician or practitioner has not previously entered into a private contract, provided the physician or practitioner complies with the billing requirements specified in paragraph (b) of this section.

(b) When a physician or practitioner who has not been excluded under sections 1128, 1156, or 1892 of the Social Security Act furnishes emergency care services or urgent care services to a Medicare beneficiary with whom the physician or practitioner has not previously entered into a private contract, he or she:

(1) Must submit a claim to Medicare in accordance with both 42 CFR part 424 and Medicare instructions (including but not limited to complying with proper coding of emergency or urgent care services furnished by physicians and practitioners who have opted-out of Medicare).

(2) May collect no more than—

(i) The Medicare limiting charge, in the case of a physician; or

(ii) The deductible and coinsurance, in the case of a practitioner.

(c) Emergency care services or urgent care services furnished to a Medicare beneficiary with whom the physician or practitioner has previously entered into a private contract (that is, entered into before the onset of the emergency medical condition or urgent medical condition), are furnished under the terms of the private contract.

(d) Medicare may make payment for emergency care services or urgent care services furnished by a physician or practitioner who has properly opted-out when the services are furnished and the claim for services is made in accordance with this section. A physician or practitioner who has been excluded

must comply with the regulations at § 1001.1901 (Scope and effect of exclusion) of this title when he or she furnishes emergency services to beneficiaries and may not bill and be paid for urgent care services.

§ 405.445 Renewal and early termination of opt-out.

(a) A physician or practitioner may renew opt-out by filing an affidavit with each carrier with which he or she would file claims absent completion of opt-out, provided the affidavits are filed within 30 days after the current opt-out period expires.

(b) To properly terminate opt-out a physician or practitioner must:

(1) Not have previously opted out of Medicare.

(2) Notify all Medicare carriers, with which he or she filed an affidavit, of the termination of the opt-out no later than 90 days after the effective date of the opt-out period.

(3) Refund to each beneficiary with whom he or she has privately contracted all payment collected in excess of:

(i) The Medicare limiting charge (in the case of physicians); or

(ii) The deductible and coinsurance (in the case of practitioners).

(4) Notify all beneficiaries with whom the physician or practitioner entered into private contracts of the physician's or practitioner's decision to terminate opt-out and of the beneficiaries' right to have claims filed on their behalf with Medicare for the services furnished during the period between the effective date of the opt-out and the effective date of the termination of the opt-out period.

(c) When the physician or practitioner properly terminates opt-out in accordance with paragraph (b), he or she will be reinstated in Medicare as if there had been no opt-out, and the provision of § 405.425 shall not apply unless the physician or practitioner subsequently properly opts out.

(d) A physician or practitioner who has completed opt-out on or before January 1, 1999 may terminate opt-out during the 90 days following January 1, 1999 if he or she notifies all carriers to whom he or she would otherwise submit claims of the intent to terminate opt-out and complies with paragraphs (b)(3) and (4) of this section. Paragraph (c) of this section applies in these cases.

§ 405.450 Appeals.

(a) A determination by HCFA that a physician or practitioner has failed to properly opt-out, failed to maintain opt-out, failed to timely renew opt-out, failed to privately contract, or failed to properly terminate opt-out is an initial determination for purposes of § 405.803.

(b) A determination by HCFA that no payment can be made to a beneficiary for the services of a physician who has opted-out is an initial determination for purposes of § 405.803.

§ 405.455 Application to Medicare+Choice contracts.

An organization that has a contract with HCFA to provide one or more Medicare+Choice (M+C) plans to beneficiaries (part 422 of this chapter):

(a) Must acquire and maintain information from Medicare carriers on physicians and practitioners who have opted-out of Medicare.

(b) Must make no payment directly or indirectly for Medicare covered services furnished to a Medicare beneficiary by a physician or practitioner who has opted-out of Medicare.

(c) May make payment to a physician or practitioner who furnishes emergency or urgent care services to a beneficiary who has not previously entered into a private contract with the physician or practitioner in accordance with § 405.440.

Subpart E—Criteria for Determining Reasonable Charges

2. The authority citation for part 405, subpart E, continues to read as follows:

Authority: Secs. 1102 and 1871 of the Social Security Act (42 U.S.C. 1302 and 1395hh).

3. Section 405.517 is revised to read as follows:

§ 405.517 Payment for drugs and biologicals that are not paid on a cost or prospective payment basis.

(a) *Applicability.* Payment for a drug or biological that is not paid on a cost or prospective payment basis is determined by the standard methodology described in paragraph (b) of this section. Examples of when this procedure applies include a drug or biological furnished incident to a physician's service, a drug or biological furnished by an independent dialysis facility that is not included in the ESRD composite rate set forth in § 413.170(c) of this chapter, and a drug or biological furnished as part of the durable medical equipment benefit.

(b) *Methodology.* Payment for a drug or biological described in paragraph (a) of this section is based on the lower of the actual charge on the Medicare claim for benefits or 95 percent of the national average wholesale price of the drug or biological.

(c) *Multiple-source drugs.* For multiple-source drugs and biologicals, for purposes of this regulation, the average wholesale price is defined as the lesser of the median average wholesale price for all sources of the generic forms of the drug or biological or the lowest average wholesale price of the brand name forms of the drug or biological.

4. A new § 405.520 is added to read as follows:

§ 405.520 Payment for a physician assistants, nurse practitioners, and clinical nurse specialists' services and services furnished incident to their professional services.

(a) *General rule.* A physician assistants, nurse practitioners, and clinical nurse specialists' services, and services and supplies furnished incident to their professional services, are paid in accordance with the physician fee schedule. The payment for a physician assistants' services may not exceed the limits at § 414.52 of this chapter. The payment for a nurse practitioners' and clinical nurse specialists' services may not exceed the limits at § 414.56 of this chapter.

(b) *Requirements.* Medicare payment is made only if all claims for payment are made on an assignment-related basis in accordance with § 424.55 of this chapter, that sets forth, respectively, the conditions for coverage of physician assistants' services, nurse practitioners' services and clinical nurse specialists' services, and services and supplies furnished incident to their professional services.

(c) *Civil money penalties.* Any person or entity who knowingly and willingly bills a Medicare beneficiary amounts in excess of the appropriate coinsurance and deductible is subject to a civil money penalty not to exceed $2,000 for each bill or request for payment.

PART 410—SUPPLEMENTARY MEDICAL INSURANCE (SMI) BENEFITS

B. 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).

§ 410.1 [Amended]

2. Section 410.1, paragraph (a) is amended by adding the following sentence at the end: ''Section 4206 of the Balanced Budget Act of 1997 sets forth the conditions for payment for professional consultations that take place by means of telecommunications systems.''

§ 410.32 [Amended]

3. In § 410.32(a)(3), the last word, ''section,'' is removed and the word ''paragraph'' is added in its place.

4. A new section 410.59 is added to read as follows:

§ 410.59 Outpatient occupational therapy services: Conditions.

(a) *Basic rule.* Medicare Part B pays for outpatient occupational therapy services if they meet the following conditions:

(1) They are furnished to a beneficiary while he or she is under the care of a physician who is a doctor of medicine, osteopathy, or podiatric medicine.

(2) They are furnished under a written plan of treatment that meets the requirements of § 410.61.

(3) They are furnished—

(i) By a provider as defined in § 489.2 of this chapter, or by others under arrangements with, and under the supervision of, a provider; or

(ii) By or under the personal supervision of an occupational therapist in private practice as described in paragraph (c) of this section.

(b) *Outpatient occupational therapy services furnished to certain inpatients of a hospital or a CAH or SNF.* Medicare Part B pays for outpatient occupational therapy services furnished to an inpatient of a hospital, CAH, or SNF who requires them but who has exhausted or is otherwise ineligible for benefit days under Medicare Part A.

(c) *Special provisions for services furnished by occupational therapists in private practice.*

(1) *Basic qualifications.* In order to qualify under Medicare as a supplier of outpatient occupational therapy services, each individual occupational therapist in private practice must meet the following requirements:

(i) Be legally authorized (if applicable, licensed, certified, or registered) to engage in the private practice of occupational therapy by the State in which he or she practices, and practice only within the scope of his or her license, certification, or registration.

(ii) Engage in the private practice of occupational therapy on a regular basis as an individual, in one of the following practice types:

(A) An unincorporated solo practice.

(B) A partnership or unincorporated group practice.

(C) An unincorporated solo practice, partnership, or group practice, a professional corporation or other incorporated occupational therapy practice. Private practice does not include any individual during the time he or she is working as an employee of a provider.

(iii) Bill Medicare only for services furnished in his or her private practice office space, or in the patient's home. A therapist's private practice office space refers to the location(s) where the practice is operated, in the State(s) where the therapist (and practice, if applicable) is legally authorized to furnish services, during the hours that the therapist engages in practice at that location. When services are furnished in private practice office space, that space must be owned, leased, or rented by the practice and used for the exclusive purpose of operating the practice. A patient's home does not include any institution that is a hospital, an CAH, or a SNF.

(iv) Treat individuals who are patients of the practice and for whom the practice collects fees for the services furnished.

(2) *Supervision of occupational therapy services.* Occupational therapy services are performed by, or under the personal supervision of, the occupational therapist in private practice. All services not performed personally by the therapist must be performed by employees of the practice, personally supervised by the therapist, and included in the fee for the therapist's services.

(d) *Excluded services.* No service is included as an outpatient occupational therapy service if it would not be included as an inpatient hospital service if furnished to a hospital or CAH inpatient.

(e) *Annual limitation on incurred expenses.* (1) Amount of limitation. (i) In 1999, 2000, and 2001, no more than $1,500 of allowable charges incurred in a calendar year for outpatient occupational therapy services are recognized incurred expenses.

(ii) In 2002 and thereafter, the limitation is determined by increasing the limitation in effect in the previous calendar year by the increase in the Medicare Economic Index for the current year.

(2) For purposes of applying the limitation, outpatient occupational therapy includes:

(i) Except as provided in paragraph (e)(3) of this section, outpatient occupational therapy services furnished under this section;

(ii) Outpatient occupational therapy services furnished by a comprehensive outpatient rehabilitation facility;

(iii) Outpatient occupational therapy services furnished by a physician or incident to a physician's service;

(iv) Outpatient occupational therapy services furnished by a nurse practitioner, clinical nurse specialist, or physician assistant or incident to their services.

(3) For purposes of applying the limitation, outpatient occupational therapy services excludes services furnished by a hospital directly or under arrangements.

5. Section 410.60 is revised to read as follows:

§ 410.60 Outpatient physical therapy services: Conditions.

(a) *Basic rule.* Medicare Part B pays for outpatient physical therapy services if they meet the following conditions:

(1) They are furnished to a beneficiary while he or she is under the care of a physician who is a doctor of medicine, osteopathy, or podiatric medicine.

(2) They are furnished under a written plan of treatment that meets the requirements of § 410.61.

(3) They are furnished—

(i) By a provider as defined in § 489.2 of this chapter, or by others under arrangements with, and under the supervision of, a provider; or

(ii) By or under the personal supervision of a physical therapist in private practice as described in paragraph (c) of this section.

(b) *Outpatient physical therapy services furnished to certain inpatients of a hospital or a CAH or SNF.* Medicare Part B pays for outpatient physical therapy services furnished to an inpatient of a hospital, CAH, or SNF who requires them but who has exhausted or is otherwise +ineligible for benefit days under Medicare Part A.

(c) *Special provisions for services furnished by physical therapists in private practice.* (1) *Basic qualifications.* In order to qualify under Medicare as a supplier of outpatient physical therapy services, each individual physical therapist in private practice must meet the following requirements:

(i) Be legally authorized (if applicable, licensed, certified, or registered) to engage in the private practice of physical therapy by the State in which he or she practices, and practice only within the scope of his or her license, certification, or registration.

(ii) Engage in the private practice of physical therapy on a regular basis as an individual, in one of the following practice types:

(A) An unincorporated solo practice.

(B) An unincorporated partnership or unincorporated group practice.

(C) An unincorporated solo practice, partnership, or group practice, or a professional corporation or other incorporated physical therapy practice. Private practice does not include any individual during the time he or she is working as an employee of a provider.

(iii) Bill Medicare only for services furnished in his or her private practice office space, or in the patient's home. A therapist's private practice office space refers to the location(s) where the practice is operated, in the State(s) where the therapist (and practice, if applicable) is legally authorized to furnish services, during the hours that the therapist engages in practice at that location. When services are furnished in private practice office space, that space must be owned, leased, or rented by the practice and used for the exclusive purpose of operating the practice. A patient's home does not include any institution that is a hospital, a CAH, or a SNF.

(iv) Treat individuals who are patients of the practice and for whom the practice collects fees for the services furnished.

(2) *Supervision of physical therapy services.* Physical therapy services are performed by, or under the personal supervision of, the physical therapist in private practice. All services not performed personally by the therapist must be performed by employees of the practice, personally supervised by the therapist, and included in the fee for the therapist's services.

(d) *Excluded services.* No service is included as an outpatient physical therapy service if it would not be included as an inpatient hospital service if furnished to a hospital or CAH inpatient.

(e) *Annual limitation on incurred expenses.* (1) Amount of limitation. (i) In 1999, 2000, and 2001, no more than $1,500 of allowable charges incurred in a calendar year for outpatient physical therapy services are recognized incurred expenses.

(ii) In 2002 and thereafter, the limitation shall be determined by increasing the limitation in effect in the previous calendar year by the increase in the Medicare Economic Index for the current year.

(2) For purposes of applying the limitation, outpatient physical therapy includes:

(i) Except as provided in paragraph (e)(3) of this section, outpatient physical therapy services furnished under this section;

(ii) Except as provided in paragraph (e)(3) of this section outpatient speech-language pathology services furnished under § 410.62;

(iii) Outpatient physical therapy and speech-language pathology services furnished by a comprehensive outpatient rehabilitation facility;

(iv) Outpatient physical therapy and speech-language pathology services furnished by a physician or incident to a physician's service;

(v) Outpatient physical therapy and speech-language pathology services furnished by a nurse practitioner, clinical nurse specialist, or physician assistant or incident to their services.

(3) For purposes of applying the limitation, outpatient physical therapy excludes services furnished by a hospital or CAH directly or under arrangements.

6. In § 410.61, the section heading and paragraphs (a) through (d) are revised to read as follows:

§ 410.61 Plan of treatment requirements for outpatient rehabilitation services.

(a) *Basic requirement.* Outpatient rehabilitation services (including services furnished by a qualified physical or occupational therapist in private practice), must be furnished under a written plan of treatment that meets the requirements of paragraphs (b) through (e) of this section.

(b) *Establishment of the plan.* The plan is established before treatment is begun by one of the following:

(1) A physician.

(2) A physical therapist who furnishes the physical therapy services.

(3) A speech-language pathologist who furnishes the speech-language pathology services.

(4) An occupational therapist who furnishes the occupational therapy services.

(5) A nurse practitioner, a clinical nurse specialist, or a physician assistant.

(c) *Content of the plan.* The plan prescribes the type, amount, frequency, and duration of the physical therapy, occupational therapy, or speech-language pathology services to be furnished to the individual, and indicates the diagnosis and anticipated goals.

(d) *Changes in the plan.* Any changes in the plan—

(1) Are made in writing and signed by one of the following:

(i) The physician.

(ii) The physical therapist who furnishes the physical therapy services.

(iii) The occupational therapist who furnishes the physical therapy services.

(iv) The speech-language pathologist who furnishes the speech-language pathology services.

(v) A registered professional nurse or a staff physician, in accordance with oral orders from the physician, physical therapist, occupational therapist, or speech-language pathologist who furnishes the services.

(vi) A nurse practitioner, a clinical nurse specialist, or a physician assistant.

(2) The changes are incorporated in the plan immediately.

* * * * *

7. In § 410.62, the section heading and paragraph (a)(3) are revised and a new paragraph (d) is added to read as follows:

§ 410.62 Outpatient speech-language pathology services: Conditions and exclusions.

(a) * * *

(3) They are furnished by a provider as defined in § 489.2 of this chapter or by others under arrangements with, or under the supervision of, a provider.

* * * * *

(d) *Limitation.* After 1998, outpatient speech-language pathology services are subject to the limitation in § 410.60(e).

8. New §§ 410.74, 410.75, 410.76, 410.77, and 410.78 are added to subpart B to read as follows:

Subpart B—Medical and Other Health Services

§ 410.74 Physician assistants' services.

(a) *Basic rule.* Medicare Part B covers physician assistants' services only if the following conditions are met:

(1) The services would be covered as physicians' services if furnished by a physician (a doctor of medicine or osteopathy, as set forth in section 1861(r)(1) of the Act).

(2) The physician assistant—

(i) Meets the qualifications set forth in paragraph (c) of this section;

(ii) Is legally authorized to perform the services in the State in which they are performed;

(iii) Performs services that are not otherwise precluded from coverage because of a statutory exclusion;

(iv) Performs the services under the general supervision of a physician (The supervising physician need not be physically present when the physician assistant is performing the services unless required by State law; however, the supervising physician must be immediately available to the physician assistant for consultation.);

(v) Furnishes services that are billed by the employer of a physician assistant; and

(vi) Performs the services—

(A) In all settings in either rural and urban areas; or

(B) As an assistant at surgery.

(b) *Services and supplies furnished incident to a physician assistant's services.* Medicare covers services and supplies (including drugs and biologicals that cannot be self-administered) that are furnished incident to the physician assistant's services described in paragraph (a) of

this section. These services and supplies are covered only if they—

(1) Would be covered if furnished by a physician or as incident to the professional services of a physician;

(2) Are the type that are commonly furnished in a physician's office and are either furnished without charge or are included in the bill for the physician assistants' services;

(3) Are, although incidental, an integral part of the professional service performed by the physician;

(4) Are performed under the direct supervision of the physician assistant (that is, the physician assistant is physically present and immediately available); and

(5) Are performed by the employee of a physician assistant or an entity that employs both the physician assistant and the person providing the services.

(c) *Qualifications.* For Medicare Part B coverage of his or her services, a physician assistant must meet all of the following conditions:

(1) Have graduated from a physician assistant educational program that is accredited by the National Commission on Accreditation of Allied Health Education Programs;

(2) Have passed the national certification examination of the National Commission on Certification of Physician Assistants; and

(3) Be licensed by the State to practice as a physician assistant.

(d) *Professional services.* Physician assistants can be paid for professional services only if the services have been professionally performed by them and no facility or other provider charges for the service or is paid any amount for the furnishing of those professional services.

(1) Supervision of other nonphysician staff by a physician assistant does not constitute personal performance of a professional service by the physician assistant.

(2) The services are provided on an assignment-related basis, and the physician assistant may not charge a beneficiary for a service not payable under this provision. If a beneficiary has made payment for a service, the physician assistant must make the appropriate refund to the beneficiary.

§ 410.75 Nurse practitioners' services.

(a) *Definition.* As used in this section, the term ''physician'' means a doctor of medicine or osteopathy, as set forth in section 1861(r)(1) of the Act.

(b) *Qualifications.* For Medicare Part B coverage of his or her services, a nurse practitioner must—

(1) Possess a master's degree in nursing;

(2) Be a registered professional nurse who is authorized by the State in which the services are furnished, to practice as a nurse practitioner in accordance with State law; and,

(3) Be certified as a nurse practitioner by the American Nurses Credentialing Center or other recognized national certifying bodies that have established standards for nurse practitioners as defined in paragraphs (b)(1) and (2) of this section.

(c) *Services.* Medicare Part B covers nurse practitioners' services in all settings in both rural and urban areas, only if the services would be covered if furnished by a physician and the nurse practitioner—

(1) Is legally authorized to perform them in the State in which they are performed;

(2) Is not performing services that are otherwise excluded from coverage because of one of the statutory exclusions; and

(3) Performs them while working in collaboration with a physician.

(i) Collaboration is a process in which a nurse practitioner works with one or more physicians to deliver health care services within the scope of the practitioner's expertise, with medical direction and appropriate supervision as provided for in jointly developed guidelines or other mechanisms as provided by the law of the State in which the services are performed.

(ii) In the absence of State law governing collaboration, collaboration is a process in which a nurse practitioner has a relationship with one or more physicians to deliver health care services. Such collaboration is to be evidenced by nurse practitioners documenting the nurse practitioners' scope of practice and indicating the relationships that they have with physicians to deal with issues outside their scope of practice. Nurse practitioners must document this collaborative process with physicians.

(iii) The collaborating physician does not need to be present with the nurse practitioner when the services are furnished or to make an independent evaluation of each patient who is seen by the nurse practitioner.

(d) *Services and supplies incident to a nurse practitioners' services.* Medicare Part B covers services and supplies (including drugs and biologicals that cannot be self-administered) incident to a nurse practitioner's services that meet the requirements in paragraph (c) of this section. These services and supplies are covered only if they—

(1) Would be covered if furnished by a physician or as incident to the professional services of a physician;

(2) Are of the type that are commonly furnished in a physician's office and are either furnished without charge or are included in the bill for the nurse practitioner's services;

(3) Although incidental, are an integral part of the professional service performed by the nurse practitioner; and

(4) Are performed under the direct supervision of the nurse practitioner (that is, the nurse practitioner must be physically present and immediately available).

(e) *Professional services.* Nurse practitioners can be paid for professional services only when the services have been personally performed by them and no facility or other provider charges, or is paid, any amount for the furnishing of the professional services.

(1) Supervision of other nonphysician staff by a nurse practitioner does not constitute personal performance of a professional service by a nurse practitioner.

(2) The services are provided on an assignment-related basis, and a nurse practitioner may not charge a beneficiary for a service not payable under this provision. If a beneficiary has made payment for a service, the nurse practitioner must make the appropriate refund to the beneficiary.

§ 410.76 Clinical nurse specialists' services.

(a) *Definition.* As used in this section, the term ''physician'' means a doctor of medicine or osteopathy, as set forth in section 1861(r)(1) of the Act.

(b) *Qualifications.* For Medicare Part B coverage of his or her services, a clinical nurse specialist must—

(1) Be a registered nurse who is currently licensed to practice in the State where he or she practices and be authorized to perform the services of a clinical nurse specialist in accordance with State law;

(2) Have a master's degree in a defined clinical area of nursing from an accredited educational institution; and

(3) Be certified as a clinical nurse specialist by the American Nurses Credentialing Center.

(c) *Services.* Medicare Part B covers clinical nurse specialists' services in all settings in both rural and urban areas only if the services would be covered if furnished by a physician and the clinical nurse specialist—

(1) Is legally authorized to perform them in the State in which they are performed;

(2) Is not performing services that are otherwise excluded from coverage by one of the statutory exclusions; and

(3) Performs them while working in collaboration with a physician.

(i) Collaboration is a process in which a clinical nurse specialist works with one or more physicians to deliver health care services within the scope of the practitioner's expertise, with medical direction and appropriate supervision as provided for in jointly developed guidelines or other mechanisms as provided by the law of the State in which the services are performed.

(ii) In the absence of State law governing collaboration, collaboration is a process in which a clinical nurse specialist has a relationship with one or more physicians to deliver health care services. Such collaboration is to be evidenced by clinical nurse specialists documenting the clinical nurse specialists' scope of practice and indicating the relationships that they have with physicians to deal with issues outside their scope of practice. Clinical nurse specialists must document this collaborative process with physicians.

(iii) The collaborating physician does not need to be present with the clinical nurse specialist when the services are furnished, or to make an independent evaluation of each patient who is seen by the clinical nurse specialist.

(d) *Services and supplies furnished incident to clinical nurse specialists' services.* Medicare Part B covers services and supplies (including drugs and biologicals that cannot be self-administered) incident to a clinical nurse specialist's services that meet the requirements in paragraph (c) of this section. These services and supplies are covered only if they—

(1) Would be covered if furnished by a physician or as incident to the professional services of a physician;

(2) Are of the type that are commonly furnished in a physician's office and are either furnished without charge or are included in the bill for the clinical nurse specialist's services;

(3) Although incidental, are an integral part of the professional service performed by the clinical nurse specialist; and

(4) Are performed under the direct supervision of the clinical nurse specialist (that is, the clinical nurse specialist must be physically present and immediately available).

(e) *Professional services.* Clinical nurse specialists can be paid for professional services only when the services have been personally performed by them and no facility or other provider charges, or is paid, any amount for the furnishing of the professional services.

(1) Supervision of other nonphysician staff by clinical nurse specialists does not constitute personal performance of a professional service by clinical nurse specialists.

(2) The services are provided on an assignment-related basis, and a clinical nurse specialist may not charge a beneficiary for a service not payable under this provision. If a beneficiary has made payment for a service, the clinical nurse specialist must make the appropriate refund to the beneficiary.

§ 410.77 Certified nurse-midwives' services: Qualifications and conditions.

(a) *Qualifications.* For Medicare coverage of his or her services, a certified nurse-midwife must:

(1) Be a registered nurse who is legally authorized to practice as a nurse-midwife in the State where services are performed;

(2) Have successfully completed a program of study and clinical experience for nurse-midwives that is accredited by an accrediting body approved by the U.S. Department of Education; and

(3) Be certified as a nurse-midwife by the American College of Nurse-Midwives or the American College of Nurse-Midwives Certification Council.

(b) *Services.* A certified nurse-midwife's services are services furnished by a certified nurse-midwife and services and supplies furnished as an incident to the certified nurse-midwife's services that—

(1) Are within the scope of practice authorized by the law of the State in which they are furnished and would otherwise be covered if furnished by a physician or as an incident to a physician's service; and

(2) Unless required by State law, are provided without regard to whether the certified nurse-midwife is under the supervision of, or associated with, a physician or other health care provider.

(c) *Incident to services: Basic rule.* Medicare covers services and supplies furnished incident to the services of a certified nurse-midwife, including drugs and biologicals that cannot be self-administered, if the services and supplies meet the following conditions:

(1) They would be covered if furnished by a physician or as incident to the professional services of a physician.

(2) They are of the type that are commonly furnished in a physician's office and are either furnished without charge or are included in the bill for the certified nurse-midwife's services.

(3) Although incidental, they are an integral part of the professional service performed by the certified nurse-midwife.

(4) They are furnished under the direct supervision of a certified nurse-midwife (that is, the midwife is physically present and immediately available).

(d) *Professional services.* A nurse-midwife can be paid for professional services only when the services have been performed personally by the nurse-midwife.

(1) Supervision of other nonphysician staff by a nurse-midwife does not constitute personal performance of a professional service by the nurse-midwife.

(2) The service is provided on an assignment-related basis, and a nurse-midwife may not charge a beneficiary for a service not payable under this provision. If the beneficiary has made payment for a service, the nurse-midwife must make the appropriate refund to the beneficiary.

(3) A nurse-midwife may provide services that he or she is legally authorized to perform under State law as a nurse-midwife, if the services would otherwise be covered by the Medicare program when furnished by a physician or incident to a physicians' professional services.

§ 410.78 Consultations via telecommunications systems.

(a) *General rule.* Medicare Part B pays for professional consultations furnished by means of interactive telecommunications systems if the following conditions are met:

(1) The consulting practitioner is any of the following:

(i) A physician as described in § 410.20.

(ii) A physician assistant as defined in § 410.74.

(iii) A nurse practitioner as defined in § 410.75.

(iv) A clinical nurse specialist as described in § 410.76.

(v) A nurse-midwife as defined in § 410.77.

(2) The referring practitioner is any of the following:

(i) A physician as described in § 410.20.

(ii) A physician assistant as defined in § 410.74.

(iii) A nurse practitioner as defined in § 410.75.

(iv) A clinical nurse specialist as described in § 410.76.

(v) A nurse-midwife as defined in § 410.77.

(vi) A clinical psychologist as described at § 410.71.

(vii) A clinical social worker as defined in § 410.73.

(3) The services are furnished to a beneficiary residing in a rural area as defined in section 1886(d)(2)(D) of the Act, and the area is designated as a

health professional shortage area (HPSA) under section 332(a)(1)(A) of the Public Health Service Act (42 U.S.C. 254e(a)(1)(A)). For purposes of this requirement, the beneficiary is deemed to be residing in such an area if the teleconsultation presentation takes place in such an area.

(4) The medical examination of the beneficiary is under the control of the consulting practitioner.

(5) As a condition of payment, the teleconsultation involves the participation of the referring practitioner, or a practitioner described in section 1842(b)(18)(C) of the Act (other than a certified registered nurse anesthetist or anesthesiologist assistant) who is an employee of the referring practitioner, as appropriate to the medical needs of the patient and as needed to provide information to and at the direction of the consultant.

(6) The consultation results in a written report that is furnished to the referring practitioner.

(b) *Definition.* For purposes of this section, *interactive telecommunications systems* means multimedia communications equipment that includes, at a minimum, audio and video equipment permitting real-time consultation among the patient, consultant, and referring practitioner, or a practitioner described in section 1842(b)(18)(C) of the Act (other than a certified registered nurse anesthetist or anesthesiologist assistant) who is an employee of the referring practitioner, as appropriate to the medical needs of the patient and as needed to provide information to and at the direction of the consulting practitioner. Telephones, facsimile machines, and electronic mail systems do not meet the definition of interactive telecommunications systems.

9. In § 410.150, the introductory text to paragraph (b) is republished, and new paragraphs (b)(15) and (b)(16) are added to read as follows:

§ 410.150 To whom payment is made.

* * * * *

(b) *Specific rules.* Subject to the conditions set forth in paragraph (a) of this section, Medicare Part B pays as follows:

* * * * *

(15) To the qualified employer of a physician assistant for professional services furnished by the physician assistant and for services and supplies furnished incident to his or her services. Payment is made to the employer of a physician assistant regardless of whether the physician assistant furnishes services under a W–2, employer-employee employment relationship, or whether the physician assistant is an independent contractor who receives a 1099 reflecting the relationship. Both types of relationships must conform to the appropriate guidelines provided by the Internal Revenue Service. A qualified employer is not a group of physician assistants that incorporate to bill for their services. Payment is made only if no facility or other provider charges or is paid any amount for services furnished by a physician assistant.

(16) To a nurse practitioner or clinical nurse specialist for professional services furnished by a nurse practitioner or clinical nurse specialist in all settings in both rural and nonrural areas and for services and supplies furnished incident to those services. Payment is made only if no facility or other provider charges, or is paid, any amount for the furnishing of the professional services of the nurse practitioner or clinical nurse specialist.

* * * * *

10. In § 410.152, the headings to paragraphs (a) and (a)(1) are republished, and paragraph (a)(1)(v) is revised to read as follows:

§ 410.152 Amount of payment.

(a) *General provisions*—(1) *Exclusion from incurred expenses.* * * *

(v) In the case of expenses incurred for outpatient physical therapy services including speech-language pathology services, the expenses excluded are from the incurred expenses under § 410.60(e). In the case of expenses incurred for outpatient occupational therapy including speech-language pathology services, the expenses excluded are from the incurred expenses under § 410.59(e).

* * * * *

PART 413—PRINCIPLES OF REASONABLE COST REIMBURSEMENT; PAYMENT FOR END-STAGE RENAL DISEASE SERVICES; OPTIONAL PROSPECTIVELY DETERMINED PAYMENT RATES FOR SKILLED NURSING FACILITIES

C. Part 413 is amended as set forth below.

1. The authority citation for part 413 continues to read as follows:

Authority: Secs. 1102, 1861(v)(1)(A), and 1871 of the Social Security Act (42 U.S.C. 1302, 1395x(v)(1)(A), and 1395hh).

2. Section 413.125 is amended by designating the existing text as paragraph (a) and adding paragraph (b) to read as follows:

§ 413.125 Payment for home health agency services.

* * * * *

(b) The reasonable cost of outpatient rehabilitation services furnished by a home health agency to homebound patients who are not entitled to home health benefits may not exceed the amounts payable under the physician fee schedule for comparable services effective January 1, 1999.

PART 414—PAYMENT FOR PART B MEDICAL AND OTHER HEALTH SERVICES

D. Part 414 is amended as set forth below:

1. The authority citation for part 414 continues to read as follows:

Authority: Secs. 1102, 1871, and 1881(b)(1) of the Social Security Act (42 U.S.C. 1302, 1395hh, and 1395rr(b)(1)).

2. In § 414.1, the introductory text is republished, and the following statutory authorities are added in numerical order to read as follows:

§ 414.1 Basis and scope.

This part implements the indicated provisions of the following sections of the Act:

1802—Rules for private contracts by Medicare beneficiaries.

1820—Rules for Medicare reimbursement for telehealth services.

* * * * *

3. Sections 414.20 through 414.62 are redesignated as Subpart B, and a new heading is added to read ''Subpart B—Physicians and Other Practitioners''.

4. In § 414.22, the introductory text to the section is revised and the heading to paragraph (b) is republished, and new paragraph (b)(5) is added to read as follows:

§ 414.22 Relative value units (RVUs).

HCFA establishes RVUs for physicians' work, practice expense, and malpractice insurance.

* * * * *

(b) *Practice expense RVUs.* * * *

(5) For services furnished beginning January 1, 1999, the practice expense RVUs are based on 75 percent of the practice expense RVUs applicable to services furnished in 1998 and 25 percent of the relative practice expense resources involved in furnishing the service. For services furnished in 2000, the practice expense RVUs are based on 50 percent of the practice expense RVUs applicable to services furnished in 1998 and 50 percent of the relative practice expense resources involved in furnishing the service. For services furnished in 2001, the practice expense RVUs are based on 25 percent of the practice expense RVUs applicable to services furnished in 1998 and 75 percent of the relative practice expense

resources involved in furnishing the service. For services furnished in 2002 and subsequent years, the practice expense RVUs are based entirely on relative practice expense resources.

(i) Usually one of two levels of practice expense RVUs per code can be applied to each service. The lower practice expense RVUs apply to services furnished to hospital, skilled nursing facility, or ambulatory surgical center patients. The higher practice expense RVUs apply to services performed in a physician's office; services, other than evaluation and management services, furnished to patients in a nursing facility, in a facility or institution other than a hospital, skilled nursing facility, or ambulatory surgical center, or in the home; and other services furnished to facility patients for which the facility payment does not include physicians' practice costs.

(ii) Only one practice expense RVU per code can be applied for each of the following services: services that have only technical component practice expense RVUs or only professional component practice expense RVUs; evaluation and management services, such as hospital or nursing facility visits, that are furnished exclusively in one setting; and major surgical services.

* * * * *

5. In § 414.32, the heading and paragraph (b) are revised to read as follows:

§ 414.32 Determining payments for certain physicians' services furnished in facility settings.

* * * * *

(b) *General rule.* If physicians' services of the type routinely furnished in physicians' offices are furnished in facility settings before January 1, 1999, the physician fee schedule amount for those services is determined by reducing the practice expense RVUs for the services by 50 percent. For services furnished on or after January 1, 1999, the practice expense RVUs are determined in accordance with § 414.22(b)(5).

* * * * *

6. In § 414.34, the section heading is revised, and a new paragraph (a)(2)(iii) is added to read as follows:

§ 414.34 Payment for services and supplies incident to a physician's service.

(a) *Medical supplies.* * * *

(2) * * *

(iii) It is furnished before January 1, 1999.

* * * * *

7. In § 414.52, the section heading and introductory text are revised, and a new paragraph (d) is added to read as follows:

§ 414.52 Payment for physician assistants' services.

Allowed amounts for the services of a physician assistant furnished beginning January 1, 1992 and ending December 31, 1997, may not exceed the limits specified in paragraphs (a) through (c) of this section. Allowed amounts for the services of a physician assistant furnished beginning January 1, 1998, may not exceed the limits specified in paragraph (d) of this section.

* * * * *

(d) For services (other than assistant-at-surgery services) furnished beginning January 1, 1998, 85 percent of the physician fee schedule amount for the service. For assistant-at-surgery services, 85 percent of the physician fee schedule amount that would be allowed under the physician fee schedule if the assistant-at-surgery service were furnished by a physician.

8. Section 414.56 is revised to read as follows:

§ 414.56 Payment for nurse practitioners' and clinical nurse specialists' services.

(a) *Rural areas.* For services furnished beginning January 1, 1992 and ending December 31, 1997, allowed amounts for the services of a nurse practitioner or a clinical nurse specialist in a rural area (as described in section 1861(s)(2)(K)(iii) of the Act) may not exceed the following limits:

(1) For services furnished in a hospital (including assistant-at-surgery services), 75 percent of the physician fee schedule amount for the service.

(2) For all other services, 85 percent of the physician fee schedule amount for the service.

(b) *Non-rural areas.* For services furnished beginning January 1, 1992 and ending December 31, 1997, allowed amounts for the services of a nurse practitioner or a clinical nurse specialist in a nursing facility may not exceed 85 percent of the physician fee schedule amount for the service.

(c) *Beginning January 1, 1998.* For services (other than assistant-at-surgery services) furnished beginning January 1, 1998, allowed amounts for the services of a nurse practitioner or clinical nurse specialist may not exceed 85 percent of the physician fee schedule amount for the service. For assistant-at-surgery services, allowed amounts for the services of a nurse practitioner or clinical nurse specialist may not exceed 85 percent of the physician fee schedule amount that would be allowed under the physician fee schedule if the assistant-at-surgery service were furnished by a physician.

9. Section 414.65 is added to subpart B, to read as follows:

§ 414.65 Payment for consultations via interactive telecommunications systems.

(a) *Limitations on payment.* Medicare payment for a professional consultation conducted via interactive telecommunications systems is subject to the following limitations:

(1) The payment may not exceed the current fee schedule amount applicable to the consulting practitioner for the health care service provided.

(2) The payment may not include reimbursement for any telephone line charges or any facility fees.

(3) The payment is subject to the coinsurance and deductible requirements of sections 1833(a)(1) and (b) of the Act.

(4) The payment differential of section 1848(a)(3) of the Act applies to services furnished by nonparticipating physicians.

(b) *Prohibited billing.* The beneficiary may not be billed for any telephone line charges or any facility fees.

(c) *Assignment required for nonphysician practitioners.* Payment to nonphysician practitioners is made only on an assignment-related basis.

(d) *Who may bill for the consultation.* Only the consultant practitioner may bill for the consultation.

(e) *Sharing of payment.* The consultant practitioner must provide to the referring practitioner 25 percent of any payments he or she receives for the consultation, including any applicable deductible or coinsurance amounts.

(f) *Sanctions.* A practitioner may be subject to the applicable sanctions provided for in chapter V, parts 1001, 1002, and 1003 of this title if he or she—

(1) Knowingly and willfully bills or collects for services in violation of the limitations of this section on a repeated basis; or

(2) Fails to timely correct excess charges by reducing the actual charge billed for the service to an amount that does not exceed the limiting charge for the service or fails to timely refund excess collections.

PART 415—SERVICES FURNISHED BY PHYSICIANS IN PROVIDERS, SUPERVISING PHYSICIANS IN TEACHING SETTINGS, AND RESIDENTS IN CERTAIN SETTINGS

E. 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 (41 U.S.C. 1302 and 1395hh).

2. Section 415.110 is revised to read as follows:

§ 415.110 Conditions for payment: Medically directed anesthesia services.

(a) *General payment rule.* Medicare pays for the physician's medical direction of anesthesia services for one service or two through four concurrent anesthesia services furnished after December 31, 1998, only if each of the services meets the condition in § 415.102(a) and the following additional conditions:

(1) For each patient, the physician—

(i) Performs a pre-anesthetic examination and evaluation;

(ii) Prescribes the anesthesia plan;

(iii) Personally participates in the most demanding aspects of the anesthesia plan including, if applicable, induction and emergence;

(iv) Ensures that any procedures in the anesthesia plan that he or she does not perform are performed by a qualified individual as defined in operating instructions;

(v) Monitors the course of anesthesia administration at frequent intervals;

(vi) Remains physically present and available for immediate diagnosis and treatment of emergencies; and

(vii) Provides indicated post-anesthesia care.

(2) The physician directs no more than four anesthesia services concurrently and does not perform any other services while he or she is directing the single or concurrent services so that one or more of the conditions in paragraph (a)(1) of this section are not violated.

(3) If the physician personally performs the anesthesia service, the payment rules in § 414.46(c) of this chapter apply (Physician personally performs the anesthesia procedure).

(b) *Medical documentation.* The physician alone inclusively documents in the patient's medical record that the conditions set forth in paragraph (a)(1) of this section have been satisfied, specifically documenting that he or she performed the pre-anesthetic exam and evaluation, provided the indicated post-anesthesia care, and was present during the most demanding procedures, including induction and emergence where applicable.

PART 424—CONDITIONS FOR MEDICARE PAYMENT

F. Part 424 is amended as set forth below:

1. The authority citation for part 424 continues to read as follows:

Authority: Secs. 1102 and 1871 of the Social Security Act (41 U.S.C. 1302 and 1395hh).

2. In § 424.24, paragraphs (c) introductory text, (c)(1)(ii), (c)(1)(iii), (c)(3)(i), (c)(3)(ii), (c)(4), (f)(2), and (f)(3) are revised to read as follows:

§ 424.24 Requirements for medical and other health services furnished by providers under Medicare Part B.

* * * * *

(c) *Outpatient physical therapy and speech-language pathology services*—(1) *Content of certification.* * * *

(ii) The services were furnished while the individual was under the care of a physician, nurse practitioner, clinical nurse specialist, or physician assistant.

(iii) The services were furnished under a plan of treatment that meets the requirements of § 410.61 of this chapter.

* * * * *

(3) *Signature.* * * *

(i) If the plan of treatment is established by a physician, nurse practitioner, clinical nurse specialist, or physician assistant, the certification must be signed by that physician or nonphysician practitioner.

(ii) If the plan of treatment is established by a physical therapist or speech-language pathologist, the certification must be signed by a physician or by a nurse practitioner, clinical nurse specialist, or physician assistant who has knowledge of the case.

(4) *Recertification*—(i) *Timing.* Recertification statements are required at least every 30 days and must be signed by the physician, nurse practitioner, clinical nurse specialist, or physician assistant who reviews the plan of treatment.

(ii) *Content.* The recertification statement must indicate the continuing need for physical therapy or speech-language pathology services and an estimate of how much longer the services will be needed.

(iii) *Signature.* Recertifications must be signed by the physician, nurse practitioner, clinical nurse specialist, or physician assistant who reviews the plan of treatment.

* * * * *

(f) * * *

(2) *Signature.* The certificate must be signed by a physician, nurse practioner, clinical nurse specialist, or physician assistant who has knowledge of the case.

(3) *Timing.* The physician, nurse practioner, clinical nurse specialist, or physician assistant may provide certification at the time the services are furnished or, if services are provided on a continuing basis, either at the beginning or at the end of a series of visits.

* * * * *

PART 485—CONDITIONS OF PARTICIPATION: SPECIALIZED PROVIDERS

G. Part 485 is amended as set forth below:

1. The authority citation for part 485 continues to read as follows:

Authority: Secs. 1102 and 1871 of the Social Security Act (41 U.S.C. 1302 and 1395hh).

2. Section 485.705 is revised to read as follows:

§ 485.705 Personnel qualifications.

(a) *General qualification requirements.* Except as specified in paragraphs (b) and (c) of this section, all personnel who are involved in the furnishing of outpatient physical therapy, occupational therapy, and speech-language pathology services directly by or under arrangements with an organization must be legally authorized (licensed or, if applicable, certified or registered) to practice by the State in which they perform the functions or actions, and must act only within the scope of their State license or State certification or registration.

(b) *Exception for Federally defined qualifications.* The following Federally defined qualifications must be met:

(1) For a physician, the qualifications and conditions as defined in section 1861(r) of the Act and the requirements in part 484 of this chapter.

(2) *For a speech-language pathologist,* the qualifications specified in section 1861(11)(1) of the Act and the requirements in part 484 of this chapter.

(c) *Exceptions when no State Licensing laws or State certification or registration requirements exist.* If no State licensing laws or State certification or registration requirements exist for the profession, the following requirements must be met—

(1) An *administrator* is a person who has a bachelor's degree and:

(i) Has experience or specialized training in the administration of health institutions or agencies; or

(ii) Is qualified and has experience in one of the professional health disciplines.

(2) An *occupational therapist* must meet the requirements in part 484 of this chapter.

(3) *An occupational therapy assistant* must meet the requirements in part 484 of this chapter.

(4) A *physical therapist* must meet the requirements in part 484 of this chapter.

(5) A *physical therapist assistant* must meet the requirements in part 484 of this chapter.

(6) A *social worker* must meet the requirements in part 484 of this chapter.

(7) A *vocational specialist* is a person who has a baccalaureate degree and—

(i) Two years experience in vocational counseling in a rehabilitation setting such as a sheltered workshop, State employment service agency, etc.; or

(ii) At least 18 semester hours in vocational rehabilitation, educational or vocational guidance, psychology, social work, special education or personnel administration, and 1 year of experience in vocational counseling in a rehabilitation setting; or

(iii) A master's degree in vocational counseling.

(8) *A nurse practitioner* is a person who must:

(i) Possess a master's degree in nursing;

(ii) Be a registered professional nurse who is authorized by the State in which the services are furnished, to practice as a nurse practitioner in accordance with State law; and,

(iii) Be certified as a nurse practitioner by the American Nurses Credentialing Center.

(9) *A clinical nurse specialist* is a person who must:

(i) Be a registered nurse who is currently licensed to practice in the State where he or she practices and be authorized to perform the services of a clinical nurse specialist in accordance with State law;

(ii) Have a master's degree in a defined clinical area of nursing from an accredited educational institution; and,

(iii) Be certified as a clinical nurse specialist by the American Nurses Credentialing Center.

(10) *A physician assistant* is a person who:

(i) Has graduated from a physician assistant educational program that is accredited by the National Commission on Accreditation of Allied Health Education Programs; and

(ii) Has passed the national certification examination that is certified by the National Commission on Certification of Physician Assistants; and

(iii) Is licensed by the State as a physician assistant to practice as a physician assistant.

3. In § 485.711, paragraph (b)(3) is revised to read as follows:

§ 485.711 Conditions of participation: Plan of care and physician involvement.

* * * * *

(b) * * *

(3) The plan of care and results of treatment are reviewed by the physician or by the individual who established the plan at least as often as the patient's condition requires, and the indicated action is taken. (For Medicare patients, the plan must be reviewed by a physician, nurse practitioner, clinical nurse specialist, or physician assistant at least every 30 days, in accordance with § 410.61(e) of this chapter.)

* * * * *

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

Dated: October 20, 1998.

Nancy-Ann Min DeParle,

Administrator, Health Care Financing Administration.

Dated: October 26, 1998.

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 C

The addenda on the following pages provide various data pertaining to the Medicare fee schedule for physicians' services furnished in 1999. Addendum B contains the RVUs for work, non-facility practice expense, facility 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.

Addendum B—1999 Relative Value Units and Related Information Used in Determining Medicare Payments for 1999

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 nonphysicians' 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's service and is furnished on the same day as a physician's service, payment for it is bundled into the payment for the physician's service to which it is incident (an example is an elastic bandage furnished by a physician incident to a physician's service).
—If the item or service is covered as other than incident to a physician's 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 ''physicians'' 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 1999. Codes that are not used for Medicare payment are identified with a ''+.''

6. *Non-facility practice expense RVUs.* These are the fully implemented resource-based practice expense RVUs for non-facility settings.

7. *Transition non-facility practice expense RVUs.* Blended 1999 non-facility practice expense RVUs.

8. *Facility practice expense RVUs.* These are the fully implemented resource-based practice expense RVUs for facility settings.

9. *Transition facility practice expense RVUs.* Blended 1999 facility practice expense RVUs.

10. *Malpractice expense RVUs.* These are the RVUs for the malpractice expense for the service for 1999.

11. *Non-facility total.* This is the sum of the work, fully implemented non-facility practice expense, and malpractice expense RVUs for 1999.

12. *Transition non-facility total.* This is the sum of the work, transition non-facility practice expense, and malpractice expense RVUs for 1999.

13. *Facility total.* This is the sum of the work, fully implemented facility practice expense, and malpractice expense RVUs for 1999.

14. *Transition facility total.* This is the sum of the work, transition facility practice expense, and malpractice expense RVUs for 1999.

15. *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 1998 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.

BILLING CODE 4120–01–P

ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1]/ HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
10040		A	Acne surgery of skin abscess	1.18	1.28	0.58	0.54	0.27	0.02	2.48	1.78	1.74	1.47	010
10060		A	Drainage of skin abscess	1.17	1.16	0.65	0.58	0.33	0.03	2.36	1.85	1.78	1.53	010
10061		A	Drainage of skin abscess	2.40	1.79	0.97	1.07	0.53	0.05	4.24	3.42	3.52	2.98	010
10080		A	Drainage of pilonidal cyst	1.17	1.73	0.84	0.60	0.35	0.04	2.94	2.05	1.81	1.56	010
10081		A	Drainage of pilonidal cyst	2.45	2.32	1.48	1.27	0.77	0.13	4.90	4.06	3.85	3.35	010
10120		A	Remove foreign body	1.22	1.56	0.77	0.60	0.34	0.04	2.82	2.03	1.86	1.60	010
10121		A	Remove foreign body	2.69	2.44	1.43	1.46	0.78	0.09	5.22	4.21	4.24	3.56	010
10140		A	Drainage of hematoma/fluid	1.53	1.22	0.70	0.77	0.39	0.04	2.79	2.27	2.34	1.96	010
10160		A	Puncture drainage of lesion	1.20	1.33	0.64	0.65	0.32	0.04	2.57	1.88	1.89	1.56	010
10180		A	Complex drainage, wound	2.25	1.19	1.15	1.14	1.14	0.14	3.58	3.54	3.53	3.53	010
11000		A	Debride infected skin	0.60	0.49	0.45	0.24	0.23	0.03	1.12	1.08	0.87	0.86	000
11001		A	Debride infect skin add-on	0.30	0.26	0.28	0.12	0.14	0.02	0.58	0.60	0.44	0.46	ZZZ
11010		A	Debride skin, fx	4.20	2.07	3.74	1.87	3.69	0.51	6.78	8.45	6.58	8.40	010
11011		A	Debride skin/muscle, fx	4.95	3.26	4.66	2.49	4.46	0.60	8.81	10.21	8.04	10.01	000
11012		A	Debride skin/muscle/bone, fx	6.88	4.66	6.51	3.92	6.32	0.84	12.38	14.23	11.64	14.04	000
11040		A	Debride skin partial	0.50	0.43	0.43	0.20	0.22	0.03	0.96	0.96	0.73	0.75	000
11041		A	Debride skin full	0.82	0.59	0.61	0.32	0.31	0.05	1.46	1.48	1.19	1.18	000
11042		A	Debride skin/tissue	1.12	0.80	0.73	0.45	0.38	0.06	1.98	1.91	1.63	1.56	000
11043		A	Debride tissue/muscle	2.38	2.02	1.98	1.27	1.79	0.27	4.67	4.63	3.92	4.44	010
11044		A	Debride tissue/muscle/bone	3.06	2.68	2.97	1.70	2.72	0.38	6.12	6.41	5.14	6.16	010
11055		R	Trim skin lesion	0.27	0.32	0.29	0.11	0.13	0.02	0.61	0.58	0.40	0.42	000
11056		R	Trim 2 to 4 skin lesions	0.39	0.36	0.38	0.15	0.18	0.02	0.77	0.79	0.56	0.59	000
11057		R	Trim over 4 skin lesions	0.50	0.41	0.33	0.20	0.16	0.02	0.93	0.85	0.72	0.68	000
11100		A	Biopsy of skin lesion	0.81	1.24	0.72	0.37	0.30	0.03	2.08	1.56	1.21	1.14	000
11101		A	Biopsy, skin add-on	0.41	0.55	0.37	0.20	0.17	0.02	0.98	0.80	0.63	0.60	ZZZ
11200		A	Removal of skin tags	0.77	0.92	0.58	0.31	0.26	0.03	1.72	1.38	1.11	1.06	010
11201		A	Remove skin tags add-on	0.29	0.34	0.22	0.12	0.10	0.02	0.65	0.53	0.43	0.41	ZZZ
11300		A	Shave skin lesion	0.51	0.85	0.65	0.22	0.27	0.04	1.40	1.20	0.77	0.82	000
11301		A	Shave skin lesion	0.85	0.94	0.78	0.39	0.38	0.05	1.84	1.68	1.29	1.28	000
11302		A	Shave skin lesion	1.05	1.03	0.99	0.49	0.49	0.07	2.15	2.11	1.61	1.61	000
11303		A	Shave skin lesion	1.24	1.15	1.40	0.55	0.69	0.13	2.52	2.77	1.92	2.06	000
11305		A	Shave skin lesion	0.67	0.74	0.61	0.29	0.28	0.04	1.45	1.32	1.00	0.99	000
11306		A	Shave skin lesion	0.99	0.95	0.82	0.43	0.40	0.05	1.99	1.86	1.47	1.44	000
11307		A	Shave skin lesion	1.14	1.03	1.02	0.51	0.51	0.08	2.25	2.24	1.73	1.73	000
11308		A	Shave skin lesion	1.41	1.14	1.43	0.61	0.72	0.13	2.68	2.97	2.15	2.26	000
11310		A	Shave skin lesion	0.73	0.94	0.80	0.34	0.37	0.05	1.72	1.58	1.12	1.15	000
11311		A	Shave skin lesion	1.05	1.04	0.95	0.51	0.47	0.06	2.15	2.06	1.62	1.58	000
11312		A	Shave skin lesion	1.20	1.11	1.19	0.58	0.60	0.09	2.40	2.48	1.87	1.89	000
11313		A	Shave skin lesion	1.62	1.36	1.56	0.76	0.80	0.12	3.10	3.30	2.50	2.54	000
11400		A	Removal of skin lesion	0.91	2.00	0.94	0.64	0.38	0.04	2.95	1.89	1.59	1.33	010

3 +Indicates RVUs are not used for Medicare payment.

ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work [3] RVUs	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
11401		A	Removal of skin lesion	1.32	2.04	1.06	0.81	0.48	0.05	3.41	2.43	2.18	1.85	010
11402		A	Removal of skin lesion	1.61	2.13	1.26	0.89	0.59	0.07	3.81	2.94	2.57	2.27	010
11403		A	Removal of skin lesion	1.92	1.92	1.43	1.01	0.73	0.10	3.94	3.45	3.03	2.75	010
11404		A	Removal of skin lesion	2.20	2.06	1.64	1.11	0.84	0.13	4.39	3.97	3.44	3.17	010
11406		A	Removal of skin lesion	2.76	2.77	2.22	1.32	1.86	0.26	5.79	5.24	4.34	4.88	010
11420		A	Removal of skin lesion	1.06	1.71	0.85	0.71	0.39	0.04	2.81	1.95	1.81	1.49	010
11421		A	Removal of skin lesion	1.53	2.00	1.08	0.91	0.52	0.05	3.58	2.66	2.49	2.10	010
11422		A	Removal of skin lesion	1.76	2.14	1.30	0.97	0.63	0.08	3.98	3.14	2.81	2.47	010
11423		A	Removal of skin lesion	2.17	2.06	1.58	1.16	0.82	0.12	4.35	3.87	3.45	3.11	010
11424		A	Removal of skin lesion	2.62	2.21	1.69	1.32	0.90	0.13	4.96	4.44	4.07	3.65	010
11426		A	Removal of skin lesion	3.78	3.22	2.30	1.77	1.94	0.23	7.23	6.31	5.78	5.95	010
11440		A	Removal of skin lesion	1.15	2.10	1.09	0.86	0.50	0.05	3.30	2.29	2.06	1.70	010
11441		A	Removal of skin lesion	1.61	2.24	1.25	1.06	0.61	0.06	3.91	2.92	2.73	2.28	010
11442		A	Removal of skin lesion	1.87	2.33	1.50	1.16	0.75	0.09	4.29	3.46	3.12	2.71	010
11443		A	Removal of skin lesion	2.49	2.78	1.87	1.47	0.96	0.12	5.39	4.48	4.08	3.57	010
11444		A	Removal of skin lesion	3.42	2.81	1.90	1.90	1.08	0.11	6.34	5.43	5.43	4.61	010
11446		A	Removal of skin lesion	4.49	3.69	2.37	2.33	1.31	0.14	8.32	7.00	6.96	5.94	010
11450		A	Removal, sweat gland lesion	2.73	3.44	3.04	0.89	2.41	0.34	6.51	6.11	3.96	5.48	090
11451		A	Removal, sweat gland lesion	3.95	3.99	3.36	1.61	2.77	0.36	8.30	7.67	5.92	7.08	090
11462		A	Removal, sweat gland lesion	2.51	3.22	2.77	0.98	2.21	0.28	6.01	5.56	3.77	5.00	090
11463		A	Removal, sweat gland lesion	3.95	4.63	2.79	1.60	2.03	0.27	8.85	7.01	5.82	6.25	090
11470		A	Removal, sweat gland lesion	3.25	4.09	3.29	1.29	2.59	0.35	7.69	6.89	4.89	6.19	090
11471		A	Removal, sweat gland lesion	4.41	4.79	3.20	1.79	2.45	0.38	9.58	7.99	6.58	7.24	090
11600		A	Removal of skin lesion	1.41	2.17	1.47	0.89	0.69	0.08	3.66	2.96	2.38	2.18	010
11601		A	Removal of skin lesion	1.93	2.11	1.66	0.82	0.78	0.09	4.13	3.68	2.84	2.80	010
11602		A	Removal of skin lesion	2.09	2.26	2.05	1.19	1.04	0.13	4.48	4.27	3.41	3.26	010
11603		A	Removal of skin lesion	2.35	2.10	2.36	1.27	1.23	0.16	4.61	4.87	3.78	3.74	010
11604		A	Removal of skin lesion	2.58	2.24	2.67	1.34	1.39	0.20	5.02	5.45	4.12	4.17	010
11606		A	Removal of skin lesion	3.43	3.07	3.30	1.66	2.95	0.38	6.88	7.11	5.47	6.76	010
11620		A	Removal of skin lesion	1.34	2.12	1.62	0.90	0.77	0.09	3.55	3.05	2.33	2.20	010
11621		A	Removal of skin lesion	1.97	2.25	1.99	1.20	1.01	0.13	4.35	4.09	3.30	3.11	010
11622		A	Removal of skin lesion	2.34	2.41	2.40	1.35	1.24	0.15	4.90	4.89	3.84	3.73	010
11623		A	Removal of skin lesion	2.93	2.39	2.70	1.60	1.45	0.20	5.52	5.83	4.73	4.58	010
11624		A	Removal of skin lesion	3.43	2.69	3.28	1.83	1.76	0.25	6.37	6.96	5.51	5.44	010
11626		A	Removal of skin lesion	4.30	3.53	3.66	2.22	3.33	0.40	8.23	8.36	6.92	8.03	010
11640		A	Removal of skin lesion	1.53	2.18	1.89	1.05	0.94	0.12	3.83	3.54	2.70	2.59	010
11641		A	Removal of skin lesion	2.44	2.51	2.33	1.51	1.23	0.14	5.09	4.91	4.09	3.81	010
11642		A	Removal of skin lesion	2.93	2.48	2.71	1.74	1.49	0.18	5.59	5.82	4.85	4.60	010
11643		A	Removal of skin lesion	3.50	2.79	3.15	2.01	1.73	0.22	6.51	6.87	5.73	5.45	010
11644		A	Removal of skin lesion	4.55	3.40	3.71	2.54	2.07	0.26	8.21	8.52	7.35	6.88	010

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
11646		A	Removal of skin lesion	5.95	4.53	4.65	3.24	4.33	0.47	10.95	11.07	9.66	10.75	010
11719		R	Trim nail(s)	0.11	0.41	0.30	0.04	0.06	0.02	0.54	0.43	0.17	0.19	000
11720		A	Debride nail, 1-5	0.32	0.38	0.36	0.27	0.20	0.02	0.72	0.70	0.61	0.54	000
11721		A	Debride nail, 6 or more	0.54	0.49	0.57	0.36	0.32	0.04	1.07	1.15	0.94	0.90	000
11730		A	Removal of nail plate	1.13	0.69	0.54	0.57	0.33	0.03	1.85	1.70	1.73	1.49	000
11731		D	Removal of second nail plate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
11732		A	Remove additional nail plate	0.57	0.27	0.27	0.27	0.17	0.02	0.86	0.86	0.86	0.76	ZZZ
11740		A	Drain blood from under nail	0.37	0.59	0.46	0.13	0.19	0.03	0.99	0.86	0.53	0.59	000
11750		A	Removal of nail bed	1.86	1.38	2.06	0.75	1.04	0.15	3.39	4.07	2.76	3.05	010
11752		A	Remove nail bed/finger tip	2.67	1.74	2.73	1.90	1.62	0.28	4.69	5.68	4.85	4.57	010
11755		A	Biopsy, nail unit	1.31	0.97	1.05	0.73	0.99	0.09	2.37	2.45	2.13	2.39	000
11760		A	Reconstruction of nail bed	1.58	1.37	1.10	1.37	0.73	0.07	3.02	2.75	3.02	2.38	010
11762		A	Reconstruction of nail bed	2.89	1.82	2.55	2.09	1.57	0.19	4.90	5.63	5.17	4.65	010
11765		A	Excision of nail fold, toe	0.69	0.86	0.63	0.57	0.35	0.04	1.59	1.36	1.30	1.08	010
11770		A	Removal of pilonidal lesion	2.61	2.38	2.77	1.20	2.48	0.34	5.33	5.72	4.15	5.43	010
11771		A	Removal of pilonidal lesion	5.74	4.66	4.85	3.48	4.55	0.72	11.12	11.31	9.94	11.01	090
11772		A	Removal of pilonidal lesion	6.98	5.47	5.29	3.94	4.91	0.79	13.24	13.06	11.71	12.68	090
11900		A	Injection into skin lesions	0.52	0.60	0.35	0.21	0.16	0.02	1.14	0.89	0.75	0.70	000
11901		A	Added skin lesions injection	0.80	0.72	0.51	0.33	0.25	0.02	1.54	1.33	1.15	1.07	000
11920		R	Correct skin color defects	1.61	1.81	1.41	0.84	1.17	0.18	3.60	3.20	2.63	2.96	000
11921		R	Correct skin color defects	1.93	1.99	1.64	1.02	1.40	0.22	4.14	3.79	3.17	3.55	000
11922		R	Correct skin color defects	0.49	0.32	0.37	0.26	0.36	0.05	0.86	0.91	0.80	0.90	ZZZ
11950		R	Therapy for contour defects	0.84	0.96	1.21	0.41	1.07	0.09	1.89	2.14	1.34	2.00	000
11951		R	Therapy for contour defects	1.19	1.38	1.31	0.50	1.09	0.09	2.66	2.59	1.78	2.37	000
11952		R	Therapy for contour defects	1.69	0.99	1.22	0.99	1.22	0.09	2.77	3.00	2.77	3.00	000
11954		R	Therapy for contour defects	1.85	1.44	1.33	0.96	1.21	0.09	3.38	3.27	2.90	3.15	000
11960		A	Insert tissue expander(s)	9.08	NA	NA	8.83	8.50	1.16	NA	NA	19.07	18.74	090
11970		A	Replace tissue expander	7.06	NA	NA	4.56	7.46	1.26	NA	NA	12.88	15.78	090
11971		A	Remove tissue expander(s)	2.13	4.66	3.04	2.98	2.62	0.64	7.43	5.81	5.75	5.39	090
11975		N	Insert contraceptive cap	+1.48	1.25	1.18	0.56	1.00	0.20	2.93	2.86	2.24	2.68	XXX
11976		R	Removal of contraceptive cap	1.78	1.47	1.41	0.67	1.21	0.23	3.48	3.42	2.68	3.22	XXX
11977		N	Removal/reinsert contra cap	+3.30	1.94	2.41	1.25	2.23	0.43	5.67	6.14	4.98	5.96	XXX
12001		A	Repair superficial wound(s)	1.70	2.01	0.97	0.69	0.64	0.04	3.75	2.71	2.43	2.38	010
12002		A	Repair superficial wound(s)	1.86	2.10	1.17	0.73	0.83	0.05	4.01	3.08	2.64	2.74	010
12004		A	Repair superficial wound(s)	2.24	2.24	1.49	0.85	1.14	0.08	4.56	3.81	3.17	3.46	010
12005		A	Repair superficial wound(s)	2.86	2.62	1.86	1.07	1.47	0.11	5.59	4.83	4.04	4.44	010
12006		A	Repair superficial wound(s)	3.67	3.56	2.34	1.54	1.83	0.15	7.38	6.16	5.36	5.65	010
12007		A	Repair superficial wound(s)	4.12	3.99	2.46	1.90	1.94	0.15	8.26	6.73	6.17	6.21	010
12011		A	Repair superficial wound(s)	1.76	2.09	1.12	0.69	0.77	0.05	3.90	2.93	2.50	2.58	010
12013		A	Repair superficial wound(s)	1.99	2.21	1.39	0.74	1.03	0.06	4.26	3.44	2.79	3.08	010

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1]/ HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
12014		A	Repair superficial wound(s)	2.46	2.50	1.59	0.92	1.20	0.08	5.04	4.13	3.46	3.74	010
12015		A	Repair superficial wound(s)	3.19	2.88	2.04	1.12	1.60	0.11	6.18	5.34	4.42	4.90	010
12016		A	Repair superficial wound(s)	3.93	3.10	2.61	1.37	2.18	0.15	7.18	6.69	5.45	6.26	010
12017		A	Repair superficial wound(s)	4.71	4.57	3.88	1.86	3.20	0.24	9.52	8.83	6.81	8.15	010
12018		A	Repair superficial wound(s)	5.53	5.38	5.54	2.50	4.82	0.38	11.29	11.45	8.41	10.73	010
12020		A	Closure of split wound	2.62	2.27	1.54	1.34	1.30	0.14	5.03	4.30	4.10	4.06	010
12021		A	Closure of split wound	1.84	1.82	0.96	1.01	0.51	0.09	3.75	2.89	2.94	2.44	010
12031		A	Layer closure of wound(s)	2.15	2.36	1.18	1.04	0.55	0.05	4.56	3.38	3.24	2.75	010
12032		A	Layer closure of wound(s)	2.47	2.39	1.45	1.12	0.71	0.08	4.94	4.00	3.67	3.26	010
12034		A	Layer closure of wound(s)	2.92	2.59	1.85	1.26	1.52	0.12	5.63	4.89	4.30	4.56	010
12035		A	Layer closure of wound(s)	3.43	2.67	2.23	1.54	1.95	0.18	6.28	5.84	5.15	5.56	010
12036		A	Layer closure of wound(s)	4.05	4.36	2.98	2.12	2.42	0.29	8.70	7.32	6.46	6.76	010
12037		A	Layer closure of wound(s)	4.67	4.78	3.71	2.41	3.12	0.38	9.83	8.76	7.46	8.17	010
12041		A	Layer closure of wound(s)	2.37	2.63	1.34	1.09	0.62	0.06	5.06	3.77	3.52	3.05	010
12042		A	Layer closure of wound(s)	2.74	2.59	1.60	1.24	0.79	0.09	5.42	4.43	4.07	3.62	010
12044		A	Layer closure of wound(s)	3.14	2.70	2.00	1.39	1.67	0.13	5.97	5.27	4.66	4.94	010
12045		A	Layer closure of wound(s)	3.64	3.08	2.50	1.69	2.16	0.18	6.90	6.32	5.51	5.98	010
12046		A	Layer closure of wound(s)	4.25	4.67	3.46	2.21	2.85	0.29	9.21	8.00	6.75	7.39	010
12047		A	Layer closure of wound(s)	4.65	5.12	4.55	2.67	3.94	0.44	10.21	9.64	7.76	9.03	010
12051		A	Layer closure of wound(s)	2.47	2.57	1.47	1.21	0.72	0.08	5.12	4.02	3.76	3.27	010
12052		A	Layer closure of wound(s)	2.77	2.52	1.83	1.17	0.89	0.11	5.40	4.71	4.05	3.77	010
12053		A	Layer closure of wound(s)	3.12	2.64	2.09	1.30	1.76	0.13	5.89	5.34	4.55	5.01	010
12054		A	Layer closure of wound(s)	3.46	2.94	2.85	1.40	2.47	0.20	6.60	6.51	5.06	6.13	010
12055		A	Layer closure of wound(s)	4.43	3.67	3.56	2.01	3.14	0.29	8.39	8.28	6.73	7.86	010
12056		A	Layer closure of wound(s)	5.24	5.14	5.14	2.75	4.54	0.41	10.79	10.79	8.40	10.19	010
12057		A	Layer closure of wound(s)	5.96	4.70	5.71	3.70	5.46	0.38	11.04	12.05	10.04	11.80	010
13100		A	Repair of wound or lesion	3.12	2.93	1.66	1.68	0.89	0.10	6.15	4.88	4.90	4.11	010
13101		A	Repair of wound or lesion	3.92	3.14	2.48	2.12	1.38	0.16	7.22	6.56	6.20	5.46	010
13120		A	Repair of wound or lesion	3.30	3.01	1.86	1.69	0.98	0.13	6.44	5.29	5.12	4.41	010
13121		A	Repair of wound or lesion	4.33	3.34	3.00	2.18	1.63	0.26	7.93	7.59	6.77	6.22	010
13131		A	Repair of wound or lesion	3.79	3.28	2.43	2.02	1.32	0.18	7.25	6.40	5.99	5.29	010
13132		A	Repair of wound or lesion	5.95	4.08	4.74	3.06	2.63	0.34	10.37	11.03	9.35	8.92	010
13150		A	Repair of wound or lesion	3.81	4.38	2.53	2.38	2.03	0.18	8.37	6.52	6.37	6.02	010
13151		A	Repair of wound or lesion	4.45	4.36	3.09	2.75	1.69	0.27	9.08	7.81	7.47	6.41	010
13152		A	Repair of wound or lesion	6.33	5.11	5.46	3.66	3.01	0.53	11.97	12.32	10.52	9.87	010
13160		A	Late closure of wound	10.48	NA	NA	5.81	4.16	0.45	NA	NA	16.74	15.09	090
13300		A	Repair of wound or lesion	5.27	3.85	5.61	2.79	5.35	0.67	9.79	11.55	8.73	11.29	010
14000		A	Skin tissue rearrangement	5.89	6.08	4.30	3.99	2.39	0.30	12.27	10.49	10.18	8.58	090
14001		A	Skin tissue rearrangement	8.47	7.33	5.70	5.28	5.18	0.59	16.39	14.76	14.34	14.24	090
14020		A	Skin tissue rearrangement	6.59	6.48	5.61	4.63	5.15	0.38	13.45	12.58	11.60	12.12	090

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CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
14021		A	Skin tissue rearrangement	10.06	7.91	7.03	6.38	6.65	0.74	18.71	17.83	17.18	17.45	090
14040		A	Skin tissue rearrangement	7.87	6.91	7.24	5.39	4.11	0.51	15.29	15.62	13.77	12.49	090
14041		A	Skin tissue rearrangement	11.49	8.56	8.55	7.22	5.02	0.80	20.85	20.84	19.51	17.31	090
14060		A	Skin tissue rearrangement	8.50	7.41	8.16	6.13	7.84	0.81	16.72	17.47	15.44	17.15	090
14061		A	Skin tissue rearrangement	12.29	9.46	10.90	7.80	6.22	0.99	22.74	24.18	21.08	19.50	090
14300		A	Skin tissue rearrangement	11.76	8.73	11.39	7.54	11.09	1.44	21.93	24.59	20.74	24.29	090
14350		A	Skin tissue rearrangement	9.61	NA	NA	5.81	6.40	0.82	NA	NA	16.24	16.83	090
15000		A	Skin graft	4.00	2.25	2.31	1.93	2.23	0.41	6.66	6.72	6.34	6.64	000
15001		A	Skin graft add-on	1.00	0.49	0.49	0.48	0.48	0.41	1.90	1.90	1.89	1.89	ZZZ
15050		A	Skin pinch graft	4.30	4.24	2.52	3.33	2.29	0.23	8.77	7.05	7.86	6.82	090
15100		A	Skin split graft	9.05	5.62	5.10	5.51	5.08	0.70	15.37	14.85	15.26	14.83	090
15101		A	Skin split graft add-on	1.72	1.12	1.58	0.76	1.49	0.26	3.10	3.56	2.74	3.47	ZZZ
15120		A	Skin split graft	9.83	7.16	6.72	6.30	6.50	0.74	17.73	17.29	16.87	17.07	090
15121		A	Skin split graft add-on	2.67	1.63	2.78	1.26	2.69	0.41	4.71	5.86	4.34	5.77	ZZZ
15200		A	Skin full graft	8.03	7.73	5.29	5.01	4.61	0.54	16.30	13.86	13.58	13.18	090
15201		A	Skin full graft add-on	1.32	0.90	1.59	0.62	1.33	0.39	2.61	3.30	2.33	3.04	ZZZ
15220		A	Skin full graft	7.87	7.81	5.89	5.31	5.27	0.66	16.34	14.42	13.84	13.80	090
15221		A	Skin full graft add-on	1.19	0.79	1.50	0.60	1.22	0.39	2.37	3.08	2.18	2.80	ZZZ
15240		A	Skin full graft	9.04	7.62	6.87	6.15	6.50	0.81	17.47	16.72	16.00	16.35	090
15241		A	Skin full graft add-on	1.86	1.26	2.25	0.95	1.90	0.45	3.57	4.56	3.26	4.21	ZZZ
15260		A	Skin full graft	10.06	7.80	8.03	6.87	7.79	0.77	18.63	18.86	17.70	18.62	090
15261		A	Skin full graft add-on	2.23	1.39	2.67	1.16	2.29	0.47	4.09	5.37	3.86	4.99	ZZZ
15350		A	Skin homograft	4.00	6.47	3.37	3.58	2.64	0.33	10.80	7.70	7.91	6.97	090
15351		A	Skin homograft add-on	1.00	0.41	0.41	0.45	0.45	0.26	1.67	1.67	1.71	1.71	ZZZ
15400		A	Skin heterograft	4.00	3.69	1.79	4.22	1.92	0.13	7.82	5.92	8.35	6.05	090
15401		A	Skin heterograft add-on	1.00	0.41	0.41	0.45	0.45	0.26	1.67	1.67	1.71	1.71	ZZZ
15570		A	Form skin pedicle flap	9.21	6.94	6.21	5.51	5.86	1.63	17.78	17.05	16.35	16.70	090
15572		A	Form skin pedicle flap	9.27	6.82	6.09	5.19	5.68	1.46	17.55	16.82	15.92	16.41	090
15574		A	Form skin pedicle flap	9.88	7.15	6.18	6.27	5.96	1.30	18.33	17.36	17.45	17.14	090
15576		A	Form skin pedicle flap	8.69	7.54	4.43	5.75	3.98	0.47	16.70	13.59	14.91	13.14	090
15580		A	Attach skin pedicle graft	9.46	NA	NA	6.43	5.12	1.02	NA	NA	16.91	15.60	090
15600		A	Skin graft	1.91	4.51	3.17	1.83	2.17	0.69	7.11	5.77	4.43	4.77	090
15610		A	Skin graft	2.42	4.02	3.30	2.16	2.71	0.63	7.07	6.35	5.21	5.76	090
15620		A	Skin graft	2.94	5.01	4.05	2.83	3.34	0.67	8.62	7.66	6.44	6.95	090
15625		A	Skin graft	1.91	NA	NA	2.12	2.24	0.61	NA	NA	4.64	4.76	090
15630		A	Skin graft	3.27	4.86	4.15	3.02	3.69	0.70	8.83	8.12	6.99	7.66	090
15650		A	Transfer skin pedicle flap	3.97	4.74	4.74	3.09	4.33	0.73	9.44	9.44	7.79	9.03	090
15732		A	Muscle-skin graft, head/neck	17.84	NA	NA	10.88	15.32	2.71	NA	NA	31.43	35.87	090
15734		A	Muscle-skin graft, trunk	17.79	NA	NA	10.40	18.07	2.53	NA	NA	30.72	38.39	090
15736		A	Muscle-skin graft, arm	16.27	NA	NA	9.84	15.65	2.36	NA	NA	28.47	34.28	090

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
15738		A	Muscle-skin graft, leg	17.92	NA	NA	10.40	13.09	2.57	NA	NA	30.89	33.58	090
15740		A	Island pedicle flap graft	10.25	7.47	10.33	6.45	10.07	1.27	18.99	21.85	17.97	21.59	090
15750		A	Neurovascular pedicle graft	11.41	NA	NA	7.50	11.61	1.59	NA	NA	20.50	24.61	090
15756		A	Free muscle flap, microvasc	35.23	NA	NA	20.52	29.63	4.17	NA	NA	59.92	69.03	090
15757		A	Free skin flap, microvasc	35.23	NA	NA	21.06	29.76	4.17	NA	NA	60.46	69.16	090
15758		A	Free fascial flap, microvasc	35.10	NA	NA	21.09	29.77	4.17	NA	NA	60.36	69.04	090
15760		A	Composite skin graft	8.74	7.59	7.83	6.18	7.48	0.87	17.20	17.44	15.79	17.09	090
15770		A	Derma-fat-fascia graft	7.52	NA	NA	5.57	7.47	0.74	NA	NA	13.83	15.73	090
15775		R	Hair transplant punch grafts	3.96	2.60	3.00	1.51	2.73	0.44	7.00	7.40	5.91	7.13	000
15776		R	Hair transplant punch grafts	5.54	3.34	4.11	2.89	4.00	0.62	9.50	10.27	9.05	10.16	000
15780		A	Abrasion treatment of skin	7.29	6.19	2.79	5.89	2.10	0.10	13.58	10.18	13.28	9.49	090
15781		A	Abrasion treatment of skin	4.85	4.19	4.12	4.22	2.59	0.31	9.35	9.28	9.38	7.75	090
15782		A	Abrasion treatment of skin	4.32	3.59	1.87	3.20	1.29	0.10	8.01	6.29	7.62	5.71	090
15783		A	Abrasion treatment of skin	4.29	3.79	2.46	3.68	1.68	0.15	8.23	6.90	8.12	6.12	090
15786		A	Abrasion, lesion, single	2.03	1.48	0.87	1.23	0.56	0.05	3.56	2.95	3.31	2.64	010
15787		A	Abrasion, lesions, add-on	0.33	0.22	0.24	0.17	0.14	0.02	0.57	0.59	0.52	0.49	ZZZ
15788		R	Chemical peel, face, epiderm	2.09	2.37	1.80	0.98	1.45	0.09	4.55	3.98	3.16	3.63	090
15789		R	Chemical peel, face, dermal	4.92	4.99	2.46	3.25	2.02	0.09	10.00	7.47	8.26	7.03	090
15792		R	Chemical peel, nonfacial	1.86	2.24	0.97	2.41	1.01	0.04	4.14	2.87	4.31	2.91	090
15793		A	Chemical peel, nonfacial	3.74	NA	NA	2.77	1.10	0.04	NA	NA	6.55	4.88	090
15810		A	Salabrasion	4.74	2.47	3.71	3.93	4.07	0.23	7.44	8.68	8.90	9.04	090
15811		A	Salabrasion	5.39	5.39	4.39	4.25	4.11	0.57	11.35	10.35	10.21	10.07	090
15819		A	Plastic surgery, neck	9.38	NA	NA	6.38	8.11	0.68	NA	NA	16.44	18.17	090
15820		A	Revision of lower eyelid	5.15	8.73	6.80	6.68	6.28	0.50	14.38	12.45	12.33	11.93	090
15821		A	Revision of lower eyelid	5.72	9.04	7.38	7.03	6.88	0.53	15.29	13.63	13.28	13.13	090
15822		A	Revision of upper eyelid	4.45	7.87	5.96	6.23	5.55	0.44	12.76	10.85	11.12	10.44	090
15823		A	Revision of upper eyelid	7.05	9.16	8.57	7.62	8.18	0.48	16.69	16.10	15.15	15.71	090
15824		R	Removal of forehead wrinkles	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
15825		R	Removal of neck wrinkles	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
15826		R	Removal of brow wrinkles	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
15828		R	Removal of face wrinkles	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
15829		R	Removal of skin wrinkles	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
15831		A	Excise excessive skin tissue	12.40	NA	NA	6.98	9.76	1.57	NA	NA	20.95	23.73	090
15832		A	Excise excessive skin tissue	11.59	NA	NA	6.58	8.40	1.04	NA	NA	19.21	21.03	090
15833		A	Excise excessive skin tissue	10.64	NA	NA	5.81	6.52	0.88	NA	NA	17.33	18.04	090
15834		A	Excise excessive skin tissue	10.85	NA	NA	6.71	7.52	0.95	NA	NA	18.51	19.32	090
15835		A	Excise excessive skin tissue	11.67	NA	NA	6.41	7.30	0.95	NA	NA	19.03	19.92	090
15836		A	Excise excessive skin tissue	9.34	NA	NA	5.39	6.07	0.86	NA	NA	15.59	16.27	090
15837		A	Excise excessive skin tissue	8.43	6.21	6.41	5.69	6.28	0.66	15.30	15.50	14.78	15.37	090
15838		A	Excise excessive skin tissue	7.13	NA	NA	5.38	6.13	0.57	NA	NA	13.08	13.83	090

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work [3] RVUs	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
15839		A	Excise excessive skin tissue	9.38	6.65	3.65	5.50	3.36	0.36	16.39	13.39	15.24	13.10	090
15840		A	Graft for face nerve palsy	13.26	NA	NA	9.12	14.15	1.78	NA	NA	24.16	29.19	090
15841		A	Graft for face nerve palsy	23.26	NA	NA	14.03	17.24	2.16	NA	NA	39.45	42.66	090
15842		A	Graft for face nerve palsy	37.96	NA	NA	20.06	28.62	2.10	NA	NA	60.12	68.68	090
15845		A	Skin and muscle repair, face	12.57	NA	NA	8.19	13.31	1.99	NA	NA	22.75	27.87	090
15850		B	Removal of sutures	+0.78	1.16	0.58	0.31	0.37	0.03	1.97	1.39	1.12	1.18	XXX
15851		A	Removal of sutures	0.86	1.42	0.60	0.33	0.21	0.02	2.30	1.48	1.21	1.09	000
15852		A	Dressing change,not for burn	0.86	1.37	0.70	0.37	0.27	0.05	2.28	1.61	1.28	1.18	000
15860		A	Test for blood flow in graft	1.95	1.00	1.35	0.80	1.30	0.20	3.15	3.50	2.95	3.45	000
15876		R	Suction assisted lipectomy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
15877		R	Suction assisted lipectomy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
15878		R	Suction assisted lipectomy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
15879		R	Suction assisted lipectomy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
15920		A	Removal of tail bone ulcer	7.95	NA	NA	4.84	3.61	0.49	NA	NA	13.28	12.05	090
15922		A	Removal of tail bone ulcer	9.90	NA	NA	6.48	6.49	0.93	NA	NA	17.31	17.32	090
15931		A	Remove sacrum pressure sore	9.24	NA	NA	4.93	3.62	0.43	NA	NA	14.60	13.29	090
15933		A	Remove sacrum pressure sore	10.85	NA	NA	7.13	7.42	1.12	NA	NA	19.10	19.39	090
15934		A	Remove sacrum pressure sore	12.69	NA	NA	7.56	7.97	1.17	NA	NA	21.42	21.83	090
15935		A	Remove sacrum pressure sore	14.57	NA	NA	8.89	11.37	1.78	NA	NA	25.24	27.72	090
15936		A	Remove sacrum pressure sore	12.38	NA	NA	7.96	10.35	1.60	NA	NA	21.94	24.33	090
15937		A	Remove sacrum pressure sore	14.21	NA	NA	9.12	13.25	2.09	NA	NA	25.42	29.55	090
15940		A	Removal of pressure sore	9.34	NA	NA	5.43	4.25	0.57	NA	NA	15.34	14.16	090
15941		A	Removal of pressure sore	11.43	NA	NA	8.46	7.85	1.09	NA	NA	20.98	20.37	090
15944		A	Removal of pressure sore	11.46	NA	NA	7.60	9.44	1.42	NA	NA	20.48	22.32	090
15945		A	Removal of pressure sore	12.69	NA	NA	8.26	11.13	1.64	NA	NA	22.59	25.46	090
15946		A	Removal of pressure sore	21.57	NA	NA	11.95	16.51	2.53	NA	NA	36.05	40.61	090
15950		A	Remove thigh pressure sore	7.54	NA	NA	4.30	3.53	0.45	NA	NA	12.29	11.52	090
15951		A	Remove thigh pressure sore	10.72	NA	NA	7.22	8.03	1.24	NA	NA	19.18	19.99	090
15952		A	Remove thigh pressure sore	11.39	NA	NA	6.72	7.49	1.07	NA	NA	19.18	19.95	090
15953		A	Remove thigh pressure sore	12.63	NA	NA	7.63	9.30	1.46	NA	NA	21.72	23.39	090
15956		A	Remove thigh pressure sore	15.52	NA	NA	9.45	16.26	2.65	NA	NA	27.62	34.43	090
15958		A	Remove thigh pressure sore	15.48	NA	NA	9.53	16.24	2.94	NA	NA	27.95	34.66	090
15999		C	Removal of pressure sore	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
16000		A	Initial treatment of burn(s)	0.89	0.88	0.51	0.24	0.20	0.02	1.79	1.42	1.15	1.11	000
16010		A	Treatment of burn(s)	0.87	0.96	0.50	0.32	0.22	0.02	1.85	1.39	1.21	1.11	000
16015		A	Treatment of burn(s)	2.35	1.32	1.99	0.88	1.88	0.30	3.97	4.64	3.53	4.53	000
16020		A	Treatment of burn(s)	0.80	0.99	0.53	0.25	0.21	0.02	1.81	1.35	1.07	1.03	000
16025		A	Treatment of burn(s)	1.85	1.47	0.74	0.67	0.36	0.04	3.36	2.63	2.56	2.25	000
16030		A	Treatment of burn(s)	2.08	2.34	1.01	0.89	0.64	0.06	4.48	3.15	3.03	2.78	000
16035		A	Incision of burn scab	4.82	2.74	2.22	2.01	2.03	0.27	7.83	7.31	7.10	7.12	090

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work [3] RVUs	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
16040		D	Burn wound excision	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	000
16041		D	Burn wound excision	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	000
16042		D	Burn wound excision	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	000
17000		A	Destroy benign/premal lesion	0.60	0.73	0.53	0.26	0.24	0.02	1.35	1.15	0.88	0.86	010
17003		A	Destroy 2-14 lesions	0.15	0.55	0.24	0.08	0.07	0.01	0.71	0.40	0.24	0.23	ZZZ
17004		A	Destroy 15 & more lesions	2.79	1.83	2.29	1.31	1.24	0.16	4.78	5.24	4.26	4.19	010
17106		A	Destruction of skin lesions	4.59	3.40	2.42	2.63	1.45	0.14	8.13	7.15	7.36	6.18	090
17107		A	Destruction of skin lesions	9.16	5.83	4.47	4.90	2.73	0.31	15.30	13.94	14.37	12.20	090
17108		A	Destruction of skin lesions	13.20	8.16	9.62	7.09	9.36	0.54	21.90	23.36	20.83	23.10	090
17110		A	Destruct lesion, 1-14	0.65	0.87	0.54	0.26	0.23	0.02	1.54	1.21	0.93	0.90	010
17111		A	Destruct lesion, 15 or more	0.92	1.07	0.76	0.38	0.34	0.04	2.03	1.72	1.34	1.30	010
17250		A	Chemical cautery, tissue	0.50	0.59	0.43	0.20	0.19	0.03	1.12	0.96	0.73	0.72	000
17260		A	Destruction of skin lesions	0.91	1.04	1.18	0.41	0.57	0.08	2.03	2.17	1.40	1.56	010
17261		A	Destruction of skin lesions	1.17	1.15	1.42	0.54	0.71	0.09	2.41	2.68	1.80	1.97	010
17262		A	Destruction of skin lesions	1.58	1.34	1.82	0.73	0.93	0.13	3.05	3.53	2.44	2.64	010
17263		A	Destruction of skin lesions	1.79	1.45	2.19	0.82	1.12	0.16	3.40	4.14	2.77	3.07	010
17264		A	Destruction of skin lesions	1.94	1.52	2.49	0.87	1.28	0.20	3.66	4.63	3.01	3.42	010
17266		A	Destruction of skin lesions	2.34	1.73	2.97	0.97	1.51	0.38	4.45	5.69	3.69	4.23	010
17270		A	Destruction of skin lesions	1.32	1.23	1.40	0.60	0.70	0.09	2.64	2.81	2.01	2.11	010
17271		A	Destruction of skin lesions	1.49	1.30	1.75	0.69	0.89	0.13	2.92	3.37	2.31	2.51	010
17272		A	Destruction of skin lesions	1.77	1.44	2.15	0.83	1.11	0.15	3.36	4.07	2.75	3.03	010
17273		A	Destruction of skin lesions	2.05	1.57	2.49	0.94	1.29	0.20	3.82	4.74	3.19	3.54	010
17274		A	Destruction of skin lesions	2.59	1.84	3.07	1.17	1.60	0.25	4.68	5.91	4.01	4.44	010
17276		A	Destruction of skin lesions	3.20	2.15	3.31	1.60	1.79	0.40	5.75	6.91	5.20	5.39	010
17280		A	Destruction of skin lesions	1.17	1.16	1.63	0.52	0.81	0.12	2.45	2.92	1.81	2.10	010
17281		A	Destruction of skin lesions	1.72	1.42	2.06	0.81	1.06	0.14	3.28	3.92	2.67	2.92	010
17282		A	Destruction of skin lesions	2.04	1.57	2.49	0.96	1.29	0.18	3.79	4.71	3.18	3.51	010
17283		A	Destruction of skin lesions	2.64	1.86	2.92	1.26	1.55	0.22	4.72	5.78	4.12	4.41	010
17284		A	Destruction of skin lesions	3.21	2.14	3.39	1.53	1.82	0.26	5.61	6.86	5.00	5.29	010
17286		A	Destruction of skin lesions	4.44	2.78	4.21	2.39	2.36	0.47	7.69	9.12	7.30	7.27	010
17304		A	Chemosurgery of skin lesion	7.60	6.72	4.95	4.13	2.67	0.24	14.56	12.79	11.97	10.51	000
17305		A	2nd stage chemosurgery	2.85	2.56	2.48	1.62	1.33	0.13	5.54	5.46	4.60	4.31	000
17306		A	3rd stage chemosurgery	2.85	2.56	1.78	1.62	0.98	0.09	5.50	4.72	4.56	3.92	000
17307		A	Followup skin lesion therapy	2.85	2.56	1.84	1.63	1.01	0.09	5.50	4.78	4.57	3.95	000
17310		A	Extensive skin chemosurgery	0.95	1.02	0.36	0.55	0.19	0.01	1.98	1.32	1.51	1.15	000
17340		A	Cryotherapy of skin	0.76	1.14	0.51	0.25	0.18	0.02	1.92	1.29	1.03	0.96	010
17360		A	Skin peel therapy	1.43	1.27	0.54	0.70	0.29	0.02	2.72	1.99	2.15	1.74	010
17380		R	Hair removal by electrolysis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
17999		C	Skin tissue procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
19000		A	Drainage of breast lesion	0.84	1.37	0.65	0.24	0.22	0.05	2.26	1.54	1.13	1.11	000

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
19001		A	Drain breast lesion add-on	0.42	1.05	0.46	0.12	0.13	0.04	1.51	0.92	0.58	0.59	ZZZ
19020		A	Incision of breast lesion	3.57	5.38	2.49	2.73	1.82	0.22	9.17	6.28	6.52	5.61	090
19030		A	Injection for breast x-ray	1.53	10.31	2.98	0.41	0.50	0.03	11.87	4.54	1.97	2.06	000
19100		A	Biopsy of breast	1.27	2.88	1.24	0.81	0.47	0.10	4.25	2.61	2.18	1.84	000
19101		A	Biopsy of breast	3.18	7.34	3.74	2.67	2.57	0.35	10.87	7.27	6.20	6.10	010
19110		A	Nipple exploration	4.30	6.54	3.64	3.46	2.87	0.40	11.24	8.34	8.16	7.57	090
19112		A	Excise breast duct fistula	3.67	6.93	3.64	2.51	2.53	0.27	10.87	7.58	6.45	6.47	090
19120		A	Removal of breast lesion	5.56	3.47	3.23	3.32	3.19	0.47	9.50	9.26	9.35	9.22	090
19125		A	Excision, breast lesion	6.06	3.80	3.31	3.76	3.30	0.47	10.33	9.84	10.29	9.83	090
19126		A	Excision,add'l breast lesion	2.93	NA	NA	1.26	1.49	0.24	NA	NA	4.43	4.66	ZZZ
19140		A	Removal of breast tissue	5.14	7.16	5.29	3.13	4.28	0.71	13.01	11.14	8.98	10.13	090
19160		A	Removal of breast tissue	5.99	NA	NA	3.80	4.31	0.69	NA	NA	10.48	10.99	090
19162		A	Remove breast tissue, nodes	13.53	NA	NA	7.29	9.46	1.53	NA	NA	22.35	24.52	090
19180		A	Removal of breast	8.80	NA	NA	5.31	5.90	0.92	NA	NA	15.03	15.62	090
19182		A	Removal of breast	7.73	NA	NA	4.61	6.10	0.99	NA	NA	13.33	14.82	090
19200		A	Removal of breast	15.49	NA	NA	8.40	10.42	1.68	NA	NA	25.57	27.59	090
19220		A	Removal of breast	15.72	NA	NA	8.55	10.87	1.86	NA	NA	26.13	28.45	090
19240		A	Removal of breast	16.00	NA	NA	8.19	9.73	1.56	NA	NA	25.75	27.29	090
19260		A	Removal of chest wall lesion	15.44	NA	NA	11.09	6.88	0.81	NA	NA	27.34	23.13	090
19271		A	Revision of chest wall	18.90	NA	NA	13.74	14.79	2.17	NA	NA	34.81	35.86	090
19272		A	Extensive chest wall surgery	21.55	NA	NA	14.79	13.95	2.00	NA	NA	38.34	37.50	090
19290		A	Place needle wire, breast	1.27	5.27	1.68	0.34	0.45	0.05	6.59	3.00	1.66	1.77	000
19291		A	Place needle wire, breast	0.63	1.45	0.57	0.17	0.25	0.03	2.11	1.23	0.83	0.91	ZZZ
19316		A	Suspension of breast	10.69	NA	NA	6.80	11.27	1.90	NA	NA	19.39	23.86	090
19318		A	Reduction of large breast	15.62	NA	NA	9.44	13.90	2.53	NA	NA	27.59	32.05	090
19324		A	Enlarge breast	5.85	NA	NA	3.65	3.59	0.52	NA	NA	10.02	9.96	090
19325		A	Enlarge breast with implant	8.45	NA	NA	5.81	6.23	0.88	NA	NA	15.14	15.56	090
19328		A	Removal of breast implant	5.68	NA	NA	3.99	4.06	0.57	NA	NA	10.24	10.31	090
19330		A	Removal of implant material	7.59	NA	NA	4.71	4.34	0.59	NA	NA	12.89	12.52	090
19340		A	Immediate breast prosthesis	6.33	NA	NA	3.25	6.48	1.61	NA	NA	11.19	14.42	ZZZ
19342		A	Delayed breast prosthesis	11.20	NA	NA	7.09	10.57	1.59	NA	NA	19.88	23.36	090
19350		A	Breast reconstruction	8.92	10.84	8.47	6.01	7.26	1.08	20.84	18.47	16.01	17.26	090
19355		A	Correct inverted nipple(s)	7.57	12.42	7.12	4.55	5.15	0.78	20.77	15.47	12.90	13.50	090
19357		A	Breast reconstruction	18.16	NA	NA	12.00	12.89	1.85	NA	NA	32.01	32.90	090
19361		A	Breast reconstruction	19.26	NA	NA	11.15	19.18	3.04	NA	NA	33.45	41.48	090
19364		A	Breast reconstruction	41.00	NA	NA	23.30	19.40	2.80	NA	NA	67.10	63.20	090
19366		A	Breast reconstruction	21.28	NA	NA	10.95	16.09	2.49	NA	NA	34.72	39.86	090
19367		A	Breast reconstruction	25.73	NA	NA	14.33	19.97	3.04	NA	NA	43.10	48.74	090
19368		A	Breast reconstruction	32.42	NA	NA	18.24	20.95	3.04	NA	NA	53.70	56.41	090
19369		A	Breast reconstruction	29.82	NA	NA	17.22	20.69	3.04	NA	NA	50.08	53.55	090

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work [3] RVUs	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
19370		A	Surgery of breast capsule	8.05	NA	NA	5.40	6.38	0.93	NA	NA	14.38	15.36	090
19371		A	Removal of breast capsule	9.35	NA	NA	6.35	8.02	1.20	NA	NA	16.90	18.57	090
19380		A	Revise breast reconstruction	9.14	NA	NA	6.24	8.16	1.23	NA	NA	16.61	18.53	090
19396		A	Design custom breast implant	2.17	3.90	2.25	0.82	1.48	0.24	6.31	4.66	3.23	3.89	000
19499		C	Breast surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
20000		A	Incision of abscess	2.12	1.80	1.14	1.01	0.60	0.06	3.98	3.32	3.19	2.78	010
20005		A	Incision of deep abscess	3.42	2.54	2.13	1.90	1.97	0.22	6.18	5.77	5.54	5.61	010
20100		A	Explore wound, neck	10.08	5.13	5.33	4.73	5.23	0.91	16.12	16.32	15.72	16.22	010
20101		A	Explore wound, chest	3.22	2.12	1.81	1.55	1.66	0.29	5.63	5.32	5.06	5.17	010
20102		A	Explore wound, abdomen	3.94	2.76	2.25	1.79	2.01	0.35	7.05	6.54	6.08	6.30	010
20103		A	Explore wound, extremity	5.30	3.65	3.02	2.90	2.83	0.47	9.42	8.79	8.67	8.60	010
20150		A	Excise epiphyseal bar	13.69	NA	NA	7.33	11.93	1.59	NA	NA	22.61	27.21	090
20200		A	Muscle biopsy	1.46	1.49	1.29	0.61	1.07	0.14	3.09	2.89	2.21	2.67	000
20205		A	Deep muscle biopsy	2.35	3.61	2.43	1.13	1.81	0.26	6.22	5.04	3.74	4.42	000
20206		A	Needle biopsy, muscle	0.99	2.74	1.47	0.98	1.03	0.11	3.84	2.57	2.08	2.13	000
20220		A	Bone biopsy, trocar/needle	1.27	2.93	1.80	1.82	1.52	0.07	4.27	3.14	3.16	2.86	000
20225		A	Bone biopsy, trocar/needle	1.87	0.64	2.10	1.90	2.16	0.22	2.73	4.19	3.99	4.25	000
20240		A	Bone biopsy, excisional	3.23	NA	NA	3.12	2.31	0.14	NA	NA	6.49	5.68	010
20245		A	Bone biopsy, excisional	3.95	NA	NA	3.98	3.91	0.34	NA	NA	8.27	8.20	010
20250		A	Open bone biopsy	5.03	NA	NA	3.83	5.08	0.59	NA	NA	9.45	10.70	010
20251		A	Open bone biopsy	5.56	NA	NA	4.59	5.90	0.72	NA	NA	10.87	12.18	010
20500		A	Injection of sinus tract	1.23	3.74	1.23	2.46	0.77	0.03	5.00	2.49	3.72	2.03	010
20501		A	Inject sinus tract for x-ray	0.76	12.00	3.25	0.21	0.30	0.02	12.78	4.03	0.99	1.08	000
20520		A	Removal of foreign body	1.85	3.63	1.49	2.36	0.88	0.06	5.54	3.40	4.27	2.79	010
20525		A	Removal of foreign body	3.50	4.56	2.96	3.34	2.65	0.26	8.32	6.72	7.10	6.41	010
20550		A	Inj tendon/ligament/cyst	0.86	1.48	0.68	0.18	0.20	0.03	2.37	1.57	1.07	1.09	000
20600		A	Drain/inject joint/bursa	0.66	1.06	0.65	0.26	0.26	0.04	1.76	1.35	0.96	0.96	000
20605		A	Drain/inject joint/bursa	0.68	1.30	0.69	0.26	0.25	0.04	2.02	1.41	0.98	0.97	000
20610		A	Drain/inject joint/bursa	0.79	1.61	0.77	0.44	0.30	0.04	2.44	1.60	1.27	1.13	000
20615		A	Treatment of bone cyst	2.28	3.16	1.19	2.10	0.73	0.05	5.49	3.52	4.43	3.06	010
20650		A	Insert and remove bone pin	2.23	3.49	1.75	2.51	1.51	0.11	5.83	4.09	4.85	3.85	010
20660		A	Apply,remove fixation device	2.51	NA	NA	1.39	1.62	0.16	NA	NA	4.06	4.29	000
20661		A	Application of head brace	4.89	NA	NA	5.42	4.47	0.51	NA	NA	10.82	9.87	090
20662		A	Application of pelvis brace	6.07	NA	NA	4.74	6.51	0.81	NA	NA	11.62	13.39	090
20663		A	Application of thigh brace	5.43	NA	NA	3.77	4.72	0.59	NA	NA	9.79	10.74	090
20664		A	Halo brace application	8.06	NA	NA	7.10	4.89	0.51	NA	NA	15.67	13.46	090
20665		A	Removal of fixation device	1.31	1.77	0.85	1.13	0.69	0.05	3.13	2.21	2.49	2.05	010
20670		A	Removal of support implant	1.74	4.33	1.68	2.77	0.99	0.09	6.16	3.51	4.60	2.82	010
20680		A	Removal of support implant	3.35	3.80	3.66	4.58	3.85	0.40	7.55	7.41	8.33	7.60	090
20690		A	Apply bone fixation device	3.52	NA	NA	1.96	3.47	0.45	NA	NA	5.93	7.44	090

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CPT [1]/ HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
20692		A	Apply bone fixation device	6.41	NA	NA	3.65	5.40	0.70	NA	NA	10.76	12.51	090
20693		A	Adjust bone fixation device	5.86	NA	NA	9.59	4.42	0.33	NA	NA	15.78	10.61	090
20694		A	Remove bone fixation device	4.16	6.67	3.78	5.01	3.37	0.32	11.15	8.26	9.49	7.85	090
20802		A	Replantation, arm, complete	41.15	NA	NA	24.01	36.71	4.83	NA	NA	69.99	82.69	090
20805		A	Replant forearm, complete	50.00	NA	NA	39.66	47.50	5.91	NA	NA	95.57	103.41	090
20808		A	Replantation, hand, complete	61.65	NA	NA	37.79	56.17	7.35	NA	NA	106.79	125.17	090
20816		A	Replantation digit, complete	30.94	NA	NA	39.65	32.95	3.62	NA	NA	74.21	67.51	090
20822		A	Replantation digit, complete	25.59	NA	NA	36.62	28.19	3.00	NA	NA	65.21	56.78	090
20824		A	Replantation thumb, complete	30.94	NA	NA	35.20	31.83	3.62	NA	NA	69.76	66.39	090
20827		A	Replantation thumb, complete	26.41	NA	NA	36.63	28.73	3.08	NA	NA	66.12	58.22	090
20838		A	Replantation, foot, complete	41.41	NA	NA	30.75	38.39	4.83	NA	NA	76.99	84.63	090
20900		A	Removal of bone for graft	5.58	4.88	3.50	5.21	3.58	0.35	10.81	9.43	11.14	9.51	090
20902		A	Removal of bone for graft	7.55	NA	NA	7.56	5.92	0.63	NA	NA	15.74	14.10	090
20910		A	Remove cartilage for graft	5.34	6.31	2.22	5.29	1.97	0.07	11.72	7.63	10.70	7.38	090
20912		A	Remove cartilage for graft	6.35	NA	NA	5.99	5.26	0.50	NA	NA	12.84	12.11	090
20920		A	Removal of fascia for graft	5.31	NA	NA	4.55	4.34	0.39	NA	NA	10.25	10.04	090
20922		A	Removal of fascia for graft	6.61	6.80	5.27	5.58	4.97	0.56	13.97	12.44	12.75	12.14	090
20924		A	Removal of tendon for graft	6.48	NA	NA	5.87	5.90	0.66	NA	NA	13.01	13.04	090
20926		A	Removal of tissue for graft	5.53	NA	NA	5.06	3.37	0.31	NA	NA	10.90	9.21	090
20930		B	Spinal bone allograft	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
20931		A	Spinal bone allograft	1.81	NA	NA	1.26	1.73	0.22	NA	NA	3.29	3.76	ZZZ
20936		B	Spinal bone autograft	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
20937		A	Spinal bone autograft	2.79	NA	NA	1.80	2.62	0.34	NA	NA	4.93	5.75	ZZZ
20938		A	Spinal bone autograft	3.02	NA	NA	1.90	2.82	0.37	NA	NA	5.29	6.21	ZZZ
20950		A	Record fluid pressure,muscle	1.26	NA	NA	1.66	1.30	0.13	NA	NA	3.05	2.69	000
20955		A	Fibula bone graft, microvasc	39.21	NA	NA	26.31	35.75	4.59	NA	NA	70.11	79.55	090
20956		A	Iliac bone graft, microvasc	39.27	NA	NA	26.03	28.40	4.12	NA	NA	69.42	71.79	090
20957		A	Mt bone graft, microvasc	40.65	NA	NA	19.97	27.68	4.26	NA	NA	64.88	72.59	090
20962		A	Other bone graft, microvasc	39.27	NA	NA	25.39	28.24	4.12	NA	NA	68.78	71.63	090
20969		A	Bone/skin graft, microvasc	43.92	NA	NA	28.51	39.79	5.14	NA	NA	77.57	88.85	090
20970		A	Bone/skin graft, iliac crest	43.06	NA	NA	26.61	38.65	5.04	NA	NA	74.71	86.75	090
20972		A	Bone-skin graft, metatarsal	42.99	NA	NA	19.85	37.21	5.08	NA	NA	67.92	85.28	090
20973		A	Bone-skin graft, great toe	45.76	NA	NA	26.28	40.96	5.41	NA	NA	77.45	92.13	090
20974		A	Electrical bone stimulation	0.62	0.33	2.87	0.31	1.47	0.41	1.36	3.90	1.34	2.50	000
20975		A	Electrical bone stimulation	2.60	NA	NA	1.36	2.67	0.44	NA	NA	4.40	5.71	000
20999		C	Musculoskeletal surgery	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
21010		A	Incision of jaw joint	10.14	NA	NA	7.73	10.27	0.73	NA	NA	18.60	21.14	090
21015		A	Resection of facial tumor	5.29	NA	NA	6.95	6.48	0.88	NA	NA	13.12	12.65	090
21025		A	Excision of bone, lower jaw	10.06	7.16	5.16	6.64	3.35	0.30	17.52	15.52	17.00	13.71	090
21026		A	Excision of facial bone(s)	4.85	5.18	3.85	4.73	2.47	0.22	10.25	8.92	9.80	7.54	090

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21029		A	Contour of face bone lesion	7.71	6.96	8.64	5.73	4.88	0.61	15.28	16.96	14.05	13.20	090
21030		A	Removal of face bone lesion	6.46	5.32	4.06	4.59	2.51	0.23	12.01	10.75	11.28	9.20	090
21031		A	Remove exostosis, mandible	3.24	3.50	3.87	2.24	2.06	0.25	6.99	7.36	5.73	5.55	090
21032		A	Remove exostosis, maxilla	3.24	3.49	4.03	2.36	2.17	0.27	7.00	7.54	5.87	5.68	090
21034		A	Removal of face bone lesion	16.17	9.83	8.14	10.40	8.29	0.70	26.70	25.01	27.27	25.16	090
21040		A	Removal of jaw bone lesion	2.11	3.19	3.05	1.96	1.62	0.19	5.49	5.35	4.26	3.92	090
21041		A	Removal of jaw bone lesion	6.71	5.54	6.07	4.45	3.46	0.39	12.64	13.17	11.55	10.56	090
21044		A	Removal of jaw bone lesion	11.86	NA	NA	8.07	9.79	0.87	NA	NA	20.80	22.52	090
21045		A	Extensive jaw surgery	16.17	NA	NA	10.57	13.90	1.24	NA	NA	27.98	31.31	090
21050		A	Removal of jaw joint	10.77	NA	NA	11.59	12.54	0.84	NA	NA	23.20	24.15	090
21060		A	Remove jaw joint cartilage	10.23	NA	NA	9.51	11.54	0.81	NA	NA	20.55	22.58	090
21070		A	Remove coronoid process	8.20	NA	NA	6.24	7.10	0.64	NA	NA	15.08	15.94	090
21076		A	Prepare face/oral prosthesis	13.42	9.35	14.35	7.02	7.76	1.06	23.83	28.83	21.50	22.24	010
21077		A	Prepare face/oral prosthesis	33.75	23.50	36.10	17.67	19.53	2.65	59.90	72.50	54.07	55.93	090
21079		A	Prepare face/oral prosthesis	22.34	16.61	26.89	12.22	14.43	1.76	40.71	50.99	36.32	38.53	090
21080		A	Prepare face/oral prosthesis	25.10	18.67	30.21	13.74	16.21	1.97	45.74	57.28	40.81	43.28	090
21081		A	Prepare face/oral prosthesis	22.88	17.01	27.53	12.52	14.77	1.80	41.69	52.21	37.20	39.45	090
21082		A	Prepare face/oral prosthesis	20.87	14.53	22.32	10.93	12.08	1.64	37.04	44.83	33.44	34.59	090
21083		A	Prepare face/oral prosthesis	19.30	14.35	23.23	10.56	12.47	1.52	35.17	44.05	31.38	33.29	090
21084		A	Prepare face/oral prosthesis	22.51	16.73	27.09	12.32	14.53	1.78	41.02	51.38	36.61	38.82	090
21085		A	Prepare face/oral prosthesis	9.00	6.27	9.62	4.71	5.21	0.70	15.97	19.32	14.41	14.91	010
21086		A	Prepare face/oral prosthesis	24.92	18.53	29.99	13.64	16.09	1.96	45.41	56.87	40.52	42.97	090
21087		A	Prepare face/oral prosthesis	24.92	17.35	26.65	13.05	14.42	1.96	44.23	53.53	39.93	41.30	090
21088		C	Prepare face/oral prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	090
21089		C	Prepare face/oral prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	090
21100		A	Maxillofacial fixation	4.22	6.02	2.37	3.45	1.73	0.09	10.33	6.68	7.76	6.04	090
21110		A	Interdental fixation	5.21	5.07	5.77	3.94	3.24	0.36	10.64	11.34	9.51	8.81	090
21116		A	Injection, jaw joint x-ray	0.81	7.55	2.48	0.25	0.66	0.05	8.41	3.34	1.11	1.52	000
21120		A	Reconstruction of chin	4.93	8.74	5.11	6.48	4.55	0.33	14.00	10.37	11.74	9.81	090
21121		A	Reconstruction of chin	7.64	7.05	6.36	6.61	6.25	0.52	15.21	14.52	14.77	14.41	090
21122		A	Reconstruction of chin	8.52	NA	NA	8.32	7.15	0.57	NA	NA	17.41	16.24	090
21123		A	Reconstruction of chin	11.16	NA	NA	8.12	8.65	0.74	NA	NA	20.02	20.55	090
21125		A	Augmentation lower jaw bone	10.62	9.68	6.26	8.32	5.92	0.42	20.72	17.30	19.36	16.96	090
21127		A	Augmentation lower jaw bone	11.12	8.72	8.62	9.39	8.78	0.72	20.56	20.46	21.23	20.62	090
21137		A	Reduction of forehead	9.82	NA	NA	7.43	7.65	0.65	NA	NA	17.90	18.12	090
21138		A	Reduction of forehead	12.19	NA	NA	8.65	9.38	0.81	NA	NA	21.65	22.38	090
21139		A	Reduction of forehead	14.61	NA	NA	8.03	10.67	0.98	NA	NA	23.62	26.26	090
21141		A	Reconstruct midface, lefort	18.10	NA	NA	10.91	14.40	1.31	NA	NA	30.32	33.81	090
21142		A	Reconstruct midface, lefort	18.81	NA	NA	11.59	14.98	1.36	NA	NA	31.76	35.15	090
21143		A	Reconstruct midface, lefort	19.58	NA	NA	11.93	15.52	1.42	NA	NA	32.93	36.52	090

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21145		A	Reconstruct midface, lefort	19.94	NA	NA	12.39	14.77	1.31	NA	NA	33.64	36.02	090
21146		A	Reconstruct midface, lefort	20.71	NA	NA	12.87	15.30	1.36	NA	NA	34.94	37.37	090
21147		A	Reconstruct midface, lefort	21.77	NA	NA	13.52	15.91	1.42	NA	NA	36.71	39.10	090
21150		A	Reconstruct midface, lefort	25.24	NA	NA	18.20	19.57	1.70	NA	NA	45.14	46.51	090
21151		A	Reconstruct midface, lefort	28.30	NA	NA	17.38	21.18	1.89	NA	NA	47.57	51.37	090
21154		A	Reconstruct midface, lefort	30.52	NA	NA	21.32	23.36	2.03	NA	NA	53.87	55.91	090
21155		A	Reconstruct midface, lefort	34.45	NA	NA	20.56	25.58	2.30	NA	NA	57.31	62.33	090
21159		A	Reconstruct midface, lefort	42.38	NA	NA	27.20	32.05	2.84	NA	NA	72.42	77.27	090
21160		A	Reconstruct midface, lefort	46.44	NA	NA	24.27	33.71	3.11	NA	NA	73.82	83.26	090
21172		A	Reconstruct orbit/forehead	27.80	NA	NA	17.94	21.01	1.85	NA	NA	47.59	50.66	090
21175		A	Reconstruct orbit/forehead	33.17	NA	NA	23.85	25.80	2.23	NA	NA	59.25	61.20	090
21179		A	Reconstruct entire forehead	22.25	NA	NA	18.42	17.82	1.49	NA	NA	42.16	41.56	090
21180		A	Reconstruct entire forehead	25.19	NA	NA	18.29	19.60	1.70	NA	NA	45.18	46.49	090
21181		A	Contour cranial bone lesion	9.90	NA	NA	7.72	7.72	0.65	NA	NA	18.27	18.27	090
21182		A	Reconstruct cranial bone	32.19	NA	NA	26.56	25.87	2.17	NA	NA	60.92	60.23	090
21183		A	Reconstruct cranial bone	35.31	NA	NA	26.47	27.66	2.37	NA	NA	64.15	65.34	090
21184		A	Reconstruct cranial bone	38.24	NA	NA	26.95	29.58	2.57	NA	NA	67.76	70.39	090
21188		A	Reconstruction of midface	22.46	NA	NA	17.19	17.51	1.49	NA	NA	41.14	41.46	090
21193		A	Reconstruct lower jaw bone	17.15	NA	NA	11.29	12.84	1.13	NA	NA	29.57	31.12	090
21194		A	Reconstruct lower jaw bone	19.84	NA	NA	14.66	15.28	1.31	NA	NA	35.81	36.43	090
21195		A	Reconstruct lower jaw bone	17.24	NA	NA	12.83	13.25	1.13	NA	NA	31.20	31.62	090
21196		A	Reconstruct lower jaw bone	18.91	NA	NA	13.98	14.57	1.24	NA	NA	34.13	34.72	090
21198		A	Reconstruct lower jaw bone	14.16	NA	NA	11.56	14.95	1.36	NA	NA	27.08	30.47	090
21206		A	Reconstruct upper jaw bone	14.10	NA	NA	10.81	10.95	0.93	NA	NA	25.84	25.98	090
21208		A	Augmentation of facial bones	10.23	8.15	11.20	9.57	11.55	0.84	19.22	22.27	20.64	22.62	090
21209		A	Reduction of facial bones	6.72	6.88	5.46	6.63	5.39	0.59	14.19	12.77	13.94	12.70	090
21210		A	Face bone graft	10.23	8.14	11.19	8.41	6.69	1.01	19.38	22.43	19.65	17.93	090
21215		A	Lower jaw bone graft	10.77	8.15	11.68	7.52	6.70	1.11	20.03	23.56	19.40	18.58	090
21230		A	Rib cartilage graft	10.77	NA	NA	10.22	10.99	1.32	NA	NA	22.31	23.08	090
21235		A	Ear cartilage graft	6.72	10.30	8.59	8.47	8.13	0.85	17.87	16.16	16.04	15.70	090
21240		A	Reconstruction of jaw joint	14.05	NA	NA	10.91	15.31	1.64	NA	NA	26.60	31.00	090
21242		A	Reconstruction of jaw joint	12.95	NA	NA	10.39	14.19	1.76	NA	NA	25.10	28.90	090
21243		A	Reconstruction of jaw joint	20.79	NA	NA	13.32	15.05	1.31	NA	NA	35.42	37.15	090
21244		A	Reconstruction of lower jaw	11.86	NA	NA	10.27	13.19	1.51	NA	NA	23.64	26.56	090
21245		A	Reconstruction of jaw	11.86	10.81	12.04	11.09	12.11	1.02	23.69	24.92	23.97	24.99	090
21246		A	Reconstruction of jaw	12.47	9.17	9.48	11.96	10.18	0.81	22.45	22.76	25.24	23.46	090
21247		A	Reconstruct lower jaw bone	22.63	NA	NA	14.83	23.97	1.78	NA	NA	39.24	48.38	090
21248		A	Reconstruction of jaw	11.48	8.36	12.37	8.10	7.17	1.37	21.21	25.22	20.95	20.02	090
21249		A	Reconstruction of jaw	17.52	10.77	18.38	10.71	10.52	2.57	30.86	38.47	30.80	30.61	090
21255		A	Reconstruct lower jaw bone	16.72	NA	NA	13.95	18.46	1.31	NA	NA	31.98	36.49	090

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work [3] RVUs	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
21256		A	Reconstruction of orbit	16.19	NA	NA	16.94	18.73	1.28	NA	NA	34.41	36.20	090
21260		A	Revise eye sockets	16.52	NA	NA	14.22	18.35	1.30	NA	NA	32.04	36.17	090
21261		A	Revise eye sockets	31.49	NA	NA	19.00	19.23	1.29	NA	NA	51.78	52.01	090
21263		A	Revise eye sockets	28.42	NA	NA	16.29	29.52	2.24	NA	NA	46.95	60.18	090
21267		A	Revise eye sockets	18.90	NA	NA	21.91	17.37	1.67	NA	NA	42.48	37.94	090
21268		A	Revise eye sockets	24.48	NA	NA	20.69	17.67	2.45	NA	NA	47.62	44.60	090
21270		A	Augmentation cheek bone	10.23	8.84	10.03	9.44	10.18	1.10	20.17	21.36	20.77	21.51	090
21275		A	Revision orbitofacial bones	11.24	NA	NA	14.13	10.82	0.99	NA	NA	26.36	23.05	090
21280		A	Revision of eyelid	6.03	NA	NA	8.74	7.59	0.48	NA	NA	15.25	14.10	090
21282		A	Revision of eyelid	3.49	NA	NA	7.23	4.94	0.62	NA	NA	11.34	9.05	090
21295		A	Revision of jaw muscle/bone	1.53	NA	NA	5.02	2.04	0.10	NA	NA	6.65	3.67	090
21296		A	Revision of jaw muscle/bone	4.25	NA	NA	5.06	4.21	0.17	NA	NA	9.48	8.63	090
21299		C	Cranio/maxillofacial surgery	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
21300		A	Treatment of skull fracture	0.72	4.17	1.79	0.24	0.71	0.09	4.98	2.60	1.05	1.52	000
21310		A	Treatment of nose fracture	0.58	3.41	1.46	0.14	0.55	0.07	4.06	2.11	0.79	1.20	000
21315		A	Treatment of nose fracture	1.51	3.88	2.44	1.07	1.62	0.16	5.55	4.11	2.74	3.29	010
21320		A	Treatment of nose fracture	1.85	3.95	2.89	1.78	2.10	0.27	6.07	5.01	3.90	4.22	010
21325		A	Repair of nose fracture	3.77	NA	NA	2.98	4.08	0.41	NA	NA	7.16	8.26	090
21330		A	Repair of nose fracture	5.38	NA	NA	7.12	6.60	0.67	NA	NA	13.17	12.65	090
21335		A	Repair of nose fracture	8.61	NA	NA	9.18	10.01	1.22	NA	NA	19.01	19.84	090
21336		A	Repair nasal septal fracture	5.72	NA	NA	6.94	5.07	0.41	NA	NA	13.07	11.20	090
21337		A	Repair nasal septal fracture	2.70	5.12	3.58	2.60	2.95	0.30	8.12	6.58	5.60	5.95	090
21338		A	Repair nasoethmoid fracture	6.46	NA	NA	7.30	5.91	0.52	NA	NA	14.28	12.89	090
21339		A	Repair nasoethmoid fracture	8.09	NA	NA	7.83	7.73	0.55	NA	NA	16.47	16.37	090
21340		A	Repair of nose fracture	10.77	NA	NA	10.45	9.87	0.81	NA	NA	22.03	21.45	090
21343		A	Repair of sinus fracture	12.95	NA	NA	10.46	10.08	0.84	NA	NA	24.25	23.87	090
21344		A	Repair of sinus fracture	19.72	NA	NA	14.81	11.17	0.84	NA	NA	35.37	31.73	090
21345		A	Repair of nose/jaw fracture	8.16	10.22	8.98	8.18	8.47	0.63	19.01	17.77	16.97	17.26	090
21346		A	Repair of nose/jaw fracture	10.61	NA	NA	10.53	10.28	0.81	NA	NA	21.95	21.70	090
21347		A	Repair of nose/jaw fracture	12.69	NA	NA	10.78	11.13	1.06	NA	NA	24.53	24.88	090
21348		A	Repair of nose/jaw fracture	16.69	NA	NA	12.32	12.31	1.74	NA	NA	30.75	30.74	090
21355		A	Repair cheek bone fracture	3.77	5.38	2.61	1.84	1.73	0.13	9.28	6.51	5.74	5.63	010
21356		A	Repair cheek bone fracture	4.15	NA	NA	5.80	5.17	0.70	NA	NA	10.65	10.02	010
21360		A	Repair cheek bone fracture	6.46	NA	NA	7.81	7.74	0.70	NA	NA	14.97	14.90	090
21365		A	Repair cheek bone fracture	14.95	NA	NA	12.50	13.18	1.28	NA	NA	28.73	29.41	090
21366		A	Repair cheek bone fracture	17.77	NA	NA	11.29	12.66	1.85	NA	NA	30.91	32.28	090
21385		A	Repair eye socket fracture	9.16	NA	NA	8.37	9.90	0.88	NA	NA	18.41	19.94	090
21386		A	Repair eye socket fracture	9.16	NA	NA	9.64	9.79	0.98	NA	NA	19.78	19.93	090
21387		A	Repair eye socket fracture	9.70	NA	NA	10.07	8.59	0.75	NA	NA	20.52	19.04	090
21390		A	Repair eye socket fracture	10.13	NA	NA	11.31	11.90	1.07	NA	NA	22.51	23.10	090

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CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
21395		A	Repair eye socket fracture	12.68	NA	NA	12.11	10.87	1.07	NA	NA	25.86	24.62	090
21400		A	Treat eye socket fracture	1.40	4.34	2.44	0.79	1.45	0.13	5.87	3.97	2.32	2.98	090
21401		A	Repair eye socket fracture	3.26	4.21	3.15	2.30	2.68	0.25	7.72	6.66	5.81	6.19	090
21406		A	Repair eye socket fracture	7.01	NA	NA	7.89	6.21	0.58	NA	NA	15.48	13.80	090
21407		A	Repair eye socket fracture	8.61	NA	NA	9.34	8.10	0.61	NA	NA	18.56	17.32	090
21408		A	Repair eye socket fracture	12.38	NA	NA	10.69	9.58	0.77	NA	NA	23.84	22.73	090
21421		A	Treat mouth roof fracture	5.14	6.64	6.66	5.88	6.07	0.49	12.27	12.29	11.51	11.70	090
21422		A	Repair mouth roof fracture	8.32	NA	NA	8.21	9.50	0.93	NA	NA	17.46	18.75	090
21423		A	Repair mouth roof fracture	10.40	NA	NA	8.72	10.16	0.93	NA	NA	20.05	21.49	090
21431		A	Treat craniofacial fracture	7.05	NA	NA	7.43	6.76	0.56	NA	NA	15.04	14.37	090
21432		A	Repair craniofacial fracture	8.61	NA	NA	6.46	7.12	0.66	NA	NA	15.73	16.39	090
21433		A	Repair craniofacial fracture	25.35	NA	NA	19.12	19.40	1.64	NA	NA	46.11	46.39	090
21435		A	Repair craniofacial fracture	17.25	NA	NA	13.66	14.20	1.47	NA	NA	32.38	32.92	090
21436		A	Repair craniofacial fracture	28.04	NA	NA	17.80	16.38	1.63	NA	NA	47.47	46.05	090
21440		A	Repair dental ridge fracture	2.70	4.93	3.73	4.11	3.44	0.22	7.85	6.65	7.03	6.36	090
21445		A	Repair dental ridge fracture	5.38	6.04	6.48	5.38	6.16	0.44	11.86	12.30	11.20	11.98	090
21450		A	Treat lower jaw fracture	2.97	4.79	3.51	4.22	3.37	0.20	7.96	6.68	7.39	6.54	090
21451		A	Treat lower jaw fracture	4.87	5.81	6.20	5.25	5.68	0.58	11.26	11.65	10.70	11.13	090
21452		A	Treat lower jaw fracture	1.98	7.45	3.00	4.48	2.25	0.13	9.56	5.11	6.59	4.36	090
21453		A	Treat lower jaw fracture	5.54	6.59	7.06	6.33	6.54	0.43	12.56	13.03	12.30	12.51	090
21454		A	Treat lower jaw fracture	6.46	NA	NA	6.35	7.38	1.11	NA	NA	13.92	14.95	090
21461		A	Repair lower jaw fracture	8.09	7.86	9.21	8.08	9.27	1.02	16.97	18.32	17.19	18.38	090
21462		A	Repair lower jaw fracture	9.79	9.10	11.04	8.66	10.93	1.05	19.94	21.88	19.50	21.77	090
21465		A	Repair lower jaw fracture	11.91	NA	NA	8.59	9.02	0.77	NA	NA	21.27	21.70	090
21470		A	Repair lower jaw fracture	15.34	NA	NA	10.74	16.42	1.36	NA	NA	27.44	33.12	090
21480		A	Reset dislocated jaw	0.61	1.99	1.14	0.18	0.59	0.07	2.67	1.82	0.86	1.27	000
21485		A	Reset dislocated jaw	3.99	3.89	2.76	2.61	1.55	0.16	8.04	6.91	6.76	5.70	090
21490		A	Repair dislocated jaw	11.86	NA	NA	8.03	7.15	0.41	NA	NA	20.30	19.42	090
21493		A	Treat hyoid bone fracture	1.27	0.48	1.36	2.42	1.75	0.10	1.85	2.73	3.79	3.12	090
21494		A	Repair hyoid bone fracture	6.28	2.38	6.72	4.31	7.20	0.49	9.15	13.49	11.08	13.97	090
21495		A	Repair hyoid bone fracture	5.69	NA	NA	5.69	5.35	0.40	NA	NA	11.78	11.44	090
21497		A	Interdental wiring	3.86	4.51	4.36	3.89	4.21	0.30	8.67	8.52	8.05	8.37	090
21499		C	Head surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
21501		A	Drain neck/chest lesion	3.81	3.55	2.37	2.81	2.19	0.20	7.56	6.38	6.82	6.20	090
21502		A	Drain chest lesion	7.12	NA	NA	11.62	6.34	0.59	NA	NA	19.33	14.05	090
21510		A	Drainage of bone lesion	5.74	NA	NA	9.38	5.46	0.39	NA	NA	15.51	11.59	090
21550		A	Biopsy of neck/chest	2.06	1.90	1.17	1.14	0.63	0.09	4.05	3.32	3.29	2.78	010
21555		A	Remove lesion neck/chest	4.35	3.71	2.23	2.36	1.90	0.20	8.26	6.78	6.91	6.45	090
21556		A	Remove lesion neck/chest	5.57	NA	NA	3.12	3.87	0.50	NA	NA	9.19	9.94	090
21557		A	Remove tumor, neck or chest	8.88	NA	NA	11.24	9.73	1.10	NA	NA	21.22	19.71	090

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21600		A	Partial removal of rib	6.89	NA	NA	9.75	6.10	0.69	NA	NA	17.33	13.68	090
21610		A	Partial removal of rib	14.61	NA	NA	10.03	6.72	0.59	NA	NA	25.23	21.92	090
21615		A	Removal of rib	9.87	NA	NA	9.09	10.52	1.53	NA	NA	20.49	21.92	090
21616		A	Removal of rib and nerves	12.04	NA	NA	11.64	8.82	1.17	NA	NA	24.85	22.03	090
21620		A	Partial removal of sternum	6.79	NA	NA	8.88	7.79	0.96	NA	NA	16.63	15.54	090
21627		A	Sternal debridement	6.81	NA	NA	15.32	7.93	0.70	NA	NA	22.83	15.44	090
21630		A	Extensive sternum surgery	17.38	NA	NA	16.91	14.72	1.88	NA	NA	36.17	33.98	090
21632		A	Extensive sternum surgery	18.14	NA	NA	13.63	12.80	1.74	NA	NA	33.51	32.68	090
21700		A	Revision of neck muscle	6.19	6.03	4.89	4.77	4.58	0.39	12.61	11.47	11.35	11.16	090
21705		A	Revision of neck muscle/rib	9.60	NA	NA	12.33	7.03	0.75	NA	NA	22.68	17.38	090
21720		A	Revision of neck muscle	5.68	7.10	4.90	5.36	4.47	0.41	13.19	10.99	11.45	10.56	090
21725		A	Revision of neck muscle	6.99	NA	NA	5.91	5.42	0.58	NA	NA	13.48	12.99	090
21740		A	Reconstruction of sternum	16.50	NA	NA	15.12	11.10	1.28	NA	NA	32.90	28.88	090
21750		A	Repair of sternum separation	10.77	NA	NA	10.71	8.64	1.12	NA	NA	22.60	20.53	090
21800		A	Treatment of rib fracture	0.96	1.52	1.01	0.82	0.84	0.05	2.53	2.02	1.83	1.85	090
21805		A	Treatment of rib fracture	2.75	NA	NA	3.24	1.91	0.13	NA	NA	6.12	4.79	090
21810		A	Treatment of rib fracture(s)	6.86	NA	NA	9.28	8.28	0.48	NA	NA	16.62	15.62	090
21820		A	Treat sternum fracture	1.28	1.89	1.58	1.17	1.40	0.13	3.30	2.99	2.58	2.81	090
21825		A	Repair sternum fracture	7.41	NA	NA	8.28	7.69	0.88	NA	NA	16.57	15.98	090
21899		C	Neck/chest surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
21920		A	Biopsy soft tissue of back	2.06	1.94	1.13	0.76	0.51	0.09	4.09	3.28	2.91	2.66	010
21925		A	Biopsy soft tissue of back	4.49	8.38	3.69	3.62	2.50	0.25	13.12	8.43	8.36	7.24	090
21930		A	Remove lesion, back or flank	5.00	3.97	3.21	2.52	2.84	0.38	9.35	8.59	7.90	8.22	090
21935		A	Remove tumor of back	17.96	NA	NA	11.38	8.21	1.02	NA	NA	30.36	27.19	090
22100		A	Remove part of neck vertebra	9.73	NA	NA	7.84	8.18	0.85	NA	NA	18.42	18.76	090
22101		A	Remove part, thorax vertebra	9.81	NA	NA	8.00	8.52	1.08	NA	NA	18.89	19.41	090
22102		A	Remove part, lumbar vertebra	9.81	NA	NA	7.86	5.63	0.52	NA	NA	18.19	15.96	090
22103		A	Remove extra spine segment	2.34	NA	NA	1.43	2.17	0.29	NA	NA	4.06	4.80	ZZZ
22110		A	Remove part of neck vertebra	12.74	NA	NA	10.08	10.43	1.28	NA	NA	24.10	24.45	090
22112		A	Remove part, thorax vertebra	12.81	NA	NA	10.24	10.62	1.28	NA	NA	24.33	24.71	090
22114		A	Remove part, lumbar vertebra	12.81	NA	NA	11.28	8.72	0.92	NA	NA	25.01	22.45	090
22116		A	Remove extra spine segment	2.32	NA	NA	1.40	2.15	0.28	NA	NA	4.00	4.75	ZZZ
22210		A	Revision of neck spine	23.82	NA	NA	16.18	15.30	1.90	NA	NA	41.90	41.02	090
22212		A	Revision of thorax spine	19.42	NA	NA	14.23	17.63	2.21	NA	NA	35.86	39.26	090
22214		A	Revision of lumbar spine	19.45	NA	NA	14.47	15.92	2.10	NA	NA	36.02	37.47	090
22216		A	Revise, extra spine segment	6.04	NA	NA	3.34	4.96	0.70	NA	NA	10.08	11.70	ZZZ
22220		A	Revision of neck spine	21.37	NA	NA	14.67	17.21	2.06	NA	NA	38.10	40.64	090
22222		A	Revision of thorax spine	21.52	NA	NA	10.37	13.67	1.24	NA	NA	33.13	36.43	090
22224		A	Revision of lumbar spine	21.52	NA	NA	15.13	15.73	2.08	NA	NA	38.73	39.33	090
22226		A	Revise, extra spine segment	6.04	NA	NA	3.38	4.97	0.70	NA	NA	10.12	11.71	ZZZ

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
22305		A	Treat spine process fracture	2.05	2.42	2.44	1.74	2.27	0.29	4.76	4.78	4.08	4.61	090
22310		A	Treat spine fracture	2.61	3.53	2.93	3.11	2.83	0.54	6.68	6.08	6.26	5.98	090
22315		A	Treat spine fracture	8.84	NA	NA	8.17	6.53	0.67	NA	NA	17.68	16.04	090
22325		A	Repair of spine fracture	18.30	NA	NA	13.51	10.15	1.05	NA	NA	32.86	29.50	090
22326		A	Repair neck spine fracture	19.59	NA	NA	14.52	16.60	2.14	NA	NA	36.25	38.33	090
22327		A	Repair thorax spine fracture	19.20	NA	NA	13.99	16.48	1.84	NA	NA	35.03	37.52	090
22328		A	Repair each add spine fx	4.61	NA	NA	2.55	4.22	0.56	NA	NA	7.72	9.39	ZZZ
22505		A	Manipulation of spine	1.87	2.74	1.75	1.87	1.53	0.13	4.74	3.75	3.87	3.53	010
22548		A	Neck spine fusion	25.82	NA	NA	17.43	22.87	2.99	NA	NA	46.24	51.68	090
22554		A	Neck spine fusion	18.62	NA	NA	13.12	19.41	2.75	NA	NA	34.49	40.78	090
22556		A	Thorax spine fusion	23.46	NA	NA	16.06	21.66	2.80	NA	NA	42.32	47.92	090
22558		A	Lumbar spine fusion	22.28	NA	NA	14.95	20.16	2.64	NA	NA	39.87	45.08	090
22585		A	Additional spinal fusion	5.53	NA	NA	3.06	5.16	0.73	NA	NA	9.32	11.42	ZZZ
22590		A	Spine & skull spinal fusion	20.51	NA	NA	14.63	21.22	2.69	NA	NA	37.83	44.42	090
22595		A	Neck spinal fusion	19.39	NA	NA	13.80	20.81	3.03	NA	NA	36.22	43.23	090
22600		A	Neck spine fusion	16.14	NA	NA	12.08	17.47	2.60	NA	NA	30.82	36.21	090
22610		A	Thorax spine fusion	16.02	NA	NA	12.37	17.43	2.15	NA	NA	30.54	35.60	090
22612		A	Lumbar spine fusion	21.00	NA	NA	15.04	20.53	2.61	NA	NA	38.65	44.14	090
22614		A	Spine fusion, extra segment	6.44	NA	NA	3.56	5.49	0.72	NA	NA	10.72	12.65	ZZZ
22630		A	Lumbar spine fusion	20.84	NA	NA	15.38	18.85	2.46	NA	NA	38.68	42.15	090
22632		A	Spine fusion, extra segment	5.23	NA	NA	2.91	4.79	0.64	NA	NA	8.78	10.66	ZZZ
22800		A	Fusion of spine	18.25	NA	NA	13.60	19.74	2.80	NA	NA	34.65	40.79	090
22802		A	Fusion of spine	30.88	NA	NA	20.85	28.26	3.61	NA	NA	55.34	62.75	090
22804		A	Fusion of spine	36.27	NA	NA	23.60	28.95	3.61	NA	NA	63.48	68.83	090
22808		A	Fusion of spine	26.27	NA	NA	17.93	19.47	2.46	NA	NA	46.66	48.20	090
22810		A	Fusion of spine	30.27	NA	NA	19.58	19.88	2.46	NA	NA	52.31	52.61	090
22812		A	Fusion of spine	32.70	NA	NA	20.64	26.27	3.32	NA	NA	56.66	62.29	090
22818		A	Kyphectomy, 1-2 segments	31.83	NA	NA	18.54	27.63	3.79	NA	NA	54.16	63.25	090
22819		A	Kyphectomy, 3 & more segment	36.44	NA	NA	20.66	28.16	3.79	NA	NA	60.89	68.39	090
22830		A	Exploration of spinal fusion	10.85	NA	NA	9.32	12.05	1.71	NA	NA	21.88	24.61	090
22840		A	Insert spine fixation device	12.54	NA	NA	7.90	6.84	0.77	NA	NA	21.21	20.15	ZZZ
22841		B	Insert spine fixation device	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
22842		A	Insert spine fixation device	12.58	NA	NA	7.19	7.38	0.88	NA	NA	20.65	20.84	ZZZ
22843		A	Insert spine fixation device	13.46	NA	NA	8.47	9.08	1.10	NA	NA	23.03	23.64	ZZZ
22844		A	Insert spine fixation device	16.44	NA	NA	10.22	11.06	1.34	NA	NA	28.00	28.84	ZZZ
22845		A	Insert spine fixation device	11.96	NA	NA	7.56	6.53	0.73	NA	NA	20.25	19.22	ZZZ
22846		A	Insert spine fixation device	12.42	NA	NA	7.82	8.38	1.01	NA	NA	21.25	21.81	ZZZ
22847		A	Insert spine fixation device	13.80	NA	NA	8.53	9.27	1.13	NA	NA	23.46	24.20	ZZZ
22848		A	Insert pelvic fixationdevice	6.00	NA	NA	4.58	5.80	0.74	NA	NA	11.32	12.54	ZZZ
22849		A	Reinsert spinal fixation	18.51	NA	NA	13.21	12.87	1.54	NA	NA	33.26	32.92	090

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CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
22850		A	Remove spine fixation device	9.52	NA	NA	8.08	9.48	1.17	NA	NA	18.77	20.17	090
22851		A	Apply spine prosth device	6.71	NA	NA	4.80	6.41	0.82	NA	NA	12.33	13.94	ZZZ
22852		A	Remove spine fixation device	9.01	NA	NA	7.91	9.96	1.23	NA	NA	18.15	20.20	090
22855		A	Remove spine fixation device	15.13	NA	NA	10.95	8.81	0.98	NA	NA	27.06	24.92	090
22899		C	Spine surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
22900		A	Remove abdominal wall lesion	5.80	NA	NA	4.14	3.50	0.47	NA	NA	10.41	9.77	090
22999		C	Abdomen surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
23000		A	Removal of calcium deposits	4.36	6.05	4.15	5.58	4.04	0.37	10.78	8.88	10.31	8.77	090
23020		A	Release shoulder joint	8.93	NA	NA	8.79	8.12	0.85	NA	NA	18.57	17.90	090
23030		A	Drain shoulder lesion	3.43	4.06	2.77	3.54	2.64	0.27	7.76	6.47	7.24	6.34	010
23031		A	Drain shoulder bursa	2.74	4.07	1.42	3.40	1.05	0.04	6.85	4.20	6.18	3.83	010
23035		A	Drain shoulder bone lesion	8.61	NA	NA	13.01	8.32	0.81	NA	NA	22.43	17.74	090
23040		A	Exploratory shoulder surgery	9.20	NA	NA	10.05	10.06	1.15	NA	NA	20.40	20.41	090
23044		A	Exploratory shoulder surgery	7.12	NA	NA	8.56	7.77	0.92	NA	NA	16.60	15.81	090
23065		A	Biopsy shoulder tissues	2.27	2.19	1.09	1.26	0.86	0.07	4.53	3.43	3.60	3.20	010
23066		A	Biopsy shoulder tissues	4.16	5.36	2.30	4.70	2.14	0.08	9.60	6.54	8.94	6.38	090
23075		A	Removal of shoulder lesion	2.39	3.50	2.24	2.43	1.97	0.23	6.12	4.86	5.05	4.59	010
23076		A	Removal of shoulder lesion	7.63	NA	NA	6.41	4.48	0.51	NA	NA	14.55	12.62	090
23077		A	Remove tumor of shoulder	16.09	NA	NA	11.71	8.94	1.08	NA	NA	28.88	26.11	090
23100		A	Biopsy of shoulder joint	6.03	NA	NA	7.24	7.21	0.97	NA	NA	14.24	14.21	090
23101		A	Shoulder joint surgery	5.58	NA	NA	6.80	6.70	0.95	NA	NA	13.33	13.23	090
23105		A	Remove shoulder joint lining	8.23	NA	NA	8.41	9.47	1.35	NA	NA	17.99	19.05	090
23106		A	Incision of collarbone joint	5.96	NA	NA	6.80	5.56	0.63	NA	NA	13.39	12.15	090
23107		A	Explore,treat shoulder joint	8.62	NA	NA	8.76	9.91	1.25	NA	NA	18.63	19.78	090
23120		A	Partial removal, collar bone	7.11	NA	NA	8.06	5.77	0.58	NA	NA	15.75	13.46	090
23125		A	Removal of collarbone	9.39	NA	NA	8.62	9.06	0.99	NA	NA	19.00	19.44	090
23130		A	Partial removal,shoulderbone	7.55	NA	NA	8.33	7.82	0.89	NA	NA	16.77	16.26	090
23140		A	Removal of bone lesion	6.89	NA	NA	6.33	4.97	0.57	NA	NA	13.79	12.43	090
23145		A	Removal of bone lesion	9.09	NA	NA	8.90	8.84	1.04	NA	NA	19.03	18.97	090
23146		A	Removal of bone lesion	7.83	NA	NA	8.47	6.38	0.79	NA	NA	17.09	15.00	090
23150		A	Removal of humerus lesion	8.48	NA	NA	8.07	7.43	0.79	NA	NA	17.34	16.70	090
23155		A	Removal of humerus lesion	10.35	NA	NA	9.93	9.65	1.07	NA	NA	21.35	21.07	090
23156		A	Removal of humerus lesion	8.68	NA	NA	8.44	8.33	0.98	NA	NA	18.10	17.99	090
23170		A	Remove collarbone lesion	6.86	NA	NA	7.89	5.89	0.61	NA	NA	15.36	13.36	090
23172		A	Remove shoulder blade lesion	6.90	NA	NA	8.31	6.28	0.57	NA	NA	15.78	13.75	090
23174		A	Remove humerus lesion	9.51	NA	NA	10.64	9.62	0.95	NA	NA	21.10	20.08	090
23180		A	Remove collar bone lesion	8.53	NA	NA	12.80	6.70	0.52	NA	NA	21.85	15.75	090
23182		A	Remove shoulder blade lesion	8.15	NA	NA	12.58	8.49	0.88	NA	NA	21.61	17.52	090
23184		A	Remove humerus lesion	9.38	NA	NA	13.68	10.61	1.16	NA	NA	24.22	21.15	090
23190		A	Partial removal of scapula	7.24	NA	NA	7.06	6.71	0.77	NA	NA	15.07	14.72	090

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23195		A	Removal of head of humerus	9.81	NA	NA	9.05	9.52	1.13	NA	NA	19.99	20.46	090
23200		A	Removal of collar bone	12.08	NA	NA	10.97	10.21	0.99	NA	NA	24.04	23.28	090
23210		A	Removal of shoulderblade	12.49	NA	NA	11.10	10.11	1.10	NA	NA	24.69	23.70	090
23220		A	Partial removal of humerus	14.56	NA	NA	12.70	12.99	1.59	NA	NA	28.85	29.14	090
23221		A	Partial removal of humerus	17.74	NA	NA	12.71	17.94	0.93	NA	NA	31.38	36.61	090
23222		A	Partial removal of humerus	23.92	NA	NA	18.41	16.83	1.80	NA	NA	44.13	42.55	090
23330		A	Remove shoulder foreign body	1.85	3.71	1.38	2.42	0.83	0.05	5.61	3.28	4.32	2.73	010
23331		A	Remove shoulder foreign body	7.38	NA	NA	7.96	3.83	0.30	NA	NA	15.64	11.51	090
23332		A	Remove shoulder foreign body	11.62	NA	NA	10.45	10.53	1.23	NA	NA	23.30	23.38	090
23350		A	Injection for shoulder x-ray	1.00	9.98	2.92	0.27	0.49	0.04	11.02	3.96	1.31	1.53	000
23395		A	Muscle transfer,shoulder/arm	16.85	NA	NA	12.37	12.15	1.44	NA	NA	30.66	30.44	090
23397		A	Muscle transfers	16.13	NA	NA	12.64	14.53	1.83	NA	NA	30.60	32.49	090
23400		A	Fixation of shoulder blade	13.54	NA	NA	10.82	10.72	1.31	NA	NA	25.67	25.57	090
23405		A	Incision of tendon & muscle	8.37	NA	NA	7.61	8.00	0.77	NA	NA	16.75	17.14	090
23406		A	Incise tendon(s) & muscle(s)	10.79	NA	NA	9.77	10.10	1.24	NA	NA	21.80	22.13	090
23410		A	Repair of tendon(s)	12.45	NA	NA	10.83	11.61	1.37	NA	NA	24.65	25.43	090
23412		A	Repair of tendon(s)	13.31	NA	NA	11.34	13.72	1.69	NA	NA	26.34	28.72	090
23415		A	Release of shoulder ligament	9.97	NA	NA	8.69	6.39	0.65	NA	NA	19.31	17.01	090
23420		A	Repair of shoulder	13.30	NA	NA	12.04	14.92	1.83	NA	NA	27.17	30.05	090
23430		A	Repair biceps tendon	9.98	NA	NA	9.47	8.35	0.93	NA	NA	20.38	19.26	090
23440		A	Removal/transplant tendon	10.48	NA	NA	9.87	8.30	0.92	NA	NA	21.27	19.70	090
23450		A	Repair shoulder capsule	13.40	NA	NA	11.20	13.18	1.60	NA	NA	26.20	28.18	090
23455		A	Repair shoulder capsule	14.37	NA	NA	11.76	15.61	1.96	NA	NA	28.09	31.94	090
23460		A	Repair shoulder capsule	15.37	NA	NA	12.34	14.54	1.75	NA	NA	29.46	31.66	090
23462		A	Repair shoulder capsule	15.30	NA	NA	11.98	15.31	1.94	NA	NA	29.22	32.55	090
23465		A	Repair shoulder capsule	15.85	NA	NA	12.47	14.64	1.78	NA	NA	30.10	32.27	090
23466		A	Repair shoulder capsule	14.22	NA	NA	11.63	15.64	2.09	NA	NA	27.94	31.95	090
23470		A	Reconstruct shoulder joint	17.15	NA	NA	13.45	17.01	2.07	NA	NA	32.67	36.23	090
23472		A	Reconstruct shoulder joint	16.92	NA	NA	13.29	18.47	3.83	NA	NA	34.04	39.22	090
23480		A	Revision of collarbone	11.18	NA	NA	9.80	7.81	0.80	NA	NA	21.78	19.79	090
23485		A	Revision of collar bone	13.43	NA	NA	11.62	12.15	1.46	NA	NA	26.51	27.04	090
23490		A	Reinforce clavicle	11.86	NA	NA	10.52	10.75	0.63	NA	NA	23.01	23.24	090
23491		A	Reinforce shoulder bones	14.21	NA	NA	11.67	13.25	1.65	NA	NA	27.53	29.11	090
23500		A	Treat clavicle fracture	2.08	2.87	2.06	1.87	1.81	0.16	5.11	4.30	4.11	4.05	090
23505		A	Treat clavicle fracture	3.69	4.53	3.23	3.38	2.94	0.30	8.52	7.22	7.37	6.93	090
23515		A	Repair clavicle fracture	7.41	NA	NA	6.86	7.36	0.88	NA	NA	15.15	15.65	090
23520		A	Treat clavicle dislocation	2.16	2.83	1.83	2.17	1.67	0.15	5.14	4.14	4.48	3.98	090
23525		A	Treat clavicle dislocation	3.60	4.61	2.77	2.64	2.27	0.21	8.42	6.58	6.45	6.08	090
23530		A	Repair clavicle dislocation	7.31	NA	NA	6.28	6.93	0.71	NA	NA	14.30	14.95	090
23532		A	Repair clavicle dislocation	8.01	NA	NA	6.85	7.60	0.93	NA	NA	15.79	16.54	090

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23540		A	Treat clavicle dislocation	2.23	3.31	2.09	1.74	1.70	0.15	5.69	4.47	4.12	4.08	090
23545		A	Treat clavicle dislocation	3.25	3.75	2.55	2.74	2.30	0.23	7.23	6.03	6.22	5.78	090
23550		A	Repair clavicle dislocation	7.24	NA	NA	6.76	8.17	1.14	NA	NA	15.14	16.55	090
23552		A	Repair clavicle dislocation	8.45	NA	NA	7.45	7.80	0.92	NA	NA	16.82	17.17	090
23570		A	Treat shoulderblade fracture	2.23	2.89	2.10	2.19	1.93	0.20	5.32	4.53	4.62	4.36	090
23575		A	Treat shoulderblade fracture	4.06	4.72	3.42	3.65	3.15	0.34	9.12	7.82	8.05	7.55	090
23585		A	Repair scapula fracture	8.96	NA	NA	7.94	8.26	1.01	NA	NA	17.91	18.23	090
23600		A	Treat humerus fracture	2.93	4.58	3.51	2.87	3.08	0.34	7.85	6.78	6.14	6.35	090
23605		A	Treat humerus fracture	4.87	6.75	5.57	5.42	5.23	0.59	12.21	11.03	10.88	10.69	090
23615		A	Repair humerus fracture	9.35	NA	NA	8.68	10.55	1.39	NA	NA	19.42	21.29	090
23616		A	Repair humerus fracture	21.27	NA	NA	14.66	21.83	2.77	NA	NA	38.70	45.87	090
23620		A	Treat humerus fracture	2.40	4.30	3.42	2.55	1.72	0.36	7.06	6.18	5.31	4.48	090
23625		A	Treat humerus fracture	3.93	6.01	4.62	4.60	4.26	0.47	10.41	9.02	9.00	8.66	090
23630		A	Repair humerus fracture	7.35	NA	NA	6.88	8.31	1.10	NA	NA	15.33	16.76	090
23650		A	Treat shoulder dislocation	3.39	4.10	2.74	2.28	2.28	0.19	7.68	6.32	5.86	5.86	090
23655		A	Treat shoulder dislocation	4.57	NA	NA	3.33	3.22	0.34	NA	NA	8.24	8.13	090
23660		A	Repair shoulder dislocation	7.49	NA	NA	6.43	8.31	1.10	NA	NA	15.02	16.90	090
23665		A	Treat dislocation/fracture	4.47	6.13	4.26	4.84	3.94	0.40	11.00	9.13	9.71	8.81	090
23670		A	Repair dislocation/fracture	7.90	NA	NA	7.40	8.92	1.45	NA	NA	16.75	18.27	090
23675		A	Treat dislocation/fracture	6.05	6.88	4.92	5.72	4.63	0.48	13.41	11.45	12.25	11.16	090
23680		A	Repair dislocation/fracture	10.06	NA	NA	8.40	11.11	1.67	NA	NA	20.13	22.84	090
23700		A	Fixation of shoulder	2.52	NA	NA	2.96	2.44	0.27	NA	NA	5.75	5.23	010
23800		A	Fusion of shoulder joint	14.16	NA	NA	12.28	15.75	2.06	NA	NA	28.50	31.97	090
23802		A	Fusion of shoulder joint	16.60	NA	NA	13.51	14.83	1.75	NA	NA	31.86	33.18	090
23900		A	Amputation of arm & girdle	19.72	NA	NA	13.16	13.52	1.88	NA	NA	34.76	35.12	090
23920		A	Amputation at shoulder joint	14.61	NA	NA	11.28	14.09	1.99	NA	NA	27.88	30.69	090
23921		A	Amputation follow-up surgery	5.49	5.99	4.97	5.82	4.93	0.58	12.06	11.04	11.89	11.00	090
23929		C	Shoulder surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
23930		A	Drainage of arm lesion	2.94	4.01	2.32	2.95	2.05	0.19	7.14	5.45	6.08	5.18	010
23931		A	Drainage of arm bursa	1.79	3.86	1.57	2.91	1.04	0.09	5.74	3.45	4.79	2.92	010
23935		A	Drain arm/elbow bone lesion	6.09	NA	NA	10.00	6.32	0.61	NA	NA	16.70	13.02	090
24000		A	Exploratory elbow surgery	5.82	NA	NA	5.41	6.57	1.13	NA	NA	12.36	13.52	090
24006		A	Release elbow joint	9.31	NA	NA	7.25	7.63	0.92	NA	NA	17.48	17.86	090
24065		A	Biopsy arm/elbow soft tissue	2.08	3.78	1.59	2.43	0.93	0.08	5.94	3.75	4.59	3.09	010
24066		A	Biopsy arm/elbow soft tissue	5.21	5.69	3.63	5.25	3.52	0.32	11.22	9.16	10.78	9.05	090
24075		A	Remove arm/elbow lesion	3.92	5.31	2.94	4.44	2.72	0.27	9.50	7.13	8.63	6.91	090
24076		A	Remove arm/elbow lesion	6.30	NA	NA	5.62	4.40	0.52	NA	NA	12.44	11.22	090
24077		A	Remove tumor of arm/elbow	11.76	NA	NA	10.32	10.55	1.46	NA	NA	23.54	23.77	090
24100		A	Biopsy elbow joint lining	4.93	NA	NA	4.70	4.62	0.54	NA	NA	10.17	10.09	090
24101		A	Explore/treat elbow joint	6.13	NA	NA	5.72	6.91	1.10	NA	NA	12.95	14.14	090

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
24102		A	Remove elbow joint lining	8.03	NA	NA	6.63	8.84	1.42	NA	NA	16.08	18.29	090
24105		A	Removal of elbow bursa	3.61	NA	NA	4.10	4.09	0.49	NA	NA	8.20	8.19	090
24110		A	Remove humerus lesion	7.39	NA	NA	7.81	8.22	0.95	NA	NA	16.15	16.56	090
24115		A	Remove/graft bone lesion	9.63	NA	NA	7.82	8.20	1.04	NA	NA	18.49	18.87	090
24116		A	Remove/graft bone lesion	11.81	NA	NA	10.33	10.50	1.15	NA	NA	23.29	23.46	090
24120		A	Remove elbow lesion	6.65	NA	NA	5.75	6.34	0.77	NA	NA	13.17	13.76	090
24125		A	Remove/graft bone lesion	7.89	NA	NA	5.86	6.18	0.48	NA	NA	14.23	14.55	090
24126		A	Remove/graft bone lesion	8.31	NA	NA	5.65	7.44	0.95	NA	NA	14.91	16.70	090
24130		A	Removal of head of radius	6.25	NA	NA	5.84	6.93	0.84	NA	NA	12.93	14.02	090
24134		A	Removal of arm bone lesion	9.73	NA	NA	12.33	10.16	0.97	NA	NA	23.03	20.86	090
24136		A	Remove radius bone lesion	7.99	NA	NA	5.75	8.59	0.72	NA	NA	14.46	17.30	090
24138		A	Remove elbow bone lesion	8.05	NA	NA	6.90	6.92	0.83	NA	NA	15.78	15.80	090
24140		A	Partial removal of arm bone	9.18	NA	NA	13.44	10.50	1.13	NA	NA	23.75	20.81	090
24145		A	Partial removal of radius	7.58	NA	NA	9.67	7.61	0.81	NA	NA	18.06	16.00	090
24147		A	Partial removal of elbow	7.54	NA	NA	9.47	7.75	0.84	NA	NA	17.85	16.13	090
24149		A	Radical resection of elbow	14.20	NA	NA	9.60	12.69	1.62	NA	NA	25.42	28.51	090
24150		A	Extensive humerus surgery	13.27	NA	NA	12.31	14.54	1.75	NA	NA	27.33	29.56	090
24151		A	Extensive humerus surgery	15.58	NA	NA	13.47	14.63	1.65	NA	NA	30.70	31.86	090
24152		A	Extensive radius surgery	10.06	NA	NA	7.93	7.52	0.91	NA	NA	18.90	18.49	090
24153		A	Extensive radius surgery	11.54	NA	NA	6.21	10.05	1.34	NA	NA	19.09	22.93	090
24155		A	Removal of elbow joint	11.73	NA	NA	8.36	10.84	1.35	NA	NA	21.44	23.92	090
24160		A	Remove elbow joint implant	7.83	NA	NA	6.70	5.61	0.63	NA	NA	15.16	14.07	090
24164		A	Remove radius head implant	6.23	NA	NA	5.70	5.93	0.70	NA	NA	12.63	12.86	090
24200		A	Removal of arm foreign body	1.76	3.55	1.35	2.32	0.81	0.05	5.36	3.16	4.13	2.62	010
24201		A	Removal of arm foreign body	4.56	5.87	3.96	4.91	3.72	0.38	10.81	8.90	9.85	8.66	090
24220		A	Injection for elbow x-ray	1.31	10.93	3.15	0.37	0.51	0.04	12.28	4.50	1.72	1.86	000
24301		A	Muscle/tendon transfer	10.20	NA	NA	7.87	8.40	0.96	NA	NA	19.03	19.56	090
24305		A	Arm tendon lengthening	7.45	NA	NA	6.43	4.11	0.23	NA	NA	14.11	11.79	090
24310		A	Revision of arm tendon	5.98	NA	NA	6.57	4.04	0.38	NA	NA	12.93	10.40	090
24320		A	Repair of arm tendon	10.56	NA	NA	9.26	9.80	1.01	NA	NA	20.83	21.37	090
24330		A	Revision of arm muscles	9.60	NA	NA	7.53	9.00	1.12	NA	NA	18.25	19.72	090
24331		A	Revision of arm muscles	10.65	NA	NA	8.04	9.84	1.23	NA	NA	19.92	21.72	090
24340		A	Repair of biceps tendon	7.89	NA	NA	6.75	7.39	0.88	NA	NA	15.52	16.16	090
24341		A	Repair tendon/muscle arm	7.90	NA	NA	6.56	7.33	0.89	NA	NA	15.35	16.12	090
24342		A	Repair of ruptured tendon	10.62	NA	NA	8.17	10.49	1.38	NA	NA	20.17	22.49	090
24350		A	Repair of tennis elbow	5.25	NA	NA	5.11	4.72	0.54	NA	NA	10.90	10.51	090
24351		A	Repair of tennis elbow	5.91	NA	NA	5.61	5.12	0.57	NA	NA	12.09	11.60	090
24352		A	Repair of tennis elbow	6.43	NA	NA	5.96	6.13	0.73	NA	NA	13.12	13.29	090
24354		A	Repair of tennis elbow	6.48	NA	NA	5.84	6.03	0.74	NA	NA	13.06	13.25	090
24356		A	Revision of tennis elbow	6.68	NA	NA	6.00	7.43	0.92	NA	NA	13.60	15.03	090

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
24360		A	Reconstruct elbow joint	12.34	NA	NA	8.77	13.24	1.93	NA	NA	23.04	27.51	090
24361		A	Reconstruct elbow joint	14.08	NA	NA	10.16	13.23	1.56	NA	NA	25.80	28.87	090
24362		A	Reconstruct elbow joint	14.99	NA	NA	8.71	7.53	0.63	NA	NA	24.33	23.15	090
24363		A	Replace elbow joint	18.49	NA	NA	12.53	19.69	3.23	NA	NA	34.25	41.41	090
24365		A	Reconstruct head of radius	8.39	NA	NA	6.82	7.83	0.93	NA	NA	16.14	17.15	090
24366		A	Reconstruct head of radius	9.13	NA	NA	7.17	9.97	1.41	NA	NA	17.71	20.51	090
24400		A	Revision of humerus	11.06	NA	NA	10.53	9.50	1.07	NA	NA	22.66	21.63	090
24410		A	Revision of humerus	14.82	NA	NA	11.20	14.23	1.61	NA	NA	27.63	30.66	090
24420		A	Revision of humerus	13.44	NA	NA	13.56	13.40	1.57	NA	NA	28.57	28.41	090
24430		A	Repair of humerus	12.81	NA	NA	11.12	14.25	1.83	NA	NA	25.76	28.89	090
24435		A	Repair humerus with graft	13.17	NA	NA	11.92	14.78	2.22	NA	NA	27.31	30.17	090
24470		A	Revision of elbow joint	8.74	NA	NA	5.34	7.79	1.02	NA	NA	15.10	17.55	090
24495		A	Decompression of forearm	8.12	NA	NA	8.36	6.77	0.86	NA	NA	17.34	15.75	090
24498		A	Reinforce humerus	11.92	NA	NA	10.64	11.10	1.27	NA	NA	23.83	24.29	090
24500		A	Treat humerus fracture	3.21	6.26	3.64	2.52	2.70	0.28	9.75	7.13	6.01	6.19	090
24505		A	Treat humerus fracture	5.17	9.29	5.98	5.65	5.07	0.56	15.02	11.71	11.38	10.80	090
24515		A	Repair humerus fracture	11.65	NA	NA	9.50	10.23	1.20	NA	NA	22.35	23.08	090
24516		A	Repair humerus fracture	11.65	NA	NA	10.27	10.42	1.20	NA	NA	23.12	23.27	090
24530		A	Treat humerus fracture	3.50	7.13	4.00	3.70	3.15	0.33	10.96	7.83	7.53	6.98	090
24535		A	Treat humerus fracture	6.87	9.49	6.32	5.80	5.40	0.61	16.97	13.80	13.28	12.88	090
24538		A	Treat humerus fracture	9.43	NA	NA	8.99	8.74	0.99	NA	NA	19.41	19.16	090
24545		A	Repair humerus fracture	10.46	NA	NA	8.83	10.32	1.24	NA	NA	20.53	22.02	090
24546		A	Repair humerus fracture	15.69	NA	NA	11.84	11.08	1.24	NA	NA	28.77	28.01	090
24560		A	Treat humerus fracture	2.80	5.94	3.24	2.17	2.30	0.23	8.97	6.27	5.20	5.33	090
24565		A	Treat humerus fracture	5.56	8.64	4.97	5.02	4.06	0.42	14.62	10.95	11.00	10.04	090
24566		A	Treat humerus fracture	7.79	NA	NA	7.89	6.91	0.75	NA	NA	16.43	15.45	090
24575		A	Repair humerus fracture	10.66	NA	NA	7.69	8.26	0.97	NA	NA	19.32	19.89	090
24576		A	Treat humerus fracture	2.86	5.92	3.24	2.60	2.41	0.26	9.04	6.36	5.72	5.53	090
24577		A	Treat humerus fracture	5.79	8.85	5.47	5.26	4.57	0.48	15.12	11.74	11.53	10.84	090
24579		A	Repair humerus fracture	11.60	NA	NA	9.73	9.24	1.06	NA	NA	22.39	21.90	090
24582		A	Treat humerus fracture	8.55	NA	NA	8.79	7.58	0.83	NA	NA	18.17	16.96	090
24586		A	Repair elbow fracture	15.21	NA	NA	9.95	14.47	1.85	NA	NA	27.01	31.53	090
24587		A	Repair elbow fracture	15.16	NA	NA	9.75	13.61	1.70	NA	NA	26.61	30.47	090
24600		A	Treat elbow dislocation	4.23	7.43	3.45	3.53	2.47	0.20	11.86	7.88	7.96	6.90	090
24605		A	Treat elbow dislocation	5.42	NA	NA	4.28	2.94	0.29	NA	NA	9.99	8.65	090
24615		A	Repair elbow dislocation	9.42	NA	NA	7.03	9.32	1.16	NA	NA	17.61	19.90	090
24620		A	Treat elbow fracture	6.98	NA	NA	5.67	4.49	0.45	NA	NA	13.10	11.92	090
24635		A	Repair elbow fracture	13.19	NA	NA	19.21	13.80	1.39	NA	NA	33.79	28.38	090
24640		A	Treat elbow dislocation	1.20	4.66	1.99	1.02	1.08	0.06	5.92	3.25	2.28	2.34	010
24650		A	Treat radius fracture	2.16	5.75	3.27	1.97	1.41	0.26	8.17	5.69	4.39	3.83	090

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work [3] RVUs	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
24655		A	Treat radius fracture	4.40	8.08	4.47	4.34	3.54	0.35	12.83	9.22	9.09	8.29	090
24665		A	Repair radius fracture	8.14	NA	NA	7.82	7.76	0.89	NA	NA	16.85	16.79	090
24666		A	Repair radius fracture	9.49	NA	NA	8.66	10.53	1.25	NA	NA	19.40	21.27	090
24670		A	Treatment of ulna fracture	2.54	5.74	3.03	2.30	2.17	0.21	8.49	5.78	5.05	4.92	090
24675		A	Treatment of ulna fracture	4.72	8.23	4.92	4.58	4.00	0.42	13.37	10.06	9.72	9.14	090
24685		A	Repair ulna fracture	8.80	NA	NA	8.15	8.88	1.05	NA	NA	18.00	18.73	090
24800		A	Fusion of elbow joint	11.20	NA	NA	8.36	10.71	1.21	NA	NA	20.77	23.12	090
24802		A	Fusion/graft of elbow joint	13.69	NA	NA	9.40	12.27	1.56	NA	NA	24.65	27.52	090
24900		A	Amputation of upper arm	9.60	NA	NA	8.60	8.40	1.09	NA	NA	19.29	19.09	090
24920		A	Amputation of upper arm	9.54	NA	NA	9.66	7.94	0.93	NA	NA	20.13	18.41	090
24925		A	Amputation follow-up surgery	7.07	NA	NA	7.20	6.90	0.59	NA	NA	14.86	14.56	090
24930		A	Amputation follow-up surgery	10.25	NA	NA	10.46	9.26	0.92	NA	NA	21.63	20.43	090
24931		A	Amputate upper arm & implant	12.72	NA	NA	9.13	11.37	1.44	NA	NA	23.29	25.53	090
24935		A	Revision of amputation	15.56	NA	NA	11.33	13.99	1.75	NA	NA	28.64	31.30	090
24940		C	Revision of upper arm	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	090
24999		C	Upper arm/elbow surgery	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
25000		A	Incision of tendon sheath	3.38	NA	NA	5.98	4.53	0.49	NA	NA	9.85	8.40	090
25020		A	Decompression of forearm	5.92	NA	NA	8.99	5.79	0.60	NA	NA	15.51	12.31	090
25023		A	Decompression of forearm	12.96	NA	NA	14.71	8.10	0.74	NA	NA	28.41	21.80	090
25028		A	Drainage of forearm lesion	5.25	NA	NA	7.94	3.67	0.28	NA	NA	13.47	9.20	090
25031		A	Drainage of forearm bursa	4.14	NA	NA	7.61	2.44	0.07	NA	NA	11.82	6.65	090
25035		A	Treat forearm bone lesion	7.36	NA	NA	13.18	8.43	0.79	NA	NA	21.33	16.58	090
25040		A	Explore/treat wrist joint	7.18	NA	NA	8.00	6.64	0.70	NA	NA	15.88	14.52	090
25065		A	Biopsy forearm soft tissues	1.99	2.04	1.12	2.87	1.03	0.07	4.10	3.18	4.93	3.09	010
25066		A	Biopsy forearm soft tissues	4.13	NA	NA	6.85	2.97	0.17	NA	NA	11.15	7.27	090
25075		A	Removal of forearm lesion	3.74	NA	NA	6.01	3.29	0.29	NA	NA	10.04	7.32	090
25076		A	Removal of forearm lesion	4.92	NA	NA	9.78	5.51	0.52	NA	NA	15.22	10.95	090
25077		A	Remove tumor, forearm/wrist	9.76	NA	NA	12.65	10.06	1.31	NA	NA	23.72	21.13	090
25085		A	Incision of wrist capsule	5.50	NA	NA	9.42	6.11	0.56	NA	NA	15.48	12.17	090
25100		A	Biopsy of wrist joint	3.90	NA	NA	6.11	5.02	0.62	NA	NA	10.63	9.54	090
25101		A	Explore/treat wrist joint	4.69	NA	NA	6.43	5.81	0.77	NA	NA	11.89	11.27	090
25105		A	Remove wrist joint lining	5.85	NA	NA	8.63	7.40	0.93	NA	NA	15.41	14.18	090
25107		A	Remove wrist joint cartilage	6.43	NA	NA	9.15	6.59	0.70	NA	NA	16.28	13.72	090
25110		A	Remove wrist tendon lesion	3.92	NA	NA	6.67	3.95	0.36	NA	NA	10.95	8.23	090
25111		A	Remove wrist tendon lesion	3.39	NA	NA	5.20	3.92	0.43	NA	NA	9.02	7.74	090
25112		A	Reremove wrist tendon lesion	4.53	NA	NA	6.02	4.54	0.52	NA	NA	11.07	9.59	090
25115		A	Remove wrist/forearm lesion	8.82	NA	NA	13.40	9.16	0.96	NA	NA	23.18	18.94	090
25116		A	Remove wrist/forearm lesion	7.11	NA	NA	12.47	9.49	1.08	NA	NA	20.66	17.68	090
25118		A	Excise wrist tendon sheath	4.37	NA	NA	6.53	5.55	0.80	NA	NA	11.70	10.72	090
25119		A	Partial removal of ulna	6.04	NA	NA	9.59	7.81	1.03	NA	NA	16.66	14.88	090

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25120		A	Removal of forearm lesion	6.10	NA	NA	11.58	8.21	0.89	NA	NA	18.57	15.20	090
25125		A	Remove/graft forearm lesion	7.48	NA	NA	13.58	8.96	0.81	NA	NA	21.87	17.25	090
25126		A	Remove/graft forearm lesion	7.55	NA	NA	15.59	9.43	0.88	NA	NA	24.02	17.86	090
25130		A	Removal of wrist lesion	5.26	NA	NA	6.95	5.17	0.52	NA	NA	12.73	10.95	090
25135		A	Remove & graft wrist lesion	6.89	NA	NA	7.82	6.40	0.76	NA	NA	15.47	14.05	090
25136		A	Remove & graft wrist lesion	5.97	NA	NA	6.55	5.49	0.66	NA	NA	13.18	12.12	090
25145		A	Remove forearm bone lesion	6.37	NA	NA	13.63	8.25	0.59	NA	NA	20.59	15.21	090
25150		A	Partial removal of ulna	7.09	NA	NA	9.81	7.88	0.88	NA	NA	17.78	15.85	090
25151		A	Partial removal of radius	7.39	NA	NA	12.82	7.89	0.80	NA	NA	21.01	16.08	090
25170		A	Extensive forearm surgery	11.09	NA	NA	14.29	11.54	1.18	NA	NA	26.56	23.81	090
25210		A	Removal of wrist bone	5.95	NA	NA	7.27	5.79	0.63	NA	NA	13.85	12.37	090
25215		A	Removal of wrist bones	7.89	NA	NA	10.43	9.67	1.11	NA	NA	19.43	18.67	090
25230		A	Partial removal of radius	5.23	NA	NA	6.89	6.25	0.66	NA	NA	12.78	12.14	090
25240		A	Partial removal of ulna	5.17	NA	NA	8.88	6.53	0.67	NA	NA	14.72	12.37	090
25246		A	Injection for wrist x-ray	1.45	10.02	2.91	0.39	0.50	0.04	11.51	4.40	1.88	1.99	000
25248		A	Remove forearm foreign body	5.14	NA	NA	8.22	3.83	0.29	NA	NA	13.65	9.26	090
25250		A	Removal of wrist prosthesis	6.60	NA	NA	8.19	6.63	0.71	NA	NA	15.50	13.94	090
25251		A	Removal of wrist prosthesis	9.57	NA	NA	12.11	9.74	1.09	NA	NA	22.77	20.40	090
25260		A	Repair forearm tendon/muscle	7.80	NA	NA	13.20	7.05	0.61	NA	NA	21.61	15.46	090
25263		A	Repair forearm tendon/muscle	7.82	NA	NA	13.27	8.01	0.81	NA	NA	21.90	16.64	090
25265		A	Repair forearm tendon/muscle	9.88	NA	NA	16.34	10.54	1.10	NA	NA	27.32	21.52	090
25270		A	Repair forearm tendon/muscle	6.00	NA	NA	12.21	5.79	0.43	NA	NA	18.64	12.22	090
25272		A	Repair forearm tendon/muscle	7.04	NA	NA	12.66	5.96	0.42	NA	NA	20.12	13.42	090
25274		A	Repair forearm tendon/muscle	8.75	NA	NA	13.41	8.74	0.88	NA	NA	23.04	18.37	090
25280		A	Revise wrist/forearm tendon	7.22	NA	NA	12.47	6.55	0.54	NA	NA	20.23	14.31	090
25290		A	Incise wrist/forearm tendon	5.29	NA	NA	14.15	5.55	0.32	NA	NA	19.76	11.16	090
25295		A	Release wrist/forearm tendon	6.55	NA	NA	11.96	5.47	0.41	NA	NA	18.92	12.43	090
25300		A	Fusion of tendons at wrist	8.80	NA	NA	9.96	8.48	0.93	NA	NA	19.69	18.21	090
25301		A	Fusion of tendons at wrist	8.40	NA	NA	8.26	7.58	0.92	NA	NA	17.58	16.90	090
25310		A	Transplant forearm tendon	8.14	NA	NA	13.69	9.24	0.92	NA	NA	22.75	18.30	090
25312		A	Transplant forearm tendon	9.57	NA	NA	14.86	9.93	1.02	NA	NA	25.45	20.52	090
25315		A	Revise palsy hand tendon(s)	10.20	NA	NA	14.68	10.23	1.05	NA	NA	25.93	21.48	090
25316		A	Revise palsy hand tendon(s)	12.33	NA	NA	20.03	13.62	1.39	NA	NA	33.75	27.34	090
25320		A	Repair/revise wrist joint	10.77	NA	NA	10.33	9.58	1.13	NA	NA	22.23	21.48	090
25332		A	Revise wrist joint	11.41	NA	NA	10.58	10.77	1.26	NA	NA	23.25	23.44	090
25335		A	Realignment of hand	12.88	NA	NA	12.64	12.45	1.22	NA	NA	26.74	26.55	090
25337		A	Reconstruct ulna/radioulnar	10.17	NA	NA	11.58	9.89	1.13	NA	NA	22.88	21.19	090
25350		A	Revision of radius	8.78	NA	NA	13.82	9.65	0.99	NA	NA	23.59	19.42	090
25355		A	Revision of radius	10.17	NA	NA	12.08	10.45	1.17	NA	NA	23.42	21.79	090
25360		A	Revision of ulna	8.43	NA	NA	13.46	8.59	0.77	NA	NA	22.66	17.79	090

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
25365		A	Revise radius & ulna	12.40	NA	NA	14.45	12.01	1.23	NA	NA	28.08	25.64	090
25370		A	Revise radius or ulna	13.36	NA	NA	10.94	12.31	1.50	NA	NA	25.80	27.17	090
25375		A	Revise radius & ulna	13.04	NA	NA	10.82	13.60	0.68	NA	NA	24.54	27.32	090
25390		A	Shorten radius/ulna	10.40	NA	NA	13.94	10.66	1.17	NA	NA	25.51	22.23	090
25391		A	Lengthen radius/ulna	13.65	NA	NA	14.98	12.90	1.51	NA	NA	30.14	28.06	090
25392		A	Shorten radius & ulna	13.95	NA	NA	14.22	13.68	1.60	NA	NA	29.77	29.23	090
25393		A	Lengthen radius & ulna	15.87	NA	NA	13.27	14.88	1.82	NA	NA	30.96	32.57	090
25400		A	Repair radius or ulna	10.92	NA	NA	15.31	12.60	1.37	NA	NA	27.60	24.89	090
25405		A	Repair/graft radius or ulna	14.38	NA	NA	17.08	14.38	1.58	NA	NA	33.04	30.34	090
25415		A	Repair radius & ulna	13.35	NA	NA	15.32	13.12	1.50	NA	NA	30.17	27.97	090
25420		A	Repair/graft radius & ulna	16.33	NA	NA	18.05	16.48	1.78	NA	NA	36.16	34.59	090
25425		A	Repair/graft radius or ulna	13.21	NA	NA	28.77	16.97	1.46	NA	NA	43.44	31.64	090
25426		A	Repair/graft radius & ulna	15.82	NA	NA	18.19	14.09	1.67	NA	NA	35.68	31.58	090
25440		A	Repair/graft wrist bone	10.44	NA	NA	9.97	9.86	1.17	NA	NA	21.58	21.47	090
25441		A	Reconstruct wrist joint	12.90	NA	NA	10.96	11.99	1.48	NA	NA	25.34	26.37	090
25442		A	Reconstruct wrist joint	10.85	NA	NA	9.76	8.19	0.95	NA	NA	21.56	19.99	090
25443		A	Reconstruct wrist joint	10.39	NA	NA	11.34	10.47	1.19	NA	NA	22.92	22.05	090
25444		A	Reconstruct wrist joint	11.15	NA	NA	11.78	11.20	1.30	NA	NA	24.23	23.65	090
25445		A	Reconstruct wrist joint	9.69	NA	NA	11.19	11.23	1.35	NA	NA	22.23	22.27	090
25446		A	Wrist replacement	16.55	NA	NA	13.39	18.17	2.73	NA	NA	32.67	37.45	090
25447		A	Repair wrist joint(s)	10.37	NA	NA	10.12	10.38	1.22	NA	NA	21.71	21.97	090
25449		A	Remove wrist joint implant	14.49	NA	NA	14.08	9.90	0.91	NA	NA	29.48	25.30	090
25450		A	Revision of wrist joint	7.87	NA	NA	5.35	7.29	0.93	NA	NA	14.15	16.09	090
25455		A	Revision of wrist joint	9.49	NA	NA	9.84	9.55	1.11	NA	NA	20.44	20.15	090
25490		A	Reinforce radius	9.54	NA	NA	13.64	10.48	1.11	NA	NA	24.29	21.13	090
25491		A	Reinforce ulna	9.96	NA	NA	13.41	10.76	1.17	NA	NA	24.54	21.89	090
25492		A	Reinforce radius and ulna	12.33	NA	NA	15.43	12.97	1.44	NA	NA	29.20	26.74	090
25500		A	Treat fracture of radius	2.45	5.36	3.24	2.01	1.46	0.23	8.04	5.92	4.69	4.14	090
25505		A	Treat fracture of radius	5.21	8.36	4.99	4.74	4.09	0.40	13.97	10.60	10.35	9.70	090
25515		A	Repair fracture of radius	9.18	NA	NA	7.29	8.03	0.95	NA	NA	17.42	18.16	090
25520		A	Repair fracture of radius	6.26	8.56	6.81	5.27	5.99	0.74	15.56	13.81	12.27	12.99	090
25525		A	Repair fracture of radius	12.24	NA	NA	9.92	11.56	1.43	NA	NA	23.59	25.23	090
25526		A	Repair fracture of radius	12.98	NA	NA	15.57	13.54	1.52	NA	NA	30.07	28.04	090
25530		A	Treat fracture of ulna	2.09	5.44	3.35	2.12	1.47	0.27	7.80	5.71	4.48	3.83	090
25535		A	Treat fracture of ulna	5.14	7.95	4.89	4.79	4.10	0.42	13.51	10.45	10.35	9.66	090
25545		A	Repair fracture of ulna	8.90	NA	NA	8.20	8.22	0.94	NA	NA	18.04	18.06	090
25560		A	Treat fracture radius & ulna	2.44	5.40	3.20	1.85	2.31	0.21	8.05	5.85	4.50	4.96	090
25565		A	Treat fracture radius & ulna	5.63	8.60	5.95	4.92	5.03	0.55	14.78	12.13	11.10	11.21	090
25574		A	Treat fracture radius & ulna	7.01	NA	NA	7.10	8.05	1.35	NA	NA	15.46	16.41	090
25575		A	Repair fracture radius/ulna	10.45	NA	NA	8.95	10.95	1.35	NA	NA	20.75	22.75	090

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
25600		A	Treat fracture radius/ulna	2.63	5.78	3.76	2.22	1.71	0.33	8.74	6.72	5.18	4.67	090
25605		A	Treat fracture radius/ulna	5.81	8.90	5.44	5.18	4.51	0.48	15.19	11.73	11.47	10.80	090
25611		A	Repair fracture radius/ulna	7.77	NA	NA	8.01	6.89	0.76	NA	NA	16.54	15.42	090
25620		A	Repair fracture radius/ulna	8.55	NA	NA	8.02	7.81	0.89	NA	NA	17.46	17.25	090
25622		A	Treat wrist bone fracture	2.61	5.75	3.29	2.15	1.47	0.26	8.62	6.16	5.02	4.34	090
25624		A	Treat wrist bone fracture	4.53	8.08	5.01	4.41	2.60	0.45	13.06	9.99	9.39	7.58	090
25628		A	Repair wrist bone fracture	8.43	NA	NA	7.95	7.79	0.91	NA	NA	17.29	17.13	090
25630		A	Treat wrist bone fracture	2.88	5.86	3.25	2.21	1.45	0.23	8.97	6.36	5.32	4.56	090
25635		A	Treat wrist bone fracture	4.39	8.04	4.75	4.35	2.46	0.39	12.82	9.53	9.13	7.24	090
25645		A	Repair wrist bone fracture	7.25	NA	NA	7.48	7.31	0.74	NA	NA	15.47	15.30	090
25650		A	Repair wrist bone fracture	3.05	5.72	3.60	2.25	1.65	0.28	9.05	6.93	5.58	4.98	090
25660		A	Treat wrist dislocation	4.76	NA	NA	3.99	2.48	0.20	NA	NA	8.95	7.44	090
25670		A	Repair wrist dislocation	7.92	NA	NA	7.62	7.67	0.88	NA	NA	16.42	16.47	090
25675		A	Treat wrist dislocation	4.67	7.79	3.80	3.98	2.85	0.27	12.73	8.74	8.92	7.79	090
25676		A	Repair wrist dislocation	8.04	NA	NA	7.82	7.91	0.87	NA	NA	16.73	16.82	090
25680		A	Treat wrist fracture	5.99	NA	NA	5.25	3.30	0.28	NA	NA	11.52	9.57	090
25685		A	Repair wrist fracture	9.78	NA	NA	8.42	9.26	1.13	NA	NA	19.33	20.17	090
25690		A	Treat wrist dislocation	5.50	NA	NA	5.75	5.42	0.57	NA	NA	11.82	11.49	090
25695		A	Repair wrist dislocation	8.34	NA	NA	7.73	7.66	0.92	NA	NA	16.99	16.92	090
25800		A	Fusion of wrist joint	9.76	NA	NA	9.64	11.16	1.41	NA	NA	20.81	22.33	090
25805		A	Fusion/graft of wrist joint	11.28	NA	NA	10.59	12.75	1.64	NA	NA	23.51	25.67	090
25810		A	Fusion/graft of wrist joint	10.57	NA	NA	10.13	12.00	1.61	NA	NA	22.31	24.18	090
25820		A	Fusion of hand bones	7.45	NA	NA	8.66	8.84	1.16	NA	NA	17.27	17.45	090
25825		A	Fusion hand bones with graft	9.27	NA	NA	9.80	10.75	1.56	NA	NA	20.63	21.58	090
25830		A	Fusion radioulnar jnt/ulna	10.06	NA	NA	14.42	10.60	1.13	NA	NA	25.61	21.79	090
25900		A	Amputation of forearm	9.01	NA	NA	11.63	8.67	1.02	NA	NA	21.66	18.70	090
25905		A	Amputation of forearm	9.12	NA	NA	13.20	9.09	0.90	NA	NA	23.22	19.11	090
25907		A	Amputation follow-up surgery	7.80	NA	NA	11.35	7.51	0.78	NA	NA	19.93	16.09	090
25909		A	Amputation follow-up surgery	8.96	NA	NA	11.90	7.49	0.83	NA	NA	21.69	17.28	090
25915		A	Amputation of forearm	17.08	NA	NA	16.20	16.94	2.03	NA	NA	35.31	36.05	090
25920		A	Amputate hand at wrist	8.68	NA	NA	8.22	7.76	0.94	NA	NA	17.84	17.38	090
25922		A	Amputate hand at wrist	7.42	NA	NA	7.52	6.40	0.80	NA	NA	15.74	14.62	090
25924		A	Amputation follow-up surgery	8.46	NA	NA	7.32	7.94	0.95	NA	NA	16.73	17.35	090
25927		A	Amputation of hand	8.80	NA	NA	11.16	7.91	0.95	NA	NA	20.91	17.66	090
25929		A	Amputation follow-up surgery	7.59	NA	NA	5.65	5.27	0.75	NA	NA	13.99	13.61	090
25931		A	Amputation follow-up surgery	7.81	NA	NA	14.97	7.44	0.70	NA	NA	23.48	15.95	090
25999		C	Forearm or wrist surgery	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
26010		A	Drainage of finger abscess	1.54	3.90	1.37	2.91	0.92	0.04	5.48	2.95	4.49	2.50	010
26011		A	Drainage of finger abscess	2.19	5.41	2.61	5.06	2.52	0.19	7.79	4.99	7.44	4.90	010
26020		A	Drain hand tendon sheath	4.67	NA	NA	10.46	5.65	0.49	NA	NA	15.62	10.81	090

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CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
26025		A	Drainage of palm bursa	4.82	NA	NA	10.14	6.20	0.59	NA	NA	15.55	11.61	090
26030		A	Drainage of palm bursa(s)	5.93	NA	NA	10.98	7.41	0.77	NA	NA	17.68	14.11	090
26034		A	Treat hand bone lesion	6.23	NA	NA	12.12	6.47	0.56	NA	NA	18.91	13.26	090
26035		A	Decompress fingers/hand	9.51	NA	NA	13.85	7.67	0.67	NA	NA	24.03	17.85	090
26037		A	Decompress fingers/hand	7.25	NA	NA	10.45	7.80	0.82	NA	NA	18.52	15.87	090
26040		A	Release palm contracture	3.33	NA	NA	9.32	4.66	0.38	NA	NA	13.03	8.37	090
26045		A	Release palm contracture	5.56	NA	NA	10.57	6.57	0.63	NA	NA	16.76	12.76	090
26055		A	Incise finger tendon sheath	2.69	6.00	4.17	5.93	4.15	0.44	9.13	7.30	9.06	7.28	090
26060		A	Incision of finger tendon	2.81	NA	NA	6.47	2.54	0.13	NA	NA	9.41	5.48	090
26070		A	Explore/treat hand joint	3.69	NA	NA	8.76	3.32	0.33	NA	NA	12.78	7.34	090
26075		A	Explore/treat finger joint	3.79	NA	NA	9.67	5.49	0.49	NA	NA	13.95	9.77	090
26080		A	Explore/treat finger joint	4.24	NA	NA	10.20	5.11	0.40	NA	NA	14.84	9.75	090
26100		A	Biopsy hand joint lining	3.67	NA	NA	6.53	4.06	0.35	NA	NA	10.55	8.08	090
26105		A	Biopsy finger joint lining	3.71	NA	NA	9.97	5.89	0.52	NA	NA	14.20	10.12	090
26110		A	Biopsy finger joint lining	3.53	NA	NA	9.00	4.64	0.39	NA	NA	12.92	8.56	090
26115		A	Removal of hand lesion	3.86	5.88	3.11	6.56	3.28	0.27	10.01	7.24	10.69	7.41	090
26116		A	Removal of hand lesion	5.53	NA	NA	10.38	5.62	0.49	NA	NA	16.40	11.64	090
26117		A	Remove tumor, hand/finger	8.55	NA	NA	11.88	7.10	0.71	NA	NA	21.14	16.36	090
26121		A	Release palm contracture	7.54	NA	NA	12.16	9.79	1.26	NA	NA	20.96	18.59	090
26123		A	Release palm contracture	9.29	NA	NA	13.12	10.69	1.20	NA	NA	23.61	21.18	090
26125		A	Release palm contracture	4.61	NA	NA	2.73	2.81	0.35	NA	NA	7.69	7.77	ZZZ
26130		A	Remove wrist joint lining	5.42	NA	NA	11.96	7.07	0.67	NA	NA	18.05	13.16	090
26135		A	Revise finger joint, each	6.96	NA	NA	13.15	7.24	0.64	NA	NA	20.75	14.84	090
26140		A	Revise finger joint, each	6.17	NA	NA	12.44	6.70	0.59	NA	NA	19.20	13.46	090
26145		A	Tendon excision, palm/finger	6.32	NA	NA	12.53	6.97	0.63	NA	NA	19.48	13.92	090
26160		A	Remove tendon sheath lesion	3.15	5.66	3.31	6.15	3.43	0.31	9.12	6.77	9.61	6.89	090
26170		A	Removal of palm tendon, each	4.77	NA	NA	7.11	4.08	0.35	NA	NA	12.23	9.20	090
26180		A	Removal of finger tendon	5.18	NA	NA	7.22	5.07	0.56	NA	NA	12.96	10.81	090
26185		A	Remove finger bone	5.25	NA	NA	7.07	5.22	0.32	NA	NA	12.64	10.79	090
26200		A	Remove hand bone lesion	5.51	NA	NA	10.67	6.31	0.56	NA	NA	16.74	12.38	090
26205		A	Remove/graft bone lesion	7.70	NA	NA	12.22	8.27	0.81	NA	NA	20.73	16.78	090
26210		A	Removal of finger lesion	5.15	NA	NA	10.69	5.85	0.50	NA	NA	16.34	11.50	090
26215		A	Remove/graft finger lesion	7.10	NA	NA	11.27	7.33	0.74	NA	NA	19.11	15.17	090
26230		A	Partial removal of hand bone	6.33	NA	NA	10.30	6.04	0.54	NA	NA	17.17	12.91	090
26235		A	Partial removal, finger bone	6.19	NA	NA	10.18	5.94	0.56	NA	NA	16.93	12.69	090
26236		A	Partial removal, finger bone	5.32	NA	NA	10.06	5.66	0.52	NA	NA	15.90	11.50	090
26250		A	Extensive hand surgery	7.55	NA	NA	11.44	7.74	0.84	NA	NA	19.83	16.13	090
26255		A	Extensive hand surgery	12.43	NA	NA	14.81	10.98	1.20	NA	NA	28.44	24.61	090
26260		A	Extensive finger surgery	7.03	NA	NA	12.94	7.90	0.76	NA	NA	20.73	15.69	090
26261		A	Extensive finger surgery	9.09	NA	NA	7.85	8.23	1.02	NA	NA	17.96	18.34	090

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26262		A	Partial removal of finger	5.67	NA	NA	10.91	6.59	0.59	NA	NA	17.17	12.85	090
26320		A	Removal of implant from hand	3.98	NA	NA	10.11	5.41	0.45	NA	NA	14.54	9.84	090
26350		A	Repair finger/hand tendon	5.99	NA	NA	14.59	8.32	0.77	NA	NA	21.35	15.08	090
26352		A	Repair/graft hand tendon	7.68	NA	NA	14.85	9.08	0.86	NA	NA	23.39	17.62	090
26356		A	Repair finger/hand tendon	8.07	NA	NA	16.05	9.88	0.97	NA	NA	25.09	18.92	090
26357		A	Repair finger/hand tendon	8.58	NA	NA	16.47	9.47	0.93	NA	NA	25.98	18.98	090
26358		A	Repair/graft hand tendon	9.14	NA	NA	16.24	10.08	0.99	NA	NA	26.37	20.21	090
26370		A	Repair finger/hand tendon	7.11	NA	NA	15.75	9.40	0.88	NA	NA	23.74	17.39	090
26372		A	Repair/graft hand tendon	8.76	NA	NA	16.88	9.42	0.90	NA	NA	26.54	19.08	090
26373		A	Repair finger/hand tendon	8.16	NA	NA	17.96	10.06	0.87	NA	NA	26.99	19.09	090
26390		A	Revise hand/finger tendon	9.19	NA	NA	13.45	9.84	0.96	NA	NA	23.60	19.99	090
26392		A	Repair/graft hand tendon	10.26	NA	NA	17.11	11.28	0.99	NA	NA	28.36	22.53	090
26410		A	Repair hand tendon	4.63	NA	NA	12.06	5.69	0.40	NA	NA	17.09	10.72	090
26412		A	Repair/graft hand tendon	6.31	NA	NA	13.26	8.21	0.76	NA	NA	20.33	15.28	090
26415		A	Excision, hand/finger tendon	8.34	NA	NA	11.82	8.45	0.70	NA	NA	20.86	17.49	090
26416		A	Graft hand or finger tendon	9.37	NA	NA	14.21	10.59	1.10	NA	NA	24.68	21.06	090
26418		A	Repair finger tendon	4.25	NA	NA	11.69	5.84	0.46	NA	NA	16.40	10.55	090
26420		A	Repair/graft finger tendon	6.77	NA	NA	13.24	7.93	0.75	NA	NA	20.76	15.45	090
26426		A	Repair finger/hand tendon	6.15	NA	NA	12.82	8.34	0.84	NA	NA	19.81	15.33	090
26428		A	Repair/graft finger tendon	7.21	NA	NA	13.72	7.91	0.78	NA	NA	21.71	15.90	090
26432		A	Repair finger tendon	4.02	NA	NA	10.02	3.79	0.40	NA	NA	14.44	8.21	090
26433		A	Repair finger tendon	4.56	NA	NA	10.54	5.85	0.52	NA	NA	15.62	10.93	090
26434		A	Repair/graft finger tendon	6.09	NA	NA	14.12	7.56	0.66	NA	NA	20.87	14.31	090
26437		A	Realignment of tendons	5.82	NA	NA	10.95	6.04	0.53	NA	NA	17.30	12.39	090
26440		A	Release palm/finger tendon	5.02	NA	NA	13.66	6.32	0.46	NA	NA	19.14	11.80	090
26442		A	Release palm & finger tendon	8.16	NA	NA	15.21	6.55	0.46	NA	NA	23.83	15.17	090
26445		A	Release hand/finger tendon	4.31	NA	NA	13.47	6.02	0.42	NA	NA	18.20	10.75	090
26449		A	Release forearm/hand tendon	7.00	NA	NA	15.48	8.40	0.75	NA	NA	23.23	16.15	090
26450		A	Incision of palm tendon	3.67	NA	NA	6.92	3.58	0.28	NA	NA	10.87	7.53	090
26455		A	Incision of finger tendon	3.64	NA	NA	6.67	3.21	0.26	NA	NA	10.57	7.11	090
26460		A	Incise hand/finger tendon	3.46	NA	NA	6.56	3.04	0.23	NA	NA	10.25	6.73	090
26471		A	Fusion of finger tendons	5.73	NA	NA	10.69	6.05	0.52	NA	NA	16.94	12.30	090
26474		A	Fusion of finger tendons	5.32	NA	NA	11.05	6.51	0.59	NA	NA	16.96	12.42	090
26476		A	Tendon lengthening	5.18	NA	NA	11.49	5.23	0.21	NA	NA	16.88	10.62	090
26477		A	Tendon shortening	5.15	NA	NA	10.37	5.84	0.57	NA	NA	16.09	11.56	090
26478		A	Lengthening of hand tendon	5.80	NA	NA	11.23	6.31	0.56	NA	NA	17.59	12.67	090
26479		A	Shortening of hand tendon	5.74	NA	NA	11.16	7.10	0.67	NA	NA	17.57	13.51	090
26480		A	Transplant hand tendon	6.69	NA	NA	14.92	9.05	0.87	NA	NA	22.48	16.61	090
26483		A	Transplant/graft hand tendon	8.29	NA	NA	15.45	10.78	1.10	NA	NA	24.84	20.17	090
26485		A	Transplant palm tendon	7.70	NA	NA	16.42	9.39	0.84	NA	NA	24.96	17.93	090

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CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
26489		A	Transplant/graft palm tendon	9.55	NA	NA	12.90	5.99	0.40	NA	NA	22.85	15.94	090
26490		A	Revise thumb tendon	8.41	NA	NA	12.38	9.45	1.00	NA	NA	21.79	18.86	090
26492		A	Tendon transfer with graft	9.62	NA	NA	14.10	10.65	0.95	NA	NA	24.67	21.22	090
26494		A	Hand tendon/muscle transfer	8.47	NA	NA	12.74	9.11	0.96	NA	NA	22.17	18.54	090
26496		A	Revise thumb tendon	9.59	NA	NA	12.45	10.22	1.20	NA	NA	23.24	21.01	090
26497		A	Finger tendon transfer	9.57	NA	NA	14.97	10.27	1.08	NA	NA	25.62	20.92	090
26498		A	Finger tendon transfer	14.00	NA	NA	17.41	13.94	1.60	NA	NA	33.01	29.54	090
26499		A	Revision of finger	8.98	NA	NA	12.96	9.55	0.98	NA	NA	22.92	19.51	090
26500		A	Hand tendon reconstruction	5.96	NA	NA	11.47	5.71	0.47	NA	NA	17.90	12.14	090
26502		A	Hand tendon reconstruction	7.14	NA	NA	12.48	7.41	0.74	NA	NA	20.36	15.29	090
26504		A	Hand tendon reconstruction	7.47	NA	NA	15.79	9.42	0.87	NA	NA	24.13	17.76	090
26508		A	Release thumb contracture	6.01	NA	NA	10.98	6.12	0.56	NA	NA	17.55	12.69	090
26510		A	Thumb tendon transfer	5.43	NA	NA	11.36	6.22	0.53	NA	NA	17.32	12.18	090
26516		A	Fusion of knuckle joint	7.15	NA	NA	11.65	6.30	0.52	NA	NA	19.32	13.97	090
26517		A	Fusion of knuckle joints	8.83	NA	NA	15.19	9.55	0.96	NA	NA	24.98	19.34	090
26518		A	Fusion of knuckle joints	9.02	NA	NA	12.57	8.45	0.95	NA	NA	22.54	18.42	090
26520		A	Release knuckle contracture	5.30	NA	NA	13.68	7.07	0.56	NA	NA	19.54	12.93	090
26525		A	Release finger contracture	5.33	NA	NA	13.78	6.41	0.49	NA	NA	19.60	12.23	090
26530		A	Revise knuckle joint	6.69	NA	NA	14.50	7.83	0.66	NA	NA	21.85	15.18	090
26531		A	Revise knuckle with implant	7.91	NA	NA	16.19	9.46	0.87	NA	NA	24.97	18.24	090
26535		A	Revise finger joint	5.24	NA	NA	8.09	5.96	0.45	NA	NA	13.78	11.65	090
26536		A	Revise/implant finger joint	6.37	NA	NA	13.88	9.18	0.93	NA	NA	21.18	16.48	090
26540		A	Repair hand joint	6.43	NA	NA	11.45	8.27	0.88	NA	NA	18.76	15.58	090
26541		A	Repair hand joint with graft	8.62	NA	NA	13.06	10.54	1.15	NA	NA	22.83	20.31	090
26542		A	Repair hand joint with graft	6.78	NA	NA	11.51	7.49	0.76	NA	NA	19.05	15.03	090
26545		A	Reconstruct finger joint	6.92	NA	NA	11.83	7.25	0.74	NA	NA	19.49	14.91	090
26546		A	Repair non-union hand	8.92	NA	NA	13.37	9.94	1.04	NA	NA	23.33	19.90	090
26548		A	Reconstruct finger joint	8.03	NA	NA	12.54	7.85	0.78	NA	NA	21.35	16.66	090
26550		A	Construct thumb replacement	21.24	NA	NA	24.06	22.14	2.53	NA	NA	47.83	45.91	090
26551		A	Great toe-hand transfer	46.58	NA	NA	34.04	42.90	5.41	NA	NA	86.03	94.89	090
26553		A	Single toe-hand transfer	46.27	NA	NA	25.35	40.49	5.37	NA	NA	76.99	92.13	090
26554		A	Double toe-hand transfer	54.95	NA	NA	34.94	49.48	6.42	NA	NA	96.31	110.85	090
26555		A	Positional change of finger	16.63	NA	NA	17.60	16.94	1.97	NA	NA	36.20	35.54	090
26556		A	Toe joint transfer	47.26	NA	NA	25.72	41.16	5.47	NA	NA	78.45	93.89	090
26560		A	Repair of web finger	5.38	NA	NA	11.15	6.58	0.52	NA	NA	17.05	12.48	090
26561		A	Repair of web finger	10.92	NA	NA	15.44	11.10	1.22	NA	NA	27.58	23.24	090
26562		A	Repair of web finger	9.68	NA	NA	13.13	11.95	0.64	NA	NA	23.45	22.27	090
26565		A	Correct metacarpal flaw	6.74	NA	NA	12.11	7.77	0.66	NA	NA	19.51	15.17	090
26567		A	Correct finger deformity	6.82	NA	NA	11.51	6.36	0.52	NA	NA	18.85	13.70	090
26568		A	Lengthen metacarpal/finger	9.08	NA	NA	13.54	10.26	0.83	NA	NA	23.45	20.17	090

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CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work [3] RVUs	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
26580		A	Repair hand deformity	18.18	NA	NA	13.76	17.19	2.16	NA	NA	34.10	37.53	090
26585		A	Repair finger deformity	14.05	NA	NA	12.08	13.56	1.66	NA	NA	27.79	29.27	090
26587		C	Reconstruct extra finger	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	090
26590		A	Repair finger deformity	17.96	NA	NA	11.39	16.39	2.13	NA	NA	31.48	36.48	090
26591		A	Repair muscles of hand	3.25	NA	NA	10.36	4.46	0.31	NA	NA	13.92	8.02	090
26593		A	Release muscles of hand	5.31	NA	NA	10.46	5.97	0.55	NA	NA	16.32	11.83	090
26596		A	Excision constricting tissue	8.95	NA	NA	8.72	8.89	1.06	NA	NA	18.73	18.90	090
26597		A	Release of scar contracture	9.82	NA	NA	13.35	9.86	1.07	NA	NA	24.24	20.75	090
26600		A	Treat metacarpal fracture	1.96	5.39	2.60	1.91	1.11	0.17	7.52	4.73	4.04	3.24	090
26605		A	Treat metacarpal fracture	2.85	6.87	3.59	3.40	1.79	0.28	10.00	6.72	6.53	4.92	090
26607		A	Treat metacarpal fracture	5.36	NA	NA	7.07	4.66	0.45	NA	NA	12.88	10.47	090
26608		A	Treat metacarpal fracture	5.36	NA	NA	6.74	4.57	0.45	NA	NA	12.55	10.38	090
26615		A	Repair metacarpal fracture	5.33	NA	NA	6.19	5.52	0.63	NA	NA	12.15	11.48	090
26641		A	Treat thumb dislocation	3.94	7.05	2.66	3.25	1.71	0.11	11.10	6.71	7.30	5.76	090
26645		A	Treat thumb fracture	4.41	7.65	3.71	4.08	2.81	0.26	12.32	8.38	8.75	7.48	090
26650		A	Repair thumb fracture	5.72	NA	NA	6.85	4.98	0.50	NA	NA	13.07	11.20	090
26665		A	Repair thumb fracture	7.60	NA	NA	7.37	7.04	0.85	NA	NA	15.82	15.49	090
26670		A	Treat hand dislocation	3.69	7.02	2.54	3.04	1.54	0.08	10.79	6.31	6.81	5.31	090
26675		A	Treat hand dislocation	4.64	6.66	5.20	3.25	4.35	0.47	11.77	10.31	8.36	9.46	090
26676		A	Pin hand dislocation	5.52	NA	NA	6.94	5.69	0.52	NA	NA	12.98	11.73	090
26685		A	Repair hand dislocation	6.98	NA	NA	7.61	6.59	0.71	NA	NA	15.30	14.28	090
26686		A	Repair hand dislocation	7.94	NA	NA	7.43	7.00	0.81	NA	NA	16.18	15.75	090
26700		A	Treat knuckle dislocation	3.69	3.74	1.66	2.08	1.24	0.08	7.51	5.43	5.85	5.01	090
26705		A	Treat knuckle dislocation	4.19	6.78	3.14	3.42	2.30	0.21	11.18	7.54	7.82	6.70	090
26706		A	Pin knuckle dislocation	5.12	NA	NA	4.91	5.04	0.59	NA	NA	10.62	10.75	090
26715		A	Repair knuckle dislocation	5.74	NA	NA	6.47	4.98	0.52	NA	NA	12.73	11.24	090
26720		A	Treat finger fracture, each	1.66	2.26	1.46	1.31	0.78	0.12	4.04	3.24	3.09	2.56	090
26725		A	Treat finger fracture, each	3.33	4.02	2.26	2.75	1.32	0.18	7.53	5.77	6.26	4.83	090
26727		A	Treat finger fracture, each	5.23	NA	NA	6.71	3.67	0.30	NA	NA	12.24	9.20	090
26735		A	Repair finger fracture, each	5.98	NA	NA	6.33	4.62	0.48	NA	NA	12.79	11.08	090
26740		A	Treat finger fracture, each	1.94	2.78	1.64	2.14	1.01	0.13	4.85	3.71	4.21	3.08	090
26742		A	Treat finger fracture, each	3.85	7.66	3.53	4.09	2.64	0.25	11.76	7.63	8.19	6.74	090
26746		A	Repair finger fracture, each	5.81	NA	NA	6.56	5.50	0.63	NA	NA	13.00	11.94	090
26750		A	Treat finger fracture, each	1.70	2.60	1.33	1.57	1.07	0.08	4.38	3.11	3.35	2.85	090
26755		A	Treat finger fracture, each	3.10	3.83	1.84	2.41	1.48	0.12	7.05	5.06	5.63	4.70	090
26756		A	Pin finger fracture, each	4.39	NA	NA	6.26	3.11	0.26	NA	NA	10.91	7.76	090
26765		A	Repair finger fracture, each	4.17	NA	NA	5.47	3.54	0.35	NA	NA	9.99	8.06	090
26770		A	Treat finger dislocation	3.02	3.51	1.49	1.77	1.06	0.06	6.59	4.57	4.85	4.14	090
26775		A	Treat finger dislocation	3.71	6.32	2.50	2.98	1.67	0.13	10.16	6.34	6.82	5.51	090
26776		A	Pin finger dislocation	4.80	NA	NA	6.51	3.32	0.27	NA	NA	11.58	8.39	090

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26785		A	Repair finger dislocation	4.21	NA	NA	5.54	3.80	0.38	NA	NA	10.13	8.39	090
26820		A	Thumb fusion with graft	8.26	NA	NA	12.88	8.64	0.82	NA	NA	21.96	17.72	090
26841		A	Fusion of thumb	7.13	NA	NA	11.95	8.01	0.78	NA	NA	19.86	15.92	090
26842		A	Thumb fusion with graft	8.24	NA	NA	13.18	10.28	1.07	NA	NA	22.49	19.59	090
26843		A	Fusion of hand joint	7.61	NA	NA	12.82	8.39	0.86	NA	NA	21.29	16.86	090
26844		A	Fusion/graft of hand joint	8.73	NA	NA	13.84	9.45	0.93	NA	NA	23.50	19.11	090
26850		A	Fusion of knuckle	6.97	NA	NA	11.54	6.65	0.59	NA	NA	19.10	14.21	090
26852		A	Fusion of knuckle with graft	8.46	NA	NA	12.65	7.82	0.78	NA	NA	21.89	17.06	090
26860		A	Fusion of finger joint	4.69	NA	NA	10.29	6.08	0.53	NA	NA	15.51	11.30	090
26861		A	Fusion of finger joint,added	1.74	NA	NA	1.20	1.85	0.34	NA	NA	3.28	3.93	ZZZ
26862		A	Fusion/graft of finger joint	7.37	NA	NA	11.97	7.19	0.66	NA	NA	20.00	15.22	090
26863		A	Fuse/graft added joint	3.90	NA	NA	2.40	3.35	0.45	NA	NA	6.75	7.70	ZZZ
26910		A	Amputate metacarpal bone	7.60	NA	NA	10.72	6.88	0.73	NA	NA	19.05	15.21	090
26951		A	Amputation of finger/thumb	4.59	NA	NA	9.67	4.75	0.38	NA	NA	14.64	9.72	090
26952		A	Amputation of finger/thumb	6.31	NA	NA	11.03	6.01	0.54	NA	NA	17.88	12.86	090
26989		C	Hand/finger surgery	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
26990		A	Drainage of pelvis lesion	7.48	NA	NA	13.33	5.85	0.40	NA	NA	21.21	13.73	090
26991		A	Drainage of pelvis bursa	6.68	8.19	3.52	7.33	3.30	0.23	15.10	10.43	14.24	10.21	090
26992		A	Drainage of bone lesion	13.02	NA	NA	17.47	9.56	0.82	NA	NA	31.31	23.40	090
27000		A	Incision of hip tendon	5.62	NA	NA	6.14	3.04	0.19	NA	NA	11.95	8.85	090
27001		A	Incision of hip tendon	6.94	NA	NA	6.93	3.64	0.30	NA	NA	14.17	10.88	090
27003		A	Incision of hip tendon	7.34	NA	NA	7.90	7.49	0.84	NA	NA	16.08	15.67	090
27005		A	Incision of hip tendon	9.66	NA	NA	9.12	5.03	0.42	NA	NA	19.20	15.11	090
27006		A	Incision of hip tendons	9.68	NA	NA	8.96	6.02	0.60	NA	NA	19.24	16.30	090
27025		A	Incision of hip/thigh fascia	11.16	NA	NA	8.88	7.20	0.80	NA	NA	20.84	19.16	090
27030		A	Drainage of hip joint	13.01	NA	NA	11.00	12.04	1.46	NA	NA	25.47	26.51	090
27033		A	Exploration of hip joint	13.39	NA	NA	10.92	12.11	1.45	NA	NA	25.76	26.95	090
27035		A	Denervation of hip joint	16.69	NA	NA	13.42	13.01	1.73	NA	NA	31.84	31.43	090
27036		A	Excision of hip joint/muscle	12.88	NA	NA	11.41	12.17	1.46	NA	NA	25.75	26.51	090
27040		A	Biopsy of soft tissues	2.87	4.17	1.63	2.99	1.33	0.09	7.13	4.59	5.95	4.29	010
27041		A	Biopsy of soft tissues	9.89	NA	NA	6.91	3.90	0.34	NA	NA	17.14	14.13	090
27047		A	Remove hip/pelvis lesion	7.45	6.86	3.25	5.74	2.97	0.25	14.56	10.95	13.44	10.67	090
27048		A	Remove hip/pelvis lesion	6.25	NA	NA	6.02	5.03	0.64	NA	NA	12.91	11.92	090
27049		A	Remove tumor, hip/pelvis	13.66	NA	NA	10.62	10.91	1.46	NA	NA	25.74	26.03	090
27050		A	Biopsy of sacroiliac joint	4.36	NA	NA	5.58	5.29	0.70	NA	NA	10.64	10.35	090
27052		A	Biopsy of hip joint	6.23	NA	NA	7.41	7.43	1.24	NA	NA	14.88	14.90	090
27054		A	Removal of hip joint lining	8.54	NA	NA	9.01	9.90	1.77	NA	NA	19.32	20.21	090
27060		A	Removal of ischial bursa	5.43	NA	NA	5.71	4.63	0.53	NA	NA	11.67	10.59	090
27062		A	Remove femur lesion/bursa	5.37	NA	NA	6.04	4.95	0.55	NA	NA	11.96	10.87	090
27065		A	Removal of hip bone lesion	5.90	NA	NA	7.14	6.34	0.70	NA	NA	13.74	12.94	090

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27066		A	Removal of hip bone lesion	10.33	NA	NA	10.53	9.06	1.02	NA	NA	21.88	20.41	090
27067		A	Remove/graft hip bone lesion	13.83	NA	NA	12.72	12.65	1.51	NA	NA	28.06	27.99	090
27070		A	Partial removal of hip bone	10.72	NA	NA	16.32	10.11	0.95	NA	NA	27.99	21.78	090
27071		A	Partial removal of hip bone	11.46	NA	NA	16.83	11.12	1.13	NA	NA	29.42	23.71	090
27075		A	Extensive hip surgery	17.23	NA	NA	13.68	14.44	1.82	NA	NA	32.73	33.49	090
27076		A	Extensive hip surgery	22.12	NA	NA	17.52	17.71	2.04	NA	NA	41.68	41.87	090
27077		A	Extensive hip surgery	23.13	NA	NA	16.76	19.64	2.53	NA	NA	42.42	45.30	090
27078		A	Extensive hip surgery	13.44	NA	NA	12.57	10.63	1.31	NA	NA	27.32	25.38	090
27079		A	Extensive hip surgery	13.75	NA	NA	11.30	9.86	1.30	NA	NA	26.35	24.91	090
27080		A	Removal of tail bone	6.39	NA	NA	5.83	5.35	0.68	NA	NA	12.90	12.42	090
27086		A	Remove hip foreign body	1.87	3.83	1.43	2.96	0.98	0.05	5.75	3.35	4.88	2.90	010
27087		A	Remove hip foreign body	8.54	NA	NA	7.62	4.85	0.47	NA	NA	16.63	13.86	090
27090		A	Removal of hip prosthesis	11.15	NA	NA	10.08	9.92	1.14	NA	NA	22.37	22.21	090
27091		A	Removal of hip prosthesis	22.14	NA	NA	15.01	19.88	2.47	NA	NA	39.62	44.49	090
27093		A	Injection for hip x-ray	1.30	10.85	3.38	0.41	0.77	0.09	12.24	4.77	1.80	2.16	000
27095		A	Injection for hip x-ray	1.50	11.00	3.51	0.46	0.87	0.10	12.60	5.11	2.06	2.47	000
27097		A	Revision of hip tendon	8.80	NA	NA	8.09	8.30	0.99	NA	NA	17.88	18.09	090
27098		A	Transfer tendon to pelvis	8.83	NA	NA	8.24	8.34	0.99	NA	NA	18.06	18.16	090
27100		A	Transfer of abdominal muscle	11.08	NA	NA	10.70	8.92	1.11	NA	NA	22.89	21.11	090
27105		A	Transfer of spinal muscle	11.77	NA	NA	10.29	7.37	1.06	NA	NA	23.12	20.20	090
27110		A	Transfer of iliopsoas muscle	13.26	NA	NA	11.68	11.55	1.46	NA	NA	26.40	26.27	090
27111		A	Transfer of iliopsoas muscle	12.15	NA	NA	10.62	12.12	1.29	NA	NA	24.06	25.56	090
27120		A	Reconstruction of hip socket	18.01	NA	NA	13.17	18.02	2.31	NA	NA	33.49	38.34	090
27122		A	Reconstruction of hip socket	14.98	NA	NA	12.65	16.58	2.30	NA	NA	29.93	33.86	090
27125		A	Partial hip replacement	14.69	NA	NA	12.23	16.21	2.35	NA	NA	29.27	33.25	090
27130		A	Total hip replacement	20.12	NA	NA	15.48	21.89	3.58	NA	NA	39.18	45.59	090
27132		A	Total hip replacement	23.30	NA	NA	17.20	25.17	3.98	NA	NA	44.48	52.45	090
27134		A	Revise hip joint replacement	28.52	NA	NA	19.89	30.50	4.66	NA	NA	53.07	63.68	090
27137		A	Revise hip joint replacement	21.17	NA	NA	16.18	23.01	3.77	NA	NA	41.12	47.95	090
27138		A	Revise hip joint replacement	22.17	NA	NA	16.62	23.88	3.58	NA	NA	42.37	49.63	090
27140		A	Transplant of femur ridge	12.24	NA	NA	10.52	11.62	1.34	NA	NA	24.10	25.20	090
27146		A	Incision of hip bone	17.43	NA	NA	14.42	12.46	1.06	NA	NA	32.91	30.95	090
27147		A	Revision of hip bone	20.58	NA	NA	14.91	17.54	2.16	NA	NA	37.65	40.28	090
27151		A	Incision of hip bones	22.51	NA	NA	16.63	18.57	2.27	NA	NA	41.41	43.35	090
27156		A	Revision of hip bones	24.63	NA	NA	17.77	19.35	2.41	NA	NA	44.81	46.39	090
27158		A	Revision of pelvis	19.74	NA	NA	15.76	15.68	2.07	NA	NA	37.57	37.49	090
27161		A	Incision of neck of femur	16.71	NA	NA	13.50	15.02	1.81	NA	NA	32.02	33.54	090
27165		A	Incision/fixation of femur	17.91	NA	NA	13.51	17.02	2.06	NA	NA	33.48	36.99	090
27170		A	Repair/graft femur head/neck	16.07	NA	NA	12.78	16.55	2.07	NA	NA	30.92	34.69	090
27175		A	Treat slipped epiphysis	8.46	NA	NA	6.97	2.70	0.14	NA	NA	15.57	11.30	090

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CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
27176		A	Treat slipped epiphysis	12.05	NA	NA	8.65	10.62	1.33	NA	NA	22.03	24.00	090
27177		A	Repair slipped epiphysis	15.08	NA	NA	10.52	12.72	1.60	NA	NA	27.20	29.40	090
27178		A	Repair slipped epiphysis	11.99	NA	NA	7.05	10.28	1.21	NA	NA	20.25	23.48	090
27179		A	Revise head/neck of femur	12.98	NA	NA	9.31	11.40	1.43	NA	NA	23.72	25.81	090
27181		A	Repair slipped epiphysis	14.68	NA	NA	9.94	13.18	1.69	NA	NA	26.31	29.55	090
27185		A	Revision of femur epiphysis	9.18	NA	NA	8.33	4.34	0.68	NA	NA	18.19	14.20	090
27187		A	Reinforce hip bones	13.54	NA	NA	11.68	15.04	2.16	NA	NA	27.38	30.74	090
27193		A	Treat pelvic ring fracture	5.56	5.89	3.44	4.77	3.16	0.31	11.76	9.31	10.64	9.03	090
27194		A	Treat pelvic ring fracture	9.65	7.91	5.15	7.06	4.94	0.39	17.95	15.19	17.10	14.98	090
27200		A	Treat tail bone fracture	1.84	2.31	1.79	1.45	1.58	0.13	4.28	3.76	3.42	3.55	090
27202		A	Repair tail bone fracture	7.04	NA	NA	20.72	10.18	0.70	NA	NA	28.46	17.92	090
27215		A	Pelvic fracture(s) treatment	10.05	NA	NA	7.93	10.98	1.82	NA	NA	19.80	22.85	090
27216		A	Treat pelvic ring fracture	15.19	NA	NA	13.11	6.78	0.52	NA	NA	28.82	22.49	090
27217		A	Treat pelvic ring fracture	14.11	NA	NA	11.19	14.64	1.82	NA	NA	27.12	30.57	090
27218		A	Treat pelvic ring fracture	20.15	NA	NA	13.82	15.30	1.82	NA	NA	35.79	37.27	090
27220		A	Treat hip socket fracture	6.18	6.22	5.02	5.13	4.75	0.50	12.90	11.70	11.81	11.43	090
27222		A	Treat hip socket fracture	12.70	NA	NA	9.72	7.61	0.81	NA	NA	23.23	21.12	090
27226		A	Treat hip wall fracture	14.91	NA	NA	7.08	14.62	1.97	NA	NA	23.96	31.50	090
27227		A	Treat hip fracture(s)	23.45	NA	NA	15.57	19.93	2.50	NA	NA	41.52	45.88	090
27228		A	Treat hip fracture(s)	27.16	NA	NA	18.13	20.77	2.50	NA	NA	47.79	50.43	090
27230		A	Treat fracture of thigh	5.50	6.03	4.19	5.06	3.95	0.32	11.85	10.01	10.88	9.77	090
27232		A	Treat fracture of thigh	10.68	NA	NA	9.18	9.61	1.14	NA	NA	21.00	21.43	090
27235		A	Repair of thigh fracture	12.16	NA	NA	10.96	13.63	2.03	NA	NA	25.15	27.82	090
27236		A	Repair of thigh fracture	15.60	NA	NA	12.82	16.97	2.12	NA	NA	30.54	34.69	090
27238		A	Treatment of thigh fracture	5.52	NA	NA	5.36	5.34	0.56	NA	NA	11.44	11.42	090
27240		A	Treatment of thigh fracture	12.50	NA	NA	10.56	10.54	1.20	NA	NA	24.26	24.24	090
27244		A	Repair of thigh fracture	15.94	NA	NA	12.95	16.51	2.05	NA	NA	30.94	34.50	090
27245		A	Repair of thigh fracture	20.31	NA	NA	15.41	17.12	2.05	NA	NA	37.77	39.48	090
27246		A	Treatment of thigh fracture	4.71	5.78	4.60	5.18	4.45	0.47	10.96	9.78	10.36	9.63	090
27248		A	Repair of thigh fracture	10.45	NA	NA	9.93	11.84	1.65	NA	NA	22.03	23.94	090
27250		A	Treat hip dislocation	6.95	NA	NA	4.49	3.72	0.35	NA	NA	11.79	11.02	090
27252		A	Treat hip dislocation	10.39	NA	NA	7.38	5.38	0.53	NA	NA	18.30	16.30	090
27253		A	Repair of hip dislocation	12.92	NA	NA	9.84	13.16	1.65	NA	NA	24.41	27.73	090
27254		A	Repair of hip dislocation	18.26	NA	NA	12.56	14.11	1.78	NA	NA	32.60	34.15	090
27256		A	Treatment of hip dislocation	4.12	NA	NA	3.30	2.36	0.24	NA	NA	7.66	6.72	010
27257		A	Treatment of hip dislocation	5.22	NA	NA	3.70	4.68	0.57	NA	NA	9.49	10.47	010
27258		A	Repair of hip dislocation	15.43	NA	NA	12.56	14.32	1.76	NA	NA	29.75	31.51	090
27259		A	Repair of hip dislocation	21.55	NA	NA	13.24	17.31	2.21	NA	NA	37.00	41.07	090
27265		A	Treatment of hip dislocation	5.05	NA	NA	4.89	4.04	0.42	NA	NA	10.36	9.51	090
27266		A	Treatment of hip dislocation	7.49	NA	NA	6.49	5.25	0.56	NA	NA	14.54	13.30	090

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CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
27275		A	Manipulation of hip joint	2.27	NA	NA	2.93	2.26	0.23	NA	NA	5.43	4.76	010
27280		A	Fusion of sacroiliac joint	13.39	NA	NA	12.87	11.41	1.38	NA	NA	27.64	26.18	090
27282		A	Fusion of pubic bones	11.34	NA	NA	10.13	9.87	1.32	NA	NA	22.79	22.53	090
27284		A	Fusion of hip joint	16.76	NA	NA	14.10	15.33	1.88	NA	NA	32.74	33.97	090
27286		A	Fusion of hip joint	16.79	NA	NA	13.42	15.73	1.77	NA	NA	31.98	34.29	090
27290		A	Amputation of leg at hip	23.28	NA	NA	14.86	24.39	3.68	NA	NA	41.82	51.35	090
27295		A	Amputation of leg at hip	18.65	NA	NA	12.59	16.61	2.31	NA	NA	33.55	37.57	090
27299		C	Pelvis/hip joint surgery	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
27301		A	Drain thigh/knee lesion	6.49	10.28	4.57	9.49	4.38	0.31	17.08	11.37	16.29	11.18	090
27303		A	Drainage of bone lesion	8.28	NA	NA	11.94	7.76	0.75	NA	NA	20.97	16.79	090
27305		A	Incise thigh tendon & fascia	5.92	NA	NA	7.10	4.87	0.53	NA	NA	13.55	11.32	090
27306		A	Incision of thigh tendon	4.62	NA	NA	5.84	3.08	0.25	NA	NA	10.71	7.95	090
27307		A	Incision of thigh tendons	5.80	NA	NA	6.43	4.06	0.38	NA	NA	12.61	10.24	090
27310		A	Exploration of knee joint	9.27	NA	NA	9.11	10.09	1.18	NA	NA	19.56	20.54	090
27315		A	Partial removal, thigh nerve	6.97	NA	NA	4.51	5.51	0.75	NA	NA	12.23	13.23	090
27320		A	Partial removal, thigh nerve	6.30	NA	NA	4.14	5.25	0.57	NA	NA	11.01	12.12	090
27323		A	Biopsy thigh soft tissues	2.28	3.93	1.73	2.64	1.04	0.10	6.31	4.11	5.02	3.42	010
27324		A	Biopsy thigh soft tissues	4.90	NA	NA	5.29	3.46	0.35	NA	NA	10.54	8.71	090
27327		A	Removal of thigh lesion	4.47	5.57	3.26	4.74	3.05	0.31	10.35	8.04	9.52	7.83	090
27328		A	Removal of thigh lesion	5.57	NA	NA	5.50	4.69	0.57	NA	NA	11.64	10.83	090
27329		A	Remove tumor, thigh/knee	14.14	NA	NA	11.60	12.42	1.67	NA	NA	27.41	28.23	090
27330		A	Biopsy knee joint lining	4.97	NA	NA	5.40	5.81	0.93	NA	NA	11.30	11.71	090
27331		A	Explore/treat knee joint	5.88	NA	NA	6.48	6.89	1.17	NA	NA	13.53	13.94	090
27332		A	Removal of knee cartilage	8.27	NA	NA	7.44	9.27	1.35	NA	NA	17.06	18.89	090
27333		A	Removal of knee cartilage	7.30	NA	NA	7.27	8.35	1.97	NA	NA	16.54	17.62	090
27334		A	Remove knee joint lining	8.70	NA	NA	8.45	9.91	1.38	NA	NA	18.53	19.99	090
27335		A	Remove knee joint lining	10.00	NA	NA	9.39	11.30	1.60	NA	NA	20.99	22.90	090
27340		A	Removal of kneecap bursa	4.18	NA	NA	4.89	4.36	0.49	NA	NA	9.56	9.03	090
27345		A	Removal of knee cyst	5.92	NA	NA	6.35	6.17	0.74	NA	NA	13.01	12.83	090
27347		A	Remove knee cyst	5.78	2.44	2.44	2.83	2.83	0.74	8.96	8.96	9.35	9.35	090
27350		A	Removal of kneecap	8.17	NA	NA	7.83	9.28	1.20	NA	NA	17.20	18.65	090
27355		A	Remove femur lesion	7.65	NA	NA	8.52	8.30	0.96	NA	NA	17.13	16.91	090
27356		A	Remove femur lesion/graft	9.48	NA	NA	9.78	9.12	1.05	NA	NA	20.31	19.65	090
27357		A	Remove femur lesion/graft	10.53	NA	NA	9.99	9.66	1.12	NA	NA	21.64	21.31	090
27358		A	Remove femur lesion/fixation	4.74	NA	NA	2.77	4.40	0.56	NA	NA	8.07	9.70	ZZZ
27360		A	Partial removal leg bone(s)	10.50	NA	NA	16.51	11.10	1.10	NA	NA	28.11	22.70	090
27365		A	Extensive leg surgery	16.27	NA	NA	12.75	14.54	1.90	NA	NA	30.92	32.71	090
27370		A	Injection for knee x-ray	0.96	10.43	3.10	0.26	0.55	0.04	11.43	4.10	1.26	1.55	000
27372		A	Removal of foreign body	5.07	5.81	4.24	5.24	4.09	0.42	11.30	9.73	10.73	9.58	090
27380		A	Repair of kneecap tendon	7.16	NA	NA	7.59	8.31	1.01	NA	NA	15.76	16.48	090

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27381		A	Repair/graft kneecap tendon	10.34	NA	NA	9.16	11.46	1.42	NA	NA	20.92	23.22	090
27385		A	Repair of thigh muscle	7.76	NA	NA	7.95	8.94	1.11	NA	NA	16.82	17.81	090
27386		A	Repair/graft of thigh muscle	10.56	NA	NA	9.80	11.91	1.58	NA	NA	21.94	24.05	090
27390		A	Incision of thigh tendon	5.33	NA	NA	6.35	5.14	0.56	NA	NA	12.24	11.03	090
27391		A	Incision of thigh tendons	7.20	NA	NA	7.44	6.27	0.70	NA	NA	15.34	14.17	090
27392		A	Incision of thigh tendons	9.20	NA	NA	9.16	8.53	1.00	NA	NA	19.36	18.73	090
27393		A	Lengthening of thigh tendon	6.39	NA	NA	7.35	6.45	0.73	NA	NA	14.47	13.57	090
27394		A	Lengthening of thigh tendons	8.50	NA	NA	8.79	6.86	0.74	NA	NA	18.03	16.10	090
27395		A	Lengthening of thigh tendons	11.73	NA	NA	11.28	11.35	1.29	NA	NA	24.30	24.37	090
27396		A	Transplant of thigh tendon	7.86	NA	NA	8.63	7.90	0.87	NA	NA	17.36	16.63	090
27397		A	Transplants of thigh tendons	11.28	NA	NA	10.10	9.76	1.13	NA	NA	22.51	22.17	090
27400		A	Revise thigh muscles/tendons	9.02	NA	NA	8.46	8.54	0.97	NA	NA	18.45	18.53	090
27403		A	Repair of knee cartilage	8.33	NA	NA	7.70	9.08	1.13	NA	NA	17.16	18.54	090
27405		A	Repair of knee ligament	8.65	NA	NA	8.35	9.84	1.31	NA	NA	18.31	19.80	090
27407		A	Repair of knee ligament	10.28	NA	NA	8.91	9.45	1.11	NA	NA	20.30	20.84	090
27409		A	Repair of knee ligaments	12.90	NA	NA	10.97	14.29	1.94	NA	NA	25.81	29.13	090
27418		A	Repair degenerated kneecap	10.85	NA	NA	9.80	12.17	1.45	NA	NA	22.10	24.47	090
27420		A	Revision of unstable kneecap	9.83	NA	NA	8.80	11.00	1.36	NA	NA	19.99	22.19	090
27422		A	Revision of unstable kneecap	9.78	NA	NA	8.72	10.94	1.43	NA	NA	19.93	22.15	090
27424		A	Revision/removal of kneecap	9.81	NA	NA	8.60	10.93	1.48	NA	NA	19.89	22.22	090
27425		A	Lateral retinacular release	5.22	NA	NA	6.12	6.20	0.84	NA	NA	12.18	12.26	090
27427		A	Reconstruction, knee	9.36	NA	NA	8.22	10.44	1.76	NA	NA	19.34	21.56	090
27428		A	Reconstruction, knee	14.00	NA	NA	11.53	14.01	2.12	NA	NA	27.65	30.13	090
27429		A	Reconstruction, knee	15.52	NA	NA	11.85	12.14	1.43	NA	NA	28.80	29.09	090
27430		A	Revision of thigh muscles	9.67	NA	NA	8.49	9.74	1.17	NA	NA	19.33	20.58	090
27435		A	Incision of knee joint	9.49	NA	NA	8.33	7.81	0.88	NA	NA	18.70	18.18	090
27437		A	Revise kneecap	8.46	NA	NA	8.87	9.79	1.21	NA	NA	18.54	19.46	090
27438		A	Revise kneecap with implant	11.23	NA	NA	9.79	12.50	1.67	NA	NA	22.69	25.40	090
27440		A	Revision of knee joint	10.43	NA	NA	5.22	10.64	1.64	NA	NA	17.29	22.71	090
27441		A	Revision of knee joint	10.82	NA	NA	5.83	8.90	1.18	NA	NA	17.83	20.90	090
27442		A	Revision of knee joint	11.89	NA	NA	10.21	13.20	2.39	NA	NA	24.49	27.48	090
27443		A	Revision of knee joint	10.93	NA	NA	10.10	12.31	2.61	NA	NA	23.64	25.85	090
27445		A	Revision of knee joint	17.68	NA	NA	13.37	19.18	3.29	NA	NA	34.34	40.15	090
27446		A	Revision of knee joint	15.84	NA	NA	12.92	17.41	3.03	NA	NA	31.79	36.28	090
27447		A	Total knee replacement	21.48	NA	NA	15.61	23.13	3.87	NA	NA	40.96	48.48	090
27448		A	Incision of thigh	11.06	NA	NA	10.50	12.53	1.64	NA	NA	23.20	25.23	090
27450		A	Incision of thigh	13.98	NA	NA	12.19	15.13	1.85	NA	NA	28.02	30.96	090
27454		A	Realignment of thigh bone	17.56	NA	NA	14.11	16.31	2.21	NA	NA	33.88	36.08	090
27455		A	Realignment of knee	12.82	NA	NA	11.31	12.60	1.53	NA	NA	25.66	26.95	090
27457		A	Realignment of knee	13.45	NA	NA	10.45	13.44	1.67	NA	NA	25.57	28.56	090

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27465		A	Shortening of thigh bone	13.87	NA	NA	11.89	12.93	1.56	NA	NA	27.32	28.36	090
27466		A	Lengthening of thigh bone	16.33	NA	NA	14.07	14.45	1.78	NA	NA	32.18	32.56	090
27468		A	Shorten/lengthen thighs	18.97	NA	NA	12.46	16.83	2.15	NA	NA	33.58	37.95	090
27470		A	Repair of thigh	16.07	NA	NA	13.96	17.06	2.03	NA	NA	32.06	35.16	090
27472		A	Repair/graft of thigh	17.72	NA	NA	14.75	19.55	2.47	NA	NA	34.94	39.74	090
27475		A	Surgery to stop leg growth	8.64	NA	NA	7.55	8.19	0.99	NA	NA	17.18	17.82	090
27477		A	Surgery to stop leg growth	9.85	NA	NA	8.67	10.99	2.01	NA	NA	20.53	22.85	090
27479		A	Surgery to stop leg growth	12.80	NA	NA	9.88	11.94	1.48	NA	NA	24.16	26.22	090
27485		A	Surgery to stop leg growth	8.84	NA	NA	8.49	8.56	1.02	NA	NA	18.35	18.42	090
27486		A	Revise knee joint replace	19.27	NA	NA	14.51	20.89	3.33	NA	NA	37.11	43.49	090
27487		A	Revise knee joint replace	25.27	NA	NA	17.47	26.97	4.67	NA	NA	47.41	56.91	090
27488		A	Removal of knee prosthesis	15.74	NA	NA	12.76	16.35	2.02	NA	NA	30.52	34.11	090
27495		A	Reinforce thigh	15.55	NA	NA	13.56	17.32	2.21	NA	NA	31.32	35.08	090
27496		A	Decompression of thigh/knee	6.11	NA	NA	6.26	5.26	0.58	NA	NA	12.95	11.95	090
27497		A	Decompression of thigh/knee	7.17	NA	NA	6.24	6.08	0.71	NA	NA	14.12	13.96	090
27498		A	Decompression of thigh/knee	7.99	NA	NA	7.17	6.94	0.81	NA	NA	15.97	15.74	090
27499		A	Decompression of thigh/knee	9.00	NA	NA	7.55	7.81	0.93	NA	NA	17.48	17.74	090
27500		A	Treatment of thigh fracture	5.92	12.43	7.51	5.75	5.84	0.64	18.99	14.07	12.31	12.40	090
27501		A	Treatment of thigh fracture	5.92	13.42	7.76	6.95	6.14	0.64	19.98	14.32	13.51	12.70	090
27502		A	Treatment of thigh fracture	10.58	NA	NA	9.54	8.63	0.95	NA	NA	21.07	20.16	090
27503		A	Treatment of thigh fracture	10.58	NA	NA	9.59	8.64	0.95	NA	NA	21.12	20.17	090
27506		A	Repair of thigh fracture	17.45	NA	NA	12.93	16.28	2.00	NA	NA	32.38	35.73	090
27507		A	Treatment of thigh fracture	13.99	NA	NA	11.12	15.31	2.00	NA	NA	27.11	31.30	090
27508		A	Treatment of thigh fracture	5.83	8.20	5.49	4.78	4.63	0.51	14.54	11.83	11.12	10.97	090
27509		A	Treatment of thigh fracture	7.71	NA	NA	8.20	5.49	0.51	NA	NA	16.42	13.71	090
27510		A	Treatment of thigh fracture	9.13	NA	NA	6.63	7.21	0.85	NA	NA	16.61	17.19	090
27511		A	Treatment of thigh fracture	13.64	NA	NA	12.23	15.27	2.00	NA	NA	27.87	30.91	090
27513		A	Treatment of thigh fracture	17.92	NA	NA	14.47	16.66	2.00	NA	NA	34.39	36.58	090
27514		A	Repair of thigh fracture	17.30	NA	NA	13.59	16.22	1.98	NA	NA	32.87	35.50	090
27516		A	Repair of thigh growth plate	5.37	8.60	6.07	4.75	5.11	0.56	14.53	12.00	10.68	11.04	090
27517		A	Repair of thigh growth plate	8.78	9.73	8.80	7.00	8.12	1.00	19.51	18.58	16.78	17.90	090
27519		A	Repair of thigh growth plate	15.02	NA	NA	12.62	13.48	1.60	NA	NA	29.24	30.10	090
27520		A	Treat kneecap fracture	2.86	6.57	4.12	2.84	1.95	0.35	9.78	7.33	6.05	5.16	090
27524		A	Repair of kneecap fracture	10.00	NA	NA	8.06	10.43	1.29	NA	NA	19.35	21.72	090
27530		A	Treatment of knee fracture	3.78	7.08	4.54	3.55	3.66	0.40	11.26	8.72	7.73	7.84	090
27532		A	Treatment of knee fracture	7.30	6.38	6.22	5.74	6.06	0.71	14.39	14.23	13.75	14.07	090
27535		A	Treatment of knee fracture	11.50	NA	NA	11.18	12.31	1.47	NA	NA	24.15	25.28	090
27536		A	Repair of knee fracture	15.65	NA	NA	11.14	12.30	1.47	NA	NA	28.26	29.42	090
27538		A	Treat knee fracture(s)	4.87	8.39	4.84	4.73	3.93	0.40	13.66	10.11	10.00	9.20	090
27540		A	Repair of knee fracture	13.10	NA	NA	9.52	11.29	1.36	NA	NA	23.98	25.75	090

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1]/ HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
27550		A	Treat knee dislocation	5.76	8.04	4.10	4.57	3.24	0.28	14.08	10.14	10.61	9.28	090
27552		A	Treat knee dislocation	7.90	NA	NA	6.85	4.50	0.41	NA	NA	15.16	12.81	090
27556		A	Repair of knee dislocation	14.41	NA	NA	12.95	13.39	1.53	NA	NA	28.89	29.33	090
27557		A	Repair of knee dislocation	16.77	NA	NA	14.65	15.54	1.90	NA	NA	33.32	34.21	090
27558		A	Repair of knee dislocation	17.72	NA	NA	14.31	15.46	1.90	NA	NA	33.93	35.08	090
27560		A	Treat kneecap dislocation	3.82	6.83	2.87	2.60	1.81	0.13	10.78	6.82	6.55	5.76	090
27562		A	Treat kneecap dislocation	5.79	NA	NA	4.56	5.36	0.59	NA	NA	10.94	11.74	090
27566		A	Repair kneecap dislocation	12.23	NA	NA	9.28	10.93	1.31	NA	NA	22.82	24.47	090
27570		A	Fixation of knee joint	1.74	NA	NA	2.69	2.08	0.22	NA	NA	4.65	4.04	010
27580		A	Fusion of knee	19.37	NA	NA	15.67	16.70	2.00	NA	NA	37.04	38.07	090
27590		A	Amputate leg at thigh	12.03	NA	NA	9.09	9.69	1.41	NA	NA	22.53	23.13	090
27591		A	Amputate leg at thigh	12.68	NA	NA	11.47	12.45	1.65	NA	NA	25.80	26.78	090
27592		A	Amputate leg at thigh	10.02	NA	NA	8.69	8.77	1.26	NA	NA	19.97	20.05	090
27594		A	Amputation follow-up surgery	6.92	NA	NA	6.28	4.54	0.53	NA	NA	13.73	11.99	090
27596		A	Amputation follow-up surgery	10.60	NA	NA	8.98	8.25	1.11	NA	NA	20.69	19.96	090
27598		A	Amputate lower leg at knee	10.53	NA	NA	8.79	10.37	1.39	NA	NA	20.71	22.29	090
27599		C	Leg surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
27600		A	Decompression of lower leg	5.65	NA	NA	5.19	4.06	0.50	NA	NA	11.34	10.21	090
27601		A	Decompression of lower leg	5.64	NA	NA	5.29	4.08	0.52	NA	NA	11.45	10.24	090
27602		A	Decompression of lower leg	7.35	NA	NA	5.72	4.73	0.60	NA	NA	13.67	12.68	090
27603		A	Drain lower leg lesion	4.94	10.70	4.61	6.81	3.64	0.32	15.96	9.87	12.07	8.90	090
27604		A	Drain lower leg bursa	4.47	8.47	2.95	5.83	1.88	0.11	13.05	7.53	10.41	6.46	090
27605		A	Incision of achilles tendon	2.87	9.45	3.32	3.25	1.77	0.11	12.43	6.30	6.23	4.75	010
27606		A	Incision of achilles tendon	4.14	8.73	3.91	4.28	2.80	0.27	13.14	8.32	8.69	7.21	010
27607		A	Treat lower leg bone lesion	7.97	NA	NA	11.67	7.81	0.77	NA	NA	20.41	16.55	090
27610		A	Explore/treat ankle joint	8.34	NA	NA	8.85	8.26	0.88	NA	NA	18.07	17.48	090
27612		A	Exploration of ankle joint	7.33	NA	NA	6.97	8.23	1.02	NA	NA	15.32	16.58	090
27613		A	Biopsy lower leg soft tissue	2.17	4.11	1.58	2.33	0.86	0.08	6.36	3.83	4.58	3.11	010
27614		A	Biopsy lower leg soft tissue	5.66	8.12	3.87	5.47	3.21	0.30	14.08	9.83	11.43	9.17	090
27615		A	Remove tumor, lower leg	12.56	NA	NA	12.42	9.80	1.11	NA	NA	26.09	23.47	090
27618		A	Remove lower leg lesion	5.09	8.29	3.78	5.08	2.98	0.25	13.63	9.12	10.42	8.32	090
27619		A	Remove lower leg lesion	8.40	9.49	5.73	7.12	5.14	0.52	18.41	14.65	16.04	14.06	090
27620		A	Explore, treat ankle joint	5.98	NA	NA	6.60	6.56	0.75	NA	NA	13.33	13.29	090
27625		A	Remove ankle joint lining	8.30	NA	NA	8.16	9.13	0.99	NA	NA	17.45	18.42	090
27626		A	Remove ankle joint lining	8.91	NA	NA	8.76	10.17	0.98	NA	NA	18.65	20.06	090
27630		A	Removal of tendon lesion	4.80	7.76	4.46	5.36	3.86	0.36	12.92	9.62	10.52	9.02	090
27635		A	Remove lower leg bone lesion	7.78	NA	NA	8.87	8.77	0.99	NA	NA	17.64	17.54	090
27637		A	Remove/graft leg bone lesion	9.85	NA	NA	10.44	9.50	1.10	NA	NA	21.39	20.45	090
27638		A	Remove/graft leg bone lesion	10.57	NA	NA	10.99	10.20	1.19	NA	NA	22.75	21.96	090
27640		A	Partial removal of tibia	11.37	NA	NA	14.52	11.62	1.23	NA	NA	27.12	24.22	090

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
27641		A	Partial removal of fibula	9.24	NA	NA	13.14	9.09	0.92	NA	NA	23.30	19.25	090
27645		A	Extensive lower leg surgery	14.17	NA	NA	14.45	13.09	1.55	NA	NA	30.17	28.81	090
27646		A	Extensive lower leg surgery	12.66	NA	NA	12.12	11.78	1.34	NA	NA	26.12	25.78	090
27647		A	Extensive ankle/heel surgery	12.24	NA	NA	9.32	10.43	1.06	NA	NA	22.62	23.73	090
27648		A	Injection for ankle x-ray	0.96	9.58	2.82	0.28	0.49	0.04	10.58	3.82	1.28	1.49	000
27650		A	Repair achilles tendon	9.69	NA	NA	8.27	9.38	1.10	NA	NA	19.06	20.17	090
27652		A	Repair/graft achilles tendon	10.33	NA	NA	8.31	10.55	1.22	NA	NA	19.86	22.10	090
27654		A	Repair of achilles tendon	10.02	NA	NA	8.57	11.04	1.29	NA	NA	19.88	22.35	090
27656		A	Repair leg fascia defect	4.57	9.41	4.94	4.74	3.77	0.42	14.40	9.93	9.73	8.76	090
27658		A	Repair of leg tendon, each	4.98	7.19	5.07	7.16	5.06	0.47	12.64	10.52	12.61	10.51	090
27659		A	Repair of leg tendon, each	6.81	6.63	6.44	7.58	6.67	0.67	14.11	13.92	15.06	14.15	090
27664		A	Repair of leg tendon, each	4.59	10.36	5.37	7.02	4.53	0.41	15.36	10.37	12.02	9.53	090
27665		A	Repair of leg tendon, each	5.40	9.70	6.45	7.47	5.90	0.59	15.69	12.44	13.46	11.89	090
27675		A	Repair lower leg tendons	7.18	NA	NA	7.32	7.04	0.74	NA	NA	15.24	14.96	090
27676		A	Repair lower leg tendons	8.42	NA	NA	7.21	7.95	0.89	NA	NA	16.52	17.26	090
27680		A	Release of lower leg tendon	5.74	NA	NA	6.29	4.93	0.48	NA	NA	12.51	11.15	090
27681		A	Release of lower leg tendons	6.82	NA	NA	7.17	6.65	0.67	NA	NA	14.66	14.14	090
27685		A	Revision of lower leg tendon	6.50	6.81	4.82	6.83	4.83	0.32	13.63	11.64	13.65	11.65	090
27686		A	Revise lower leg tendons	7.46	7.55	7.23	8.12	7.37	0.70	15.71	15.39	16.28	15.53	090
27687		A	Revision of calf tendon	6.24	NA	NA	6.66	6.10	0.59	NA	NA	13.49	12.93	090
27690		A	Revise lower leg tendon	8.71	NA	NA	7.82	7.44	0.69	NA	NA	17.22	16.84	090
27691		A	Revise lower leg tendon	9.96	NA	NA	9.34	8.76	0.96	NA	NA	20.26	19.68	090
27692		A	Revise additional leg tendon	1.87	NA	NA	1.22	1.96	0.23	NA	NA	3.32	4.06	ZZZ
27695		A	Repair of ankle ligament	6.51	NA	NA	7.52	7.71	1.03	NA	NA	15.06	15.25	090
27696		A	Repair of ankle ligaments	8.27	NA	NA	7.83	7.70	0.91	NA	NA	17.01	16.88	090
27698		A	Repair of ankle ligament	9.36	NA	NA	7.94	10.37	1.46	NA	NA	18.76	21.19	090
27700		A	Revision of ankle joint	9.29	NA	NA	6.33	9.90	1.18	NA	NA	16.80	20.37	090
27702		A	Reconstruct ankle joint	13.67	NA	NA	11.50	15.12	3.12	NA	NA	28.29	31.91	090
27703		A	Reconstruction, ankle joint	15.87	NA	NA	10.05	13.76	1.76	NA	NA	27.68	31.39	090
27704		A	Removal of ankle implant	7.62	NA	NA	6.46	6.37	0.77	NA	NA	14.85	14.76	090
27705		A	Incision of tibia	10.38	NA	NA	9.67	11.16	1.38	NA	NA	21.43	22.92	090
27707		A	Incision of fibula	4.37	NA	NA	6.50	5.49	0.62	NA	NA	11.49	10.48	090
27709		A	Incision of tibia & fibula	9.95	NA	NA	9.77	11.35	1.67	NA	NA	21.39	22.97	090
27712		A	Realignment of lower leg	14.25	NA	NA	11.69	11.87	1.28	NA	NA	27.22	27.40	090
27715		A	Revision of lower leg	14.39	NA	NA	12.93	13.50	1.47	NA	NA	28.79	29.36	090
27720		A	Repair of tibia	11.79	NA	NA	11.52	13.44	1.76	NA	NA	25.07	26.99	090
27722		A	Repair/graft of tibia	11.82	NA	NA	11.46	11.42	1.28	NA	NA	24.56	24.52	090
27724		A	Repair/graft of tibia	14.99	NA	NA	13.17	15.91	2.25	NA	NA	30.41	33.15	090
27725		A	Repair of lower leg	15.59	NA	NA	12.85	11.70	1.20	NA	NA	29.64	28.49	090
27727		A	Repair of lower leg	14.01	NA	NA	9.84	10.10	1.44	NA	NA	25.29	25.55	090

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27730		A	Repair of tibia epiphysis	7.41	15.01	6.68	7.94	4.91	0.66	23.08	14.75	16.01	12.98	090
27732		A	Repair of fibula epiphysis	5.32	10.07	6.46	5.87	5.41	0.62	16.01	12.40	11.81	11.35	090
27734		A	Repair lower leg epiphyses	8.48	NA	NA	7.54	8.02	0.96	NA	NA	16.98	17.46	090
27740		A	Repair of leg epiphyses	9.30	3.51	7.68	9.33	9.14	1.06	13.87	18.04	19.69	19.50	090
27742		A	Repair of leg epiphyses	10.30	11.95	10.55	8.53	9.69	1.19	23.44	22.04	20.02	21.18	090
27745		A	Reinforce tibia	10.07	NA	NA	9.87	9.77	1.09	NA	NA	21.03	20.93	090
27750		A	Treatment of tibia fracture	3.19	6.70	4.48	3.18	3.60	0.39	10.28	8.06	6.76	7.18	090
27752		A	Treatment of tibia fracture	5.84	8.91	6.37	5.35	5.48	0.63	15.38	12.84	11.82	11.95	090
27756		A	Repair of tibia fracture	6.78	NA	NA	8.70	8.25	1.33	NA	NA	16.81	16.36	090
27758		A	Repair of tibia fracture	11.67	NA	NA	10.42	13.05	1.74	NA	NA	23.83	26.46	090
27759		A	Repair of tibia fracture	13.76	NA	NA	11.63	14.09	1.74	NA	NA	27.13	29.59	090
27760		A	Treatment of ankle fracture	3.01	6.40	3.70	2.78	1.75	0.29	9.70	7.00	6.08	5.05	090
27762		A	Treatment of ankle fracture	5.25	8.31	4.82	4.75	3.93	0.39	13.95	10.46	10.39	9.57	090
27766		A	Repair of ankle fracture	8.36	NA	NA	7.32	8.24	0.99	NA	NA	16.67	17.59	090
27780		A	Treatment of fibula fracture	2.65	4.20	2.66	2.63	1.46	0.20	7.05	5.51	5.48	4.31	090
27781		A	Treatment of fibula fracture	4.40	7.51	4.56	3.76	3.62	0.38	12.29	9.34	8.54	8.40	090
27784		A	Repair of fibula fracture	7.11	NA	NA	7.21	6.36	0.68	NA	NA	15.00	14.15	090
27786		A	Treatment of ankle fracture	2.84	6.41	3.65	2.73	1.71	0.30	9.55	6.79	5.87	4.85	090
27788		A	Treatment of ankle fracture	4.45	7.49	4.54	3.90	2.31	0.39	12.33	9.38	8.74	7.15	090
27792		A	Repair of ankle fracture	7.66	NA	NA	6.94	7.74	0.92	NA	NA	15.52	16.32	090
27808		A	Treatment of ankle fracture	2.83	7.20	4.07	3.34	3.11	0.31	10.34	7.21	6.48	6.25	090
27810		A	Treatment of ankle fracture	5.13	8.45	6.22	4.84	5.32	0.63	14.21	11.98	10.60	11.08	090
27814		A	Repair of ankle fracture	10.68	NA	NA	9.37	10.48	1.25	NA	NA	21.30	22.41	090
27816		A	Treatment of ankle fracture	2.89	6.88	4.55	3.28	3.41	0.43	10.20	7.87	6.60	6.73	090
27818		A	Treatment of ankle fracture	5.50	8.63	7.09	4.95	6.17	0.83	14.96	13.42	11.28	12.50	090
27822		A	Repair of ankle fracture	9.20	NA	NA	33.28	16.56	1.47	NA	NA	43.95	27.23	090
27823		A	Repair of ankle fracture	11.80	NA	NA	34.09	18.93	1.60	NA	NA	47.49	32.33	090
27824		A	Treat lower leg fracture	2.89	7.02	4.58	3.50	3.46	0.43	10.34	7.90	6.82	6.78	090
27825		A	Treat lower leg fracture	6.19	9.15	7.59	5.55	6.69	0.83	16.17	14.61	12.57	13.71	090
27826		A	Treat lower leg fracture	8.54	NA	NA	31.88	15.61	1.47	NA	NA	41.89	25.62	090
27827		A	Treat lower leg fracture	14.06	NA	NA	36.80	18.73	1.47	NA	NA	52.33	34.26	090
27828		A	Treat lower leg fracture	16.23	NA	NA	36.64	19.57	1.60	NA	NA	54.47	37.40	090
27829		A	Treat lower leg joint	5.49	NA	NA	24.64	11.07	1.07	NA	NA	31.20	17.63	090
27830		A	Treat lower leg dislocation	3.79	6.35	4.24	3.50	3.52	0.36	10.50	8.39	7.65	7.67	090
27831		A	Treat lower leg dislocation	4.56	NA	NA	4.39	4.34	0.46	NA	NA	9.41	9.36	090
27832		A	Repair lower leg dislocation	6.49	NA	NA	6.85	6.36	0.70	NA	NA	14.04	13.55	090
27840		A	Treat ankle dislocation	4.58	NA	NA	3.63	2.43	0.16	NA	NA	8.37	7.17	090
27842		A	Treat ankle dislocation	6.21	NA	NA	4.30	2.88	0.27	NA	NA	10.78	9.36	090
27846		A	Repair ankle dislocation	9.79	NA	NA	8.18	9.04	1.07	NA	NA	19.04	19.90	090
27848		A	Repair ankle dislocation	11.20	NA	NA	27.30	13.63	1.03	NA	NA	39.53	25.86	090

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27860		A	Fixation of ankle joint	2.34	NA	NA	2.70	1.81	0.18	NA	NA	5.22	4.33	010
27870		A	Fusion of ankle joint	13.91	NA	NA	11.97	13.85	1.74	NA	NA	27.62	29.50	090
27871		A	Fusion of tibiofibular joint	9.17	NA	NA	9.14	8.62	0.95	NA	NA	19.26	18.74	090
27880		A	Amputation of lower leg	11.85	NA	NA	8.85	9.02	1.25	NA	NA	21.95	22.12	090
27881		A	Amputation of lower leg	12.34	NA	NA	10.83	11.51	1.46	NA	NA	24.63	25.31	090
27882		A	Amputation of lower leg	8.94	NA	NA	8.84	8.20	1.11	NA	NA	18.89	18.25	090
27884		A	Amputation follow-up surgery	8.21	NA	NA	7.48	4.62	0.48	NA	NA	16.17	13.31	090
27886		A	Amputation follow-up surgery	9.32	NA	NA	8.16	7.88	1.05	NA	NA	18.53	18.25	090
27888		A	Amputation of foot at ankle	9.67	NA	NA	8.95	9.96	1.29	NA	NA	19.91	20.92	090
27889		A	Amputation of foot at ankle	9.98	NA	NA	7.66	8.78	1.21	NA	NA	18.85	19.97	090
27892		A	Decompression of leg	7.39	NA	NA	6.01	4.26	0.50	NA	NA	13.90	12.15	090
27893		A	Decompression of leg	7.35	NA	NA	5.50	4.13	0.52	NA	NA	13.37	12.00	090
27894		A	Decompression of leg	10.49	NA	NA	7.38	5.15	0.60	NA	NA	18.47	16.24	090
27899		C	Leg/ankle surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
28001		A	Drainage of bursa of foot	2.73	3.92	1.40	2.64	0.87	0.04	6.69	4.17	5.41	3.64	010
28002		A	Treatment of foot infection	4.62	4.84	3.04	3.94	2.82	0.26	9.72	7.92	8.82	7.70	010
28003		A	Treatment of foot infection	8.41	7.92	4.83	8.29	3.50	0.46	16.79	13.70	17.16	12.37	090
28005		A	Treat foot bone lesion	8.68	NA	NA	8.45	5.44	0.48	NA	NA	17.61	14.60	090
28008		A	Incision of foot fascia	4.45	5.56	3.57	4.45	3.30	0.23	10.24	8.25	9.13	7.98	090
28010		A	Incision of toe tendon	2.84	4.91	4.18	3.69	2.40	0.26	8.01	7.28	6.79	5.50	090
28011		A	Incision of toe tendons	4.14	6.32	3.02	5.28	2.04	0.15	10.61	7.31	9.57	6.33	090
28020		A	Exploration of a foot joint	5.01	7.08	5.36	5.28	4.91	0.44	12.53	10.81	10.73	10.36	090
28022		A	Exploration of a foot joint	4.67	5.37	3.57	4.79	2.32	0.24	10.28	8.48	9.70	7.23	090
28024		A	Exploration of a toe joint	4.38	5.65	3.36	4.96	2.22	0.19	10.22	7.93	9.53	6.79	090
28030		A	Removal of foot nerve	6.15	NA	NA	3.28	4.02	0.33	NA	NA	9.76	10.50	090
28035		A	Decompression of tibia nerve	5.09	6.01	6.54	4.60	5.71	0.70	11.80	12.33	10.39	11.50	090
28043		A	Excision of foot lesion	3.54	5.15	2.70	4.06	2.43	0.16	8.85	6.40	7.76	6.13	090
28045		A	Excision of foot lesion	4.72	5.65	4.66	4.57	4.39	0.36	10.73	9.74	9.65	9.47	090
28046		A	Resection of tumor, foot	10.18	8.83	6.57	8.23	6.42	0.62	19.63	17.37	19.03	17.22	090
28050		A	Biopsy of foot joint lining	4.25	6.15	4.67	4.50	4.25	0.41	10.81	9.33	9.16	8.91	090
28052		A	Biopsy of foot joint lining	3.94	5.26	4.43	4.82	2.77	0.34	9.54	8.71	9.10	7.05	090
28054		A	Biopsy of toe joint lining	3.45	5.51	3.20	4.72	3.00	0.22	9.18	6.87	8.39	6.67	090
28060		A	Partial removal foot fascia	5.23	5.93	4.92	4.97	4.68	0.41	11.57	10.56	10.61	10.32	090
28062		A	Removal of foot fascia	6.52	6.47	7.36	4.92	6.98	0.67	13.66	14.55	12.11	14.17	090
28070		A	Removal of foot joint lining	5.10	5.33	4.98	4.77	4.84	0.38	10.81	10.46	10.25	10.32	090
28072		A	Removal of foot joint lining	4.58	5.42	3.97	5.37	3.95	0.33	10.33	8.88	10.28	8.86	090
28080		A	Removal of foot lesion	3.58	5.25	4.63	4.20	4.37	0.35	9.18	8.56	8.13	8.30	090
28086		A	Excise foot tendon sheath	4.78	6.61	4.20	6.19	4.09	0.36	11.75	9.34	11.33	9.23	090
28088		A	Excise foot tendon sheath	3.86	6.58	4.59	5.24	4.26	0.31	10.75	8.76	9.41	8.43	090
28090		A	Removal of foot lesion	4.41	5.51	3.84	4.39	3.56	0.23	10.15	8.48	9.03	8.20	090

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
28092		A	Removal of toe lesions	3.64	5.69	3.07	4.47	2.77	0.20	9.53	6.91	8.31	6.61	090
28100		A	Removal of ankle/heel lesion	5.66	8.02	5.73	6.17	5.27	0.44	14.12	11.83	12.27	11.37	090
28102		A	Remove/graft foot lesion	7.73	NA	NA	7.76	7.51	0.66	NA	NA	16.15	15.90	090
28103		A	Remove/graft foot lesion	6.50	7.16	6.36	6.38	6.16	0.54	14.20	13.40	13.42	13.20	090
28104		A	Removal of foot lesion	5.12	5.98	5.02	5.37	4.87	0.38	11.48	10.52	10.87	10.37	090
28106		A	Remove/graft foot lesion	7.16	NA	NA	5.70	6.65	0.62	NA	NA	13.48	14.43	090
28107		A	Remove/graft foot lesion	5.56	5.78	5.40	5.06	5.22	0.38	11.72	11.34	11.00	11.16	090
28108		A	Removal of toe lesions	4.16	5.05	4.68	4.12	2.74	0.30	9.51	9.14	8.58	7.20	090
28110		A	Part removal of metatarsal	4.08	5.88	4.31	5.26	4.15	0.31	10.27	8.70	9.65	8.54	090
28111		A	Part removal of metatarsal	5.01	6.43	5.71	5.69	5.53	0.51	11.95	11.23	11.21	11.05	090
28112		A	Part removal of metatarsal	4.49	6.29	4.80	5.73	4.66	0.35	11.13	9.64	10.57	9.50	090
28113		A	Part removal of metatarsal	4.79	6.22	5.17	5.37	4.96	0.38	11.39	10.34	10.54	10.13	090
28114		A	Removal of metatarsal heads	9.79	9.62	9.87	9.04	9.72	1.11	20.52	20.77	19.94	20.62	090
28116		A	Revision of foot	7.75	6.36	6.05	5.73	5.90	0.45	14.56	14.25	13.93	14.10	090
28118		A	Removal of heel bone	5.96	6.36	6.24	5.71	6.08	0.52	12.84	12.72	12.19	12.56	090
28119		A	Removal of heel spur	5.39	5.94	5.91	4.82	5.63	0.45	11.78	11.75	10.66	11.47	090
28120		A	Part removal of ankle/heel	5.40	8.32	6.18	7.53	5.99	0.52	14.24	12.10	13.45	11.91	090
28122		A	Partial removal of foot bone	7.29	7.79	5.59	7.68	5.57	0.42	15.50	13.30	15.39	13.28	090
28124		A	Partial removal of toe	4.81	6.43	4.95	6.04	3.18	0.29	11.53	10.05	11.14	8.28	090
28126		A	Partial removal of toe	3.52	5.52	4.62	5.02	2.88	0.28	9.32	8.42	8.82	6.68	090
28130		A	Removal of ankle bone	8.11	NA	NA	7.66	7.64	0.69	NA	NA	16.46	16.44	090
28140		A	Removal of metatarsal	6.91	7.29	5.84	6.06	5.53	0.49	14.69	13.24	13.46	12.93	090
28150		A	Removal of toe	4.09	5.96	4.17	5.32	4.01	0.30	10.35	8.56	9.71	8.40	090
28153		A	Partial removal of toe	3.66	5.47	4.62	4.10	2.65	0.28	9.41	8.56	8.04	6.59	090
28160		A	Partial removal of toe	3.74	5.66	4.77	5.46	3.05	0.30	9.70	8.81	9.50	7.09	090
28171		A	Extensive foot surgery	9.60	NA	NA	6.58	8.15	0.69	NA	NA	16.87	18.44	090
28173		A	Extensive foot surgery	8.80	7.42	6.53	6.90	6.40	0.58	16.80	15.91	16.28	15.78	090
28175		A	Extensive foot surgery	6.05	7.03	6.14	5.06	5.65	0.45	13.53	12.64	11.56	12.15	090
28190		A	Removal of foot foreign body	1.96	4.50	1.55	2.08	0.73	0.04	6.50	3.55	4.08	2.73	010
28192		A	Removal of foot foreign body	4.64	5.91	3.07	4.27	2.66	0.19	10.74	7.90	9.10	7.49	090
28193		A	Removal of foot foreign body	5.73	6.57	3.58	5.21	3.24	0.23	12.53	9.54	11.17	9.20	090
28200		A	Repair of foot tendon	4.60	5.64	5.53	5.12	5.40	0.39	10.63	10.52	10.11	10.39	090
28202		A	Repair/graft of foot tendon	6.84	6.28	6.31	26.55	11.38	0.60	13.72	13.75	33.99	18.82	090
28208		A	Repair of foot tendon	4.37	5.40	3.64	4.56	3.43	0.22	9.99	8.23	9.15	8.02	090
28210		A	Repair/graft of foot tendon	6.35	6.43	6.17	5.30	5.89	0.47	13.25	12.99	12.12	12.71	090
28220		A	Release of foot tendon	4.53	5.47	4.52	4.43	2.68	0.34	10.34	9.39	9.30	7.55	090
28222		A	Release of foot tendons	5.62	5.91	6.69	5.30	3.94	0.49	12.02	12.80	11.41	10.05	090
28225		A	Release of foot tendon	3.66	5.18	3.22	4.20	2.98	0.20	9.04	7.08	8.06	6.84	090
28226		A	Release of foot tendons	4.53	5.71	4.18	4.77	3.95	0.31	10.55	9.02	9.61	8.79	090
28230		A	Incision of foot tendon(s)	4.24	5.44	3.34	5.20	2.29	0.17	9.85	7.75	9.61	6.70	090

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
28232		A	Incision of toe tendon	3.39	5.34	2.64	4.86	1.87	0.12	8.85	6.15	8.37	5.38	090
28234		A	Incision of foot tendon	3.37	5.51	2.62	4.62	1.78	0.11	8.99	6.10	8.10	5.26	090
28238		A	Revision of foot tendon	7.73	7.17	7.68	6.13	7.42	0.66	15.56	16.07	14.52	15.81	090
28240		A	Release of big toe	4.36	5.58	3.13	5.03	2.99	0.18	10.12	7.67	9.57	7.53	090
28250		A	Revision of foot fascia	5.92	6.05	5.14	5.10	4.91	0.39	12.36	11.45	11.41	11.22	090
28260		A	Release of midfoot joint	7.96	6.71	5.29	6.17	5.15	0.38	15.05	13.63	14.51	13.49	090
28261		A	Revision of foot tendon	11.73	8.35	6.90	8.09	6.83	0.45	20.53	19.08	20.27	19.01	090
28262		A	Revision of foot and ankle	15.83	10.15	12.24	13.25	13.01	1.13	27.11	29.20	30.21	29.97	090
28264		A	Release of midfoot joint	10.35	8.03	9.79	9.80	10.24	0.92	19.30	21.06	21.07	21.51	090
28270		A	Release of foot contracture	4.76	5.94	3.62	5.39	2.42	0.18	10.88	8.56	10.33	7.36	090
28272		A	Release of toe joint, each	3.80	5.11	2.94	4.30	1.91	0.14	9.05	6.88	8.24	5.85	090
28280		A	Fusion of toes	5.19	6.64	3.47	5.60	3.21	0.23	12.06	8.89	11.02	8.63	090
28285		A	Repair of hammertoe	4.59	5.90	5.03	5.14	4.84	0.31	10.80	9.93	10.04	9.74	090
28286		A	Repair of hammertoe	4.56	5.83	4.38	4.97	4.16	0.30	10.69	9.24	9.83	9.02	090
28288		A	Partial removal of foot bone	4.74	6.09	4.58	6.33	4.64	0.34	11.17	9.66	11.41	9.72	090
28289		A	Repair hallux rigidus	7.04	2.78	2.78	3.12	3.12	0.42	10.24	10.24	10.58	10.58	090
28290		A	Correction of bunion	5.66	6.67	6.03	6.80	6.07	0.49	12.82	12.18	12.95	12.22	090
28292		A	Correction of bunion	7.04	6.87	7.46	6.40	7.34	0.58	14.49	15.08	14.02	14.96	090
28293		A	Correction of bunion	9.15	7.81	9.72	6.51	9.40	0.77	17.73	19.64	16.43	19.32	090
28294		A	Correction of bunion	8.56	7.72	9.39	6.03	8.96	0.67	16.95	18.62	15.26	18.19	090
28296		A	Correction of bunion	9.18	7.79	9.12	7.06	8.94	0.77	17.74	19.07	17.01	18.89	090
28297		A	Correction of bunion	9.18	7.56	9.23	8.47	9.46	0.82	17.56	19.23	18.47	19.46	090
28298		A	Correction of bunion	7.94	7.17	8.90	6.44	8.71	0.62	15.73	17.46	15.00	17.27	090
28299		A	Correction of bunion	8.88	7.50	9.83	6.68	9.62	0.84	17.22	19.55	16.40	19.34	090
28300		A	Incision of heel bone	9.54	12.26	8.38	8.16	7.35	0.62	22.42	18.54	18.32	17.51	090
28302		A	Incision of ankle bone	9.55	7.07	9.01	8.74	9.42	0.88	17.50	19.44	19.17	19.85	090
28304		A	Incision of midfoot bones	9.16	8.21	7.30	6.84	6.95	0.55	17.92	17.01	16.55	16.66	090
28305		A	Incise/graft midfoot bones	10.50	15.62	11.92	9.81	10.47	0.81	26.93	23.23	21.12	21.78	090
28306		A	Incision of metatarsal	5.86	5.98	5.22	5.12	5.00	0.37	12.21	11.45	11.35	11.23	090
28307		A	Incision of metatarsal	6.33	5.71	6.21	6.71	6.46	0.59	12.63	13.13	13.63	13.38	090
28308		A	Incision of metatarsal	5.29	5.46	6.02	4.21	5.70	0.39	11.14	11.70	9.89	11.38	090
28309		A	Incision of metatarsals	12.78	NA	NA	8.50	7.72	0.78	NA	NA	22.06	21.28	090
28310		A	Revision of big toe	5.43	6.16	4.94	5.31	4.73	0.33	11.92	10.70	11.07	10.49	090
28312		A	Revision of toe	4.55	5.94	5.20	5.64	5.12	0.35	10.84	10.10	10.54	10.02	090
28313		A	Repair deformity of toe	5.01	6.49	3.72	7.51	2.93	0.24	11.74	8.97	12.76	8.18	090
28315		A	Removal of sesamoid bone	4.86	5.45	4.81	4.41	4.55	0.32	10.63	9.99	9.59	9.73	090
28320		A	Repair of foot bones	9.18	NA	NA	7.69	9.00	0.81	NA	NA	17.68	18.99	090
28322		A	Repair of metatarsals	8.34	8.67	5.97	7.13	5.59	0.41	17.42	14.72	15.88	14.34	090
28340		A	Resect enlarged toe tissue	6.98	6.33	6.74	5.98	6.66	0.71	14.02	14.43	13.67	14.35	090
28341		A	Resect enlarged toe	8.41	6.89	7.96	5.89	7.71	0.75	16.05	17.12	15.05	16.87	090

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28344		A	Repair extra toe(s)	4.26	10.04	5.53	5.07	4.28	0.47	14.77	10.26	9.80	9.01	090
28345		A	Repair webbed toe(s)	5.92	6.31	5.93	5.91	5.83	0.57	12.80	12.42	12.40	12.32	090
28360		A	Reconstruct cleft foot	13.34	NA	NA	11.87	12.67	1.53	NA	NA	26.74	27.54	090
28400		A	Treatment of heel fracture	2.16	6.46	3.71	3.39	1.90	0.31	8.93	6.18	5.86	4.37	090
28405		A	Treatment of heel fracture	4.57	7.28	4.99	4.95	4.41	0.45	12.30	10.01	9.97	9.43	090
28406		A	Treatment of heel fracture	6.31	NA	NA	7.63	6.87	0.73	NA	NA	14.67	13.91	090
28415		A	Repair of heel fracture	15.97	NA	NA	34.85	16.06	1.09	NA	NA	51.91	33.12	090
28420		A	Repair/graft heel fracture	16.64	NA	NA	36.71	18.04	1.28	NA	NA	54.63	35.96	090
28430		A	Treatment of ankle fracture	2.09	5.91	3.47	2.78	1.69	0.27	8.27	5.83	5.14	4.05	090
28435		A	Treatment of ankle fracture	3.40	5.43	4.10	3.82	3.69	0.39	9.22	7.89	7.61	7.48	090
28436		A	Treatment of ankle fracture	4.71	NA	NA	6.44	5.02	0.53	NA	NA	11.68	10.26	090
28445		A	Repair of ankle fracture	9.33	NA	NA	8.84	9.37	1.10	NA	NA	19.27	19.80	090
28450		A	Treat midfoot fracture, each	1.90	5.72	2.95	2.67	1.43	0.20	7.82	5.05	4.77	3.53	090
28455		A	Treat midfoot fracture, each	3.09	5.05	3.33	3.95	2.02	0.27	8.41	6.69	7.31	5.38	090
28456		A	Repair midfoot fracture	2.68	NA	NA	4.89	3.07	0.30	NA	NA	7.87	6.05	090
28465		A	Repair midfoot fracture,each	7.01	NA	NA	19.62	9.41	0.63	NA	NA	27.26	17.05	090
28470		A	Treat metatarsal fracture	1.99	5.32	2.79	2.29	1.31	0.18	7.49	4.96	4.46	3.48	090
28475		A	Treat metatarsal fracture	2.97	5.30	3.23	3.54	1.84	0.23	8.50	6.43	6.74	5.04	090
28476		A	Repair metatarsal fracture	3.38	NA	NA	5.34	4.08	0.35	NA	NA	9.07	7.81	090
28485		A	Repair metatarsal fracture	5.71	NA	NA	19.59	8.71	0.47	NA	NA	25.77	14.89	090
28490		A	Treat big toe fracture	1.09	1.87	1.20	1.38	0.71	0.08	3.04	2.37	2.55	1.88	090
28495		A	Treat big toe fracture	1.58	2.13	1.45	1.75	0.90	0.10	3.81	3.13	3.43	2.58	090
28496		A	Repair big toe fracture	2.33	6.62	3.34	4.32	2.77	0.24	9.19	5.91	6.89	5.34	090
28505		A	Repair big toe fracture	3.81	16.01	6.43	17.95	6.92	0.34	20.16	10.58	22.10	11.07	090
28510		A	Treatment of toe fracture	1.09	1.68	1.15	1.30	0.69	0.07	2.84	2.31	2.46	1.85	090
28515		A	Treatment of toe fracture	1.46	1.89	1.39	1.59	0.86	0.09	3.44	2.94	3.14	2.41	090
28525		A	Repair of toe fracture	3.32	16.00	5.68	17.66	6.10	0.23	19.55	9.23	21.21	9.65	090
28530		A	Treat sesamoid bone fracture	1.06	3.08	1.59	1.77	0.86	0.08	4.22	2.73	2.91	2.00	090
28531		A	Treat sesamoid bone fracture	2.35	56.77	15.75	15.27	5.37	0.25	59.37	18.35	17.87	7.97	090
28540		A	Treat foot dislocation	2.04	3.68	1.41	2.57	0.89	0.05	5.77	3.50	4.66	2.98	090
28545		A	Treat foot dislocation	2.45	3.09	1.84	3.79	2.01	0.11	5.65	4.40	6.35	4.57	090
28546		A	Treat foot dislocation	3.20	8.16	4.27	4.64	3.39	0.35	11.71	7.82	8.19	6.94	090
28555		A	Repair foot dislocation	6.30	18.70	9.22	26.95	11.28	0.57	25.57	16.09	33.82	18.15	090
28570		A	Treat foot dislocation	1.66	4.93	2.53	2.77	1.35	0.13	6.72	4.32	4.56	3.14	090
28575		A	Treat foot dislocation	3.31	4.04	3.27	4.60	3.41	0.33	7.68	6.91	8.24	7.05	090
28576		A	Treat foot dislocation	4.17	5.61	3.66	5.38	3.60	0.33	10.11	8.16	9.88	8.10	090
28585		A	Repair foot dislocation	7.99	12.66	7.20	22.70	9.71	0.43	21.08	15.62	31.12	18.13	090
28600		A	Treat foot dislocation	1.89	4.67	1.72	2.87	1.00	0.06	6.62	3.67	4.82	2.95	090
28605		A	Treat foot dislocation	2.71	5.32	3.17	4.13	2.87	0.27	8.30	6.15	7.11	5.85	090
28606		A	Treat foot dislocation	4.90	10.92	5.57	5.91	4.32	0.43	16.25	10.90	11.24	9.65	090

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work [3] RVUs	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
28615		A	Repair foot dislocation	7.77	NA	NA	23.15	9.82	0.61	NA	NA	31.53	18.20	090
28630		A	Treat toe dislocation	1.70	1.87	1.31	1.49	0.79	0.09	3.66	3.10	3.28	2.58	010
28635		A	Treat toe dislocation	1.91	2.95	1.92	2.22	1.15	0.14	5.00	3.97	4.27	3.20	010
28636		A	Treat toe dislocation	2.77	3.36	2.93	2.74	2.77	0.33	6.46	6.03	5.84	5.87	010
28645		A	Repair toe dislocation	4.22	6.94	4.38	8.40	4.74	0.30	11.46	8.90	12.92	9.26	090
28660		A	Treat toe dislocation	1.23	2.98	1.26	1.44	0.87	0.05	4.26	2.54	2.72	2.15	010
28665		A	Treat toe dislocation	1.92	2.67	1.46	2.32	0.98	0.09	4.68	3.47	4.33	2.99	010
28666		A	Treat toe dislocation	2.66	3.32	2.82	3.04	2.75	0.31	6.29	5.79	6.01	5.72	010
28675		A	Repair of toe dislocation	2.92	10.94	5.18	13.11	5.72	0.32	14.18	8.42	16.35	8.96	090
28705		A	Fusion of foot bones	15.21	NA	NA	11.50	15.18	1.84	NA	NA	28.55	32.23	090
28715		A	Fusion of foot bones	13.10	NA	NA	11.10	12.81	1.48	NA	NA	25.68	27.39	090
28725		A	Fusion of foot bones	11.61	NA	NA	9.42	10.04	1.13	NA	NA	22.16	22.78	090
28730		A	Fusion of foot bones	10.76	NA	NA	9.49	9.70	1.04	NA	NA	21.29	21.50	090
28735		A	Fusion of foot bones	10.85	NA	NA	8.94	10.18	1.07	NA	NA	20.86	22.10	090
28737		A	Revision of foot bones	9.64	NA	NA	8.63	9.38	0.88	NA	NA	19.15	19.90	090
28740		A	Fusion of foot bones	8.02	8.60	6.34	7.49	6.06	0.56	17.18	14.92	16.07	14.64	090
28750		A	Fusion of big toe joint	7.30	9.01	6.58	7.60	6.23	0.64	16.95	14.52	15.54	14.17	090
28755		A	Fusion of big toe joint	4.74	5.87	4.47	5.27	4.32	0.35	10.96	9.56	10.36	9.41	090
28760		A	Fusion of big toe joint	7.75	7.11	6.17	6.36	5.99	0.51	15.37	14.43	14.62	14.25	090
28800		A	Amputation of midfoot	8.21	NA	NA	7.08	7.19	0.93	NA	NA	16.22	16.33	090
28805		A	Amputation thru metatarsal	8.39	NA	NA	6.63	6.80	0.95	NA	NA	15.97	16.14	090
28810		A	Amputation toe & metatarsal	6.21	NA	NA	5.69	4.60	0.59	NA	NA	12.49	11.40	090
28820		A	Amputation of toe	4.41	7.22	3.91	5.14	3.39	0.36	11.99	8.68	9.91	8.16	090
28825		A	Partial amputation of toe	3.59	6.80	3.65	4.67	3.12	0.32	10.71	7.56	8.58	7.03	090
28899		C	Foot/toes surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
29000		A	Application of body cast	2.25	8.77	3.70	1.25	1.82	0.16	11.18	6.11	3.66	4.23	000
29010		A	Application of body cast	2.06	10.72	4.58	1.21	2.15	0.27	13.05	6.91	3.54	4.48	000
29015		A	Application of body cast	2.41	5.50	3.27	0.86	1.17	0.26	8.17	5.94	3.53	3.84	000
29020		A	Application of body cast	2.11	8.56	3.63	0.88	0.96	0.18	10.85	5.92	3.17	3.25	000
29025		A	Application of body cast	2.40	10.74	3.29	1.39	0.66	0.11	13.25	5.80	3.90	3.17	000
29035		A	Application of body cast	1.77	12.00	4.59	1.02	1.05	0.25	14.02	6.61	3.04	3.07	000
29040		A	Application of body cast	2.22	6.65	3.31	0.97	1.89	0.23	9.10	5.76	3.42	4.34	000
29044		A	Application of body cast	2.12	15.67	5.62	1.22	2.01	0.27	18.06	8.01	3.61	4.40	000
29046		A	Application of body cast	2.41	9.50	4.19	1.37	2.16	0.28	12.19	6.88	4.06	4.85	000
29049		A	Application of figure eight	0.89	6.07	1.86	0.43	0.28	0.05	7.01	2.80	1.37	1.22	000
29055		A	Application of shoulder cast	1.78	9.74	3.41	1.02	1.23	0.13	11.65	5.32	2.93	3.14	000
29058		A	Application of shoulder cast	1.31	6.62	2.19	0.61	0.69	0.07	8.00	3.57	1.99	2.07	000
29065		A	Application of long arm cast	0.87	4.33	1.74	0.50	0.46	0.10	5.30	2.71	1.47	1.43	000
29075		A	Application of forearm cast	0.77	3.89	1.47	0.43	0.36	0.08	4.74	2.32	1.28	1.21	000
29085		A	Apply hand/wrist cast	0.87	3.78	1.35	0.42	0.31	0.06	4.71	2.28	1.35	1.24	000

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work [3] RVUs	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
29105		A	Apply long arm splint	0.87	2.95	1.14	0.34	0.29	0.06	3.88	2.07	1.27	1.22	000
29125		A	Apply forearm splint	0.59	2.42	0.91	0.22	0.21	0.04	3.05	1.54	0.85	0.84	000
29126		A	Apply forearm splint	0.77	3.19	1.12	0.37	0.26	0.05	4.01	1.94	1.19	1.08	000
29130		A	Application of finger splint	0.50	0.68	0.31	0.19	0.12	0.02	1.20	0.83	0.71	0.64	000
29131		A	Application of finger splint	0.55	1.08	0.59	0.26	0.22	0.05	1.68	1.19	0.86	0.82	000
29200		A	Strapping of chest	0.65	0.92	0.45	0.21	0.17	0.02	1.59	1.12	0.88	0.84	000
29220		A	Strapping of low back	0.64	0.91	0.54	0.29	0.23	0.04	1.59	1.22	0.97	0.91	000
29240		A	Strapping of shoulder	0.71	1.01	0.47	0.24	0.28	0.02	1.74	1.20	0.97	1.01	000
29260		A	Strapping of elbow or wrist	0.55	0.85	0.40	0.20	0.15	0.02	1.42	0.97	0.77	0.72	000
29280		A	Strapping of hand or finger	0.51	0.85	0.39	0.19	0.14	0.02	1.38	0.92	0.72	0.67	000
29305		A	Application of hip cast	2.03	12.33	4.61	1.19	1.83	0.24	14.60	6.88	3.46	4.10	000
29325		A	Application of hip casts	2.32	12.57	4.73	1.35	1.92	0.22	15.11	7.27	3.89	4.46	000
29345		A	Application of long leg cast	1.40	5.38	2.18	0.79	0.62	0.13	6.91	3.71	2.32	2.15	000
29355		A	Application of long leg cast	1.53	5.81	2.35	0.86	0.67	0.13	7.47	4.01	2.52	2.33	000
29358		A	Apply long leg cast brace	1.43	6.48	2.90	0.84	0.85	0.26	8.17	4.59	2.53	2.54	000
29365		A	Application of long leg cast	1.18	4.72	1.88	0.67	0.52	0.11	6.01	3.17	1.96	1.81	000
29405		A	Apply short leg cast	0.86	4.01	1.65	0.48	0.44	0.09	4.96	2.60	1.43	1.39	000
29425		A	Apply short leg cast	1.01	3.84	1.75	0.54	0.53	0.11	4.96	2.87	1.66	1.65	000
29435		A	Apply short leg cast	1.18	6.51	2.59	0.72	0.66	0.14	7.83	3.91	2.04	1.98	000
29440		A	Addition of walker to cast	0.57	2.08	0.71	0.29	0.17	0.02	2.67	1.30	0.88	0.76	000
29445		A	Apply rigid leg cast	1.78	6.21	2.93	0.86	1.60	0.22	8.21	4.93	2.86	3.60	000
29450		A	Application of leg cast	1.02	3.45	1.18	0.52	0.29	0.03	4.50	2.23	1.57	1.34	000
29505		A	Application long leg splint	0.69	3.39	1.31	0.30	0.54	0.05	4.13	2.05	1.04	1.28	000
29515		A	Application lower leg splint	0.73	2.49	1.01	0.30	0.27	0.05	3.27	1.79	1.08	1.05	000
29520		A	Strapping of hip	0.54	0.90	0.52	0.32	0.23	0.02	1.46	1.08	0.88	0.79	000
29530		A	Strapping of knee	0.57	0.82	0.49	0.20	0.34	0.04	1.43	1.10	0.81	0.95	000
29540		A	Strapping of ankle	0.51	0.45	0.36	0.20	0.18	0.02	0.98	0.89	0.73	0.71	000
29550		A	Strapping of toes	0.47	0.41	0.33	0.21	0.17	0.02	0.90	0.82	0.70	0.66	000
29580		A	Application of paste boot	0.57	0.75	0.83	0.27	0.21	0.03	1.35	1.43	0.87	0.81	000
29590		A	Application of foot splint	0.76	0.63	0.38	0.32	0.19	0.02	1.41	1.16	1.10	0.97	000
29700		A	Removal/revision of cast	0.57	0.59	0.41	0.28	0.21	0.04	1.20	1.02	0.89	0.82	000
29705		A	Removal/revision of cast	0.76	0.81	0.49	0.36	0.23	0.04	1.61	1.29	1.16	1.03	000
29710		A	Removal/revision of cast	1.34	1.40	0.72	0.76	0.38	0.05	2.79	2.11	2.15	1.77	000
29715		A	Removal/revision of cast	0.94	6.51	2.33	0.46	0.47	0.09	7.54	3.36	1.49	1.50	000
29720		A	Repair of body cast	0.68	3.99	1.19	0.44	0.21	0.03	4.70	1.90	1.15	0.92	000
29730		A	Windowing of cast	0.75	0.77	0.40	0.36	0.20	0.03	1.55	1.18	1.14	0.98	000
29740		A	Wedging of cast	1.12	2.82	1.01	0.53	0.29	0.05	3.99	2.18	1.70	1.46	000
29750		A	Wedging of clubfoot cast	1.26	2.86	1.12	0.61	0.36	0.05	4.17	2.43	1.92	1.67	000
29799		C	Casting/strapping procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
29800		A	Jaw arthroscopy/surgery	6.43	NA	NA	8.50	5.39	0.36	NA	NA	15.29	12.18	090

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29804		A	Jaw arthroscopy/surgery	8.14	NA	NA	8.47	9.40	1.14	NA	NA	17.75	18.68	090
29815		A	Shoulder arthroscopy	5.89	NA	NA	6.21	5.49	0.59	NA	NA	12.69	11.97	090
29819		A	Shoulder arthroscopy/surgery	7.62	NA	NA	8.17	8.86	1.35	NA	NA	17.14	17.83	090
29820		A	Shoulder arthroscopy/surgery	7.07	NA	NA	7.96	8.32	1.35	NA	NA	16.38	16.74	090
29821		A	Shoulder arthroscopy/surgery	7.72	NA	NA	8.41	9.01	1.67	NA	NA	17.80	18.40	090
29822		A	Shoulder arthroscopy/surgery	7.43	NA	NA	8.16	8.69	1.36	NA	NA	16.95	17.48	090
29823		A	Shoulder arthroscopy/surgery	8.17	NA	NA	8.39	9.42	1.82	NA	NA	18.38	19.41	090
29825		A	Shoulder arthroscopy/surgery	7.62	NA	NA	8.11	8.85	1.60	NA	NA	17.33	18.07	090
29826		A	Shoulder arthroscopy/surgery	8.99	NA	NA	8.94	10.28	1.81	NA	NA	19.74	21.08	090
29830		A	Elbow arthroscopy	5.76	NA	NA	5.17	5.62	0.65	NA	NA	11.58	12.03	090
29834		A	Elbow arthroscopy/surgery	6.28	NA	NA	5.91	6.23	0.75	NA	NA	12.94	13.26	090
29835		A	Elbow arthroscopy/surgery	6.48	NA	NA	5.90	6.38	0.77	NA	NA	13.15	13.63	090
29836		A	Elbow arthroscopy/surgery	7.55	NA	NA	6.76	7.41	0.90	NA	NA	15.21	15.86	090
29837		A	Elbow arthroscopy/surgery	6.87	NA	NA	6.33	6.80	0.83	NA	NA	14.03	14.50	090
29838		A	Elbow arthroscopy/surgery	7.71	NA	NA	6.56	7.38	0.89	NA	NA	15.16	15.98	090
29840		A	Wrist arthroscopy	5.54	NA	NA	7.07	4.45	0.42	NA	NA	13.03	10.41	090
29843		A	Wrist arthroscopy/surgery	6.01	NA	NA	7.33	6.39	0.71	NA	NA	14.05	13.11	090
29844		A	Wrist arthroscopy/surgery	6.37	NA	NA	7.68	6.47	0.74	NA	NA	14.79	13.58	090
29845		A	Wrist arthroscopy/surgery	7.52	NA	NA	9.12	7.98	0.90	NA	NA	17.54	16.40	090
29846		A	Wrist arthroscopy/surgery	6.75	NA	NA	9.59	8.44	1.72	NA	NA	18.06	16.91	090
29847		A	Wrist arthroscopy/surgery	7.08	NA	NA	9.93	8.00	0.76	NA	NA	17.77	15.84	090
29848		A	Wrist endoscopy/surgery	5.44	NA	NA	7.06	4.90	0.49	NA	NA	12.99	10.83	090
29850		A	Knee arthroscopy/surgery	8.19	NA	NA	6.15	5.21	1.36	NA	NA	15.70	14.76	090
29851		A	Knee arthroscopy/surgery	13.10	NA	NA	10.20	11.46	1.36	NA	NA	24.66	25.92	090
29855		A	Tibial arthroscopy/surgery	10.62	NA	NA	9.17	11.80	1.47	NA	NA	21.26	23.89	090
29856		A	Tibial arthroscopy/surgery	14.14	NA	NA	10.89	12.24	1.47	NA	NA	26.50	27.85	090
29860		A	Hip arthroscopy, dx	8.05	NA	NA	6.74	5.62	0.59	NA	NA	15.38	14.26	090
29861		A	Hip arthroscopy/surgery	9.15	NA	NA	7.71	9.56	1.35	NA	NA	18.21	20.06	090
29862		A	Hip arthroscopy/surgery	9.90	NA	NA	8.09	10.22	1.82	NA	NA	19.81	21.94	090
29863		A	Hip arthroscopy/surgery	9.90	NA	NA	8.49	9.22	1.35	NA	NA	19.74	20.47	090
29870		A	Knee arthroscopy, diagnostic	5.07	NA	NA	5.28	4.59	0.50	NA	NA	10.85	10.16	090
29871		A	Knee arthroscopy/drainage	6.55	NA	NA	6.71	7.19	0.75	NA	NA	14.01	14.49	090
29874		A	Knee arthroscopy/surgery	7.05	NA	NA	6.68	7.99	1.19	NA	NA	14.92	16.23	090
29875		A	Knee arthroscopy/surgery	6.31	NA	NA	6.41	7.25	1.26	NA	NA	13.98	14.82	090
29876		A	Knee arthroscopy/surgery	7.92	NA	NA	7.64	9.00	1.53	NA	NA	17.09	18.45	090
29877		A	Knee arthroscopy/surgery	7.35	NA	NA	6.99	8.33	1.42	NA	NA	15.76	17.10	090
29879		A	Knee arthroscopy/surgery	8.04	NA	NA	7.33	9.03	1.71	NA	NA	17.08	18.78	090
29880		A	Knee arthroscopy/surgery	8.50	NA	NA	7.60	9.51	1.74	NA	NA	17.84	19.75	090
29881		A	Knee arthroscopy/surgery	7.76	NA	NA	7.20	8.75	1.42	NA	NA	16.38	17.93	090
29882		A	Knee arthroscopy/surgery	8.65	NA	NA	7.64	9.66	1.49	NA	NA	17.78	19.80	090

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29883		A	Knee arthroscopy/surgery	9.46	NA	NA	8.09	10.50	2.19	NA	NA	19.74	22.15	090
29884		A	Knee arthroscopy/surgery	7.33	NA	NA	7.46	8.43	1.22	NA	NA	16.01	16.98	090
29885		A	Knee arthroscopy/surgery	9.09	NA	NA	8.32	8.78	1.06	NA	NA	18.47	18.93	090
29886		A	Knee arthroscopy/surgery	7.54	NA	NA	7.46	7.40	0.88	NA	NA	15.88	15.82	090
29887		A	Knee arthroscopy/surgery	9.04	NA	NA	8.32	10.17	1.34	NA	NA	18.70	20.55	090
29888		A	Knee arthroscopy/surgery	13.90	NA	NA	11.05	15.21	2.49	NA	NA	27.44	31.60	090
29889		A	Knee arthroscopy/surgery	15.13	NA	NA	11.37	11.19	1.31	NA	NA	27.81	27.63	090
29891		A	Ankle arthroscopy/surgery	8.40	NA	NA	7.72	9.15	1.38	NA	NA	17.50	18.93	090
29892		A	Ankle arthroscopy/surgery	9.00	NA	NA	7.96	9.21	1.38	NA	NA	18.34	19.59	090
29893		A	Scope, plantar fasciotomy	5.22	NA	NA	4.65	5.39	0.36	NA	NA	10.23	10.97	090
29894		A	Ankle arthroscopy/surgery	7.21	NA	NA	6.96	8.20	1.15	NA	NA	15.32	16.56	090
29895		A	Ankle arthroscopy/surgery	6.99	NA	NA	6.83	7.97	1.18	NA	NA	15.00	16.14	090
29897		A	Ankle arthroscopy/surgery	7.18	NA	NA	7.29	8.25	1.38	NA	NA	15.85	16.81	090
29898		A	Ankle arthroscopy/surgery	8.32	NA	NA	7.24	9.26	1.49	NA	NA	17.05	19.07	090
29909		C	Arthroscopy of joint	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
30000		A	Drainage of nose lesion	1.43	2.06	0.99	1.58	0.64	0.04	3.53	2.46	3.05	2.11	010
30020		A	Drainage of nose lesion	1.43	2.26	1.05	1.69	0.67	0.05	3.74	2.53	3.17	2.15	010
30100		A	Intranasal biopsy	0.94	1.07	0.83	0.53	0.42	0.06	2.07	1.83	1.53	1.42	000
30110		A	Removal of nose polyp(s)	1.63	2.20	1.60	0.90	0.75	0.11	3.94	3.34	2.64	2.49	010
30115		A	Removal of nose polyp(s)	4.35	NA	NA	4.71	3.47	0.23	NA	NA	9.29	8.05	090
30117		A	Removal of intranasal lesion	3.16	3.70	3.24	3.15	3.10	0.24	7.10	6.64	6.55	6.50	090
30118		A	Removal of intranasal lesion	9.69	NA	NA	8.21	8.57	0.72	NA	NA	18.62	18.98	090
30120		A	Revision of nose	5.27	4.71	5.90	5.61	6.12	0.78	10.76	11.95	11.66	12.17	090
30124		A	Removal of nose lesion	3.10	NA	NA	3.49	1.42	0.13	NA	NA	6.72	4.65	090
30125		A	Removal of nose lesion	7.16	NA	NA	6.76	6.21	0.57	NA	NA	14.49	13.94	090
30130		A	Removal of turbinate bones	3.38	NA	NA	4.26	2.42	0.13	NA	NA	7.77	5.93	090
30140		A	Removal of turbinate bones	3.43	NA	NA	4.63	3.63	0.27	NA	NA	8.33	7.33	090
30150		A	Partial removal of nose	9.14	NA	NA	7.94	8.44	0.84	NA	NA	17.92	18.42	090
30160		A	Removal of nose	9.58	NA	NA	8.02	10.59	1.35	NA	NA	18.95	21.52	090
30200		A	Injection treatment of nose	0.78	1.08	0.57	0.44	0.26	0.03	1.89	1.38	1.25	1.07	000
30210		A	Nasal sinus therapy	1.08	1.70	0.64	0.60	0.26	0.02	2.80	1.74	1.70	1.36	010
30220		A	Insert nasal septal button	1.54	2.04	1.74	0.88	0.84	0.13	3.71	3.41	2.55	2.51	010
30300		A	Remove nasal foreign body	1.04	1.99	0.87	0.38	0.28	0.04	3.07	1.95	1.46	1.36	010
30310		A	Remove nasal foreign body	1.96	NA	NA	2.06	1.84	0.14	NA	NA	4.16	3.94	010
30320		A	Remove nasal foreign body	4.52	NA	NA	5.01	4.75	0.34	NA	NA	9.87	9.61	090
30400		R	Reconstruction of nose	9.83	NA	NA	8.39	10.21	1.06	NA	NA	19.28	21.10	090
30410		R	Reconstruction of nose	12.98	NA	NA	10.08	14.15	1.57	NA	NA	24.63	28.70	090
30420		R	Reconstruction of nose	15.88	NA	NA	11.88	17.19	1.74	NA	NA	29.50	34.81	090
30430		R	Revision of nose	7.21	NA	NA	6.95	6.70	0.52	NA	NA	14.68	14.43	090
30435		R	Revision of nose	11.71	NA	NA	9.51	10.66	0.86	NA	NA	22.08	23.23	090

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
30450		R	Revision of nose	18.65	NA	NA	13.23	12.46	0.71	NA	NA	32.59	31.82	090
30460		A	Revision of nose	9.96	NA	NA	8.49	9.11	0.73	NA	NA	19.18	19.80	090
30462		A	Revision of nose	19.57	NA	NA	13.40	17.32	1.46	NA	NA	34.43	38.35	090
30520		A	Repair of nasal septum	5.70	NA	NA	5.80	6.55	0.75	NA	NA	12.25	13.00	090
30540		A	Repair nasal defect	7.75	NA	NA	6.47	7.02	0.55	NA	NA	14.77	15.32	090
30545		A	Repair nasal defect	11.38	NA	NA	9.03	11.07	0.73	NA	NA	21.14	23.18	090
30560		A	Release of nasal adhesions	1.26	1.87	0.92	1.64	0.64	0.05	3.18	2.23	2.95	1.95	010
30580		A	Repair upper jaw fistula	6.69	4.21	6.13	5.45	3.91	0.45	11.35	13.27	12.59	11.05	090
30600		A	Repair mouth/nose fistula	6.02	4.06	4.08	5.06	4.33	0.28	10.36	10.38	11.36	10.63	090
30620		A	Intranasal reconstruction	5.97	NA	NA	6.18	6.89	0.86	NA	NA	13.01	13.72	090
30630		A	Repair nasal septum defect	7.12	NA	NA	6.84	6.79	0.56	NA	NA	14.52	14.47	090
30801		A	Cauterization inner nose	1.09	2.01	0.89	2.49	0.82	0.04	3.14	2.02	3.62	1.95	010
30802		A	Cauterization inner nose	2.03	2.54	1.40	3.14	1.55	0.09	4.66	3.52	5.26	3.67	010
30901		A	Control of nosebleed	1.21	1.80	0.91	0.59	0.38	0.05	3.06	2.17	1.85	1.64	000
30903		A	Control of nosebleed	1.54	2.13	1.22	0.91	0.92	0.06	3.73	2.82	2.51	2.52	000
30905		A	Control of nosebleed	1.97	3.72	2.39	1.39	1.80	0.13	5.82	4.49	3.49	3.90	000
30906		A	Repeat control of nosebleed	2.45	3.96	1.87	1.93	1.36	0.09	6.50	4.41	4.47	3.90	000
30915		A	Ligation nasal sinus artery	7.20	NA	NA	6.93	5.76	0.41	NA	NA	14.54	13.37	090
30920		A	Ligation upper jaw artery	9.83	NA	NA	8.44	9.87	1.03	NA	NA	19.30	20.73	090
30930		A	Therapy fracture of nose	1.26	NA	NA	2.55	1.22	0.06	NA	NA	3.87	2.54	010
30999		C	Nasal surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
31000		A	Irrigation maxillary sinus	1.15	1.89	0.83	0.66	0.35	0.04	3.08	2.02	1.85	1.54	010
31002		A	Irrigation sphenoid sinus	1.91	NA	NA	2.58	0.83	0.04	NA	NA	4.53	2.78	010
31020		A	Exploration maxillary sinus	2.94	3.51	3.05	3.52	3.05	0.23	6.68	6.22	6.69	6.22	090
31030		A	Exploration maxillary sinus	5.92	3.85	6.27	4.87	6.52	0.67	10.44	12.86	11.46	13.11	090
31032		A	Explore sinus,remove polyps	6.57	NA	NA	6.16	7.43	0.77	NA	NA	13.50	14.77	090
31040		A	Exploration behind upper jaw	9.42	NA	NA	6.65	8.16	0.67	NA	NA	16.74	18.25	090
31050		A	Exploration sphenoid sinus	5.28	NA	NA	5.15	6.02	0.50	NA	NA	10.93	11.80	090
31051		A	Sphenoid sinus surgery	7.11	NA	NA	6.49	7.99	0.66	NA	NA	14.26	15.76	090
31070		A	Exploration of frontal sinus	4.28	NA	NA	4.97	5.06	0.39	NA	NA	9.64	9.73	090
31075		A	Exploration of frontal sinus	9.16	NA	NA	8.07	10.22	0.86	NA	NA	18.09	20.24	090
31080		A	Removal of frontal sinus	11.42	NA	NA	8.73	9.68	0.88	NA	NA	21.03	21.98	090
31081		A	Removal of frontal sinus	12.75	NA	NA	9.76	10.84	1.02	NA	NA	23.53	24.61	090
31084		A	Removal of frontal sinus	13.51	NA	NA	10.46	14.65	1.27	NA	NA	25.24	29.43	090
31085		A	Removal of frontal sinus	14.20	NA	NA	10.44	15.32	1.38	NA	NA	26.02	30.90	090
31086		A	Removal of frontal sinus	12.86	NA	NA	10.33	11.43	0.90	NA	NA	24.09	25.19	090
31087		A	Removal of frontal sinus	13.10	NA	NA	10.33	11.04	1.04	NA	NA	24.47	25.18	090
31090		A	Exploration of sinuses	9.53	NA	NA	8.59	10.68	1.66	NA	NA	19.78	21.87	090
31200		A	Removal of ethmoid sinus	4.97	NA	NA	6.20	5.31	0.38	NA	NA	11.55	10.66	090
31201		A	Removal of ethmoid sinus	8.37	NA	NA	7.60	7.61	0.59	NA	NA	16.56	16.57	090

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CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
31205		A	Removal of ethmoid sinus	10.24	NA	NA	8.88	8.75	0.63	NA	NA	19.75	19.62	090
31225		A	Removal of upper jaw	19.23	NA	NA	16.76	20.02	1.85	NA	NA	37.84	41.10	090
31230		A	Removal of upper jaw	21.94	NA	NA	19.67	22.61	1.94	NA	NA	43.55	46.49	090
31231		A	Nasal endoscopy, dx	1.10	1.62	1.52	0.61	1.27	0.12	2.84	2.74	1.83	2.49	000
31233		A	Nasal/sinus endoscopy, dx	2.18	2.25	2.84	1.23	1.45	0.24	4.67	5.26	3.65	3.87	000
31235		A	Nasal/sinus endoscopy, dx	2.64	2.53	2.58	1.45	1.34	0.20	5.37	5.42	4.29	4.18	000
31237		A	Nasal/sinus endoscopy, surg	2.98	2.77	3.36	1.67	1.75	0.29	6.04	6.63	4.94	5.02	000
31238		A	Nasal/sinus endoscopy, surg	3.26	3.13	3.71	1.89	1.94	0.35	6.74	7.32	5.50	5.55	000
31239		A	Nasal/sinus endoscopy, surg	8.70	NA	NA	6.85	9.51	0.92	NA	NA	16.47	19.13	010
31240		A	Nasal/sinus endoscopy, surg	2.61	NA	NA	1.99	2.83	0.29	NA	NA	4.89	5.73	000
31254		A	Revision of ethmoid sinus	4.65	NA	NA	3.21	4.97	0.54	NA	NA	8.40	10.16	000
31255		A	Removal of ethmoid sinus	6.96	NA	NA	4.72	7.41	0.89	NA	NA	12.57	15.26	000
31256		A	Exploration maxillary sinus	3.29	NA	NA	2.39	3.55	0.32	NA	NA	6.00	7.16	000
31267		A	Endoscopy, maxillary sinus	5.46	NA	NA	3.61	5.16	0.63	NA	NA	9.70	11.25	000
31276		A	Sinus surgical endoscopy	8.85	NA	NA	5.69	6.89	0.57	NA	NA	15.11	16.31	000
31287		A	Nasal/sinus endoscopy, surg	3.92	NA	NA	2.75	4.20	0.51	NA	NA	7.18	8.63	000
31288		A	Nasal/sinus endoscopy, surg	4.58	NA	NA	3.10	4.88	0.61	NA	NA	8.29	10.07	000
31290		A	Nasal/sinus endoscopy, surg	17.24	NA	NA	12.01	16.41	1.41	NA	NA	30.66	35.06	010
31291		A	Nasal/sinus endoscopy, surg	18.19	NA	NA	12.28	17.16	1.47	NA	NA	31.94	36.82	010
31292		A	Nasal/sinus endoscopy, surg	14.76	NA	NA	10.55	13.53	1.13	NA	NA	26.44	29.42	010
31293		A	Nasal/sinus endoscopy, surg	16.21	NA	NA	11.77	14.86	1.24	NA	NA	29.22	32.31	010
31294		A	Nasal/sinus endoscopy, surg	19.06	NA	NA	12.77	16.81	1.43	NA	NA	33.26	37.30	010
31299		C	Sinus surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
31300		A	Removal of larynx lesion	14.29	NA	NA	17.31	13.76	1.00	NA	NA	32.60	29.05	090
31320		A	Diagnostic incision larynx	5.26	NA	NA	11.84	6.11	0.38	NA	NA	17.48	11.75	090
31360		A	Removal of larynx	17.08	NA	NA	20.26	20.36	1.71	NA	NA	39.05	39.15	090
31365		A	Removal of larynx	24.16	NA	NA	24.46	27.75	2.43	NA	NA	51.05	54.34	090
31367		A	Partial removal of larynx	21.86	NA	NA	24.25	20.08	1.47	NA	NA	47.58	43.41	090
31368		A	Partial removal of larynx	27.09	NA	NA	29.93	29.26	2.39	NA	NA	59.41	58.74	090
31370		A	Partial removal of larynx	21.38	NA	NA	23.21	19.78	1.47	NA	NA	46.06	42.63	090
31375		A	Partial removal of larynx	20.21	NA	NA	23.45	17.95	1.22	NA	NA	44.88	39.38	090
31380		A	Partial removal of larynx	20.21	NA	NA	22.70	19.73	1.47	NA	NA	44.38	41.41	090
31382		A	Partial removal of larynx	20.52	NA	NA	22.80	18.77	1.39	NA	NA	44.71	40.68	090
31390		A	Removal of larynx & pharynx	27.53	NA	NA	29.71	29.47	3.17	NA	NA	60.41	60.17	090
31395		A	Reconstruct larynx & pharynx	31.09	NA	NA	35.01	36.04	3.46	NA	NA	69.56	70.59	090
31400		A	Revision of larynx	10.31	NA	NA	15.83	10.32	0.71	NA	NA	26.85	21.34	090
31420		A	Removal of epiglottis	10.22	NA	NA	14.89	10.30	0.66	NA	NA	25.77	21.18	090
31500		A	Insert emergency airway	2.33	NA	NA	0.69	1.10	0.11	NA	NA	3.13	3.54	000
31502		A	Change of windpipe airway	0.65	1.45	0.84	0.26	0.54	0.05	2.15	1.54	0.96	1.24	000
31505		A	Diagnostic laryngoscopy	0.61	1.44	0.71	0.43	0.29	0.04	2.09	1.36	1.08	0.94	000

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31510		A	Laryngoscopy with biopsy	1.92	2.24	1.01	0.98	0.70	0.05	4.21	2.98	2.95	2.67	000
31511		A	Remove foreign body, larynx	2.16	2.48	1.40	0.73	0.96	0.08	4.72	3.64	2.97	3.20	000
31512		A	Removal of larynx lesion	2.07	2.44	2.07	1.11	1.73	0.16	4.67	4.30	3.34	3.96	000
31513		A	Injection into vocal cord	2.10	NA	NA	1.58	2.28	0.30	NA	NA	3.98	4.68	000
31515		A	Laryngoscopy for aspiration	1.80	2.90	1.65	1.04	1.18	0.11	4.81	3.56	2.95	3.09	000
31520		A	Diagnostic laryngoscopy	2.56	NA	NA	1.60	1.74	0.14	NA	NA	4.30	4.44	000
31525		A	Diagnostic laryngoscopy	2.63	2.50	2.42	1.70	1.33	0.18	5.31	5.23	4.51	4.14	000
31526		A	Diagnostic laryngoscopy	2.57	NA	NA	1.87	2.77	0.30	NA	NA	4.74	5.64	000
31527		A	Laryngoscopy for treatment	3.27	NA	NA	2.12	2.96	0.23	NA	NA	5.62	6.46	000
31528		A	Laryngoscopy and dilatation	2.37	NA	NA	1.64	2.53	0.23	NA	NA	4.24	5.13	000
31529		A	Laryngoscopy and dilatation	2.68	NA	NA	1.90	2.48	0.20	NA	NA	4.78	5.36	000
31530		A	Operative laryngoscopy	3.39	NA	NA	1.96	3.45	0.31	NA	NA	5.66	7.15	000
31531		A	Operative laryngoscopy	3.59	NA	NA	2.52	3.85	0.47	NA	NA	6.58	7.91	000
31535		A	Operative laryngoscopy	3.16	NA	NA	2.09	3.36	0.35	NA	NA	5.60	6.87	000
31536		A	Operative laryngoscopy	3.56	NA	NA	2.50	3.81	0.46	NA	NA	6.52	7.83	000
31540		A	Operative laryngoscopy	4.13	NA	NA	2.80	4.40	0.48	NA	NA	7.41	9.01	000
31541		A	Operative laryngoscopy	4.53	NA	NA	3.08	4.48	0.59	NA	NA	8.20	9.60	000
31560		A	Operative laryngoscopy	5.46	NA	NA	3.64	4.98	0.40	NA	NA	9.50	10.84	000
31561		A	Operative laryngoscopy	6.00	NA	NA	4.09	6.12	0.84	NA	NA	10.93	12.96	000
31570		A	Laryngoscopy with injection	3.87	3.48	4.34	2.59	2.38	0.47	7.82	8.68	6.93	6.72	000
31571		A	Laryngoscopy with injection	4.27	NA	NA	2.90	4.39	0.54	NA	NA	7.71	9.20	000
31575		A	Diagnostic laryngoscopy	1.10	1.79	1.72	0.61	0.79	0.13	3.02	2.95	1.84	2.02	000
31576		A	Laryngoscopy with biopsy	1.97	1.82	2.23	1.03	2.03	0.26	4.05	4.46	3.26	4.26	000
31577		A	Remove foreign body, larynx	2.47	2.18	2.76	1.21	2.52	0.29	4.94	5.52	3.97	5.28	000
31578		A	Removal of larynx lesion	2.84	2.41	3.15	1.61	2.95	0.38	5.63	6.37	4.83	6.17	000
31579		A	Diagnostic laryngoscopy	2.26	2.45	2.51	1.20	1.25	0.20	4.91	4.97	3.66	3.71	000
31580		A	Revision of larynx	12.38	NA	NA	17.38	15.43	1.28	NA	NA	31.04	29.09	090
31582		A	Revision of larynx	21.62	NA	NA	22.26	20.11	1.52	NA	NA	45.40	43.25	090
31584		A	Repair of larynx fracture	19.64	NA	NA	18.70	15.03	1.05	NA	NA	39.39	35.72	090
31585		A	Repair of larynx fracture	4.64	NA	NA	8.68	5.24	0.31	NA	NA	13.63	10.19	090
31586		A	Repair of larynx fracture	8.03	NA	NA	11.46	8.20	0.56	NA	NA	20.05	16.79	090
31587		A	Revision of larynx	11.99	NA	NA	15.94	9.85	0.62	NA	NA	28.55	22.46	090
31588		A	Revision of larynx	13.11	NA	NA	17.94	13.19	0.91	NA	NA	31.96	27.21	090
31590		A	Reinnervate larynx	6.97	NA	NA	11.96	7.68	0.49	NA	NA	19.42	15.14	090
31595		A	Larynx nerve surgery	8.34	NA	NA	13.65	8.98	0.58	NA	NA	22.57	17.90	090
31599		C	Larynx surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
31600		A	Incision of windpipe	3.62	NA	NA	2.28	3.81	0.51	NA	NA	6.41	7.94	000
31601		A	Incision of windpipe	4.45	NA	NA	3.28	4.81	0.52	NA	NA	8.25	9.78	000
31603		A	Incision of windpipe	4.15	NA	NA	2.56	4.08	0.52	NA	NA	7.23	8.75	000
31605		A	Incision of windpipe	3.58	NA	NA	1.84	3.67	0.39	NA	NA	5.81	7.64	000

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31610		A	Incision of windpipe	8.76	NA	NA	10.57	8.07	0.72	NA	NA	20.05	17.55	090
31611		A	Surgery/speech prosthesis	5.64	NA	NA	10.06	7.77	0.81	NA	NA	16.51	14.22	090
31612		A	Puncture/clear windpipe	0.91	1.43	1.31	0.46	0.93	0.09	2.43	2.31	1.46	1.93	000
31613		A	Repair windpipe opening	4.59	NA	NA	8.23	3.86	0.22	NA	NA	13.04	8.67	090
31614		A	Repair windpipe opening	7.12	NA	NA	11.69	8.41	0.57	NA	NA	19.38	16.10	090
31615		A	Visualization of windpipe	2.09	3.33	2.42	1.25	1.90	0.17	5.59	4.68	3.51	4.16	000
31622		A	Dx bronchoscope/wash	2.67	3.18	3.30	1.12	2.79	0.27	6.12	6.24	4.06	5.73	000
31623		A	Dx bronchoscope/brush	3.07	3.33	3.33	1.25	1.25	0.27	6.67	6.67	4.59	4.59	000
31624		A	Dx bronchoscope/lavage	3.11	3.35	3.35	1.26	1.26	0.27	6.73	6.73	4.64	4.64	000
31625		A	Bronchoscopy with biopsy	3.37	3.38	3.87	1.30	3.35	0.27	7.02	7.51	4.94	6.99	000
31628		A	Bronchoscopy with biopsy	3.81	3.24	4.22	1.40	3.76	0.30	7.35	8.33	5.51	7.87	000
31629		A	Bronchoscopy with biopsy	3.37	NA	NA	1.29	3.35	0.27	NA	NA	4.93	6.99	000
31630		A	Bronchoscopy with repair	3.82	NA	NA	2.00	3.53	0.39	NA	NA	6.21	7.74	000
31631		A	Bronchoscopy with dilation	4.37	NA	NA	2.04	3.72	0.38	NA	NA	6.79	8.47	000
31635		A	Remove foreign body, airway	3.68	NA	NA	1.73	3.73	0.41	NA	NA	5.82	7.82	000
31640		A	Bronchoscopy & remove lesion	4.94	NA	NA	2.45	4.70	0.52	NA	NA	7.91	10.16	000
31641		A	Bronchoscopy, treat blockage	5.03	NA	NA	2.15	5.04	0.66	NA	NA	7.84	10.73	000
31643		A	Dx bronchoscope/catheter	3.50	1.73	1.73	1.23	1.23	0.66	5.89	5.89	5.39	5.39	000
31645		A	Bronchoscopy, clear airways	3.16	NA	NA	1.30	3.16	0.23	NA	NA	4.69	6.55	000
31646		A	Bronchoscopy,reclear airways	2.72	NA	NA	1.19	2.73	0.21	NA	NA	4.12	5.66	000
31656		A	Bronchoscopy,inject for xray	2.17	NA	NA	0.93	2.18	0.24	NA	NA	3.34	4.59	000
31700		A	Insertion of airway catheter	1.34	2.42	1.73	0.68	1.30	0.13	3.89	3.20	2.15	2.77	000
31708		A	Instill airway contrast dye	1.41	NA	NA	0.72	0.81	0.07	NA	NA	2.20	2.29	000
31710		A	Insertion of airway catheter	1.30	NA	NA	0.72	0.92	0.09	NA	NA	2.11	2.31	000
31715		A	Injection for bronchus x-ray	1.11	NA	NA	0.62	0.55	0.03	NA	NA	1.76	1.69	000
31717		A	Bronchial brush biopsy	2.12	4.60	1.74	0.92	0.82	0.05	6.77	3.91	3.09	2.99	000
31720		A	Clearance of airways	1.06	2.01	1.10	0.56	0.74	0.07	3.14	2.23	1.69	1.87	000
31725		A	Clearance of airways	1.96	NA	NA	0.84	1.36	0.12	NA	NA	2.92	3.44	000
31730		A	Intro windpipe wire/tube	2.85	2.02	2.52	1.03	2.27	0.18	5.05	5.55	4.06	5.30	000
31750		A	Repair of windpipe	13.02	NA	NA	16.32	11.31	0.85	NA	NA	30.19	25.18	090
31755		A	Repair of windpipe	15.93	NA	NA	19.27	15.64	1.13	NA	NA	36.33	32.70	090
31760		A	Repair of windpipe	22.35	NA	NA	17.20	13.19	1.99	NA	NA	41.54	37.53	090
31766		A	Reconstruction of windpipe	30.43	NA	NA	20.55	20.12	0.88	NA	NA	51.86	51.43	090
31770		A	Repair/graft of bronchus	22.51	NA	NA	18.02	16.77	1.63	NA	NA	42.16	40.91	090
31775		A	Reconstruct bronchus	23.54	NA	NA	18.92	18.06	1.50	NA	NA	43.96	43.10	090
31780		A	Reconstruct windpipe	17.72	NA	NA	16.68	18.28	1.63	NA	NA	36.03	37.63	090
31781		A	Reconstruct windpipe	23.53	NA	NA	23.29	19.55	1.53	NA	NA	48.35	44.61	090
31785		A	Remove windpipe lesion	17.23	NA	NA	18.82	11.97	0.92	NA	NA	36.97	30.12	090
31786		A	Remove windpipe lesion	23.98	NA	NA	24.59	16.97	1.75	NA	NA	50.32	42.70	090
31800		A	Repair of windpipe injury	7.43	NA	NA	10.65	6.65	0.59	NA	NA	18.67	14.67	090

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
31805		A	Repair of windpipe injury	13.13	NA	NA	12.39	11.09	1.10	NA	NA	26.62	25.32	090
31820		A	Closure of windpipe lesion	4.49	7.02	4.67	8.01	4.92	0.36	11.87	9.52	12.86	9.77	090
31825		A	Repair of windpipe defect	6.81	9.82	6.53	11.15	6.86	0.45	17.08	13.79	18.41	14.12	090
31830		A	Revise windpipe scar	4.50	6.85	4.69	8.11	5.01	0.33	11.68	9.52	12.94	9.84	090
31899		C	Airways surgical procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
32000		A	Drainage of chest	1.54	3.47	1.60	0.67	0.90	0.06	5.07	3.20	2.27	2.50	000
32001		A	Total lung lavage	5.71	2.11	2.11	2.17	2.17	0.27	8.09	8.09	8.15	8.15	000
32002		A	Treatment of collapsed lung	2.19	NA	NA	0.90	1.31	0.17	NA	NA	3.26	3.67	000
32005		A	Treat lung lining chemically	2.19	NA	NA	0.95	1.12	0.12	NA	NA	3.26	3.43	000
32020		A	Insertion of chest tube	3.98	NA	NA	1.58	2.53	0.34	NA	NA	5.90	6.85	000
32035		A	Exploration of chest	8.67	NA	NA	9.34	7.84	0.98	NA	NA	18.99	17.49	090
32036		A	Exploration of chest	9.68	NA	NA	10.12	8.34	1.03	NA	NA	20.83	19.05	090
32095		A	Biopsy through chest wall	8.36	NA	NA	9.21	9.02	1.13	NA	NA	18.70	18.51	090
32100		A	Exploration/biopsy of chest	11.84	NA	NA	10.84	11.86	1.64	NA	NA	24.32	25.34	090
32110		A	Explore/repair chest	13.62	NA	NA	13.71	12.80	1.57	NA	NA	28.90	27.99	090
32120		A	Re-exploration of chest	11.54	NA	NA	10.85	10.41	1.35	NA	NA	23.74	23.30	090
32124		A	Explore chest,free adhesions	12.72	NA	NA	10.90	11.63	1.73	NA	NA	25.35	26.08	090
32140		A	Removal of lung lesion(s)	13.93	NA	NA	11.48	12.94	1.89	NA	NA	27.30	28.76	090
32141		A	Remove/treat lung lesions	14.00	NA	NA	14.10	14.45	1.98	NA	NA	30.08	30.43	090
32150		A	Removal of lung lesion(s)	14.15	NA	NA	11.67	11.33	1.57	NA	NA	27.39	27.05	090
32151		A	Remove lung foreign body	14.21	NA	NA	11.71	10.38	1.07	NA	NA	26.99	25.66	090
32160		A	Open chest heart massage	9.30	NA	NA	9.73	9.87	1.19	NA	NA	20.22	20.36	090
32200		A	Open drainage, lung lesion	15.29	NA	NA	14.35	9.20	0.73	NA	NA	30.37	25.22	090
32201		A	Percut drainage, lung lesion	4.00	NA	NA	10.61	5.12	0.27	NA	NA	14.88	9.39	000
32215		A	Treat chest lining	11.33	NA	NA	10.00	8.70	1.00	NA	NA	22.33	21.03	090
32220		A	Release of lung	19.27	NA	NA	15.70	16.80	2.35	NA	NA	37.32	38.42	090
32225		A	Partial release of lung	13.96	NA	NA	14.31	13.22	1.78	NA	NA	30.05	28.96	090
32310		A	Removal of chest lining	13.44	NA	NA	13.18	12.77	1.64	NA	NA	28.26	27.85	090
32320		A	Free/remove chest lining	20.54	NA	NA	16.05	18.74	2.66	NA	NA	39.25	41.94	090
32400		A	Needle biopsy chest lining	1.76	1.44	1.57	1.01	1.46	0.09	3.29	3.42	2.86	3.31	000
32402		A	Open biopsy chest lining	7.56	NA	NA	7.65	8.09	1.05	NA	NA	16.26	16.70	090
32405		A	Biopsy, lung or mediastinum	1.93	1.81	2.18	1.21	2.03	0.14	3.88	4.25	3.28	4.10	000
32420		A	Puncture/clear lung	2.18	NA	NA	0.89	1.45	0.10	NA	NA	3.17	3.73	000
32440		A	Removal of lung	21.02	NA	NA	15.92	19.09	2.78	NA	NA	39.72	42.89	090
32442		A	Sleeve pneumonectomy	26.24	NA	NA	19.71	19.53	2.74	NA	NA	48.69	48.51	090
32445		A	Removal of lung	25.09	NA	NA	18.72	21.33	3.04	NA	NA	46.85	49.46	090
32480		A	Partial removal of lung	18.32	NA	NA	12.09	16.98	2.53	NA	NA	32.94	37.83	090
32482		A	Bilobectomy	19.71	NA	NA	13.86	17.42	2.53	NA	NA	36.10	39.66	090
32484		A	Segmentectomy	20.69	NA	NA	14.37	17.55	2.53	NA	NA	37.59	40.77	090
32486		A	Sleeve lobectomy	23.92	NA	NA	17.44	17.82	2.53	NA	NA	43.89	44.27	090

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32488		A	Completion pneumonectomy	25.71	NA	NA	18.37	19.03	2.71	NA	NA	46.79	47.45	090
32491		R	Lung volume reduction	21.25	NA	NA	16.71	16.76	2.36	NA	NA	40.32	40.37	090
32500		A	Partial removal of lung	14.30	NA	NA	11.82	13.92	2.00	NA	NA	28.12	30.22	090
32501		A	Repair bronchus (add-on)	4.69	NA	NA	1.75	3.95	0.55	NA	NA	6.99	9.19	ZZZ
32520		A	Remove lung & revise chest	21.68	NA	NA	15.60	20.72	3.07	NA	NA	40.35	45.47	090
32522		A	Remove lung & revise chest	24.20	NA	NA	17.57	22.22	3.28	NA	NA	45.05	49.70	090
32525		A	Remove lung & revise chest	26.50	NA	NA	18.39	23.72	3.61	NA	NA	48.50	53.83	090
32540		A	Removal of lung lesion	14.64	NA	NA	14.12	13.03	1.60	NA	NA	30.36	29.27	090
32601		A	Thoracoscopy, diagnostic	5.46	NA	NA	4.67	4.00	0.45	NA	NA	10.58	9.91	000
32602		A	Thoracoscopy, diagnostic	5.96	NA	NA	4.89	4.37	0.50	NA	NA	11.35	10.83	000
32603		A	Thoracoscopy, diagnostic	7.81	NA	NA	5.15	4.12	0.45	NA	NA	13.41	12.38	000
32604		A	Thoracoscopy, diagnostic	8.78	NA	NA	5.96	4.64	0.50	NA	NA	15.24	13.92	000
32605		A	Thoracoscopy, diagnostic	6.93	NA	NA	5.59	4.23	0.45	NA	NA	12.97	11.61	000
32606		A	Thoracoscopy, diagnostic	8.40	NA	NA	5.91	4.63	0.50	NA	NA	14.81	13.53	000
32650		A	Thoracoscopy, surgical	10.75	NA	NA	10.14	8.74	1.00	NA	NA	21.89	20.49	090
32651		A	Thoracoscopy, surgical	12.91	NA	NA	11.12	12.42	1.78	NA	NA	25.81	27.11	090
32652		A	Thoracoscopy, surgical	18.66	NA	NA	14.64	16.53	2.35	NA	NA	35.65	37.54	090
32653		A	Thoracoscopy, surgical	12.87	NA	NA	11.77	11.36	1.57	NA	NA	26.21	25.80	090
32654		A	Thoracoscopy, surgical	12.44	NA	NA	12.58	12.51	1.57	NA	NA	26.59	26.52	090
32655		A	Thoracoscopy, surgical	13.10	NA	NA	12.70	14.10	1.98	NA	NA	27.78	29.18	090
32656		A	Thoracoscopy, surgical	12.91	NA	NA	10.91	13.60	1.85	NA	NA	25.67	28.36	090
32657		A	Thoracoscopy, surgical	13.65	NA	NA	11.32	13.80	2.00	NA	NA	26.97	29.45	090
32658		A	Thoracoscopy, surgical	11.63	NA	NA	10.14	12.95	1.97	NA	NA	23.74	26.55	090
32659		A	Thoracoscopy, surgical	11.59	NA	NA	10.53	13.01	2.04	NA	NA	24.16	26.64	090
32660		A	Thoracoscopy, surgical	17.43	NA	NA	14.29	19.17	2.79	NA	NA	34.51	39.39	090
32661		A	Thoracoscopy, surgical	13.25	NA	NA	11.80	10.48	1.15	NA	NA	26.20	24.88	090
32662		A	Thoracoscopy, surgical	16.44	NA	NA	11.96	14.83	2.14	NA	NA	30.54	33.41	090
32663		A	Thoracoscopy, surgical	18.47	NA	NA	13.75	17.40	2.53	NA	NA	34.75	38.40	090
32664		A	Thoracoscopy, surgical	14.20	NA	NA	10.72	11.27	1.60	NA	NA	26.52	27.07	090
32665		A	Thoracoscopy, surgical	15.54	NA	NA	11.61	14.57	2.07	NA	NA	29.22	32.18	090
32800		A	Repair lung hernia	13.69	NA	NA	11.19	9.54	1.24	NA	NA	26.12	24.47	090
32810		A	Close chest after drainage	13.05	NA	NA	11.44	8.15	0.93	NA	NA	25.42	22.13	090
32815		A	Close bronchial fistula	23.15	NA	NA	17.61	16.79	2.05	NA	NA	42.81	41.99	090
32820		A	Reconstruct injured chest	21.48	NA	NA	17.24	19.78	2.53	NA	NA	41.25	43.79	090
32850		X	Donor pneumonectomy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
32851		A	Lung transplant, single	38.63	NA	NA	22.26	26.36	3.90	NA	NA	64.79	68.89	090
32852		A	Lung transplant w/bypass	41.80	NA	NA	24.29	28.63	4.23	NA	NA	70.32	74.66	090
32853		A	Lung transplant, double	47.81	NA	NA	28.14	33.03	4.88	NA	NA	80.83	85.72	090
32854		A	Lung transplant w/bypass	50.98	NA	NA	29.25	35.07	5.22	NA	NA	85.45	91.27	090
32900		A	Removal of rib(s)	20.27	NA	NA	14.15	10.43	1.28	NA	NA	35.70	31.98	090

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32905		A	Revise & repair chest wall	20.75	NA	NA	15.30	14.20	2.03	NA	NA	38.08	36.98	090
32906		A	Revise & repair chest wall	26.77	NA	NA	18.92	17.28	2.28	NA	NA	47.97	46.33	090
32940		A	Revision of lung	19.43	NA	NA	13.13	12.54	1.37	NA	NA	33.93	33.34	090
32960		A	Therapeutic pneumothorax	1.84	1.83	1.22	0.56	0.90	0.10	3.77	3.16	2.50	2.84	000
32999		C	Chest surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
33010		A	Drainage of heart sac	2.24	NA	NA	0.97	1.50	0.11	NA	NA	3.32	3.85	000
33011		A	Repeat drainage of heart sac	2.24	NA	NA	1.12	0.73	0.09	NA	NA	3.45	3.06	000
33015		A	Incision of heart sac	6.80	NA	NA	3.97	4.46	0.49	NA	NA	11.26	11.75	090
33020		A	Incision of heart sac	12.61	NA	NA	7.73	12.73	1.97	NA	NA	22.31	27.31	090
33025		A	Incision of heart sac	12.09	NA	NA	7.46	12.69	2.04	NA	NA	21.59	26.82	090
33030		A	Partial removal of heart sac	18.71	NA	NA	15.56	20.64	3.07	NA	NA	37.34	42.42	090
33031		A	Partial removal of heart sac	21.79	NA	NA	20.72	15.97	1.96	NA	NA	44.47	39.72	090
33050		A	Removal of heart sac lesion	14.36	NA	NA	11.63	10.44	1.15	NA	NA	27.14	25.95	090
33120		A	Removal of heart lesion	24.56	NA	NA	24.92	28.22	4.04	NA	NA	53.52	56.82	090
33130		A	Removal of heart lesion	21.39	NA	NA	16.40	15.09	1.74	NA	NA	39.53	38.22	090
33200		A	Insertion of heart pacemaker	12.48	NA	NA	9.02	12.25	1.49	NA	NA	22.99	26.22	090
33201		A	Insertion of heart pacemaker	10.18	NA	NA	8.00	11.11	1.31	NA	NA	19.49	22.60	090
33206		A	Insertion of heart pacemaker	6.67	NA	NA	5.29	7.30	1.05	NA	NA	13.01	15.02	090
33207		A	Insertion of heart pacemaker	8.04	NA	NA	5.90	8.67	1.04	NA	NA	14.98	17.75	090
33208		A	Insertion of heart pacemaker	8.13	NA	NA	6.17	8.82	1.20	NA	NA	15.50	18.15	090
33210		A	Insertion of heart electrode	3.30	NA	NA	1.60	3.09	0.21	NA	NA	5.11	6.60	000
33211		A	Insertion of heart electrode	3.40	NA	NA	1.93	3.17	0.21	NA	NA	5.54	6.78	000
33212		A	Insertion of pulse generator	5.52	NA	NA	4.18	5.43	0.69	NA	NA	10.39	11.64	090
33213		A	Insertion of pulse generator	6.37	NA	NA	4.69	5.55	0.69	NA	NA	11.75	12.61	090
33214		A	Upgrade of pacemaker system	7.75	NA	NA	5.80	5.85	0.83	NA	NA	14.38	14.43	090
33216		A	Revision implanted electrode	5.39	NA	NA	4.53	5.22	0.43	NA	NA	10.35	11.04	090
33217		A	Insert/revise electrode	5.75	NA	NA	5.15	5.38	0.43	NA	NA	11.33	11.56	090
33218		A	Repair pacemaker electrodes	5.44	NA	NA	4.21	4.79	0.49	NA	NA	10.14	10.72	090
33220		A	Repair pacemaker electrode	5.52	NA	NA	4.58	4.88	0.49	NA	NA	10.59	10.89	090
33222		A	Pacemaker aicd pocket	4.96	NA	NA	3.94	5.43	0.79	NA	NA	9.69	11.18	090
33223		A	Pacemaker aicd pocket	6.46	NA	NA	5.54	6.03	0.79	NA	NA	12.79	13.28	090
33233		A	Removal of pacemaker system	3.29	NA	NA	3.40	3.00	0.04	NA	NA	6.73	6.33	090
33234		A	Removal of pacemaker system	7.82	NA	NA	5.42	3.67	0.18	NA	NA	13.42	11.67	090
33235		A	Removal pacemaker electrode	9.40	NA	NA	6.09	4.08	0.26	NA	NA	15.75	13.74	090
33236		A	Remove electrode/thoracotomy	12.60	NA	NA	9.34	5.58	0.49	NA	NA	22.43	18.67	090
33237		A	Remove electrode/thoracotomy	13.71	NA	NA	10.04	10.33	0.88	NA	NA	24.63	24.92	090
33238		A	Remove electrode/thoracotomy	15.22	NA	NA	10.73	11.06	1.57	NA	NA	27.52	27.85	090
33240		A	Insert/replace pulse gener	7.60	NA	NA	5.77	5.82	0.69	NA	NA	14.06	14.11	090
33241		A	Remove pulse generator only	3.24	NA	NA	3.62	2.66	0.34	NA	NA	7.20	6.24	090
33242		A	Repair pulse generator/leads	6.17	NA	NA	5.95	7.02	1.20	NA	NA	13.32	14.39	090

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
33243		A	Remove generator/thoracotomy	22.64	NA	NA	12.97	10.59	1.20	NA	NA	36.81	34.43	090
33244		A	Remove generator	8.97	NA	NA	6.28	8.91	1.20	NA	NA	16.45	19.08	090
33245		A	Implant heart defibrillator	14.30	NA	NA	12.25	15.87	1.85	NA	NA	28.40	32.02	090
33246		A	Implant heart defibrillator	20.71	NA	NA	14.15	20.46	2.50	NA	NA	37.36	43.67	090
33247		A	Insert/replace leads	10.21	NA	NA	7.42	11.00	1.85	NA	NA	19.48	23.06	090
33249		A	Insert/replace leads/gener	13.28	NA	NA	9.33	14.23	2.50	NA	NA	25.11	30.01	090
33250		A	Ablate heart dysrhythm focus	21.85	NA	NA	22.63	15.07	0.67	NA	NA	45.15	37.59	090
33251		A	Ablate heart dysrhythm focus	24.88	NA	NA	21.83	18.82	2.51	NA	NA	49.22	46.21	090
33253		A	Reconstruct atria	31.06	NA	NA	24.67	23.92	3.33	NA	NA	59.06	58.31	090
33261		A	Ablate heart dysrhythm focus	24.88	NA	NA	25.92	17.84	2.14	NA	NA	52.94	44.86	090
33300		A	Repair of heart wound	17.92	NA	NA	15.05	15.45	2.03	NA	NA	35.00	35.40	090
33305		A	Repair of heart wound	21.44	NA	NA	19.86	19.13	2.40	NA	NA	43.70	42.97	090
33310		A	Exploratory heart surgery	18.51	NA	NA	14.53	12.81	1.51	NA	NA	34.55	32.83	090
33315		A	Exploratory heart surgery	22.37	NA	NA	19.79	16.73	2.01	NA	NA	44.17	41.11	090
33320		A	Repair major blood vessel(s)	16.79	NA	NA	15.36	15.35	1.96	NA	NA	34.11	34.10	090
33321		A	Repair major vessel	20.20	NA	NA	13.90	21.18	2.82	NA	NA	36.92	44.20	090
33322		A	Repair major blood vessel(s)	20.62	NA	NA	20.60	22.85	2.82	NA	NA	44.04	46.29	090
33330		A	Insert major vessel graft	21.43	NA	NA	18.85	15.03	1.51	NA	NA	41.79	37.97	090
33332		A	Insert major vessel graft	23.96	NA	NA	18.80	16.96	1.87	NA	NA	44.63	42.79	090
33335		A	Insert major vessel graft	30.01	NA	NA	25.29	18.59	1.87	NA	NA	57.17	50.47	090
33400		A	Repair of aortic valve	25.34	NA	NA	21.95	26.82	2.21	NA	NA	49.50	54.37	090
33401		A	Valvuloplasty, open	23.91	NA	NA	17.93	25.81	2.21	NA	NA	44.05	51.93	090
33403		A	Valvuloplasty, w/cp bypass	24.89	NA	NA	22.74	27.02	2.21	NA	NA	49.84	54.12	090
33404		A	Prepare heart-aorta conduit	28.54	NA	NA	24.84	31.64	4.37	NA	NA	57.75	64.55	090
33405		A	Replacement of aortic valve	30.61	NA	NA	25.45	31.17	4.17	NA	NA	60.23	65.95	090
33406		A	Replacement, aortic valve	32.30	NA	NA	26.83	35.63	5.83	NA	NA	64.96	73.76	090
33411		A	Replacement of aortic valve	32.47	NA	NA	27.33	35.91	5.83	NA	NA	65.63	74.21	090
33412		A	Replacement of aortic valve	34.79	NA	NA	26.29	37.72	5.83	NA	NA	66.91	78.34	090
33413		A	Replacement, aortic valve	35.24	NA	NA	31.45	39.41	5.66	NA	NA	72.35	80.31	090
33414		A	Repair, aortic valve	30.35	NA	NA	25.61	33.58	5.83	NA	NA	61.79	69.76	090
33415		A	Revision, subvalvular tissue	27.15	NA	NA	21.18	29.61	4.17	NA	NA	52.50	60.93	090
33416		A	Revise ventricle muscle	30.35	NA	NA	25.18	29.20	3.90	NA	NA	59.43	63.45	090
33417		A	Repair of aortic valve	28.53	NA	NA	23.87	31.51	4.83	NA	NA	57.23	64.87	090
33420		A	Revision of mitral valve	22.70	NA	NA	14.92	19.86	1.92	NA	NA	39.54	44.48	090
33422		A	Revision of mitral valve	25.94	NA	NA	21.78	28.67	5.05	NA	NA	52.77	59.66	090
33425		A	Repair of mitral valve	27.00	NA	NA	23.75	30.11	4.24	NA	NA	54.99	61.35	090
33426		A	Repair of mitral valve	31.03	NA	NA	26.57	32.65	4.54	NA	NA	62.14	68.22	090
33427		A	Repair of mitral valve	33.72	NA	NA	29.05	35.52	4.93	NA	NA	67.70	74.17	090
33430		A	Replacement of mitral valve	31.43	NA	NA	27.45	35.00	4.78	NA	NA	63.66	71.21	090
33460		A	Revision of tricuspid valve	23.60	NA	NA	22.29	26.70	3.70	NA	NA	49.59	54.00	090

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CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
33463		A	Valvuloplasty, tricuspid	25.62	NA	NA	22.25	28.50	4.65	NA	NA	52.52	58.77	090
33464		A	Valvuloplasty, tricuspid	27.33	NA	NA	23.56	30.36	4.65	NA	NA	55.54	62.34	090
33465		A	Replace tricuspid valve	28.79	NA	NA	24.44	31.89	4.65	NA	NA	57.88	65.33	090
33468		A	Revision of tricuspid valve	30.12	NA	NA	25.53	33.35	4.93	NA	NA	60.58	68.40	090
33470		A	Revision of pulmonary valve	20.81	NA	NA	23.93	22.12	1.92	NA	NA	46.66	44.85	090
33471		A	Valvotomy, pulmonary valve	22.25	NA	NA	16.89	24.15	2.21	NA	NA	41.35	48.61	090
33472		A	Revision of pulmonary valve	22.25	NA	NA	17.45	24.29	2.21	NA	NA	41.91	48.75	090
33474		A	Revision of pulmonary valve	23.04	NA	NA	18.61	25.28	2.21	NA	NA	43.86	50.53	090
33475		A	Replacement, pulmonary valve	28.41	NA	NA	23.36	31.27	4.78	NA	NA	56.55	64.46	090
33476		A	Revision of heart chamber	25.77	NA	NA	22.56	28.55	3.90	NA	NA	52.23	58.22	090
33478		A	Revision of heart chamber	26.74	NA	NA	20.18	28.99	4.24	NA	NA	51.16	59.97	090
33496		A	Repair, prosth valve clot	27.25	NA	NA	22.97	30.15	4.17	NA	NA	54.39	61.57	090
33500		A	Repair heart vessel fistula	25.55	NA	NA	19.26	27.70	4.07	NA	NA	48.88	57.32	090
33501		A	Repair heart vessel fistula	17.78	NA	NA	14.30	15.09	1.96	NA	NA	34.04	34.83	090
33502		A	Coronary artery correction	21.04	NA	NA	17.62	15.92	1.96	NA	NA	40.62	38.92	090
33503		A	Coronary artery graft	21.78	NA	NA	17.96	23.99	4.07	NA	NA	43.81	49.84	090
33504		A	Coronary artery graft	24.66	NA	NA	25.14	28.37	4.07	NA	NA	53.87	57.10	090
33505		A	Repair artery w/tunnel	26.84	NA	NA	26.41	30.63	4.72	NA	NA	57.97	62.19	090
33506		A	Repair artery, translocation	26.71	NA	NA	26.11	30.44	4.72	NA	NA	57.54	61.87	090
33510		A	CABG, vein, single	25.12	NA	NA	21.80	27.94	4.07	NA	NA	50.99	57.13	090
33511		A	CABG, vein, two	27.40	NA	NA	23.48	30.40	4.47	NA	NA	55.35	62.27	090
33512		A	CABG, vein, three	29.67	NA	NA	25.13	32.85	4.87	NA	NA	59.67	67.39	090
33513		A	CABG, vein, four	31.95	NA	NA	27.06	35.38	5.27	NA	NA	64.28	72.60	090
33514		A	CABG, vein, five	35.00	NA	NA	30.27	38.90	5.66	NA	NA	70.93	79.56	090
33516		A	CABG, vein, six+	37.40	NA	NA	31.61	41.39	6.06	NA	NA	75.07	84.85	090
33517		A	CABG, artery-vein, single	2.57	NA	NA	2.17	2.85	0.39	NA	NA	5.13	5.81	ZZZ
33518		A	CABG, artery-vein, two	4.85	NA	NA	3.83	5.31	0.80	NA	NA	9.48	10.96	ZZZ
33519		A	CABG, artery-vein, three	7.12	NA	NA	5.51	7.75	1.19	NA	NA	13.82	16.06	ZZZ
33521		A	CABG, artery-vein, four	9.40	NA	NA	7.23	10.22	1.59	NA	NA	18.22	21.21	ZZZ
33522		A	CABG, artery-vein, five	11.67	NA	NA	8.96	12.69	1.99	NA	NA	22.62	26.35	ZZZ
33523		A	CABG, artery-vein, six+	13.95	NA	NA	10.61	15.15	2.39	NA	NA	26.95	31.49	ZZZ
33530		A	Coronary artery, bypass/reop	5.86	NA	NA	16.38	9.35	1.71	NA	NA	23.95	16.92	ZZZ
33533		A	CABG, arterial, single	25.83	NA	NA	22.94	28.86	4.19	NA	NA	52.96	58.88	090
33534		A	CABG, arterial, two	28.82	NA	NA	25.78	32.25	4.72	NA	NA	59.32	65.79	090
33535		A	CABG, arterial, three	31.81	NA	NA	25.01	34.73	5.24	NA	NA	62.06	71.78	090
33536		A	CABG, arterial, four+	34.79	NA	NA	30.41	38.75	5.77	NA	NA	70.97	79.31	090
33542		A	Removal of heart lesion	28.85	NA	NA	26.82	31.72	4.33	NA	NA	60.00	64.90	090
33545		A	Repair of heart damage	36.78	NA	NA	32.81	36.63	4.91	NA	NA	74.50	78.32	090
33572		A	Open coronary endarterectomy	4.45	NA	NA	2.19	3.18	0.49	NA	NA	7.13	8.12	ZZZ
33600		A	Closure of valve	29.51	NA	NA	20.67	31.59	4.78	NA	NA	54.96	65.88	090

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33602		A	Closure of valve	28.54	NA	NA	22.20	30.36	4.17	NA	NA	54.91	63.07	090
33606		A	Anastomosis/artery-aorta	30.74	NA	NA	26.48	34.14	5.83	NA	NA	63.05	70.71	090
33608		A	Repair anomaly w/conduit	31.09	NA	NA	24.77	34.03	5.83	NA	NA	61.69	70.95	090
33610		A	Repair by enlargement	30.61	NA	NA	21.21	32.71	5.83	NA	NA	57.65	69.15	090
33611		A	Repair double ventricle	32.30	NA	NA	24.23	34.98	5.83	NA	NA	62.36	73.11	090
33612		A	Repair double ventricle	33.26	NA	NA	25.90	36.26	5.83	NA	NA	64.99	75.35	090
33615		A	Repair (simple fontan)	32.06	NA	NA	25.66	35.13	5.83	NA	NA	63.55	73.02	090
33617		A	Repair by modified fontan	34.03	NA	NA	26.83	37.17	5.83	NA	NA	66.69	77.03	090
33619		A	Repair single ventricle	37.57	NA	NA	35.42	42.49	6.29	NA	NA	79.28	86.35	090
33641		A	Repair heart septum defect	21.39	NA	NA	18.96	23.90	3.81	NA	NA	44.16	49.10	090
33645		A	Revision of heart veins	24.82	NA	NA	20.15	27.26	3.81	NA	NA	48.78	55.89	090
33647		A	Repair heart septum defects	28.73	NA	NA	24.03	31.73	4.91	NA	NA	57.67	65.37	090
33660		A	Repair of heart defects	25.54	NA	NA	21.71	28.29	4.24	NA	NA	51.49	58.07	090
33665		A	Repair of heart defects	28.60	NA	NA	22.68	31.13	4.24	NA	NA	55.52	63.97	090
33670		A	Repair of heart chambers	32.73	NA	NA	23.56	35.19	5.83	NA	NA	62.12	73.75	090
33681		A	Repair heart septum defect	27.67	NA	NA	22.97	30.52	4.91	NA	NA	55.55	63.10	090
33684		A	Repair heart septum defect	29.65	NA	NA	21.43	31.91	4.91	NA	NA	55.99	66.47	090
33688		A	Repair heart septum defect	30.62	NA	NA	25.61	33.82	4.91	NA	NA	61.14	69.35	090
33690		A	Reinforce pulmonary artery	19.55	NA	NA	17.23	21.81	3.36	NA	NA	40.14	44.72	090
33692		A	Repair of heart defects	30.75	NA	NA	23.67	33.45	5.83	NA	NA	60.25	70.03	090
33694		A	Repair of heart defects	31.73	NA	NA	27.81	35.36	5.83	NA	NA	65.37	72.92	090
33697		A	Repair of heart defects	33.71	NA	NA	26.78	36.88	5.83	NA	NA	66.32	76.42	090
33702		A	Repair of heart defects	26.54	NA	NA	23.06	29.53	4.17	NA	NA	53.77	60.24	090
33710		A	Repair of heart defects	29.71	NA	NA	24.92	32.83	4.91	NA	NA	59.54	67.45	090
33720		A	Repair of heart defect	26.56	NA	NA	20.47	28.90	4.17	NA	NA	51.20	59.63	090
33722		A	Repair of heart defect	28.41	NA	NA	21.37	30.15	4.17	NA	NA	53.95	62.73	090
33730		A	Repair heart-vein defect(s)	31.67	NA	NA	23.84	34.32	5.83	NA	NA	61.34	71.82	090
33732		A	Repair heart-vein defect	28.16	NA	NA	22.28	30.79	4.24	NA	NA	54.68	63.19	090
33735		A	Revision of heart chamber	21.39	NA	NA	15.72	24.84	3.81	NA	NA	40.92	50.04	090
33736		A	Revision of heart chamber	23.52	NA	NA	22.66	26.58	3.81	NA	NA	49.99	53.91	090
33737		A	Revision of heart chamber	21.76	NA	NA	15.09	23.26	3.81	NA	NA	40.66	48.83	090
33750		A	Major vessel shunt	21.41	NA	NA	18.33	22.57	3.36	NA	NA	43.10	47.34	090
33755		A	Major vessel shunt	21.79	NA	NA	13.44	21.35	3.36	NA	NA	38.59	46.50	090
33762		A	Major vessel shunt	21.79	NA	NA	16.99	22.23	3.36	NA	NA	42.14	47.38	090
33764		A	Major vessel shunt & graft	21.79	NA	NA	14.40	21.59	3.36	NA	NA	39.55	46.74	090
33766		A	Major vessel shunt	22.76	NA	NA	15.77	21.93	3.36	NA	NA	41.89	48.05	090
33767		A	Major vessel shunt	24.50	NA	NA	22.55	26.55	3.81	NA	NA	50.86	54.86	090
33770		A	Repair great vessels defect	33.29	NA	NA	22.23	35.36	5.83	NA	NA	61.35	74.48	090
33771		A	Repair great vessels defect	34.65	NA	NA	28.32	38.11	5.83	NA	NA	68.80	78.59	090
33774		A	Repair great vessels defect	30.98	NA	NA	30.25	33.02	4.24	NA	NA	65.47	68.24	090

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33775		A	Repair great vessels defect	32.20	NA	NA	27.01	32.21	4.24	NA	NA	63.45	68.65	090
33776		A	Repair great vessels defect	34.04	NA	NA	28.13	35.46	4.91	NA	NA	67.08	74.41	090
33777		A	Repair great vessels defect	33.46	NA	NA	27.91	32.43	4.24	NA	NA	65.61	70.13	090
33778		A	Repair great vessels defect	35.82	NA	NA	29.64	39.48	5.77	NA	NA	71.23	81.07	090
33779		A	Repair great vessels defect	36.21	NA	NA	35.24	41.23	5.77	NA	NA	77.22	83.21	090
33780		A	Repair great vessels defect	36.94	NA	NA	29.28	40.39	5.77	NA	NA	71.99	83.10	090
33781		A	Repair great vessels defect	36.45	NA	NA	29.95	40.13	5.77	NA	NA	72.17	82.35	090
33786		A	Repair arterial trunk	34.84	NA	NA	28.46	38.31	5.83	NA	NA	69.13	78.98	090
33788		A	Revision of pulmonary artery	26.62	NA	NA	22.31	29.41	4.07	NA	NA	53.00	60.10	090
33800		A	Aortic suspension	16.24	NA	NA	13.00	14.76	1.96	NA	NA	31.20	32.96	090
33802		A	Repair vessel defect	17.66	NA	NA	13.19	19.12	3.36	NA	NA	34.21	40.14	090
33803		A	Repair vessel defect	19.60	NA	NA	13.25	20.86	3.36	NA	NA	36.21	43.82	090
33813		A	Repair septal defect	20.65	NA	NA	14.59	21.63	3.36	NA	NA	38.60	45.64	090
33814		A	Repair septal defect	25.77	NA	NA	21.63	28.49	4.17	NA	NA	51.57	58.43	090
33820		A	Revise major vessel	16.29	NA	NA	11.28	17.41	3.36	NA	NA	30.93	37.06	090
33822		A	Revise major vessel	17.32	NA	NA	12.13	18.54	3.36	NA	NA	32.81	39.22	090
33824		A	Revise major vessel	19.52	NA	NA	16.92	21.71	3.36	NA	NA	39.80	44.59	090
33840		A	Remove aorta constriction	20.63	NA	NA	15.23	22.27	4.37	NA	NA	40.23	47.27	090
33845		A	Remove aorta constriction	22.12	NA	NA	15.28	23.62	4.37	NA	NA	41.77	50.11	090
33851		A	Remove aorta constriction	21.27	NA	NA	14.96	22.79	4.37	NA	NA	40.60	48.43	090
33852		A	Repair septal defect	23.71	NA	NA	20.38	26.32	4.37	NA	NA	48.46	54.40	090
33853		A	Repair septal defect	31.72	NA	NA	27.83	35.35	5.83	NA	NA	65.38	72.90	090
33860		A	Ascending aorta graft	33.96	NA	NA	27.94	35.24	4.83	NA	NA	66.73	74.03	090
33861		A	Ascending aorta graft	34.52	NA	NA	28.87	35.47	4.83	NA	NA	68.22	74.82	090
33863		A	Ascending aorta graft	36.47	NA	NA	30.38	35.85	4.83	NA	NA	71.68	77.15	090
33870		A	Transverse aortic arch graft	40.31	NA	NA	31.36	43.90	6.29	NA	NA	77.96	90.50	090
33875		A	Thoracic aorta graft	33.06	NA	NA	26.84	32.14	4.37	NA	NA	64.27	69.57	090
33877		A	Thoracoabdominal graft	42.60	NA	NA	36.40	45.00	6.56	NA	NA	85.56	94.16	090
33910		A	Remove lung artery emboli	24.59	NA	NA	22.35	17.51	2.17	NA	NA	49.11	44.27	090
33915		A	Remove lung artery emboli	21.02	NA	NA	16.68	13.95	1.74	NA	NA	39.44	36.71	090
33916		A	Surgery of great vessel	25.83	NA	NA	24.27	20.37	2.68	NA	NA	52.78	48.88	090
33917		A	Repair pulmonary artery	24.50	NA	NA	19.60	26.84	4.93	NA	NA	49.03	56.27	090
33918		A	Repair pulmonary atresia	26.45	NA	NA	18.89	28.41	4.07	NA	NA	49.41	58.93	090
33919		A	Repair pulmonary atresia	32.67	NA	NA	31.29	37.07	5.83	NA	NA	69.79	75.57	090
33920		A	Repair pulmonary atresia	31.95	NA	NA	27.31	35.44	5.83	NA	NA	65.09	73.22	090
33922		A	Transect pulmonary artery	23.52	NA	NA	22.35	26.65	2.21	NA	NA	48.08	52.38	090
33924		A	Remove pulmonary shunt	5.50	NA	NA	2.57	3.90	0.61	NA	NA	8.68	10.01	ZZZ
33930		X	Removal of donor heart/lung	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
33935		R	Transplantation, heart/lung	60.96	NA	NA	33.35	62.92	10.59	NA	NA	104.90	134.47	090
33940		X	Removal of donor heart	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
33945		R	Transplantation of heart	42.10	NA	NA	24.41	43.80	8.64	NA	NA	75.15	94.54	090
33960		A	External circulation assist	19.36	NA	NA	10.08	8.23	0.74	NA	NA	30.18	28.33	XXX
33961		A	External circulation assist	10.93	NA	NA	9.50	8.08	0.74	NA	NA	21.17	19.75	ZZZ
33970		A	Aortic circulation assist	6.75	NA	NA	6.63	7.70	0.78	NA	NA	14.16	15.23	000
33971		A	Aortic circulation assist	9.69	NA	NA	9.96	6.69	0.71	NA	NA	20.36	17.09	090
33973		A	Insert balloon device	9.76	NA	NA	4.53	7.27	0.78	NA	NA	15.07	17.81	000
33974		A	Remove intra-aortic balloon	14.41	NA	NA	13.40	7.87	0.71	NA	NA	28.52	22.99	090
33975		A	Implant ventricular device	21.60	NA	NA	31.35	19.39	2.17	NA	NA	55.12	43.16	010
33976		A	Implant ventricular device	29.10	NA	NA	33.03	23.99	2.96	NA	NA	65.09	56.05	010
33977		A	Remove ventricular device	19.29	NA	NA	16.97	14.35	1.90	NA	NA	38.16	35.54	090
33978		A	Remove ventricular device	21.73	NA	NA	17.27	15.87	2.17	NA	NA	41.17	39.77	090
33999		C	Cardiac surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
34001		A	Removal of artery clot	12.91	NA	NA	6.77	9.49	1.46	NA	NA	21.14	23.86	090
34051		A	Removal of artery clot	15.21	NA	NA	8.48	9.29	1.24	NA	NA	24.93	25.74	090
34101		A	Removal of artery clot	9.97	NA	NA	5.17	8.08	1.34	NA	NA	16.48	19.39	090
34111		A	Removal of arm artery clot	8.07	NA	NA	4.35	7.27	1.24	NA	NA	13.66	16.58	090
34151		A	Removal of artery clot	16.86	NA	NA	9.10	12.01	1.87	NA	NA	27.83	30.74	090
34201		A	Removal of artery clot	9.13	NA	NA	5.24	8.56	1.39	NA	NA	15.76	19.08	090
34203		A	Removal of leg artery clot	12.21	NA	NA	6.69	8.70	1.35	NA	NA	20.25	22.26	090
34401		A	Removal of vein clot	12.86	NA	NA	7.28	8.39	1.09	NA	NA	21.23	22.34	090
34421		A	Removal of vein clot	9.93	NA	NA	5.72	7.50	1.18	NA	NA	16.83	18.61	090
34451		A	Removal of vein clot	14.44	NA	NA	7.71	10.63	1.67	NA	NA	23.82	26.74	090
34471		A	Removal of vein clot	10.18	NA	NA	5.76	4.30	0.43	NA	NA	16.37	14.91	090
34490		A	Removal of vein clot	7.60	NA	NA	4.53	7.05	1.20	NA	NA	13.33	15.85	090
34501		A	Repair valve, femoral vein	10.93	NA	NA	7.08	7.76	0.67	NA	NA	18.68	19.36	090
34502		A	Reconstruct, vena cava	26.95	NA	NA	13.40	18.53	2.85	NA	NA	43.20	48.33	090
34510		A	Transposition of vein valve	13.25	NA	NA	8.19	9.29	0.81	NA	NA	22.25	23.35	090
34520		A	Cross-over vein graft	13.74	NA	NA	8.50	9.72	0.85	NA	NA	23.09	24.31	090
34530		A	Leg vein fusion	17.61	NA	NA	9.15	12.34	1.13	NA	NA	27.89	31.08	090
35001		A	Repair defect of artery	19.64	NA	NA	9.73	15.38	2.49	NA	NA	31.86	37.51	090
35002		A	Repair artery rupture, neck	21.00	NA	NA	10.41	12.89	1.89	NA	NA	33.30	35.78	090
35005		A	Repair defect of artery	18.12	NA	NA	8.47	10.49	1.71	NA	NA	28.30	30.32	090
35011		A	Repair defect of artery	11.65	NA	NA	6.02	11.94	2.16	NA	NA	19.83	25.75	090
35013		A	Repair artery rupture, arm	17.40	NA	NA	8.32	14.04	2.37	NA	NA	28.09	33.81	090
35021		A	Repair defect of artery	19.65	NA	NA	10.92	17.49	2.39	NA	NA	32.96	39.53	090
35022		A	Repair artery rupture, chest	23.18	NA	NA	12.71	15.21	2.19	NA	NA	38.08	40.58	090
35045		A	Repair defect of arm artery	11.26	NA	NA	6.20	11.60	1.96	NA	NA	19.42	24.82	090
35081		A	Repair defect of artery	28.01	NA	NA	13.75	20.90	3.27	NA	NA	45.03	52.18	090
35082		A	Repair artery rupture, aorta	36.35	NA	NA	16.88	22.87	3.59	NA	NA	56.82	62.81	090
35091		A	Repair defect of artery	35.40	NA	NA	17.11	22.73	3.32	NA	NA	55.83	61.45	090

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CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
35092		A	Repair artery rupture, aorta	38.39	NA	NA	18.58	26.03	4.08	NA	NA	61.05	68.50	090
35102		A	Repair defect of artery	30.76	NA	NA	14.96	21.77	3.38	NA	NA	49.10	55.91	090
35103		A	Repair artery rupture, groin	33.57	NA	NA	16.07	25.31	4.08	NA	NA	53.72	62.96	090
35111		A	Repair defect of artery	16.43	NA	NA	9.10	16.60	2.89	NA	NA	28.42	35.92	090
35112		A	Repair artery rupture,spleen	18.69	NA	NA	9.87	10.97	1.74	NA	NA	30.30	31.40	090
35121		A	Repair defect of artery	25.99	NA	NA	12.98	18.81	2.86	NA	NA	41.83	47.66	090
35122		A	Repair artery rupture, belly	33.45	NA	NA	15.62	18.49	3.10	NA	NA	52.17	55.04	090
35131		A	Repair defect of artery	18.55	NA	NA	10.21	15.48	2.46	NA	NA	31.22	36.49	090
35132		A	Repair artery rupture, groin	21.95	NA	NA	11.52	18.08	2.80	NA	NA	36.27	42.83	090
35141		A	Repair defect of artery	14.46	NA	NA	8.03	13.97	2.25	NA	NA	24.74	30.68	090
35142		A	Repair artery rupture, thigh	15.86	NA	NA	8.41	15.21	2.53	NA	NA	26.80	33.60	090
35151		A	Repair defect of artery	17.00	NA	NA	9.61	14.91	2.30	NA	NA	28.91	34.21	090
35152		A	Repair artery rupture, knee	16.70	NA	NA	9.89	10.02	1.53	NA	NA	28.12	28.25	090
35161		A	Repair defect of artery	18.76	NA	NA	10.46	15.54	2.46	NA	NA	31.68	36.76	090
35162		A	Repair artery rupture	19.78	NA	NA	10.77	17.90	2.80	NA	NA	33.35	40.48	090
35180		A	Repair blood vessel lesion	13.62	NA	NA	7.33	7.83	1.16	NA	NA	22.11	22.61	090
35182		A	Repair blood vessel lesion	17.74	NA	NA	9.79	11.12	1.26	NA	NA	28.79	30.12	090
35184		A	Repair blood vessel lesion	12.25	NA	NA	6.95	9.66	1.53	NA	NA	20.73	23.44	090
35188		A	Repair blood vessel lesion	14.28	NA	NA	8.22	8.66	1.24	NA	NA	23.74	24.18	090
35189		A	Repair blood vessel lesion	18.43	NA	NA	9.79	11.67	1.73	NA	NA	29.95	31.83	090
35190		A	Repair blood vessel lesion	12.75	NA	NA	7.19	10.21	1.67	NA	NA	21.61	24.63	090
35201		A	Repair blood vessel lesion	9.99	NA	NA	5.64	9.61	1.52	NA	NA	17.15	21.12	090
35206		A	Repair blood vessel lesion	9.25	NA	NA	5.77	9.71	1.59	NA	NA	16.61	20.55	090
35207		A	Repair blood vessel lesion	10.15	NA	NA	8.88	11.01	1.51	NA	NA	20.54	22.67	090
35211		A	Repair blood vessel lesion	22.12	NA	NA	20.99	16.14	2.03	NA	NA	45.14	40.29	090
35216		A	Repair blood vessel lesion	18.75	NA	NA	19.38	13.54	1.63	NA	NA	39.76	33.92	090
35221		A	Repair blood vessel lesion	16.42	NA	NA	8.70	11.21	1.72	NA	NA	26.84	29.35	090
35226		A	Repair blood vessel lesion	9.06	NA	NA	6.36	9.71	1.53	NA	NA	16.95	20.30	090
35231		A	Repair blood vessel lesion	12.00	NA	NA	7.01	12.50	2.28	NA	NA	21.29	26.78	090
35236		A	Repair blood vessel lesion	10.54	NA	NA	6.44	11.05	2.00	NA	NA	18.98	23.59	090
35241		A	Repair blood vessel lesion	23.12	NA	NA	27.25	17.79	2.03	NA	NA	52.40	42.94	090
35246		A	Repair blood vessel lesion	19.84	NA	NA	20.74	18.99	1.68	NA	NA	42.26	40.51	090
35251		A	Repair blood vessel lesion	17.49	NA	NA	9.22	10.11	1.47	NA	NA	28.18	29.07	090
35256		A	Repair blood vessel lesion	11.38	NA	NA	6.95	11.83	1.87	NA	NA	20.20	25.08	090
35261		A	Repair blood vessel lesion	11.63	NA	NA	6.31	11.99	2.08	NA	NA	20.02	25.70	090
35266		A	Repair blood vessel lesion	10.30	NA	NA	6.03	10.73	1.89	NA	NA	18.22	22.92	090
35271		A	Repair blood vessel lesion	22.12	NA	NA	21.83	15.66	2.00	NA	NA	45.95	39.78	090
35276		A	Repair blood vessel lesion	18.75	NA	NA	19.53	13.72	1.77	NA	NA	40.05	34.24	090
35281		A	Repair blood vessel lesion	16.48	NA	NA	9.03	16.32	2.64	NA	NA	28.15	35.44	090
35286		A	Repair blood vessel lesion	11.87	NA	NA	7.21	11.34	1.82	NA	NA	20.90	25.03	090

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35301		A	Rechanneling of artery	18.70	NA	NA	9.79	14.22	2.20	NA	NA	30.69	35.12	090
35311		A	Rechanneling of artery	23.85	NA	NA	12.20	21.01	3.61	NA	NA	39.66	48.47	090
35321		A	Rechanneling of artery	11.97	NA	NA	5.90	12.02	2.10	NA	NA	19.97	26.09	090
35331		A	Rechanneling of artery	23.52	NA	NA	12.03	13.87	2.08	NA	NA	37.63	39.47	090
35341		A	Rechanneling of artery	25.11	NA	NA	13.11	17.42	2.76	NA	NA	40.98	45.29	090
35351		A	Rechanneling of artery	20.11	NA	NA	10.75	14.85	2.32	NA	NA	33.18	37.28	090
35355		A	Rechanneling of artery	16.09	NA	NA	9.15	14.84	2.34	NA	NA	27.58	33.27	090
35361		A	Rechanneling of artery	23.59	NA	NA	11.93	18.75	3.04	NA	NA	38.56	45.38	090
35363		A	Rechanneling of artery	24.66	NA	NA	12.62	21.69	3.44	NA	NA	40.72	49.79	090
35371		A	Rechanneling of artery	11.64	NA	NA	6.67	11.85	1.96	NA	NA	20.27	25.45	090
35372		A	Rechanneling of artery	13.56	NA	NA	7.25	10.93	1.78	NA	NA	22.59	26.27	090
35381		A	Rechanneling of artery	15.81	NA	NA	8.11	13.16	2.12	NA	NA	26.04	31.09	090
35390		A	Reoperation, carotid add-on	3.19	NA	NA	1.45	1.72	0.31	NA	NA	4.95	5.22	ZZZ
35400		A	Angioscopy	3.00	NA	NA	1.42	2.20	0.21	NA	NA	4.63	5.41	ZZZ
35450		A	Repair arterial blockage	10.07	NA	NA	5.31	10.34	1.08	NA	NA	16.46	21.49	000
35452		A	Repair arterial blockage	6.91	NA	NA	3.94	4.53	0.48	NA	NA	11.33	11.92	000
35454		A	Repair arterial blockage	6.04	NA	NA	3.36	6.25	1.20	NA	NA	10.60	13.49	000
35456		A	Repair arterial blockage	7.35	NA	NA	3.96	7.58	1.32	NA	NA	12.63	16.25	000
35458		A	Repair arterial blockage	9.49	NA	NA	4.80	9.44	1.43	NA	NA	15.72	20.36	000
35459		A	Repair arterial blockage	8.63	NA	NA	4.42	8.83	1.32	NA	NA	14.37	18.78	000
35460		A	Repair venous blockage	6.04	NA	NA	3.12	3.35	0.58	NA	NA	9.74	9.97	000
35470		A	Repair arterial blockage	8.63	NA	NA	4.82	8.93	1.32	NA	NA	14.77	18.88	000
35471		A	Repair arterial blockage	10.07	NA	NA	5.45	10.38	1.08	NA	NA	16.60	21.53	000
35472		A	Repair arterial blockage	6.91	NA	NA	4.12	3.97	0.66	NA	NA	11.69	11.54	000
35473		A	Repair arterial blockage	6.04	NA	NA	3.72	6.34	1.20	NA	NA	10.96	13.58	000
35474		A	Repair arterial blockage	7.36	NA	NA	4.09	7.62	1.32	NA	NA	12.77	16.30	000
35475		R	Repair arterial blockage	9.49	NA	NA	4.79	9.44	1.43	NA	NA	15.71	20.36	000
35476		A	Repair venous blockage	6.04	NA	NA	3.54	3.46	0.58	NA	NA	10.16	10.08	000
35480		A	Atherectomy, open	11.08	NA	NA	5.63	11.33	1.08	NA	NA	17.79	23.49	000
35481		A	Atherectomy, open	7.61	NA	NA	4.01	4.54	0.48	NA	NA	12.10	12.63	000
35482		A	Atherectomy, open	6.65	NA	NA	3.67	6.87	1.20	NA	NA	11.52	14.72	000
35483		A	Atherectomy, open	8.10	NA	NA	4.38	8.35	1.32	NA	NA	13.80	17.77	000
35484		A	Atherectomy, open	10.44	NA	NA	4.94	9.48	1.43	NA	NA	16.81	21.35	000
35485		A	Atherectomy, open	9.49	NA	NA	4.93	4.92	0.83	NA	NA	15.25	15.24	000
35490		A	Atherectomy, percutaneous	11.08	NA	NA	5.92	11.40	1.08	NA	NA	18.08	23.56	000
35491		A	Atherectomy, percutaneous	7.61	NA	NA	3.81	4.49	0.48	NA	NA	11.90	12.58	000
35492		A	Atherectomy, percutaneous	6.65	NA	NA	4.09	6.98	1.20	NA	NA	11.94	14.83	000
35493		A	Atherectomy, percutaneous	8.10	NA	NA	4.98	8.50	1.32	NA	NA	14.40	17.92	000
35494		A	Atherectomy, percutaneous	10.44	NA	NA	4.98	9.49	1.43	NA	NA	16.85	21.36	000
35495		A	Atherectomy, percutaneous	9.49	NA	NA	5.65	5.10	0.83	NA	NA	15.97	15.42	000

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35500		C	Harvest vein for bypass	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
35501		A	Artery bypass graft	19.19	NA	NA	9.34	18.09	2.73	NA	NA	31.26	40.01	090
35506		A	Artery bypass graft	19.67	NA	NA	9.66	18.02	2.85	NA	NA	32.18	40.54	090
35507		A	Artery bypass graft	19.67	NA	NA	9.94	17.07	2.82	NA	NA	32.43	39.56	090
35508		A	Artery bypass graft	18.65	NA	NA	9.64	17.15	2.68	NA	NA	30.97	38.48	090
35509		A	Artery bypass graft	18.07	NA	NA	9.06	17.65	3.07	NA	NA	30.20	38.79	090
35511		A	Artery bypass graft	16.83	NA	NA	8.83	10.68	1.50	NA	NA	27.16	29.01	090
35515		A	Artery bypass graft	18.65	NA	NA	10.09	11.68	1.57	NA	NA	30.31	31.90	090
35516		A	Artery bypass graft	16.32	NA	NA	8.23	16.20	2.77	NA	NA	27.32	35.29	090
35518		A	Artery bypass graft	15.42	NA	NA	7.41	15.66	2.64	NA	NA	25.47	33.72	090
35521		A	Artery bypass graft	16.17	NA	NA	8.77	16.46	2.61	NA	NA	27.55	35.24	090
35526		A	Artery bypass graft	20.00	NA	NA	10.74	13.22	1.91	NA	NA	32.65	35.13	090
35531		A	Artery bypass graft	25.61	NA	NA	12.63	19.64	3.05	NA	NA	41.29	48.30	090
35533		A	Artery bypass graft	20.52	NA	NA	10.50	19.75	3.47	NA	NA	34.49	43.74	090
35536		A	Artery bypass graft	23.11	NA	NA	11.73	20.33	3.26	NA	NA	38.10	46.70	090
35541		A	Artery bypass graft	25.80	NA	NA	13.63	19.32	2.86	NA	NA	42.29	47.98	090
35546		A	Artery bypass graft	25.54	NA	NA	13.18	20.70	3.33	NA	NA	42.05	49.57	090
35548		A	Artery bypass graft	21.57	NA	NA	10.79	18.61	2.86	NA	NA	35.22	43.04	090
35549		A	Artery bypass graft	23.35	NA	NA	12.14	20.44	3.33	NA	NA	38.82	47.12	090
35551		A	Artery bypass graft	26.67	NA	NA	13.89	19.14	3.03	NA	NA	43.59	48.84	090
35556		A	Artery bypass graft	21.76	NA	NA	11.09	18.01	2.90	NA	NA	35.75	42.67	090
35558		A	Artery bypass graft	14.04	NA	NA	7.56	14.46	2.53	NA	NA	24.13	31.03	090
35560		A	Artery bypass graft	23.56	NA	NA	12.13	19.49	3.07	NA	NA	38.76	46.12	090
35563		A	Artery bypass graft	15.14	NA	NA	8.23	8.83	1.33	NA	NA	24.70	25.30	090
35565		A	Artery bypass graft	15.14	NA	NA	8.40	15.65	2.75	NA	NA	26.29	33.54	090
35566		A	Artery bypass graft	26.92	NA	NA	15.28	20.61	3.19	NA	NA	45.39	50.72	090
35571		A	Artery bypass graft	18.58	NA	NA	11.24	18.57	3.03	NA	NA	32.85	40.18	090
35582		A	Vein bypass graft	27.13	NA	NA	13.49	22.69	3.83	NA	NA	44.45	53.65	090
35583		A	Vein bypass graft	22.37	NA	NA	12.08	19.66	3.23	NA	NA	37.68	45.26	090
35585		A	Vein bypass graft	28.39	NA	NA	15.09	22.46	3.62	NA	NA	47.10	54.47	090
35587		A	Vein bypass graft	19.05	NA	NA	11.72	19.99	3.23	NA	NA	34.00	42.27	090
35601		A	Artery bypass graft	17.50	NA	NA	8.64	17.49	2.61	NA	NA	28.75	37.60	090
35606		A	Artery bypass graft	18.71	NA	NA	9.17	16.58	2.75	NA	NA	30.63	38.04	090
35612		A	Artery bypass graft	15.76	NA	NA	8.44	15.75	2.58	NA	NA	26.78	34.09	090
35616		A	Artery bypass graft	15.70	NA	NA	7.84	15.63	2.68	NA	NA	26.22	34.01	090
35621		A	Artery bypass graft	14.54	NA	NA	7.80	14.96	2.97	NA	NA	25.31	32.47	090
35623		A	Bypass graft, not vein	16.62	NA	NA	8.82	8.77	1.47	NA	NA	26.91	26.86	090
35626		A	Artery bypass graft	23.63	NA	NA	12.53	19.83	3.19	NA	NA	39.35	46.65	090
35631		A	Artery bypass graft	24.60	NA	NA	12.57	17.69	2.79	NA	NA	39.96	45.08	090
35636		A	Artery bypass graft	22.46	NA	NA	11.61	13.89	1.92	NA	NA	35.99	38.27	090

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CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
35641		A	Artery bypass graft	24.57	NA	NA	12.74	19.92	3.19	NA	NA	40.50	47.68	090
35642		A	Artery bypass graft	17.98	NA	NA	9.17	10.70	1.72	NA	NA	28.87	30.40	090
35645		A	Artery bypass graft	17.47	NA	NA	8.22	11.13	1.60	NA	NA	27.29	30.20	090
35646		A	Artery bypass graft	25.81	NA	NA	13.23	22.67	3.70	NA	NA	42.74	52.18	090
35650		A	Artery bypass graft	14.36	NA	NA	7.40	14.71	2.79	NA	NA	24.55	31.86	090
35651		A	Artery bypass graft	25.04	NA	NA	13.43	22.96	3.67	NA	NA	42.14	51.67	090
35654		A	Artery bypass graft	18.61	NA	NA	9.77	19.11	3.46	NA	NA	31.84	41.18	090
35656		A	Artery bypass graft	19.53	NA	NA	9.56	16.82	2.82	NA	NA	31.91	39.17	090
35661		A	Artery bypass graft	13.18	NA	NA	6.97	13.55	2.58	NA	NA	22.73	29.31	090
35663		A	Artery bypass graft	14.17	NA	NA	8.13	14.72	2.97	NA	NA	25.27	31.86	090
35665		A	Artery bypass graft	15.40	NA	NA	8.67	15.95	2.79	NA	NA	26.86	34.14	090
35666		A	Artery bypass graft	19.19	NA	NA	11.88	19.30	3.13	NA	NA	34.20	41.62	090
35671		A	Artery bypass graft	14.80	NA	NA	9.70	15.12	3.19	NA	NA	27.69	33.11	090
35681		A	Composite bypass graft	1.60	NA	NA	2.05	7.73	2.75	NA	NA	6.40	12.08	ZZZ
35682		A	Composite bypass graft	7.20	2.81	2.81	2.74	2.74	2.75	12.76	12.76	12.69	12.69	ZZZ
35683		A	Composite bypass graft	8.50	3.32	3.32	3.22	3.22	2.75	14.57	14.57	14.47	14.47	ZZZ
35691		A	Arterial transposition	18.05	NA	NA	8.79	18.17	2.98	NA	NA	29.82	39.20	090
35693		A	Arterial transposition	15.36	NA	NA	7.47	9.52	1.49	NA	NA	24.32	26.37	090
35694		A	Arterial transposition	19.16	NA	NA	9.12	9.88	1.70	NA	NA	29.98	30.74	090
35695		A	Arterial transposition	19.16	NA	NA	9.04	9.86	1.70	NA	NA	29.90	30.72	090
35700		A	Reoperation, bypass graft	3.08	NA	NA	2.78	2.01	0.30	NA	NA	6.16	5.39	ZZZ
35701		A	Exploration, carotid artery	5.55	NA	NA	4.13	5.77	0.98	NA	NA	10.66	12.30	090
35721		A	Exploration, femoral artery	5.28	NA	NA	3.78	5.47	0.87	NA	NA	9.93	11.62	090
35741		A	Exploration popliteal artery	5.37	NA	NA	3.96	5.66	0.90	NA	NA	10.23	11.93	090
35761		A	Exploration of artery/vein	5.37	NA	NA	3.99	5.73	0.89	NA	NA	10.25	11.99	090
35800		A	Explore neck vessels	7.02	NA	NA	4.24	5.36	0.76	NA	NA	12.02	13.14	090
35820		A	Explore chest vessels	12.88	NA	NA	9.83	8.91	1.12	NA	NA	23.83	22.91	090
35840		A	Explore abdominal vessels	9.77	NA	NA	6.39	7.49	1.13	NA	NA	17.29	18.39	090
35860		A	Explore limb vessels	5.55	NA	NA	3.88	5.70	0.90	NA	NA	10.33	12.15	090
35870		A	Repair vessel graft defect	22.17	NA	NA	12.48	11.78	1.93	NA	NA	36.58	35.88	090
35875		A	Removal of clot in graft	10.13	NA	NA	5.87	8.15	1.29	NA	NA	17.29	19.57	090
35876		A	Removal of clot in graft	17.00	NA	NA	8.90	8.91	1.29	NA	NA	27.19	27.20	090
35901		A	Excision, graft, neck	8.19	NA	NA	5.87	7.31	1.14	NA	NA	15.20	16.64	090
35903		A	Excision, graft, extremity	9.39	NA	NA	7.77	7.79	1.14	NA	NA	18.30	18.32	090
35905		A	Excision, graft, thorax	18.19	NA	NA	20.33	10.93	1.14	NA	NA	39.66	30.26	090
35907		A	Excision, graft, abdomen	19.24	NA	NA	12.34	8.93	1.14	NA	NA	32.72	29.31	090
36000		A	Place needle in vein	0.18	0.43	0.30	0.05	0.10	0.03	0.64	0.51	0.26	0.31	XXX
36005		A	Injection, venography	0.95	16.56	4.52	0.26	0.45	0.03	17.54	5.50	1.24	1.43	000
36010		A	Place catheter in vein	2.43	NA	NA	1.54	2.10	0.24	NA	NA	4.21	4.77	XXX
36011		A	Place catheter in vein	3.14	NA	NA	1.84	2.01	0.17	NA	NA	5.15	5.32	XXX

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36012		A	Place catheter in vein	3.52	NA	NA	2.23	2.73	0.25	NA	NA	6.00	6.50	XXX
36013		A	Place catheter in artery	2.52	NA	NA	1.40	2.07	0.24	NA	NA	4.16	4.83	XXX
36014		A	Place catheter in artery	3.02	NA	NA	1.87	2.32	0.21	NA	NA	5.10	5.55	XXX
36015		A	Place catheter in artery	3.52	NA	NA	1.99	2.67	0.25	NA	NA	5.76	6.44	XXX
36100		A	Establish access to artery	3.02	NA	NA	2.08	2.63	0.25	NA	NA	5.35	5.90	XXX
36120		A	Establish access to artery	2.01	NA	NA	1.47	2.17	0.23	NA	NA	3.71	4.41	XXX
36140		A	Establish access to artery	2.01	NA	NA	1.48	1.52	0.19	NA	NA	3.68	3.72	XXX
36145		A	Artery to vein shunt	2.01	NA	NA	1.57	2.19	0.38	NA	NA	3.96	4.58	XXX
36160		A	Establish access to aorta	2.52	NA	NA	1.73	2.32	0.27	NA	NA	4.52	5.11	XXX
36200		A	Place catheter in aorta	3.02	NA	NA	0.87	2.44	0.22	NA	NA	4.11	5.68	XXX
36215		A	Place catheter in artery	4.68	NA	NA	2.45	2.88	0.18	NA	NA	7.31	7.74	XXX
36216		A	Place catheter in artery	5.28	NA	NA	2.78	3.37	0.21	NA	NA	8.27	8.86	XXX
36217		A	Place catheter in artery	6.30	NA	NA	3.13	3.97	0.25	NA	NA	9.68	10.52	XXX
36218		A	Place catheter in artery	1.01	NA	NA	1.58	0.90	0.04	NA	NA	2.63	1.95	ZZZ
36245		A	Place catheter in artery	4.68	NA	NA	2.53	3.20	0.20	NA	NA	7.41	8.08	XXX
36246		A	Place catheter in artery	5.28	NA	NA	2.85	3.39	0.21	NA	NA	8.34	8.88	XXX
36247		A	Place catheter in artery	6.30	NA	NA	3.08	3.96	0.25	NA	NA	9.63	10.51	XXX
36248		A	Place catheter in artery	1.01	NA	NA	1.58	0.90	0.04	NA	NA	2.63	1.95	ZZZ
36260		A	Insertion of infusion pump	9.71	NA	NA	5.68	6.90	1.10	NA	NA	16.49	17.71	090
36261		A	Revision of infusion pump	5.45	NA	NA	3.71	2.74	0.33	NA	NA	9.49	8.52	090
36262		A	Removal of infusion pump	4.02	NA	NA	3.02	2.32	0.31	NA	NA	7.35	6.65	090
36299		C	Vessel injection procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
36400		A	Drawing blood	0.18	0.50	0.20	0.04	0.05	0.01	0.69	0.39	0.23	0.24	XXX
36405		A	Drawing blood	0.18	0.36	0.46	0.04	0.20	0.02	0.56	0.66	0.24	0.40	XXX
36406		A	Drawing blood	0.18	0.36	0.22	0.04	0.08	0.01	0.55	0.41	0.23	0.27	XXX
36410		A	Drawing blood	0.18	0.37	0.27	0.04	0.09	0.02	0.57	0.47	0.24	0.29	XXX
36415		I	Drawing blood	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
36420		A	Establish access to vein	1.01	NA	NA	0.38	0.51	0.04	NA	NA	1.43	1.56	XXX
36425		A	Establish access to vein	0.76	2.51	0.70	0.32	0.15	0.01	3.28	1.47	1.09	0.92	XXX
36430		A	Blood transfusion service	0.00	1.04	1.04	0.53	0.52	0.05	1.09	1.09	0.58	0.57	XXX
36440		A	Blood transfusion service	1.03	NA	NA	0.44	0.88	0.05	NA	NA	1.52	1.96	XXX
36450		A	Exchange transfusion service	2.23	NA	NA	0.89	0.99	0.14	NA	NA	3.26	3.36	XXX
36455		A	Exchange transfusion service	2.43	NA	NA	0.92	2.08	0.17	NA	NA	3.52	4.68	XXX
36460		A	Transfusion service, fetal	6.59	NA	NA	2.43	4.44	0.85	NA	NA	9.87	11.88	XXX
36468		R	Injection(s); spider veins	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
36469		R	Injection(s); spider veins	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
36470		A	Injection therapy of vein	1.09	2.31	0.80	0.40	0.21	0.03	3.43	1.92	1.52	1.33	010
36471		A	Injection therapy of veins	1.57	2.59	0.96	0.58	0.30	0.04	4.20	2.57	2.19	1.91	010
36481		A	Insertion of catheter, vein	6.99	NA	NA	2.34	4.90	0.48	NA	NA	9.81	12.37	000
36488		A	Insertion of catheter, vein	1.35	NA	NA	0.54	0.92	0.11	NA	NA	2.00	2.38	000

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36489		A	Insertion of catheter, vein	1.22	3.45	1.78	0.46	1.03	0.13	4.80	3.13	1.81	2.38	000
36490		A	Insertion of catheter, vein	1.67	NA	NA	0.56	1.27	0.16	NA	NA	2.39	3.10	000
36491		A	Insertion of catheter, vein	1.43	NA	NA	0.58	1.42	0.25	NA	NA	2.26	3.10	000
36493		A	Repositioning of cvc	1.21	NA	NA	0.57	0.65	0.13	NA	NA	1.91	1.99	000
36500		A	Insertion of catheter, vein	3.52	NA	NA	1.86	0.53	0.01	NA	NA	5.39	4.06	000
36510		A	Insertion of catheter, vein	1.09	NA	NA	0.71	0.32	0.02	NA	NA	1.82	1.43	000
36520		A	Plasma and/or cell exchange	1.74	NA	NA	0.88	1.77	0.09	NA	NA	2.71	3.60	000
36522		A	Photopheresis	1.67	7.87	3.99	1.00	1.75	0.29	9.83	5.95	2.96	3.71	000
36530		R	Insertion of infusion pump	6.20	NA	NA	3.47	4.79	0.80	NA	NA	10.47	11.79	010
36531		R	Revision of infusion pump	4.87	NA	NA	3.13	4.34	0.21	NA	NA	8.21	9.42	010
36532		R	Removal of infusion pump	3.30	NA	NA	1.68	1.86	0.29	NA	NA	5.27	5.45	010
36533		A	Insertion of access port	5.32	3.20	4.30	3.11	4.27	0.66	9.18	10.28	9.09	10.25	010
36534		A	Revision of access port	2.80	NA	NA	1.54	2.89	0.16	NA	NA	4.50	5.85	010
36535		A	Removal of access port	2.27	2.16	2.01	2.21	2.02	0.30	4.73	4.58	4.78	4.59	010
36600		A	Withdrawal of arterial blood	0.32	0.30	0.30	0.08	0.25	0.02	0.64	0.64	0.42	0.59	XXX
36620		A	Insertion catheter, artery	1.15	NA	NA	0.38	0.64	0.11	NA	NA	1.64	1.90	000
36625		A	Insertion catheter, artery	2.11	NA	NA	0.60	0.85	0.14	NA	NA	2.85	3.10	000
36640		A	Insertion catheter, artery	2.10	NA	NA	1.09	2.16	0.31	NA	NA	3.50	4.57	000
36660		A	Insertion catheter, artery	1.40	NA	NA	0.76	0.59	0.03	NA	NA	2.19	2.02	000
36680		A	Insert needle, bone cavity	1.20	NA	NA	0.54	1.15	0.08	NA	NA	1.82	2.43	000
36800		A	Insertion of cannula	2.43	NA	NA	1.57	2.20	0.22	NA	NA	4.22	4.85	000
36810		A	Insertion of cannula	3.97	NA	NA	2.44	4.17	0.58	NA	NA	6.99	8.72	000
36815		A	Insertion of cannula	2.62	NA	NA	1.83	2.81	0.55	NA	NA	5.00	5.98	000
36821		A	Artery-vein fusion	8.93	NA	NA	4.87	7.11	1.14	NA	NA	14.94	17.18	090
36822		A	Insertion of cannula(s)	5.42	NA	NA	7.64	6.47	0.60	NA	NA	13.66	12.49	090
36823		C	Insertion cannula(s)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
36825		A	Artery-vein graft	9.84	NA	NA	5.49	10.18	1.73	NA	NA	17.06	21.75	090
36830		A	Artery-vein graft	12.00	NA	NA	6.14	9.64	1.85	NA	NA	19.99	23.49	090
36831		A	Av fistula excision	8.00	2.38	2.38	2.98	2.98	1.29	11.67	11.67	12.27	12.27	090
36832		A	Av fistula revision	10.50	NA	NA	5.56	7.17	1.86	NA	NA	17.92	19.53	090
36833		A	Av fistula revision	11.95	4.52	4.52	4.49	4.49	1.29	17.76	17.76	17.73	17.73	090
36834		A	Repair A-V aneurysm	9.93	NA	NA	5.04	7.61	1.30	NA	NA	16.27	18.84	090
36835		A	Artery to vein shunt	7.15	NA	NA	4.13	3.82	0.62	NA	NA	11.90	11.59	090
36860		A	External cannula declotting	2.01	2.62	2.75	2.04	2.31	0.34	4.97	5.10	4.39	4.66	000
36861		A	Cannula declotting	2.52	NA	NA	1.63	2.67	0.79	NA	NA	4.94	5.98	000
37140		A	Revision of circulation	23.60	NA	NA	10.54	15.90	2.61	NA	NA	36.75	42.11	090
37145		A	Revision of circulation	24.61	NA	NA	13.08	17.21	1.35	NA	NA	39.04	43.17	090
37160		A	Revision of circulation	21.60	NA	NA	10.53	17.07	2.97	NA	NA	35.10	41.64	090
37180		A	Revision of circulation	24.61	NA	NA	11.26	14.37	2.16	NA	NA	38.03	41.14	090
37181		A	Splice spleen/kidney veins	26.68	NA	NA	12.02	16.36	2.75	NA	NA	41.45	45.79	090

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37195		A	Thrombolytic therapy, stroke	0.00	8.37	8.34	8.37	8.34	0.42	8.79	8.76	8.79	8.76	XXX
37200		A	Transcatheter biopsy	4.56	NA	NA	3.32	2.13	0.10	NA	NA	7.98	6.79	000
37201		A	Transcatheter therapy infuse	5.00	NA	NA	2.90	5.20	0.50	NA	NA	8.40	10.70	000
37202		A	Transcatheter therapy infuse	5.68	NA	NA	3.87	4.47	0.39	NA	NA	9.94	10.54	000
37203		A	Transcatheter retrieval	5.03	NA	NA	2.87	3.83	0.35	NA	NA	8.25	9.21	000
37204		A	Transcatheter occlusion	18.14	NA	NA	7.41	13.05	1.25	NA	NA	26.80	32.44	000
37205		A	Transcatheter stent	8.28	NA	NA	4.61	5.35	0.33	NA	NA	13.22	13.96	000
37206		A	Transcatheter stent add-on	4.13	NA	NA	2.36	2.69	0.16	NA	NA	6.65	6.98	ZZZ
37207		A	Transcatheter stent	8.28	NA	NA	4.31	5.28	0.33	NA	NA	12.92	13.89	000
37208		A	Transcatheter stent add-on	4.13	NA	NA	1.91	2.58	0.16	NA	NA	6.20	6.87	ZZZ
37209		A	Exchange arterial catheter	2.27	NA	NA	1.64	1.56	0.09	NA	NA	4.00	3.92	000
37250		A	Intravascular us	2.10	NA	NA	1.74	1.37	0.10	NA	NA	3.94	3.57	ZZZ
37251		A	Intravascular us	1.60	NA	NA	1.50	1.08	0.08	NA	NA	3.18	2.76	ZZZ
37565		A	Ligation of neck vein	4.44	NA	NA	2.81	3.79	0.58	NA	NA	7.83	8.81	090
37600		A	Ligation of neck artery	4.57	NA	NA	4.03	5.06	0.63	NA	NA	9.23	10.26	090
37605		A	Ligation of neck artery	6.19	NA	NA	4.35	5.61	0.81	NA	NA	11.35	12.61	090
37606		A	Ligation of neck artery	6.28	NA	NA	5.02	6.07	0.56	NA	NA	11.86	12.91	090
37607		A	Ligation of fistula	6.16	NA	NA	3.30	3.32	0.56	NA	NA	10.02	10.04	090
37609		A	Temporal artery procedure	2.30	5.03	3.07	2.10	2.33	0.30	7.63	5.67	4.70	4.93	010
37615		A	Ligation of neck artery	5.73	NA	NA	4.28	5.65	0.87	NA	NA	10.88	12.25	090
37616		A	Ligation of chest artery	16.49	NA	NA	15.97	7.42	0.65	NA	NA	33.11	24.56	090
37617		A	Ligation of abdomen artery	15.95	NA	NA	9.15	8.80	1.20	NA	NA	26.30	25.95	090
37618		A	Ligation of extremity artery	4.84	NA	NA	3.47	4.92	0.83	NA	NA	9.14	10.59	090
37620		A	Revision of major vein	10.56	NA	NA	5.72	8.60	1.16	NA	NA	17.44	20.32	090
37650		A	Revision of major vein	5.13	NA	NA	3.50	4.15	0.41	NA	NA	9.04	9.69	090
37660		A	Revision of major vein	10.61	NA	NA	6.52	6.31	0.84	NA	NA	17.97	17.76	090
37700		A	Revise leg vein	3.73	NA	NA	2.60	3.61	0.57	NA	NA	6.90	7.91	090
37720		A	Removal of leg vein	5.66	NA	NA	3.35	5.00	0.81	NA	NA	9.82	11.47	090
37730		A	Removal of leg veins	7.33	NA	NA	4.38	6.75	1.10	NA	NA	12.81	15.18	090
37735		A	Removal of leg veins/lesion	10.53	NA	NA	6.31	8.37	1.31	NA	NA	18.15	20.21	090
37760		A	Revision of leg veins	10.47	NA	NA	6.50	7.72	1.19	NA	NA	18.16	19.38	090
37780		A	Revision of leg vein	3.84	NA	NA	2.64	2.20	0.27	NA	NA	6.75	6.31	090
37785		A	Revise secondary varicosity	3.88	5.46	2.16	3.16	1.59	0.14	9.48	6.18	7.18	5.61	090
37788		A	Revascularization, penis	22.01	NA	NA	11.46	15.19	1.16	NA	NA	34.63	38.36	090
37790		A	Penile venous occlusion	8.34	NA	NA	6.24	6.20	0.43	NA	NA	15.01	14.97	090
37799		C	Vascular surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
38100		A	Removal of spleen, total	13.01	NA	NA	6.56	8.60	1.42	NA	NA	20.99	23.03	090
38101		A	Removal of spleen, partial	13.74	NA	NA	7.24	7.50	1.18	NA	NA	22.16	22.42	090
38102		A	Removal of spleen, total	4.80	NA	NA	1.99	2.54	0.45	NA	NA	7.24	7.79	ZZZ
38115		A	Repair of ruptured spleen	14.19	NA	NA	7.02	7.97	1.17	NA	NA	22.38	23.33	090

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
38200		A	Injection for spleen x-ray	2.64	NA	NA	0.73	1.58	0.12	NA	NA	3.49	4.34	000
38230		R	Bone marrow collection	4.54	NA	NA	2.49	2.89	0.16	NA	NA	7.19	7.59	010
38231		R	Stem cell collection	1.50	NA	NA	0.56	1.26	0.06	NA	NA	2.12	2.82	000
38240		R	Bone marrow/stem transplant	2.24	NA	NA	1.55	2.08	0.11	NA	NA	3.90	4.43	XXX
38241		R	Bone marrow/stem transplant	2.24	NA	NA	1.51	2.04	0.10	NA	NA	3.85	4.38	XXX
38300		A	Drainage lymph node lesion	1.53	3.23	1.28	1.80	0.69	0.08	4.84	2.89	3.41	2.30	010
38305		A	Drainage lymph node lesion	4.61	8.60	3.75	4.65	2.76	0.28	13.49	8.64	9.54	7.65	090
38308		A	Incision of lymph channels	4.95	NA	NA	4.22	3.80	0.35	NA	NA	9.52	9.10	090
38380		A	Thoracic duct procedure	7.46	NA	NA	6.18	5.16	0.59	NA	NA	14.23	13.21	090
38381		A	Thoracic duct procedure	12.88	NA	NA	11.13	8.93	1.17	NA	NA	25.18	22.98	090
38382		A	Thoracic duct procedure	10.08	NA	NA	10.39	6.54	0.88	NA	NA	21.35	17.50	090
38500		A	Biopsy/removal,lymph node(s)	2.88	2.22	1.85	2.07	1.82	0.24	5.34	4.97	5.19	4.94	010
38505		A	Needle biopsy, lymph node(s)	1.14	2.59	1.56	1.14	0.74	0.13	3.86	2.83	2.41	2.01	000
38510		A	Biopsy/removal,lymph node(s)	4.14	NA	NA	3.74	3.01	0.35	NA	NA	8.23	7.50	090
38520		A	Biopsy/removal,lymph node(s)	5.12	NA	NA	3.84	3.39	0.44	NA	NA	9.40	8.95	090
38525		A	Biopsy/removal,lymph node(s)	4.66	NA	NA	3.15	2.90	0.41	NA	NA	8.22	7.97	090
38530		A	Biopsy/removal,lymph node(s)	6.13	NA	NA	4.55	3.72	0.51	NA	NA	11.19	10.36	090
38542		A	Explore deep node(s), neck	5.91	NA	NA	5.58	4.86	0.46	NA	NA	11.95	11.23	090
38550		A	Removal neck/armpit lesion	6.73	NA	NA	3.46	3.50	0.49	NA	NA	10.68	10.72	090
38555		A	Removal neck/armpit lesion	14.27	NA	NA	9.24	8.23	1.08	NA	NA	24.59	23.58	090
38562		A	Removal, pelvic lymph nodes	10.49	NA	NA	6.76	7.29	0.94	NA	NA	18.19	18.72	090
38564		A	Removal, abdomen lymph nodes	10.83	NA	NA	6.37	7.61	1.18	NA	NA	18.38	19.62	090
38700		A	Removal of lymph nodes, neck	8.24	NA	NA	13.53	10.76	1.02	NA	NA	22.79	20.02	090
38720		A	Removal of lymph nodes, neck	13.61	NA	NA	16.66	16.35	1.60	NA	NA	31.87	31.56	090
38724		A	Removal of lymph nodes, neck	14.54	NA	NA	17.00	15.94	1.56	NA	NA	33.10	32.04	090
38740		A	Remove armpit lymph nodes	6.77	NA	NA	4.03	4.85	0.78	NA	NA	11.58	12.40	090
38745		A	Remove armpits lymph nodes	8.84	NA	NA	5.74	8.18	1.38	NA	NA	15.96	18.40	090
38746		A	Remove thoracic lymph nodes	4.39	NA	NA	2.31	2.45	0.41	NA	NA	7.11	7.25	ZZZ
38747		A	Remove abdominal lymph nodes	4.89	NA	NA	2.23	2.64	0.46	NA	NA	7.58	7.99	ZZZ
38760		A	Remove groin lymph nodes	8.74	NA	NA	5.05	6.66	1.06	NA	NA	14.85	16.46	090
38765		A	Remove groin lymph nodes	16.06	NA	NA	10.02	12.82	1.89	NA	NA	27.97	30.77	090
38770		A	Remove pelvis lymph nodes	13.23	NA	NA	7.53	13.73	1.35	NA	NA	22.11	28.31	090
38780		A	Remove abdomen lymph nodes	16.59	NA	NA	10.37	15.67	2.45	NA	NA	29.41	34.71	090
38790		A	Injection for lymphatic xray	1.29	32.83	9.54	0.42	1.26	0.15	34.27	10.98	1.86	2.70	000
38792		C	Identify sentinel node	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	000
38794		A	Access thoracic lymph duct	4.45	NA	NA	1.30	2.64	0.30	NA	NA	6.05	7.39	090
38999		C	Blood/lymph system procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
39000		A	Exploration of chest	6.10	NA	NA	8.80	7.13	0.84	NA	NA	15.74	14.07	090
39010		A	Exploration of chest	11.79	NA	NA	11.53	12.21	1.63	NA	NA	24.95	25.63	090
39200		A	Removal chest lesion	13.62	NA	NA	10.83	12.14	1.67	NA	NA	26.12	27.43	090

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
39220		A	Removal chest lesion	17.42	NA	NA	12.44	15.27	2.21	NA	NA	32.07	34.90	090
39400		A	Visualization of chest	5.61	NA	NA	6.38	5.77	0.74	NA	NA	12.73	12.12	010
39499		C	Chest procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
39501		A	Repair diaphragm laceration	13.19	NA	NA	8.94	10.91	1.64	NA	NA	23.77	25.74	090
39502		A	Repair paraesophageal hernia	16.33	NA	NA	9.73	12.15	1.92	NA	NA	27.98	30.40	090
39503		A	Repair of diaphragm hernia	34.85	NA	NA	15.89	24.47	2.30	NA	NA	53.04	61.62	090
39520		A	Repair of diaphragm hernia	16.10	NA	NA	10.62	12.86	1.92	NA	NA	28.64	30.88	090
39530		A	Repair of diaphragm hernia	15.41	NA	NA	10.14	13.98	2.12	NA	NA	27.67	31.51	090
39531		A	Repair of diaphragm hernia	16.42	NA	NA	10.21	10.69	1.41	NA	NA	28.04	28.52	090
39540		A	Repair of diaphragm hernia	13.32	NA	NA	9.08	12.02	1.96	NA	NA	24.36	27.30	090
39541		A	Repair of diaphragm hernia	14.41	NA	NA	9.13	12.18	1.85	NA	NA	25.39	28.44	090
39545		A	Revision of diaphragm	13.37	NA	NA	9.70	8.85	1.02	NA	NA	24.09	23.24	090
39599		C	Diaphragm surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
40490		A	Biopsy of lip	1.22	1.32	0.93	0.62	0.46	0.05	2.59	2.20	1.89	1.73	000
40500		A	Partial excision of lip	4.28	4.34	4.92	5.17	5.13	0.74	9.36	9.94	10.19	10.15	090
40510		A	Partial excision of lip	4.70	5.14	5.49	5.81	5.66	0.65	10.49	10.84	11.16	11.01	090
40520		A	Partial excision of lip	4.67	5.64	5.07	5.91	5.14	0.53	10.84	10.27	11.11	10.34	090
40525		A	Reconstruct lip with flap	7.55	NA	NA	7.70	8.69	1.12	NA	NA	16.37	17.36	090
40527		A	Reconstruct lip with flap	9.13	NA	NA	8.73	10.36	1.29	NA	NA	19.15	20.78	090
40530		A	Partial removal of lip	5.40	4.77	5.34	5.51	5.53	0.58	10.75	11.32	11.49	11.51	090
40650		A	Repair lip	3.64	3.88	4.23	3.58	4.15	0.51	8.03	8.38	7.73	8.30	090
40652		A	Repair lip	4.26	5.04	5.08	5.35	5.16	0.62	9.92	9.96	10.23	10.04	090
40654		A	Repair lip	5.31	5.65	6.17	6.25	6.32	0.78	11.74	12.26	12.34	12.41	090
40700		A	Repair cleft lip/nasal	12.79	NA	NA	9.72	9.32	1.00	NA	NA	23.51	23.11	090
40701		A	Repair cleft lip/nasal	15.85	NA	NA	10.34	18.32	1.27	NA	NA	27.46	35.44	090
40702		A	Repair cleft lip/nasal	13.04	NA	NA	9.18	9.92	0.86	NA	NA	23.08	23.82	090
40720		A	Repair cleft lip/nasal	13.55	NA	NA	10.66	10.47	1.40	NA	NA	25.61	25.42	090
40761		A	Repair cleft lip/nasal	14.72	NA	NA	12.39	11.92	1.36	NA	NA	28.47	28.00	090
40799		C	Lip surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
40800		A	Drainage of mouth lesion	1.17	1.55	0.99	0.48	0.42	0.05	2.77	2.21	1.70	1.64	010
40801		A	Drainage of mouth lesion	2.53	2.06	1.90	2.14	1.23	0.13	4.72	4.56	4.80	3.89	010
40804		A	Removal foreign body, mouth	1.24	1.98	0.97	2.19	0.79	0.05	3.27	2.26	3.48	2.08	010
40805		A	Removal foreign body, mouth	2.69	2.58	2.68	3.22	2.84	0.23	5.50	5.60	6.14	5.76	010
40806		A	Incision of lip fold	0.31	0.72	0.47	0.93	0.53	0.02	1.05	0.80	1.26	0.86	000
40808		A	Biopsy of mouth lesion	0.96	1.60	1.02	2.12	0.84	0.06	2.62	2.04	3.14	1.86	010
40810		A	Excision of mouth lesion	1.31	2.13	1.49	2.40	1.08	0.09	3.53	2.89	3.80	2.48	010
40812		A	Excise/repair mouth lesion	2.31	2.38	1.82	2.96	1.36	0.11	4.80	4.24	5.38	3.78	010
40814		A	Excise/repair mouth lesion	3.42	3.32	3.46	4.37	2.41	0.25	6.99	7.13	8.04	6.08	090
40816		A	Excision of mouth lesion	3.67	3.59	3.52	4.67	2.48	0.26	7.52	7.45	8.60	6.41	090
40818		A	Excise oral mucosa for graft	2.41	3.22	2.64	4.77	3.02	0.16	5.79	5.21	7.34	5.59	090

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
40819		A	Excise lip or cheek fold	2.41	2.85	1.71	3.33	1.34	0.11	5.37	4.23	5.85	3.86	090
40820		A	Treatment of mouth lesion	1.28	1.86	0.90	2.30	0.79	0.05	3.19	2.23	3.63	2.12	010
40830		A	Repair mouth laceration	1.76	1.94	1.03	1.91	1.03	0.05	3.75	2.84	3.72	2.84	010
40831		A	Repair mouth laceration	2.46	2.29	2.16	2.72	2.26	0.16	4.91	4.78	5.34	4.88	010
40840		R	Reconstruction of mouth	8.73	5.50	6.49	7.28	6.94	0.57	14.80	15.79	16.58	16.24	090
40842		R	Reconstruction of mouth	8.73	5.49	6.49	6.54	6.75	0.57	14.79	15.79	15.84	16.05	090
40843		R	Reconstruction of mouth	12.10	6.56	8.80	7.73	9.10	0.81	19.47	21.71	20.64	22.01	090
40844		R	Reconstruction of mouth	16.01	8.09	11.49	8.65	11.63	1.06	25.16	28.56	25.72	28.70	090
40845		R	Reconstruction of mouth	18.58	9.83	19.09	11.31	19.46	1.51	29.92	39.18	31.40	39.55	090
40899		C	Mouth surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
41000		A	Drainage of mouth lesion	1.30	1.83	1.07	1.63	0.72	0.06	3.19	2.43	2.99	2.08	010
41005		A	Drainage of mouth lesion	1.26	1.76	0.94	1.80	0.95	0.05	3.07	2.25	3.11	2.26	010
41006		A	Drainage of mouth lesion	3.24	3.10	1.60	3.34	1.66	0.09	6.43	4.93	6.67	4.99	090
41007		A	Drainage of mouth lesion	3.10	2.92	3.09	3.01	3.12	0.23	6.25	6.42	6.34	6.45	090
41008		A	Drainage of mouth lesion	3.37	3.01	1.62	3.27	1.25	0.09	6.47	5.08	6.73	4.71	090
41009		A	Drainage of mouth lesion	3.59	2.99	3.44	3.32	3.52	0.27	6.85	7.30	7.18	7.38	090
41010		A	Incision of tongue fold	1.06	2.27	0.87	3.23	1.11	0.03	3.36	1.96	4.32	2.20	010
41015		A	Drainage of mouth lesion	3.96	3.32	1.54	3.18	1.50	0.08	7.36	5.58	7.22	5.54	090
41016		A	Drainage of mouth lesion	4.07	3.34	3.84	3.32	3.83	0.30	7.71	8.21	7.69	8.20	090
41017		A	Drainage of mouth lesion	4.07	3.33	1.97	3.28	1.96	0.11	7.51	6.15	7.46	6.14	090
41018		A	Drainage of mouth lesion	5.10	3.76	4.14	3.40	4.05	0.30	9.16	9.54	8.80	9.45	090
41100		A	Biopsy of tongue	1.63	2.11	1.18	2.56	0.97	0.06	3.80	2.87	4.25	2.66	010
41105		A	Biopsy of tongue	1.42	1.96	1.33	2.51	1.05	0.09	3.47	2.84	4.02	2.56	010
41108		A	Biopsy of floor of mouth	1.05	1.81	1.14	2.25	0.91	0.07	2.93	2.26	3.37	2.03	010
41110		A	Excision of tongue lesion	1.51	2.43	1.67	2.59	1.18	0.12	4.06	3.30	4.22	2.81	010
41112		A	Excision of tongue lesion	2.73	2.87	2.66	3.54	1.86	0.18	5.78	5.57	6.45	4.77	090
41113		A	Excision of tongue lesion	3.19	2.89	3.50	4.27	2.46	0.29	6.37	6.98	7.75	5.94	090
41114		A	Excision of tongue lesion	8.47	NA	NA	6.27	6.77	0.57	NA	NA	15.31	15.81	090
41115		A	Excision of tongue fold	1.74	2.20	2.00	2.41	2.05	0.13	4.07	3.87	4.28	3.92	010
41116		A	Excision of mouth lesion	2.44	2.71	2.70	3.42	2.88	0.21	5.36	5.35	6.07	5.53	090
41120		A	Partial removal of tongue	9.77	NA	NA	8.52	8.06	0.69	NA	NA	18.98	18.52	090
41130		A	Partial removal of tongue	11.15	NA	NA	9.46	9.74	0.89	NA	NA	21.50	21.78	090
41135		A	Tongue and neck surgery	23.09	NA	NA	16.51	19.02	2.07	NA	NA	41.67	44.18	090
41140		A	Removal of tongue	25.50	NA	NA	18.24	19.94	1.92	NA	NA	45.66	47.36	090
41145		A	Tongue removal; neck surgery	30.06	NA	NA	22.58	24.19	2.31	NA	NA	54.95	56.56	090
41150		A	Tongue, mouth, jaw surgery	23.04	NA	NA	17.19	19.73	1.92	NA	NA	42.15	44.69	090
41153		A	Tongue, mouth, neck surgery	23.77	NA	NA	17.95	24.84	2.37	NA	NA	44.09	50.98	090
41155		A	Tongue, jaw, & neck surgery	27.72	NA	NA	20.54	29.51	2.93	NA	NA	51.19	60.16	090
41250		A	Repair tongue laceration	1.91	2.14	1.41	1.73	1.30	0.09	4.14	3.41	3.73	3.30	010
41251		A	Repair tongue laceration	2.27	1.97	2.18	2.17	2.23	0.16	4.40	4.61	4.60	4.66	010

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
41252		A	Repair tongue laceration	2.97	2.87	2.63	2.67	2.58	0.20	6.04	5.80	5.84	5.75	010
41500		A	Fixation of tongue	3.71	NA	NA	3.46	3.54	0.20	NA	NA	7.37	7.45	090
41510		A	Tongue to lip surgery	3.42	NA	NA	4.21	3.12	0.35	NA	NA	7.98	6.89	090
41520		A	Reconstruction, tongue fold	2.73	2.38	2.94	3.37	3.19	0.22	5.33	5.89	6.32	6.14	090
41599		C	Tongue and mouth surgery	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
41800		A	Drainage of gum lesion	1.17	1.52	0.94	1.36	0.63	0.05	2.74	2.16	2.58	1.85	010
41805		A	Removal foreign body, gum	1.24	1.50	1.06	1.89	1.16	0.06	2.80	2.36	3.19	2.46	010
41806		A	Removal foreign body,jawbone	2.69	2.09	1.86	2.67	1.34	0.12	4.90	4.67	5.48	4.15	010
41820		R	Excision, gum, each quadrant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
41821		R	Excision of gum flap	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
41822		R	Excision of gum lesion	2.31	2.24	3.03	0.97	2.71	0.20	4.75	5.54	3.48	5.22	010
41823		R	Excision of gum lesion	3.30	2.91	3.68	3.00	3.71	0.27	6.48	7.25	6.57	7.28	090
41825		A	Excision of gum lesion	1.31	1.89	1.69	2.34	1.19	0.11	3.31	3.11	3.76	2.61	010
41826		A	Excision of gum lesion	2.31	2.20	2.24	2.52	1.48	0.14	4.65	4.69	4.97	3.93	010
41827		A	Excision of gum lesion	3.42	2.95	3.80	3.77	2.47	0.30	6.67	7.52	7.49	6.19	090
41828		R	Excision of gum lesion	3.09	2.56	3.96	2.48	3.94	0.26	5.91	7.31	5.83	7.29	010
41830		R	Removal of gum tissue	3.35	2.70	3.68	2.94	3.74	0.28	6.33	7.31	6.57	7.37	010
41850		R	Treatment of gum lesion	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
41870		R	Gum graft	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
41872		R	Repair gum	2.59	2.31	2.90	3.42	3.17	0.21	5.11	5.70	6.22	5.97	090
41874		R	Repair tooth socket	3.09	2.40	3.37	2.46	3.38	0.25	5.74	6.71	5.80	6.72	090
41899		C	Dental surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
42000		A	Drainage mouth roof lesion	1.23	1.88	0.97	1.69	0.68	0.05	3.16	2.25	2.97	1.96	010
42100		A	Biopsy roof of mouth	1.31	1.93	1.13	2.41	0.93	0.06	3.30	2.50	3.78	2.30	010
42104		A	Excision lesion, mouth roof	1.64	2.00	1.82	2.64	1.32	0.13	3.77	3.59	4.41	3.09	010
42106		A	Excision lesion, mouth roof	2.10	2.16	2.35	2.84	1.62	0.16	4.42	4.61	5.10	3.88	010
42107		A	Excision lesion, mouth roof	4.44	3.45	4.84	4.43	3.10	0.39	8.28	9.67	9.26	7.93	090
42120		A	Remove palate/lesion	6.17	NA	NA	5.93	7.01	0.79	NA	NA	12.89	13.97	090
42140		A	Excision of uvula	1.62	2.86	1.82	3.17	1.90	0.12	4.60	3.56	4.91	3.64	090
42145		A	Repair, palate,pharynx/uvula	8.05	NA	NA	7.37	9.06	1.13	NA	NA	16.55	18.24	090
42160		A	Treatment mouth roof lesion	1.80	2.26	1.81	2.70	1.30	0.13	4.19	3.74	4.63	3.23	010
42180		A	Repair palate	2.50	2.49	2.45	2.46	2.44	0.20	5.19	5.15	5.16	5.14	010
42182		A	Repair palate	3.83	2.64	3.49	3.42	3.68	0.30	6.77	7.62	7.55	7.81	010
42200		A	Reconstruct cleft palate	12.00	NA	NA	10.23	8.41	0.66	NA	NA	22.89	21.07	090
42205		A	Reconstruct cleft palate	9.59	NA	NA	6.44	10.20	0.62	NA	NA	16.65	20.41	090
42210		A	Reconstruct cleft palate	14.50	NA	NA	9.41	12.54	0.74	NA	NA	24.65	27.78	090
42215		A	Reconstruct cleft palate	8.82	NA	NA	8.12	8.28	0.67	NA	NA	17.61	17.77	090
42220		A	Reconstruct cleft palate	7.02	NA	NA	5.97	5.89	0.63	NA	NA	13.62	13.54	090
42225		A	Reconstruct cleft palate	9.54	NA	NA	8.58	7.76	0.84	NA	NA	18.96	18.14	090
42226		A	Lengthening of palate	10.01	NA	NA	9.18	8.72	0.67	NA	NA	19.86	19.40	090

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CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
42227		A	Lengthening of palate	9.52	NA	NA	7.65	7.94	0.30	NA	NA	17.47	17.76	090
42235		A	Repair palate	7.87	NA	NA	6.28	6.09	0.38	NA	NA	14.53	14.34	090
42260		A	Repair nose to lip fistula	9.80	6.11	4.77	6.34	4.83	0.34	16.25	14.91	16.48	14.97	090
42280		A	Preparation, palate mold	1.54	1.19	1.92	0.79	1.82	0.13	2.86	3.59	2.46	3.49	010
42281		A	Insertion, palate prosthesis	1.93	1.34	1.54	0.98	1.45	0.12	3.39	3.59	3.03	3.50	010
42299		C	Palate/uvula surgery	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
42300		A	Drainage of salivary gland	1.93	2.20	1.33	2.77	1.08	0.09	4.22	3.35	4.79	3.10	010
42305		A	Drainage of salivary gland	6.07	NA	NA	5.83	3.24	0.21	NA	NA	12.11	9.52	090
42310		A	Drainage of salivary gland	1.56	1.78	1.29	2.40	1.02	0.09	3.43	2.94	4.05	2.67	010
42320		A	Drainage of salivary gland	2.35	2.21	2.05	2.95	2.23	0.17	4.73	4.57	5.47	4.75	010
42325		A	Create salivary cyst drain	2.75	2.28	2.30	1.24	2.04	0.16	5.19	5.21	4.15	4.95	090
42326		A	Create salivary cyst drain	3.78	3.46	4.25	2.23	3.94	0.26	7.50	8.29	6.27	7.98	090
42330		A	Removal of salivary stone	2.21	2.30	1.47	0.87	0.67	0.09	4.60	3.77	3.17	2.97	010
42335		A	Removal of salivary stone	3.31	3.06	2.78	4.40	2.11	0.21	6.58	6.30	7.92	5.63	090
42340		A	Removal of salivary stone	4.60	3.92	4.44	5.61	3.14	0.35	8.87	9.39	10.56	8.09	090
42400		A	Biopsy of salivary gland	0.78	2.21	1.20	0.90	0.55	0.08	3.07	2.06	1.76	1.41	000
42405		A	Biopsy of salivary gland	3.29	2.89	1.98	3.87	1.60	0.15	6.33	5.42	7.31	5.04	010
42408		A	Excision of salivary cyst	4.54	3.79	3.59	5.11	3.92	0.30	8.63	8.43	9.95	8.76	090
42409		A	Drainage of salivary cyst	2.81	2.74	2.97	4.16	3.33	0.23	5.78	6.01	7.20	6.37	090
42410		A	Excise parotid gland/lesion	9.34	NA	NA	8.14	6.87	0.72	NA	NA	18.20	16.93	090
42415		A	Excise parotid gland/lesion	16.89	NA	NA	13.08	13.59	1.31	NA	NA	31.28	31.79	090
42420		A	Excise parotid gland/lesion	19.59	NA	NA	14.84	15.77	1.46	NA	NA	35.89	36.82	090
42425		A	Excise parotid gland/lesion	13.02	NA	NA	10.88	11.76	1.12	NA	NA	25.02	25.90	090
42426		A	Excise parotid gland/lesion	21.26	NA	NA	15.86	23.00	2.51	NA	NA	39.63	46.77	090
42440		A	Excision submaxillary gland	6.97	NA	NA	6.40	7.84	0.77	NA	NA	14.14	15.58	090
42450		A	Excision sublingual gland	4.62	3.99	3.78	5.25	4.10	0.27	8.88	8.67	10.14	8.99	090
42500		A	Repair salivary duct	4.30	4.02	4.76	5.33	5.08	0.39	8.71	9.45	10.02	9.77	090
42505		A	Repair salivary duct	6.18	4.78	6.73	6.21	7.09	0.67	11.63	13.58	13.06	13.94	090
42507		A	Parotid duct diversion	6.11	NA	NA	6.29	5.36	0.52	NA	NA	12.92	11.99	090
42508		A	Parotid duct diversion	9.10	NA	NA	7.95	8.18	0.74	NA	NA	17.79	18.02	090
42509		A	Parotid duct diversion	11.54	NA	NA	9.43	8.31	0.96	NA	NA	21.93	20.81	090
42510		A	Parotid duct diversion	8.15	NA	NA	5.40	7.58	0.66	NA	NA	14.21	16.39	090
42550		A	Injection for salivary x-ray	1.25	11.75	3.30	0.34	0.45	0.03	13.03	4.58	1.62	1.73	000
42600		A	Closure of salivary fistula	4.82	4.97	4.41	5.78	4.61	0.36	10.15	9.59	10.96	9.79	090
42650		A	Dilation of salivary duct	0.77	0.89	0.54	0.40	0.26	0.03	1.69	1.34	1.20	1.06	000
42660		A	Dilation of salivary duct	1.13	1.01	0.66	2.02	0.71	0.05	2.19	1.84	3.20	1.89	000
42665		A	Ligation of salivary duct	2.53	3.02	2.41	4.21	2.71	0.20	5.75	5.14	6.94	5.44	090
42699		C	Salivary surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
42700		A	Drainage of tonsil abscess	1.62	2.46	1.31	2.17	0.89	0.08	4.16	3.01	3.87	2.59	010
42720		A	Drainage of throat abscess	5.42	4.29	2.61	4.78	2.73	0.17	9.88	8.20	10.37	8.32	010

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42725		A	Drainage of throat abscess	10.72	NA	NA	8.24	5.68	0.41	NA	NA	19.37	16.81	090
42800		A	Biopsy of throat	1.39	2.30	1.18	2.53	0.93	0.06	3.75	2.63	3.98	2.38	010
42802		A	Biopsy of throat	1.54	2.40	1.43	2.59	1.48	0.09	4.03	3.06	4.22	3.11	010
42804		A	Biopsy of upper nose/throat	1.24	2.23	1.44	2.50	1.51	0.10	3.57	2.78	3.84	2.85	010
42806		A	Biopsy of upper nose/throat	1.58	2.60	1.79	2.82	1.85	0.13	4.31	3.50	4.53	3.56	010
42808		A	Excise pharynx lesion	2.30	3.53	2.93	3.24	2.86	0.23	6.06	5.46	5.77	5.39	010
42809		A	Remove pharynx foreign body	1.81	2.68	1.34	1.83	1.13	0.06	4.55	3.21	3.70	3.00	010
42810		A	Excision of neck cyst	3.33	4.16	3.60	4.09	3.58	0.37	7.86	7.30	7.79	7.28	090
42815		A	Excision of neck cyst	7.23	NA	NA	6.59	8.12	0.88	NA	NA	14.70	16.23	090
42820		A	Remove tonsils and adenoids	3.91	NA	NA	2.45	3.18	0.25	NA	NA	6.61	7.34	090
42821		A	Remove tonsils and adenoids	4.29	NA	NA	4.28	4.27	0.36	NA	NA	8.93	8.92	090
42825		A	Removal of tonsils	3.42	NA	NA	3.70	3.08	0.26	NA	NA	7.38	6.76	090
42826		A	Removal of tonsils	3.38	NA	NA	3.79	3.98	0.34	NA	NA	7.51	7.70	090
42830		A	Removal of adenoids	2.57	NA	NA	2.77	2.21	0.21	NA	NA	5.55	4.99	090
42831		A	Removal of adenoids	2.71	NA	NA	2.89	2.64	0.20	NA	NA	5.80	5.55	090
42835		A	Removal of adenoids	2.30	NA	NA	2.80	2.22	0.08	NA	NA	5.18	4.60	090
42836		A	Removal of adenoids	3.18	NA	NA	3.66	3.19	0.24	NA	NA	7.08	6.61	090
42842		A	Extensive surgery of throat	8.76	NA	NA	7.80	7.40	0.57	NA	NA	17.13	16.73	090
42844		A	Extensive surgery of throat	14.31	NA	NA	11.09	11.61	0.99	NA	NA	26.39	26.91	090
42845		A	Extensive surgery of throat	24.29	NA	NA	17.79	19.61	1.74	NA	NA	43.82	45.64	090
42860		A	Excision of tonsil tags	2.22	NA	NA	2.99	2.29	0.16	NA	NA	5.37	4.67	090
42870		A	Excision of lingual tonsil	5.40	NA	NA	6.04	3.40	0.20	NA	NA	11.64	9.00	090
42890		A	Partial removal of pharynx	12.94	NA	NA	11.14	10.11	0.81	NA	NA	24.89	23.86	090
42892		A	Revision of pharyngeal walls	15.83	NA	NA	12.53	12.02	0.99	NA	NA	29.35	28.84	090
42894		A	Revision of pharyngeal walls	22.88	NA	NA	17.04	17.33	1.43	NA	NA	41.35	41.64	090
42900		A	Repair throat wound	5.25	NA	NA	4.48	4.59	0.38	NA	NA	10.11	10.22	010
42950		A	Reconstruction of throat	8.10	NA	NA	7.48	9.12	0.86	NA	NA	16.44	18.08	090
42953		A	Repair throat, esophagus	8.96	NA	NA	8.75	7.35	0.73	NA	NA	18.44	17.04	090
42955		A	Surgical opening of throat	7.39	NA	NA	6.62	4.36	0.34	NA	NA	14.35	12.09	090
42960		A	Control throat bleeding	2.33	NA	NA	2.49	1.50	0.09	NA	NA	4.91	3.92	010
42961		A	Control throat bleeding	5.59	NA	NA	5.14	2.71	0.15	NA	NA	10.88	8.45	090
42962		A	Control throat bleeding	7.14	NA	NA	6.14	6.40	0.53	NA	NA	13.81	14.07	090
42970		A	Control nose/throat bleeding	5.43	NA	NA	3.85	1.80	0.08	NA	NA	9.36	7.31	090
42971		A	Control nose/throat bleeding	6.21	NA	NA	5.84	3.82	0.27	NA	NA	12.32	10.30	090
42972		A	Control nose/throat bleeding	7.20	NA	NA	5.83	5.16	0.57	NA	NA	13.60	12.93	090
42999		C	Throat surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
43020		A	Incision of esophagus	8.09	NA	NA	5.91	6.83	0.56	NA	NA	14.56	15.48	090
43030		A	Throat muscle surgery	7.69	NA	NA	6.80	8.59	0.95	NA	NA	15.44	17.23	090
43045		A	Incision of esophagus	20.12	NA	NA	12.93	13.37	1.85	NA	NA	34.90	35.34	090
43100		A	Excision of esophagus lesion	9.19	NA	NA	9.37	7.38	0.74	NA	NA	19.30	17.31	090

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43101		A	Excision of esophagus lesion	16.24	NA	NA	10.21	10.27	1.47	NA	NA	27.92	27.98	090
43107		A	Removal of esophagus	28.79	NA	NA	17.20	22.62	3.46	NA	NA	49.45	54.87	090
43108		A	Removal of esophagus	34.19	NA	NA	19.05	25.33	3.73	NA	NA	56.97	63.25	090
43112		A	Removal of esophagus	31.22	NA	NA	18.65	22.29	3.30	NA	NA	53.17	56.81	090
43113		A	Removal of esophagus	35.27	NA	NA	20.03	25.57	3.73	NA	NA	59.03	64.57	090
43116		A	Partial removal of esophagus	31.22	NA	NA	24.37	26.66	3.73	NA	NA	59.32	61.61	090
43117		A	Partial removal of esophagus	30.02	NA	NA	17.96	25.06	3.73	NA	NA	51.71	58.81	090
43118		A	Partial removal of esophagus	33.20	NA	NA	18.17	25.11	3.73	NA	NA	55.10	62.04	090
43121		A	Partial removal of esophagus	29.19	NA	NA	17.30	21.71	3.28	NA	NA	49.77	54.18	090
43122		A	Parital removal of esophagus	29.11	NA	NA	16.62	21.54	3.28	NA	NA	49.01	53.93	090
43123		A	Partial removal of esophagus	33.20	NA	NA	18.33	25.15	3.73	NA	NA	55.26	62.08	090
43124		A	Removal of esophagus	27.32	NA	NA	17.45	22.68	3.46	NA	NA	48.23	53.46	090
43130		A	Removal of esophagus pouch	11.75	NA	NA	10.67	11.23	1.25	NA	NA	23.67	24.23	090
43135		A	Removal of esophagus pouch	16.10	NA	NA	11.10	12.32	1.70	NA	NA	28.90	30.12	090
43200		A	Esophagus endoscopy	1.59	5.41	3.01	1.02	1.68	0.20	7.20	4.80	2.81	3.47	000
43202		A	Esophagus endoscopy, biopsy	1.89	4.50	3.09	0.95	1.93	0.24	6.63	5.22	3.08	4.06	000
43204		A	Esophagus endoscopy & inject	3.77	NA	NA	1.44	3.74	0.28	NA	NA	5.49	7.79	000
43205		A	Esophagus endoscopy/ligation	3.79	NA	NA	1.47	2.57	0.14	NA	NA	5.40	6.50	000
43215		A	Esophagus endoscopy	2.60	NA	NA	1.13	2.61	0.36	NA	NA	4.09	5.57	000
43216		A	Esophagus endoscopy/lesion	2.40	NA	NA	1.02	2.41	0.29	NA	NA	3.71	5.10	000
43217		A	Esophagus endoscopy	2.90	NA	NA	1.16	2.89	0.29	NA	NA	4.35	6.08	000
43219		A	Esophagus endoscopy	2.80	NA	NA	1.20	2.81	0.27	NA	NA	4.27	5.88	000
43220		A	Esophagus endoscopy,dilation	2.10	NA	NA	0.92	2.11	0.21	NA	NA	3.23	4.42	000
43226		A	Esophagus endoscopy,dilation	2.34	NA	NA	0.96	2.33	0.20	NA	NA	3.50	4.87	000
43227		A	Esophagus endoscopy, repair	3.60	NA	NA	1.38	3.57	0.27	NA	NA	5.25	7.44	000
43228		A	Esophagus endoscopy,ablation	3.77	NA	NA	1.49	3.75	0.30	NA	NA	5.56	7.82	000
43234		A	Upper GI endoscopy, exam	2.01	2.62	2.75	0.87	2.02	0.23	4.86	4.99	3.11	4.26	000
43235		A	Upper gi endoscopy,diagnosis	2.39	4.46	3.61	0.98	2.38	0.23	7.08	6.23	3.60	5.00	000
43239		A	Upper GI endoscopy, biopsy	2.69	4.49	3.92	1.08	2.68	0.26	7.44	6.87	4.03	5.63	000
43241		A	Upper GI endoscopy with tube	2.59	NA	NA	1.03	2.58	0.30	NA	NA	3.92	5.47	000
43243		A	Upper GI endoscopy & inject.	4.57	NA	NA	1.70	4.52	0.31	NA	NA	6.58	9.40	000
43244		A	Upper GI endoscopy/ligation	4.59	NA	NA	1.71	3.26	0.32	NA	NA	6.62	8.17	000
43245		A	Operative upper GI endoscopy	3.39	NA	NA	1.31	3.37	0.31	NA	NA	5.01	7.07	000
43246		A	Place gastrostomy tube	4.33	NA	NA	1.61	4.28	0.40	NA	NA	6.34	9.01	000
43247		A	Operative upper GI endoscopy	3.39	NA	NA	1.31	3.37	0.30	NA	NA	5.00	7.06	000
43248		A	Upper GI endoscopy/guidewire	3.15	NA	NA	1.23	3.14	0.27	NA	NA	4.65	6.56	000
43249		A	Esophagus endoscopy,dilation	2.90	NA	NA	1.15	2.88	0.23	NA	NA	4.28	6.01	000
43250		A	Upper GI endoscopy/tumor	3.20	NA	NA	1.25	3.18	0.34	NA	NA	4.79	6.72	000
43251		A	Operative upper GI endoscopy	3.70	NA	NA	1.42	3.67	0.34	NA	NA	5.46	7.71	000
43255		A	Operative upper GI endoscopy	4.40	NA	NA	1.59	4.34	0.30	NA	NA	6.29	9.04	000

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43258		A	Operative upper GI endoscopy	4.55	NA	NA	1.70	4.51	0.30	NA	NA	6.55	9.36	000
43259		A	Endoscopic ultrasound exam	4.89	NA	NA	1.85	3.73	0.27	NA	NA	7.01	8.89	000
43260		A	Endoscopy,bile duct/pancreas	5.96	NA	NA	2.17	5.41	0.31	NA	NA	8.44	11.68	000
43261		A	Endoscopy,bile duct/pancreas	6.27	NA	NA	2.28	5.44	0.31	NA	NA	8.86	12.02	000
43262		A	Endoscopy,bile duct/pancreas	7.39	NA	NA	2.67	7.28	0.45	NA	NA	10.51	15.12	000
43263		A	Endoscopy,bile duct/pancreas	6.19	NA	NA	2.25	5.31	0.30	NA	NA	8.74	11.80	000
43264		A	Endoscopy,bile duct/pancreas	8.90	NA	NA	3.17	8.05	0.48	NA	NA	12.55	17.43	000
43265		A	Endoscopy,bile duct/pancreas	8.90	NA	NA	3.17	6.34	0.38	NA	NA	12.45	15.62	000
43267		A	Endoscopy,bile duct/pancreas	7.39	NA	NA	2.65	6.69	0.38	NA	NA	10.42	14.46	000
43268		A	Endoscopy,bile duct/pancreas	7.39	NA	NA	2.67	7.28	0.44	NA	NA	10.50	15.11	000
43269		A	Endoscopy,bile duct/pancreas	6.04	NA	NA	2.20	5.96	0.40	NA	NA	8.64	12.40	000
43271		A	Endoscopy,bile duct/pancreas	7.39	NA	NA	2.65	6.87	0.39	NA	NA	10.43	14.65	000
43272		A	Endoscopy,bile duct/pancreas	7.39	NA	NA	2.63	5.22	0.33	NA	NA	10.35	12.94	000
43300		A	Repair of esophagus	9.14	NA	NA	7.11	9.96	1.33	NA	NA	17.58	20.43	090
43305		A	Repair esophagus and fistula	17.15	NA	NA	17.58	15.56	1.39	NA	NA	36.12	34.10	090
43310		A	Repair of esophagus	25.39	NA	NA	16.86	18.05	2.53	NA	NA	44.78	45.97	090
43312		A	Repair esophagus and fistula	28.42	NA	NA	22.45	16.78	1.80	NA	NA	52.67	47.00	090
43320		A	Fuse esophagus & stomach	16.07	NA	NA	10.73	12.19	1.60	NA	NA	28.40	29.86	090
43324		A	Revise esophagus & stomach	16.58	NA	NA	9.71	12.10	1.98	NA	NA	28.27	30.66	090
43325		A	Revise esophagus & stomach	16.17	NA	NA	10.67	12.12	1.79	NA	NA	28.63	30.08	090
43326		A	Revise esophagus & stomach	15.91	NA	NA	11.16	8.91	1.37	NA	NA	28.44	26.19	090
43330		A	Repair of esophagus	15.94	NA	NA	10.38	11.84	1.87	NA	NA	28.19	29.65	090
43331		A	Repair of esophagus	16.23	NA	NA	11.04	14.42	2.07	NA	NA	29.34	32.72	090
43340		A	Fuse esophagus & intestine	15.81	NA	NA	11.35	12.96	1.97	NA	NA	29.13	30.74	090
43341		A	Fuse esophagus & intestine	16.81	NA	NA	12.92	11.29	1.22	NA	NA	30.95	29.32	090
43350		A	Surgical opening, esophagus	12.72	NA	NA	9.75	8.85	0.90	NA	NA	23.37	22.47	090
43351		A	Surgical opening, esophagus	14.79	NA	NA	10.46	9.76	1.20	NA	NA	26.45	25.75	090
43352		A	Surgical opening, esophagus	12.30	NA	NA	9.80	9.67	1.15	NA	NA	23.25	23.12	090
43360		A	Gastrointestinal repair	28.78	NA	NA	15.74	21.32	3.28	NA	NA	47.80	53.38	090
43361		A	Gastrointestinal repair	32.65	NA	NA	17.78	25.01	3.73	NA	NA	54.16	61.39	090
43400		A	Ligate esophagus veins	17.09	NA	NA	10.64	11.47	1.28	NA	NA	29.01	29.84	090
43401		A	Esophagus surgery for veins	17.81	NA	NA	11.89	10.78	1.51	NA	NA	31.21	30.10	090
43405		A	Ligate/staple esophagus	16.13	NA	NA	10.57	14.31	2.07	NA	NA	28.77	32.51	090
43410		A	Repair esophagus wound	10.86	NA	NA	8.87	9.46	1.20	NA	NA	20.93	21.52	090
43415		A	Repair esophagus wound	17.06	NA	NA	11.09	13.15	1.97	NA	NA	30.12	32.18	090
43420		A	Repair esophagus opening	11.57	NA	NA	9.21	7.09	0.61	NA	NA	21.39	19.27	090
43425		A	Repair esophagus opening	16.95	NA	NA	10.58	10.74	1.34	NA	NA	28.87	29.03	090
43450		A	Dilate esophagus	1.38	0.99	0.80	0.54	0.69	0.04	2.41	2.22	1.96	2.11	000
43453		A	Dilate esophagus	1.51	NA	NA	0.58	1.38	0.09	NA	NA	2.18	2.98	000
43456		A	Dilate esophagus	2.57	NA	NA	0.95	2.25	0.19	NA	NA	3.71	5.01	000

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
43458		A	Dilation of esophagus	3.06	NA	NA	1.12	1.52	0.21	NA	NA	4.39	4.79	000
43460		A	Pressure treatment esophagus	3.80	NA	NA	1.81	1.81	0.12	NA	NA	5.73	5.73	000
43496		C	Free jejunum flap, microvasc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	090
43499		C	Esophagus surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
43500		A	Surgical opening of stomach	8.44	NA	NA	4.55	6.13	0.94	NA	NA	13.93	15.51	090
43501		A	Surgical repair of stomach	15.31	NA	NA	7.60	8.88	1.43	NA	NA	24.34	25.62	090
43502		A	Surgical repair of stomach	17.67	NA	NA	8.48	9.10	1.43	NA	NA	27.58	28.20	090
43510		A	Surgical opening of stomach	9.99	NA	NA	6.18	8.30	0.74	NA	NA	16.91	19.03	090
43520		A	Incision of pyloric muscle	7.63	NA	NA	4.71	4.82	0.68	NA	NA	13.02	13.13	090
43600		A	Biopsy of stomach	1.91	NA	NA	0.81	0.61	0.04	NA	NA	2.76	2.56	000
43605		A	Biopsy of stomach	9.15	NA	NA	4.80	6.01	1.01	NA	NA	14.96	16.17	090
43610		A	Excision of stomach lesion	11.15	NA	NA	6.08	8.17	1.34	NA	NA	18.57	20.66	090
43611		A	Excision of stomach lesion	13.63	NA	NA	7.03	8.41	1.34	NA	NA	22.00	23.38	090
43620		A	Removal of stomach	22.54	NA	NA	11.36	15.36	2.50	NA	NA	36.40	40.40	090
43621		A	Removal of stomach	23.06	NA	NA	11.54	15.40	2.50	NA	NA	37.10	40.96	090
43622		A	Removal of stomach	24.41	NA	NA	12.14	15.55	2.50	NA	NA	39.05	42.46	090
43631		A	Removal of stomach, partial	19.66	NA	NA	9.60	12.51	2.08	NA	NA	31.34	34.25	090
43632		A	Removal stomach, partial	19.66	NA	NA	9.64	12.52	2.08	NA	NA	31.38	34.26	090
43633		A	Removal stomach, partial	20.10	NA	NA	10.01	12.61	2.08	NA	NA	32.19	34.79	090
43634		A	Removal stomach, partial	21.86	NA	NA	10.89	19.68	3.58	NA	NA	36.33	45.12	090
43635		A	Partial removal of stomach	2.06	NA	NA	0.88	1.10	0.20	NA	NA	3.14	3.36	ZZZ
43638		A	Partial removal of stomach	21.76	NA	NA	10.40	12.98	2.14	NA	NA	34.30	36.88	090
43639		A	Removal stomach, partial	22.25	NA	NA	10.74	13.07	2.14	NA	NA	35.13	37.46	090
43640		A	Vagotomy & pylorus repair	14.81	NA	NA	7.46	10.28	1.71	NA	NA	23.98	26.80	090
43641		A	Vagotomy & pylorus repair	15.03	NA	NA	7.48	10.29	1.71	NA	NA	24.22	27.03	090
43750		A	Place gastrostomy tube	4.49	NA	NA	2.41	4.14	0.44	NA	NA	7.34	9.07	010
43760		A	Change gastrostomy tube	1.10	0.97	0.81	0.54	0.70	0.07	2.14	1.98	1.71	1.87	000
43761		A	Reposition gastrostomy tube	2.01	NA	NA	0.64	1.02	0.20	NA	NA	2.85	3.23	000
43800		A	Reconstruction of pylorus	10.46	NA	NA	5.69	7.00	1.15	NA	NA	17.30	18.61	090
43810		A	Fusion of stomach and bowel	11.19	NA	NA	6.12	7.75	1.20	NA	NA	18.51	20.14	090
43820		A	Fusion of stomach and bowel	11.74	NA	NA	6.21	8.30	1.37	NA	NA	19.32	21.41	090
43825		A	Fusion of stomach and bowel	14.68	NA	NA	7.42	10.87	1.80	NA	NA	23.90	27.35	090
43830		A	Place gastrostomy tube	7.28	NA	NA	4.36	6.13	0.93	NA	NA	12.57	14.34	090
43831		A	Place gastrostomy tube	7.33	NA	NA	4.21	5.28	0.73	NA	NA	12.27	13.34	090
43832		A	Place gastrostomy tube	11.92	NA	NA	6.51	8.10	1.06	NA	NA	19.49	21.08	090
43840		A	Repair of stomach lesion	11.89	NA	NA	6.20	7.93	1.30	NA	NA	19.39	21.12	090
43842		A	Gastroplasty for obesity	14.71	NA	NA	8.86	13.38	2.29	NA	NA	25.86	30.38	090
43843		A	Gastroplasty for obesity	14.85	NA	NA	8.53	13.30	2.29	NA	NA	25.67	30.44	090
43846		A	Gastric bypass for obesity	19.15	NA	NA	10.88	14.77	2.58	NA	NA	32.61	36.50	090
43847		A	Gastric bypass for obesity	21.44	NA	NA	13.09	15.32	2.58	NA	NA	37.11	39.34	090

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43848		A	Revision gastroplasty	23.41	NA	NA	13.37	15.39	2.58	NA	NA	39.36	41.38	090
43850		A	Revise stomach-bowel fusion	19.69	NA	NA	9.33	11.81	1.76	NA	NA	30.78	33.26	090
43855		A	Revise stomach-bowel fusion	20.83	NA	NA	10.46	11.11	1.78	NA	NA	33.07	33.72	090
43860		A	Revise stomach-bowel fusion	19.91	NA	NA	9.60	11.73	1.96	NA	NA	31.47	33.60	090
43865		A	Revise stomach-bowel fusion	21.12	NA	NA	10.15	13.44	2.33	NA	NA	33.60	36.89	090
43870		A	Repair stomach opening	7.40	NA	NA	4.35	5.78	0.89	NA	NA	12.64	14.07	090
43880		A	Repair stomach-bowel fistula	19.63	NA	NA	10.10	9.24	1.38	NA	NA	31.11	30.25	090
43999		C	Stomach surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
44005		A	Freeing of bowel adhesion	13.84	NA	NA	7.01	8.50	1.37	NA	NA	22.22	23.71	090
44010		A	Incision of small bowel	10.68	NA	NA	6.17	7.17	1.11	NA	NA	17.96	18.96	090
44015		A	Insert needle catheter,bowel	2.62	NA	NA	1.06	2.61	0.35	NA	NA	4.03	5.58	ZZZ
44020		A	Exploration of small bowel	11.93	NA	NA	6.24	7.92	1.29	NA	NA	19.46	21.14	090
44021		A	Decompress small bowel	12.01	NA	NA	6.59	7.35	1.16	NA	NA	19.76	20.52	090
44025		A	Incision of large bowel	12.18	NA	NA	6.19	7.85	1.26	NA	NA	19.63	21.29	090
44050		A	Reduce bowel obstruction	11.40	NA	NA	6.01	7.83	1.28	NA	NA	18.69	20.51	090
44055		A	Correct malrotation of bowel	13.14	NA	NA	6.76	7.92	1.25	NA	NA	21.15	22.31	090
44100		A	Biopsy of bowel	2.01	NA	NA	0.88	1.35	0.10	NA	NA	2.99	3.46	000
44110		A	Excision of bowel lesion(s)	10.07	NA	NA	5.64	7.65	1.24	NA	NA	16.95	18.96	090
44111		A	Excision of bowel lesion(s)	12.19	NA	NA	7.00	9.62	1.67	NA	NA	20.86	23.48	090
44120		A	Removal of small intestine	14.50	NA	NA	7.31	9.53	1.58	NA	NA	23.39	25.61	090
44121		A	Removal of small intestine	4.45	NA	NA	1.96	2.38	0.42	NA	NA	6.83	7.25	ZZZ
44125		A	Removal of small intestine	14.96	NA	NA	7.52	10.63	1.78	NA	NA	24.26	27.37	090
44130		A	Bowel to bowel fusion	12.36	NA	NA	6.50	8.68	1.46	NA	NA	20.32	22.50	090
44139		A	Mobilization of colon	2.23	NA	NA	0.97	1.20	0.21	NA	NA	3.41	3.64	ZZZ
44140		A	Partial removal of colon	18.35	NA	NA	9.05	11.52	1.88	NA	NA	29.28	31.75	090
44141		A	Partial removal of colon	19.51	NA	NA	12.26	12.72	1.99	NA	NA	33.76	34.22	090
44143		A	Partial removal of colon	20.17	NA	NA	12.64	13.14	2.05	NA	NA	34.86	35.36	090
44144		A	Partial removal of colon	18.89	NA	NA	11.38	12.66	1.98	NA	NA	32.25	33.53	090
44145		A	Partial removal of colon	23.18	NA	NA	11.60	13.69	2.17	NA	NA	36.95	39.04	090
44146		A	Partial removal of colon	24.16	NA	NA	14.25	15.76	2.46	NA	NA	40.87	42.38	090
44147		A	Partial removal of colon	18.17	NA	NA	9.82	14.94	2.58	NA	NA	30.57	35.69	090
44150		A	Removal of colon	21.01	NA	NA	12.97	15.33	2.48	NA	NA	36.46	38.82	090
44151		A	Removal of colon/ileostomy	20.04	NA	NA	13.40	11.66	1.74	NA	NA	35.18	33.44	090
44152		A	Removal of colon/ileostomy	24.41	NA	NA	16.00	16.57	2.63	NA	NA	43.04	43.61	090
44153		A	Removal of colon/ileostomy	26.83	NA	NA	15.96	19.74	2.84	NA	NA	45.63	49.41	090
44155		A	Removal of colon	24.44	NA	NA	14.25	17.12	2.74	NA	NA	41.43	44.30	090
44156		A	Removal of colon/ileostomy	23.01	NA	NA	14.57	12.92	1.97	NA	NA	39.55	37.90	090
44160		A	Removal of colon	15.88	NA	NA	8.08	12.15	2.10	NA	NA	26.06	30.13	090
44300		A	Open bowel to skin	8.88	NA	NA	5.71	6.33	1.01	NA	NA	15.60	16.22	090
44310		A	Ileostomy/jejunostomy	11.70	NA	NA	8.35	8.50	1.30	NA	NA	21.35	21.50	090

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44312		A	Revision of ileostomy	5.88	NA	NA	4.39	3.60	0.35	NA	NA	10.62	9.83	090
44314		A	Revision of ileostomy	11.04	NA	NA	8.68	7.61	0.95	NA	NA	20.67	19.60	090
44316		A	Devise bowel pouch	15.47	NA	NA	12.02	10.85	1.12	NA	NA	28.61	27.44	090
44320		A	Colostomy	12.94	NA	NA	9.79	8.52	1.23	NA	NA	23.96	22.69	090
44322		A	Colostomy with biopsies	11.98	NA	NA	9.82	9.84	1.47	NA	NA	23.27	23.29	090
44340		A	Revision of colostomy	5.66	NA	NA	4.07	2.38	0.27	NA	NA	10.00	8.31	090
44345		A	Revision of colostomy	11.32	NA	NA	7.28	5.76	0.81	NA	NA	19.41	17.89	090
44346		A	Revision of colostomy	12.46	NA	NA	7.79	7.36	1.08	NA	NA	21.33	20.90	090
44360		A	Small bowel endoscopy	2.92	NA	NA	1.20	2.91	0.25	NA	NA	4.37	6.08	000
44361		A	Small bowel endoscopy,biopsy	3.23	NA	NA	1.29	3.21	0.27	NA	NA	4.79	6.71	000
44363		A	Small bowel endoscopy	3.94	NA	NA	1.52	2.81	0.28	NA	NA	5.74	7.03	000
44364		A	Small bowel endoscopy	4.22	NA	NA	1.66	4.20	0.56	NA	NA	6.44	8.98	000
44365		A	Small bowel endoscopy	3.73	NA	NA	1.50	3.71	0.56	NA	NA	5.79	8.00	000
44366		A	Small bowel endoscopy	4.97	NA	NA	1.89	4.93	0.35	NA	NA	7.21	10.25	000
44369		A	Small bowel endoscopy	5.09	NA	NA	1.94	5.05	0.39	NA	NA	7.42	10.53	000
44372		A	Small bowel endoscopy	4.97	NA	NA	1.93	4.94	0.52	NA	NA	7.42	10.43	000
44373		A	Small bowel endoscopy	3.94	NA	NA	1.55	3.91	0.39	NA	NA	5.88	8.24	000
44376		A	Small bowel endoscopy	5.69	NA	NA	2.15	3.84	0.20	NA	NA	8.04	9.73	000
44377		A	Small bowel endoscopy	5.98	NA	NA	2.24	4.03	0.22	NA	NA	8.44	10.23	000
44378		A	Small bowel endoscopy	7.71	NA	NA	2.85	5.00	0.27	NA	NA	10.83	12.98	000
44380		A	Small bowel endoscopy	1.51	NA	NA	0.71	1.53	0.17	NA	NA	2.39	3.21	000
44382		A	Small bowel endoscopy	1.82	NA	NA	0.83	1.84	0.23	NA	NA	2.88	3.89	000
44385		A	Endoscopy of bowel pouch	1.82	3.13	2.68	0.92	1.86	0.27	5.22	4.77	3.01	3.95	000
44386		A	Endoscopy,bowel pouch,biopsy	2.12	4.46	2.37	1.03	1.51	0.12	6.70	4.61	3.27	3.75	000
44388		A	Colon endoscopy	2.82	4.16	3.98	1.33	2.85	0.39	7.37	7.19	4.54	6.06	000
44389		A	Colonoscopy with biopsy	3.13	4.59	4.40	1.45	3.16	0.35	8.07	7.88	4.93	6.64	000
44390		A	Colonoscopy for foreign body	3.83	3.62	3.04	1.69	2.56	0.22	7.67	7.09	5.74	6.61	000
44391		A	Colonoscopy for bleeding	4.32	3.01	5.04	1.83	4.32	0.41	7.74	9.77	6.56	9.05	000
44392		A	Colonoscopy & polypectomy	3.82	4.83	5.41	1.69	3.84	0.55	9.20	9.78	6.06	8.21	000
44393		A	Colonoscopy, lesion removal	4.84	4.73	5.59	2.04	4.84	0.55	10.12	10.98	7.43	10.23	000
44394		A	Colonoscopy w/snare	4.43	4.97	5.44	1.92	4.45	0.55	9.95	10.42	6.90	9.43	000
44500		A	Intro, gastrointestinal tube	0.49	NA	NA	0.25	0.36	0.02	NA	NA	0.76	0.87	000
44602		A	Suture, small intestine	10.61	NA	NA	5.88	7.70	1.27	NA	NA	17.76	19.58	090
44603		A	Suture, small intestine	14.00	NA	NA	7.44	9.26	1.53	NA	NA	22.97	24.79	090
44604		A	Suture, large intestine	14.28	NA	NA	7.56	8.30	1.31	NA	NA	23.15	23.89	090
44605		A	Repair of bowel lesion	15.37	NA	NA	8.19	9.68	1.58	NA	NA	25.14	26.63	090
44615		A	Intestinal stricturoplasty	14.19	NA	NA	7.54	7.37	1.23	NA	NA	22.96	22.79	090
44620		A	Repair bowel opening	10.87	NA	NA	5.85	6.32	0.99	NA	NA	17.71	18.18	090
44625		A	Repair bowel opening	13.41	NA	NA	6.89	9.52	1.59	NA	NA	21.89	24.52	090
44626		A	Repair bowel opening	22.59	NA	NA	10.31	11.83	1.88	NA	NA	34.78	36.30	090

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44640		A	Repair bowel-skin fistula	14.83	NA	NA	8.14	7.36	1.06	NA	NA	24.03	23.25	090
44650		A	Repair bowel fistula	15.25	NA	NA	8.36	8.05	1.14	NA	NA	24.75	24.44	090
44660		A	Repair bowel-bladder fistula	14.63	NA	NA	7.99	8.79	0.95	NA	NA	23.57	24.37	090
44661		A	Repair bowel-bladder fistula	16.99	NA	NA	8.86	13.56	1.97	NA	NA	27.82	32.52	090
44680		A	Surgical revision, intestine	13.72	NA	NA	7.68	9.83	1.67	NA	NA	23.07	25.22	090
44700		A	Suspend bowel w/prosthesis	14.35	NA	NA	7.99	11.25	1.88	NA	NA	24.22	27.48	090
44799		C	Intestine surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
44800		A	Excision of bowel pouch	11.23	NA	NA	5.86	5.73	0.84	NA	NA	17.93	17.80	090
44820		A	Excision of mesentery lesion	10.31	NA	NA	5.57	6.11	0.95	NA	NA	16.83	17.37	090
44850		A	Repair of mesentery	9.57	NA	NA	5.45	5.92	0.92	NA	NA	15.94	16.41	090
44899		C	Bowel surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
44900		A	Drain, app abscess, open	8.82	NA	NA	5.44	4.84	0.69	NA	NA	14.95	14.35	090
44901		A	Drain, app abscess, perc	3.38	NA	NA	3.46	2.95	0.23	NA	NA	7.07	6.56	000
44950		A	Appendectomy	8.70	NA	NA	4.61	5.14	0.79	NA	NA	14.10	14.63	090
44955		A	Appendectomy add-on	1.53	NA	NA	0.67	1.53	0.47	NA	NA	2.67	3.53	ZZZ
44960		A	Appendectomy	10.74	NA	NA	5.95	6.28	0.97	NA	NA	17.66	17.99	090
45000		A	Drainage of pelvic abscess	4.52	NA	NA	3.52	2.18	0.19	NA	NA	8.23	6.89	090
45005		A	Drainage of rectal abscess	1.99	3.51	1.93	1.36	1.39	0.16	5.66	4.08	3.51	3.54	010
45020		A	Drainage of rectal abscess	4.72	NA	NA	3.37	2.97	0.40	NA	NA	8.49	8.09	090
45100		A	Biopsy of rectum	3.68	3.95	2.52	1.95	2.02	0.27	7.90	6.47	5.90	5.97	090
45108		A	Removal of anorectal lesion	4.76	5.06	3.43	2.65	2.83	0.41	10.23	8.60	7.82	8.00	090
45110		A	Removal of rectum	23.80	NA	NA	11.99	16.28	2.68	NA	NA	38.47	42.76	090
45111		A	Partial removal of rectum	16.48	NA	NA	9.18	11.87	1.95	NA	NA	27.61	30.30	090
45112		A	Removal of rectum	25.96	NA	NA	12.74	16.26	2.63	NA	NA	41.33	44.85	090
45113		A	Partial proctectomy	25.99	NA	NA	12.23	16.13	2.63	NA	NA	40.85	44.75	090
45114		A	Partial removal of rectum	23.22	NA	NA	11.81	15.48	2.53	NA	NA	37.56	41.23	090
45116		A	Partial removal of rectum	20.89	NA	NA	10.32	11.35	1.83	NA	NA	33.04	34.07	090
45119		A	Remove, rectum w/reservoir	26.21	NA	NA	12.83	16.28	2.63	NA	NA	41.67	45.12	090
45120		A	Removal of rectum	24.60	NA	NA	12.33	16.43	2.77	NA	NA	39.70	43.80	090
45121		A	Removal of rectum and colon	27.04	NA	NA	13.46	12.15	1.57	NA	NA	42.07	40.76	090
45123		A	Partial proctectomy	14.20	NA	NA	7.75	11.52	1.95	NA	NA	23.90	27.67	090
45126		A	Pelvic exenteration	38.39	13.90	13.90	13.63	13.63	4.81	57.10	57.10	56.83	56.83	090
45130		A	Excision of rectal prolapse	13.97	NA	NA	7.09	9.03	1.40	NA	NA	22.46	24.40	090
45135		A	Excision of rectal prolapse	16.39	NA	NA	8.42	15.09	2.74	NA	NA	27.55	34.22	090
45150		A	Excision of rectal stricture	5.67	4.49	3.88	2.88	3.47	0.49	10.65	10.04	9.04	9.63	090
45160		A	Excision of rectal lesion	13.02	NA	NA	6.77	7.77	1.22	NA	NA	21.01	22.01	090
45170		A	Excision of rectal lesion	9.77	NA	NA	4.95	5.00	0.75	NA	NA	15.47	15.52	090
45190		A	Destruction, rectal tumor	8.28	NA	NA	4.33	5.22	0.83	NA	NA	13.44	14.33	090
45300		A	Proctosigmoidoscopy	0.70	3.32	1.28	0.30	0.30	0.05	4.07	2.03	1.05	1.05	000
45303		A	Proctosigmoidoscopy	0.80	4.30	1.59	0.34	0.35	0.09	5.19	2.48	1.23	1.24	000

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
45305		A	Proctosigmoidoscopy; biopsy	1.01	3.21	1.49	0.41	0.45	0.11	4.33	2.61	1.53	1.57	000
45307		A	Proctosigmoidoscopy	1.71	5.02	2.29	0.65	1.20	0.14	6.87	4.14	2.50	3.05	000
45308		A	Proctosigmoidoscopy	1.51	2.51	1.55	0.60	0.62	0.16	4.18	3.22	2.27	2.29	000
45309		A	Proctosigmoidoscopy	2.01	3.63	1.83	0.77	0.66	0.16	5.80	4.00	2.94	2.83	000
45315		A	Proctosigmoidoscopy	2.54	4.34	2.05	0.97	1.21	0.14	7.02	4.73	3.65	3.89	000
45317		A	Proctosigmoidoscopy	2.73	2.99	1.78	1.03	1.29	0.15	5.87	4.66	3.91	4.17	000
45320		A	Proctosigmoidoscopy	2.88	3.23	2.33	1.08	1.79	0.27	6.38	5.48	4.23	4.94	000
45321		A	Proctosigmoidoscopy	2.12	NA	NA	0.82	1.41	0.21	NA	NA	3.15	3.74	000
45330		A	Sigmoidoscopy, diagnostic	0.96	4.27	2.07	0.38	0.53	0.09	5.32	3.12	1.43	1.58	000
45331		A	Sigmoidoscopy and biopsy	1.26	4.28	2.38	0.49	1.26	0.12	5.66	3.76	1.87	2.64	000
45332		A	Sigmoidoscopy	1.96	5.54	2.82	0.73	1.62	0.13	7.63	4.91	2.82	3.71	000
45333		A	Sigmoidoscopy & polypectomy	1.96	4.51	2.95	0.73	1.94	0.20	6.67	5.11	2.89	4.10	000
45334		A	Sigmoidoscopy for bleeding	2.99	NA	NA	1.08	2.48	0.18	NA	NA	4.25	5.65	000
45337		A	Sigmoidoscopy, decompression	2.36	NA	NA	0.88	2.34	0.30	NA	NA	3.54	5.00	000
45338		A	Sigmoidoscopy	2.57	5.07	3.09	0.95	2.06	0.20	7.84	5.86	3.72	4.83	000
45339		A	Sigmoidoscopy	3.14	4.17	3.68	1.14	2.93	0.24	7.55	7.06	4.52	6.31	000
45355		A	Surgical colonoscopy	3.52	NA	NA	1.73	1.39	0.08	NA	NA	5.33	4.99	000
45378		A	Diagnostic colonoscopy	3.70	4.99	4.61	1.69	3.74	0.31	9.00	8.62	5.70	7.75	000
45378	53	A	Diagnostic colonoscopy	0.96	0.79	1.20	0.62	1.02	0.09	1.84	2.25	1.67	2.07	000
45379		A	Colonoscopy	4.72	5.37	5.68	2.08	4.74	0.35	10.44	10.75	7.15	9.81	000
45380		A	Colonoscopy and biopsy	4.01	4.96	5.14	1.76	4.03	0.31	9.28	9.46	6.08	8.35	000
45382		A	Colonoscopy,control bleeding	5.73	5.78	6.22	2.33	5.36	0.32	11.83	12.27	8.38	11.41	000
45383		A	Colonoscopy, lesion removal	5.87	5.86	6.28	2.43	5.42	0.39	12.12	12.54	8.69	11.68	000
45384		A	Colonoscopy	4.70	5.31	5.54	2.04	4.72	0.45	10.46	10.69	7.19	9.87	000
45385		A	Colonoscopy, lesion removal	5.31	5.52	6.80	2.23	5.31	0.45	11.28	12.56	7.99	11.07	000
45500		A	Repair of rectum	7.29	NA	NA	4.11	5.87	0.95	NA	NA	12.35	14.11	090
45505		A	Repair of rectum	6.02	NA	NA	3.11	5.90	0.96	NA	NA	10.09	12.88	090
45520		A	Treatment of rectal prolapse	0.55	0.52	0.63	0.19	0.30	0.08	1.15	1.26	0.82	0.93	000
45540		A	Correct rectal prolapse	12.92	NA	NA	6.93	9.78	1.64	NA	NA	21.49	24.34	090
45541		A	Correct rectal prolapse	10.64	NA	NA	5.75	9.72	1.60	NA	NA	17.99	21.96	090
45550		A	Repair rectum;remove sigmoid	18.26	NA	NA	9.07	11.62	1.86	NA	NA	29.19	31.74	090
45560		A	Repair of rectocele	8.40	NA	NA	4.90	5.13	0.77	NA	NA	14.07	14.30	090
45562		A	Exploration/repair of rectum	12.21	NA	NA	6.17	8.13	1.24	NA	NA	19.62	21.58	090
45563		A	Exploration/repair of rectum	18.63	NA	NA	9.49	12.77	1.95	NA	NA	30.07	33.35	090
45800		A	Repair rectumbladder fistula	14.11	NA	NA	7.12	9.78	1.13	NA	NA	22.36	25.02	090
45805		A	Repair fistula; colostomy	16.50	NA	NA	8.71	12.21	1.87	NA	NA	27.08	30.58	090
45820		A	Repair rectourethral fistula	14.67	NA	NA	6.93	9.05	0.96	NA	NA	22.56	24.68	090
45825		A	Repair fistula; colostomy	16.87	NA	NA	9.42	10.39	1.30	NA	NA	27.59	28.56	090
45900		A	Reduction of rectal prolapse	1.83	NA	NA	1.04	0.73	0.09	NA	NA	2.96	2.65	010
45905		A	Dilation of anal sphincter	1.61	2.18	1.12	0.79	0.78	0.09	3.88	2.82	2.49	2.48	010

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1]/ HCPCS [2]	Mod	Status	Description	Physician work [3] RVUs	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
45910		A	Dilation of rectal narrowing	1.96	2.74	1.39	0.94	0.94	0.10	4.80	3.45	3.00	3.00	010
45915		A	Remove rectal obstruction	2.20	3.22	1.44	1.09	0.91	0.07	5.49	3.71	3.36	3.18	010
45999		C	Rectum surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
46030		A	Removal of rectal marker	1.23	1.85	0.79	1.06	0.59	0.05	3.13	2.07	2.34	1.87	010
46040		A	Incision of rectal abscess	4.96	4.11	2.40	2.74	2.06	0.27	9.34	7.63	7.97	7.29	090
46045		A	Incision of rectal abscess	4.32	NA	NA	2.47	2.13	0.30	NA	NA	7.09	6.75	090
46050		A	Incision of anal abscess	1.19	2.53	1.12	1.06	0.51	0.09	3.81	2.40	2.34	1.79	010
46060		A	Incision of rectal abscess	5.69	NA	NA	3.24	5.17	0.88	NA	NA	9.81	11.74	090
46070		A	Incision of anal septum	2.71	NA	NA	2.41	1.72	0.26	NA	NA	5.38	4.69	090
46080		A	Incision of anal sphincter	2.49	2.40	2.33	1.52	2.11	0.34	5.23	5.16	4.35	4.94	010
46083		A	Incise external hemorrhoid	1.40	3.59	1.41	1.13	0.54	0.06	5.05	2.87	2.59	2.00	010
46200		A	Removal of anal fissure	3.42	2.77	3.37	2.09	3.20	0.52	6.71	7.31	6.03	7.14	090
46210		A	Removal of anal crypt	2.67	3.88	1.60	1.89	1.10	0.11	6.66	4.38	4.67	3.88	090
46211		A	Removal of anal crypts	4.25	4.42	2.65	2.85	2.26	0.30	8.97	7.20	7.40	6.81	090
46220		A	Removal of anal tab	1.56	1.09	0.78	0.58	0.66	0.09	2.74	2.43	2.23	2.31	010
46221		A	Ligation of hemorrhoid(s)	1.43	2.10	1.07	0.53	0.40	0.11	3.64	2.61	2.07	1.94	010
46230		A	Removal of anal tabs	2.57	3.33	1.51	1.57	0.73	0.09	5.99	4.17	4.23	3.39	010
46250		A	Hemorrhoidectomy	4.53	4.25	3.37	2.59	2.96	0.41	9.19	8.31	7.53	7.90	090
46255		A	Hemorrhoidectomy	5.36	4.51	4.97	2.93	4.57	0.66	10.53	10.99	8.95	10.59	090
46257		A	Remove hemorrhoids & fissure	6.28	NA	NA	3.24	5.07	0.84	NA	NA	10.36	12.19	090
46258		A	Remove hemorrhoids & fistula	6.67	NA	NA	3.45	5.64	0.95	NA	NA	11.07	13.26	090
46260		A	Hemorrhoidectomy	7.42	NA	NA	3.89	5.92	0.98	NA	NA	12.29	14.32	090
46261		A	Remove hemorrhoids & fissure	8.24	NA	NA	4.13	6.42	1.05	NA	NA	13.42	15.71	090
46262		A	Remove hemorrhoids & fistula	8.73	NA	NA	4.44	6.58	1.09	NA	NA	14.26	16.40	090
46270		A	Removal of anal fistula	3.72	3.75	2.46	2.25	2.09	0.29	7.76	6.47	6.26	6.10	090
46275		A	Removal of anal fistula	4.56	3.66	5.00	2.53	4.72	0.88	9.10	10.44	7.97	10.16	090
46280		A	Removal of anal fistula	5.98	NA	NA	3.35	5.79	0.97	NA	NA	10.30	12.74	090
46285		A	Removal of anal fistula	4.09	3.16	2.64	2.32	2.43	0.34	7.59	7.07	6.75	6.86	090
46288		A	Repair anal fistula	7.13	NA	NA	3.87	3.87	0.65	NA	NA	11.65	11.65	090
46320		A	Removal of hemorrhoid clot	1.61	2.87	1.29	1.19	0.58	0.09	4.57	2.99	2.89	2.28	010
46500		A	Injection into hemorrhoids	1.61	1.81	0.72	0.58	0.28	0.05	3.47	2.38	2.24	1.94	010
46600		A	Diagnostic anoscopy	0.50	0.66	0.39	0.14	0.15	0.02	1.18	0.91	0.66	0.67	000
46604		A	Anoscopy and dilation	1.31	0.82	0.51	0.48	0.28	0.05	2.18	1.87	1.84	1.64	000
46606		A	Anoscopy and biopsy	0.81	0.73	0.48	0.30	0.23	0.05	1.59	1.34	1.16	1.09	000
46608		A	Anoscopy;remove foreign body	1.51	1.56	1.26	0.46	0.99	0.09	3.16	2.86	2.06	2.59	000
46610		A	Anoscopy; remove lesion	1.32	1.27	1.01	0.49	0.81	0.12	2.71	2.45	1.93	2.25	000
46611		A	Anoscopy	1.81	1.63	1.10	0.66	0.51	0.12	3.56	3.03	2.59	2.44	000
46612		A	Anoscopy; remove lesions	2.34	1.78	1.58	0.85	1.35	0.16	4.28	4.08	3.35	3.85	000
46614		A	Anoscopy; control bleeding	2.01	1.38	1.61	0.70	0.81	0.20	3.59	3.82	2.91	3.02	000
46615		A	Anoscopy	2.68	1.67	1.68	0.99	0.88	0.20	4.55	4.56	3.87	3.76	000

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46700		A	Repair of anal stricture	7.25	NA	NA	3.78	5.94	0.97	NA	NA	12.00	14.16	090
46705		A	Repair of anal stricture	7.17	NA	NA	4.80	4.13	0.60	NA	NA	12.57	11.90	090
46715		A	Repair of anovaginal fistula	7.46	NA	NA	4.42	3.96	0.64	NA	NA	12.52	12.06	090
46716		A	Repair of anovaginal fistula	12.15	NA	NA	6.61	6.58	1.10	NA	NA	19.86	19.83	090
46730		A	Construction of absent anus	21.57	NA	NA	11.22	11.55	1.96	NA	NA	34.75	35.08	090
46735		A	Construction of absent anus	25.94	NA	NA	14.58	14.26	2.38	NA	NA	42.90	42.58	090
46740		A	Construction of absent anus	23.11	NA	NA	11.06	12.16	2.10	NA	NA	36.27	37.37	090
46742		A	Repair, imperforated anus	29.67	NA	NA	16.14	20.11	1.51	NA	NA	47.32	51.29	090
46744		A	Repair, cloacal anomaly	33.21	NA	NA	17.84	22.51	1.70	NA	NA	52.75	57.42	090
46746		A	Repair, cloacal anomaly	36.74	NA	NA	18.80	24.45	1.85	NA	NA	57.39	63.04	090
46748		A	Repair, cloacal anomaly	40.52	NA	NA	19.20	26.80	2.07	NA	NA	61.79	69.39	090
46750		A	Repair of anal sphincter	8.14	NA	NA	4.71	6.06	0.95	NA	NA	13.80	15.15	090
46751		A	Repair of anal sphincter	8.56	NA	NA	5.51	4.69	0.74	NA	NA	14.81	13.99	090
46753		A	Reconstruction of anus	6.58	NA	NA	3.32	4.81	0.80	NA	NA	10.70	12.19	090
46754		A	Removal of suture from anus	1.54	3.77	2.15	1.03	1.47	0.23	5.54	3.92	2.80	3.24	010
46760		A	Repair of anal sphincter	11.46	NA	NA	6.57	7.18	1.10	NA	NA	19.13	19.74	090
46761		A	Repair of anal sphincter	10.99	NA	NA	5.64	6.97	1.06	NA	NA	17.69	19.02	090
46762		A	Implant artificial sphincter	10.09	NA	NA	5.02	5.91	0.95	NA	NA	16.06	16.95	090
46900		A	Destruction, anal lesion(s)	1.91	2.55	0.95	0.77	0.35	0.05	4.51	2.91	2.73	2.31	010
46910		A	Destruction, anal lesion(s)	1.86	2.61	1.17	1.36	0.60	0.06	4.53	3.09	3.28	2.52	010
46916		A	Cryosurgery, anal lesion(s)	1.86	2.48	1.17	1.48	0.65	0.05	4.39	3.08	3.39	2.56	010
46917		A	Laser surgery,anal lesion(s)	1.86	3.32	2.41	1.40	1.15	0.24	5.42	4.51	3.50	3.25	010
46922		A	Excision of anal lesion(s)	1.86	2.88	1.76	1.38	1.39	0.18	4.92	3.80	3.42	3.43	010
46924		A	Destruction, anal lesion(s)	2.76	3.78	3.03	1.76	2.53	0.36	6.90	6.15	4.88	5.65	010
46934		A	Destruction of hemorrhoids	4.08	4.14	2.00	2.81	1.19	0.13	8.35	6.21	7.02	5.40	090
46935		A	Destruction of hemorrhoids	2.43	2.99	2.07	0.88	0.88	0.17	5.59	4.67	3.48	3.48	010
46936		A	Destruction of hemorrhoids	4.30	3.77	2.81	2.81	1.64	0.19	8.26	7.30	7.30	6.13	090
46937		A	Cryotherapy of rectal lesion	2.69	3.14	2.70	1.56	2.30	0.35	6.18	5.74	4.60	5.34	010
46938		A	Cryotherapy of rectal lesion	4.66	3.24	2.84	2.92	2.76	0.41	8.31	7.91	7.99	7.83	090
46940		A	Treatment of anal fissure	2.32	2.23	0.97	0.84	0.42	0.07	4.62	3.36	3.23	2.81	010
46942		A	Treatment of anal fissure	2.04	1.82	0.83	0.71	0.37	0.06	3.92	2.93	2.81	2.47	010
46945		A	Ligation of hemorrhoids	2.14	2.91	1.24	1.70	0.68	0.09	5.14	3.47	3.93	2.91	090
46946		A	Ligation of hemorrhoids	3.00	3.46	1.63	2.06	0.90	0.13	6.59	4.76	5.19	4.03	090
46999		C	Anus surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
47000		A	Needle biopsy of liver	1.90	7.16	2.93	1.15	1.43	0.10	9.16	4.93	3.15	3.43	000
47001		A	Needle biopsy, liver add-on	1.90	NA	NA	0.82	1.35	0.10	NA	NA	2.82	3.35	ZZZ
47010		A	Open drainage, liver lesion	10.28	NA	NA	7.89	7.47	0.88	NA	NA	19.05	18.63	090
47011		A	Percut drain, liver lesion	3.70	NA	NA	5.97	3.77	0.26	NA	NA	9.93	7.73	000
47015		A	Inject/aspirate liver cyst	9.70	NA	NA	6.35	7.09	0.88	NA	NA	16.93	17.67	090
47100		A	Wedge biopsy of liver	7.49	NA	NA	4.89	3.90	0.52	NA	NA	12.90	11.91	090

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
47120		A	Partial removal of liver	22.79	NA	NA	12.75	12.95	1.94	NA	NA	37.48	37.68	090
47122		A	Extensive removal of liver	35.39	NA	NA	18.93	19.04	2.81	NA	NA	57.13	57.24	090
47125		A	Partial removal of liver	31.58	NA	NA	16.71	18.37	2.82	NA	NA	51.11	52.77	090
47130		A	Partial removal of liver	34.25	NA	NA	17.67	20.04	3.04	NA	NA	54.96	57.33	090
47133		X	Removal of donor liver	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
47134		R	Partial removal, donor liver	39.15	NA	NA	17.41	21.03	3.73	NA	NA	60.29	63.91	XXX
47135		R	Transplantation of liver	81.52	NA	NA	43.66	55.26	6.64	NA	NA	131.82	143.42	090
47136		R	Transplantation of liver	68.60	NA	NA	46.15	38.81	6.09	NA	NA	120.84	113.50	090
47300		A	Surgery for liver lesion	9.68	NA	NA	6.27	7.81	1.24	NA	NA	17.19	18.73	090
47350		A	Repair liver wound	12.56	NA	NA	7.03	7.83	1.17	NA	NA	20.76	21.56	090
47360		A	Repair liver wound	17.28	NA	NA	10.08	11.42	1.71	NA	NA	29.07	30.41	090
47361		A	Repair liver wound	30.25	NA	NA	14.91	15.65	2.67	NA	NA	47.83	48.57	090
47362		A	Repair liver wound	11.88	NA	NA	7.82	6.22	0.95	NA	NA	20.65	19.05	090
47399		C	Liver surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
47400		A	Incision of liver duct	20.86	NA	NA	11.63	9.85	1.06	NA	NA	33.55	31.77	090
47420		A	Incision of bile duct	16.72	NA	NA	8.89	9.94	1.56	NA	NA	27.17	28.22	090
47425		A	Incision of bile duct	16.68	NA	NA	9.38	11.88	1.92	NA	NA	27.98	30.48	090
47460		A	Incise bile duct sphincter	15.17	NA	NA	8.50	14.77	1.42	NA	NA	25.09	31.36	090
47480		A	Incision of gallbladder	9.10	NA	NA	6.30	7.76	1.24	NA	NA	16.64	18.10	090
47490		A	Incision of gallbladder	7.23	NA	NA	7.09	4.68	0.30	NA	NA	14.62	12.21	090
47500		A	Injection for liver x-rays	1.96	NA	NA	0.53	1.36	0.11	NA	NA	2.60	3.43	000
47505		A	Injection for liver x-rays	0.76	13.85	4.26	0.21	0.74	0.11	14.72	5.13	1.08	1.61	000
47510		A	Insert catheter, bile duct	7.83	NA	NA	27.01	9.09	0.20	NA	NA	35.04	17.12	090
47511		A	Insert bile duct drain	10.50	NA	NA	28.03	9.34	0.20	NA	NA	38.73	20.04	090
47525		A	Change bile duct catheter	5.55	NA	NA	3.10	2.07	0.13	NA	NA	8.78	7.75	010
47530		A	Revise, reinsert bile tube	5.85	NA	NA	4.78	2.43	0.15	NA	NA	10.78	8.43	090
47550		A	Bile duct endoscopy add-on	3.02	NA	NA	1.23	1.58	0.27	NA	NA	4.52	4.87	ZZZ
47552		A	Biliary endoscopy, thru skin	6.04	NA	NA	2.22	1.67	0.16	NA	NA	8.42	7.87	000
47553		A	Biliary endoscopy, thru skin	6.35	NA	NA	2.00	3.59	0.49	NA	NA	8.84	10.43	000
47554		A	Biliary endoscopy, thru skin	9.06	NA	NA	3.27	4.02	0.52	NA	NA	12.85	13.60	000
47555		A	Biliary endoscopy, thru skin	7.56	NA	NA	2.30	2.71	0.23	NA	NA	10.09	10.50	000
47556		A	Biliary endoscopy, thru skin	8.56	NA	NA	2.57	2.78	0.23	NA	NA	11.36	11.57	000
47600		A	Removal of gallbladder	11.42	NA	NA	6.25	7.69	1.24	NA	NA	18.91	20.35	090
47605		A	Removal of gallbladder	12.36	NA	NA	6.65	8.29	1.37	NA	NA	20.38	22.02	090
47610		A	Removal of gallbladder	15.83	NA	NA	8.36	9.72	1.56	NA	NA	25.75	27.11	090
47612		A	Removal of gallbladder	15.80	NA	NA	8.46	13.70	2.39	NA	NA	26.65	31.89	090
47620		A	Removal of gallbladder	17.36	NA	NA	9.21	11.45	1.85	NA	NA	28.42	30.66	090
47630		A	Remove bile duct stone	9.11	NA	NA	2.88	3.77	0.31	NA	NA	12.30	13.19	090
47700		A	Exploration of bile ducts	14.93	NA	NA	8.53	8.34	1.24	NA	NA	24.70	24.51	090
47701		A	Bile duct revision	27.81	NA	NA	16.73	10.87	1.49	NA	NA	46.03	40.17	090

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CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
47711		A	Excision of bile duct tumor	19.37	NA	NA	10.47	12.44	1.92	NA	NA	31.76	33.73	090
47712		A	Excision of bile duct tumor	25.44	NA	NA	13.53	13.20	1.92	NA	NA	40.89	40.56	090
47715		A	Excision of bile duct cyst	15.81	NA	NA	8.89	8.91	1.34	NA	NA	26.04	26.06	090
47716		A	Fusion of bile duct cyst	13.83	NA	NA	8.10	7.37	1.20	NA	NA	23.13	22.40	090
47720		A	Fuse gallbladder & bowel	13.38	NA	NA	7.69	9.38	1.51	NA	NA	22.58	24.27	090
47721		A	Fuse upper gi structures	16.08	NA	NA	8.88	11.51	1.93	NA	NA	26.89	29.52	090
47740		A	Fuse gallbladder & bowel	15.54	NA	NA	8.67	10.48	1.67	NA	NA	25.88	27.69	090
47741		A	Fuse gallbladder & bowel	17.95	NA	NA	9.83	14.14	2.36	NA	NA	30.14	34.45	090
47760		A	Fuse bile ducts and bowel	21.74	NA	NA	11.04	12.21	1.98	NA	NA	34.76	35.93	090
47765		A	Fuse liver ducts & bowel	20.93	NA	NA	11.94	14.88	2.32	NA	NA	35.19	38.13	090
47780		A	Fuse bile ducts and bowel	22.29	NA	NA	11.57	13.53	2.14	NA	NA	36.00	37.96	090
47785		A	Fuse bile ducts and bowel	26.23	NA	NA	14.21	14.19	2.14	NA	NA	42.58	42.56	090
47800		A	Reconstruction of bile ducts	19.60	NA	NA	10.44	13.37	1.90	NA	NA	31.94	34.87	090
47801		A	Placement, bile duct support	12.76	NA	NA	8.19	6.51	0.63	NA	NA	21.58	19.90	090
47802		A	Fuse liver duct & intestine	18.13	NA	NA	10.75	11.05	1.37	NA	NA	30.25	30.55	090
47900		A	Suture bile duct injury	16.74	NA	NA	9.00	13.01	1.90	NA	NA	27.64	31.65	090
47999		C	Bile tract surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
48000		A	Drainage of abdomen	14.91	NA	NA	9.56	8.13	1.10	NA	NA	25.57	24.14	090
48001		A	Placement of drain, pancreas	18.83	NA	NA	10.89	9.34	1.48	NA	NA	31.20	29.65	090
48005		A	Resect/debride pancreas	22.40	NA	NA	11.80	10.43	1.67	NA	NA	35.87	34.50	090
48020		A	Removal of pancreatic stone	14.22	NA	NA	8.12	7.55	1.23	NA	NA	23.57	23.00	090
48100		A	Biopsy of pancreas	11.08	NA	NA	6.33	5.01	0.62	NA	NA	18.03	16.71	090
48102		A	Needle biopsy, pancreas	4.68	6.69	3.64	2.68	2.64	0.20	11.57	8.52	7.56	7.52	010
48120		A	Removal of pancreas lesion	14.36	NA	NA	7.63	9.82	1.62	NA	NA	23.61	25.80	090
48140		A	Partial removal of pancreas	20.78	NA	NA	10.53	13.45	2.21	NA	NA	33.52	36.44	090
48145		A	Partial removal of pancreas	21.76	NA	NA	11.17	15.58	2.47	NA	NA	35.40	39.81	090
48146		A	Pancreatectomy	23.91	NA	NA	13.50	16.80	1.50	NA	NA	38.91	42.21	090
48148		A	Removal of pancreatic duct	15.71	NA	NA	8.65	8.86	1.31	NA	NA	25.67	25.88	090
48150		A	Partial removal of pancreas	43.48	NA	NA	22.33	23.93	3.72	NA	NA	69.53	71.13	090
48152		A	Pancreatectomy	39.63	NA	NA	22.14	23.88	3.72	NA	NA	65.49	67.23	090
48153		A	Pancreatectomy	43.38	NA	NA	22.20	23.90	3.72	NA	NA	69.30	71.00	090
48154		A	Pancreatectomy	39.95	NA	NA	20.87	23.56	3.72	NA	NA	64.54	67.23	090
48155		A	Removal of pancreas	22.32	NA	NA	14.07	20.12	3.33	NA	NA	39.72	45.77	090
48160		N	Pancreas removal, transplant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
48180		A	Fuse pancreas and bowel	22.39	NA	NA	11.53	13.14	2.06	NA	NA	35.98	37.59	090
48400		A	Injection, intraop add-on	1.95	NA	NA	0.70	1.02	0.19	NA	NA	2.84	3.16	ZZZ
48500		A	Surgery of pancreas cyst	13.84	NA	NA	7.66	8.86	1.30	NA	NA	22.80	24.00	090
48510		A	Drain pancreatic pseudocyst	12.96	NA	NA	7.56	8.03	1.13	NA	NA	21.65	22.12	090
48511		A	Drain pancreatic pseudocyst	4.00	NA	NA	4.68	3.64	0.27	NA	NA	8.95	7.91	000
48520		A	Fuse pancreas cyst and bowel	14.12	NA	NA	7.54	11.08	1.90	NA	NA	23.56	27.10	090

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48540		A	Fuse pancreas cyst and bowel	17.86	NA	NA	9.01	12.56	2.07	NA	NA	28.94	32.49	090
48545		A	Pancreatorrhaphy	16.47	NA	NA	8.90	8.46	1.40	NA	NA	26.77	26.33	090
48547		A	Duodenal exclusion	23.40	NA	NA	11.51	11.89	2.02	NA	NA	36.93	37.31	090
48550		N	Donor pancreatectomy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
48554		N	Transplantallograft pancreas	+34.17	NA	NA	17.42	18.90	3.25	NA	NA	54.84	56.32	XXX
48556		A	Removal, allograft pancreas	15.71	NA	NA	9.52	8.29	1.32	NA	NA	26.55	25.32	090
48999		C	Pancreas surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
49000		A	Exploration of abdomen	11.68	NA	NA	6.00	7.03	1.10	NA	NA	18.78	19.81	090
49002		A	Reopening of abdomen	10.49	NA	NA	6.14	6.46	0.95	NA	NA	17.58	17.90	090
49010		A	Exploration behind abdomen	12.28	NA	NA	6.66	7.32	1.02	NA	NA	19.96	20.62	090
49020		A	Drain abdominal abscess	16.79	NA	NA	9.54	6.31	0.71	NA	NA	27.04	23.81	090
49021		A	Drain abdominal abscess	3.38	NA	NA	5.58	4.43	0.71	NA	NA	9.67	8.52	000
49040		A	Open drainage abdom abscess	9.94	NA	NA	7.39	7.17	0.99	NA	NA	18.32	18.10	090
49041		A	Percut drain abdom abscess	4.00	NA	NA	5.50	3.84	0.27	NA	NA	9.77	8.11	000
49060		A	Open drain retroper abscess	11.66	NA	NA	7.89	6.48	0.79	NA	NA	20.34	18.93	090
49061		A	Percutdrain retroper abscess	3.70	NA	NA	5.53	3.66	0.26	NA	NA	9.49	7.62	000
49062		A	Drain to peritoneal cavity	11.36	NA	NA	6.90	8.30	0.62	NA	NA	18.88	20.28	090
49080		A	Puncture, peritoneal cavity	1.35	2.96	1.45	0.66	0.87	0.06	4.37	2.86	2.07	2.28	000
49081		A	Removal of abdominal fluid	1.26	3.15	1.40	0.62	0.76	0.05	4.46	2.71	1.93	2.07	000
49085		A	Remove abdomen foreign body	8.93	NA	NA	5.22	4.12	0.52	NA	NA	14.67	13.57	090
49180		A	Biopsy, abdominal mass	1.73	5.68	2.91	1.36	1.83	0.16	7.57	4.80	3.25	3.72	000
49200		A	Removal of abdominal lesion	10.25	NA	NA	6.25	8.38	1.33	NA	NA	17.83	19.96	090
49201		A	Removal of abdominal lesion	14.84	NA	NA	9.04	12.11	1.96	NA	NA	25.84	28.91	090
49215		A	Excise sacral spine tumor	22.36	NA	NA	11.04	9.68	1.24	NA	NA	34.64	33.28	090
49220		A	Multiple surgery, abdomen	14.88	NA	NA	8.02	12.02	1.98	NA	NA	24.88	28.88	090
49250		A	Excision of umbilicus	8.35	NA	NA	4.65	4.85	0.75	NA	NA	13.75	13.95	090
49255		A	Removal of omentum	11.14	NA	NA	6.64	5.86	0.90	NA	NA	18.68	17.90	090
49400		A	Air injection into abdomen	1.88	NA	NA	0.83	1.12	0.13	NA	NA	2.84	3.13	000
49420		A	Insert abdominal drain	2.22	NA	NA	1.23	1.59	0.16	NA	NA	3.61	3.97	000
49421		A	Insert abdominal drain	5.54	NA	NA	3.72	4.30	0.63	NA	NA	9.89	10.47	090
49422		A	Remove perm cannula/catheter	6.25	NA	NA	3.06	4.13	0.63	NA	NA	9.94	11.01	010
49423		A	Exchange drainage cath	1.46	NA	NA	0.79	1.09	0.10	NA	NA	2.35	2.65	000
49424		A	Assess cyst, contrast inj	0.76	NA	NA	0.52	0.60	0.05	NA	NA	1.33	1.41	000
49425		A	Insert abdomen-venous drain	11.37	NA	NA	6.27	8.47	1.39	NA	NA	19.03	21.23	090
49426		A	Revise abdomen-venous shunt	9.63	NA	NA	5.64	5.80	0.84	NA	NA	16.11	16.27	090
49427		A	Injection, abdominal shunt	0.89	NA	NA	0.57	0.54	0.02	NA	NA	1.48	1.45	000
49428		A	Ligation of shunt	2.38	NA	NA	1.47	1.22	0.19	NA	NA	4.04	3.79	010
49429		A	Removal of shunt	7.40	NA	NA	4.21	3.75	0.60	NA	NA	12.21	11.75	010
49495		A	Repair inguinal hernia, init	5.89	NA	NA	3.20	4.85	0.74	NA	NA	9.83	11.48	090
49496		A	Repair inguinal hernia, init	8.79	NA	NA	5.66	5.52	0.84	NA	NA	15.29	15.15	090

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49500		A	Repair inguinal hernia	4.68	NA	NA	2.81	4.75	0.74	NA	NA	8.23	10.17	090
49501		A	Repair inguinal hernia, init	7.58	NA	NA	3.93	5.09	0.84	NA	NA	12.35	13.51	090
49505		A	Repair inguinal hernia	6.49	3.43	4.53	3.46	4.53	0.74	10.66	11.76	10.69	11.76	090
49507		A	Repair, inguinal hernia	8.17	NA	NA	5.09	5.38	0.84	NA	NA	14.10	14.39	090
49520		A	Rerepair inguinal hernia	8.22	NA	NA	4.59	5.40	0.87	NA	NA	13.68	14.49	090
49521		A	Repair inguinal hernia, rec	10.22	NA	NA	5.26	5.42	0.84	NA	NA	16.32	16.48	090
49525		A	Repair inguinal hernia	7.32	NA	NA	4.10	5.54	0.91	NA	NA	12.33	13.77	090
49540		A	Repair lumbar hernia	8.87	NA	NA	4.80	5.43	0.88	NA	NA	14.55	15.18	090
49550		A	Repair femoral hernia	7.37	NA	NA	3.81	4.70	0.76	NA	NA	11.94	12.83	090
49553		A	Repair femoral hernia, init	8.06	NA	NA	4.47	4.87	0.76	NA	NA	13.29	13.69	090
49555		A	Repair femoral hernia	7.71	NA	NA	4.44	6.05	0.99	NA	NA	13.14	14.75	090
49557		A	Repair femoral hernia, recur	9.52	NA	NA	4.99	6.19	0.99	NA	NA	15.50	16.70	090
49560		A	Repair abdominal hernia	9.88	NA	NA	5.22	5.90	0.93	NA	NA	16.03	16.71	090
49561		A	Repair incisional hernia	12.17	NA	NA	6.07	6.12	0.93	NA	NA	19.17	19.22	090
49565		A	Rerepair abdominal hernia	9.88	NA	NA	5.53	6.60	1.06	NA	NA	16.47	17.54	090
49566		A	Repair incisional hernia	12.30	NA	NA	6.17	6.76	1.06	NA	NA	19.53	20.12	090
49568		A	Hernia repair w/mesh	4.89	NA	NA	2.04	2.60	0.46	NA	NA	7.39	7.95	ZZZ
49570		A	Repair epigastric hernia	4.86	NA	NA	2.91	4.29	0.71	NA	NA	8.48	9.86	090
49572		A	Repair, epigastric hernia	5.75	NA	NA	3.65	5.47	0.92	NA	NA	10.32	12.14	090
49580		A	Repair umbilical hernia	3.51	NA	NA	2.44	3.75	0.74	NA	NA	6.69	8.00	090
49582		A	Repair umbilical hernia	5.68	NA	NA	3.85	4.71	0.74	NA	NA	10.27	11.13	090
49585		A	Repair umbilical hernia	5.32	NA	NA	3.33	4.43	0.71	NA	NA	9.36	10.46	090
49587		A	Repair umbilical hernia	6.46	NA	NA	3.82	4.55	0.71	NA	NA	10.99	11.72	090
49590		A	Repair abdominal hernia	7.29	NA	NA	4.05	5.60	0.95	NA	NA	12.29	13.84	090
49600		A	Repair umbilical lesion	10.35	NA	NA	5.43	5.64	0.60	NA	NA	16.38	16.59	090
49605		A	Repair umbilical lesion	22.66	NA	NA	11.51	9.85	1.38	NA	NA	35.55	33.89	090
49606		A	Repair umbilical lesion	18.60	NA	NA	10.33	9.35	0.75	NA	NA	29.68	28.70	090
49610		A	Repair umbilical lesion	10.50	NA	NA	7.86	6.43	0.99	NA	NA	19.35	17.92	090
49611		A	Repair umbilical lesion	8.92	NA	NA	7.99	9.33	0.45	NA	NA	17.36	18.70	090
49900		A	Repair of abdominal wall	12.28	NA	NA	6.82	4.68	0.59	NA	NA	19.69	17.55	090
49905		A	Omental flap	6.55	NA	NA	3.03	3.54	0.63	NA	NA	10.21	10.72	ZZZ
49906		C	Free omental flap, microvasc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	090
49999		C	Abdomen surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
50010		A	Exploration of kidney	10.98	NA	NA	6.17	9.31	0.88	NA	NA	18.03	21.17	090
50020		A	Open drain renal abscess	14.66	NA	NA	10.41	8.14	0.66	NA	NA	25.73	23.46	090
50021		A	Percut drain renal abscess	3.38	NA	NA	7.22	3.89	0.23	NA	NA	10.83	7.50	000
50040		A	Drainage of kidney	14.94	NA	NA	9.67	8.26	0.49	NA	NA	25.10	23.69	090
50045		A	Exploration of kidney	15.46	NA	NA	7.66	9.90	0.70	NA	NA	23.82	26.06	090
50060		A	Removal of kidney stone	19.30	NA	NA	8.94	12.20	0.95	NA	NA	29.19	32.45	090
50065		A	Incision of kidney	20.79	NA	NA	9.90	13.82	1.06	NA	NA	31.75	35.67	090

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1]/ HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
50070		A	Incision of kidney	20.32	NA	NA	9.42	12.83	1.06	NA	NA	30.80	34.21	090
50075		A	Removal of kidney stone	25.34	NA	NA	11.33	16.57	1.27	NA	NA	37.94	43.18	090
50080		A	Removal of kidney stone	14.71	NA	NA	9.38	12.28	0.90	NA	NA	24.99	27.89	090
50081		A	Removal of kidney stone	21.80	NA	NA	11.72	15.11	1.13	NA	NA	34.65	38.04	090
50100		A	Revise kidney blood vessels	16.09	NA	NA	9.14	10.70	1.06	NA	NA	26.29	27.85	090
50120		A	Exploration of kidney	15.91	NA	NA	7.89	10.85	0.97	NA	NA	24.77	27.73	090
50125		A	Explore and drain kidney	16.52	NA	NA	8.05	10.92	0.83	NA	NA	25.40	28.27	090
50130		A	Removal of kidney stone	17.29	NA	NA	8.31	12.50	0.99	NA	NA	26.59	30.78	090
50135		A	Exploration of kidney	19.18	NA	NA	9.07	16.14	1.28	NA	NA	29.53	36.60	090
50200		A	Biopsy of kidney	2.63	NA	NA	1.24	2.43	0.17	NA	NA	4.04	5.23	000
50205		A	Biopsy of kidney	11.31	NA	NA	5.98	6.09	0.54	NA	NA	17.83	17.94	090
50220		A	Removal of kidney	17.15	NA	NA	8.34	12.92	1.12	NA	NA	26.61	31.19	090
50225		A	Removal of kidney	20.23	NA	NA	9.35	15.79	1.33	NA	NA	30.91	37.35	090
50230		A	Removal of kidney	22.07	NA	NA	9.96	17.47	1.44	NA	NA	33.47	40.98	090
50234		A	Removal of kidney & ureter	22.40	NA	NA	10.09	16.08	1.29	NA	NA	33.78	39.77	090
50236		A	Removal of kidney & ureter	24.86	NA	NA	12.73	17.62	1.36	NA	NA	38.95	43.84	090
50240		A	Partial removal of kidney	22.00	NA	NA	11.77	15.96	1.33	NA	NA	35.10	39.29	090
50280		A	Removal of kidney lesion	15.67	NA	NA	7.82	10.80	0.91	NA	NA	24.40	27.38	090
50290		A	Removal of kidney lesion	14.73	NA	NA	7.35	9.06	0.93	NA	NA	23.01	24.72	090
50300		X	Removal of donor kidney	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
50320		A	Removal of donor kidney	22.21	NA	NA	9.48	15.80	1.88	NA	NA	33.57	39.89	090
50340		A	Removal of kidney	12.15	NA	NA	8.31	12.24	1.75	NA	NA	22.21	26.14	090
50360		A	Transplantation of kidney	31.53	NA	NA	17.38	24.24	3.32	NA	NA	52.23	59.09	090
50365		A	Transplantation of kidney	36.81	NA	NA	21.04	30.26	3.04	NA	NA	60.89	70.11	090
50370		A	Remove transplanted kidney	13.72	NA	NA	8.35	11.10	1.50	NA	NA	23.57	26.32	090
50380		A	Reimplantation of kidney	20.76	NA	NA	12.20	11.29	1.34	NA	NA	34.30	33.39	090
50390		A	Drainage of kidney lesion	1.96	NA	NA	1.15	1.66	0.12	NA	NA	3.23	3.74	000
50392		A	Insert kidney drain	3.38	NA	NA	1.53	2.30	0.16	NA	NA	5.07	5.84	000
50393		A	Insert ureteral tube	4.16	NA	NA	1.73	2.89	0.20	NA	NA	6.09	7.25	000
50394		A	Injection for kidney x-ray	0.76	14.48	4.07	0.21	0.50	0.04	15.28	4.87	1.01	1.30	000
50395		A	Create passage to kidney	3.38	NA	NA	1.52	3.09	0.23	NA	NA	5.13	6.70	000
50396		A	Measure kidney pressure	2.09	NA	NA	0.67	0.57	0.04	NA	NA	2.80	2.70	000
50398		A	Change kidney tube	1.46	0.80	0.64	1.06	0.70	0.04	2.30	2.14	2.56	2.20	000
50400		A	Revision of kidney/ureter	19.50	NA	NA	9.05	13.38	1.06	NA	NA	29.61	33.94	090
50405		A	Revision of kidney/ureter	23.93	NA	NA	12.03	17.08	1.36	NA	NA	37.32	42.37	090
50500		A	Repair of kidney wound	19.57	NA	NA	10.21	12.69	1.28	NA	NA	31.06	33.54	090
50520		A	Close kidney-skin fistula	17.23	NA	NA	9.60	10.82	1.17	NA	NA	28.00	29.22	090
50525		A	Repair renal-abdomen fistula	22.27	NA	NA	11.38	13.11	1.56	NA	NA	35.21	36.94	090
50526		A	Repair renal-abdomen fistula	24.02	NA	NA	12.20	9.07	1.82	NA	NA	38.04	34.91	090
50540		A	Revision of horseshoe kidney	19.93	NA	NA	9.24	13.22	1.20	NA	NA	30.37	34.35	090

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50551		A	Kidney endoscopy	5.60	4.19	2.83	2.14	2.32	0.16	9.95	8.59	7.90	8.08	000
50553		A	Kidney endoscopy	5.99	16.08	5.37	2.28	1.92	0.13	22.20	11.49	8.40	8.04	000
50555		A	Kidney endoscopy & biopsy	6.53	67.72	20.76	2.44	4.44	0.35	74.60	27.64	9.32	11.32	000
50557		A	Kidney endoscopy & treatment	6.62	10.19	6.38	2.46	4.45	0.38	17.19	13.38	9.46	11.45	000
50559		A	Renal endoscopy; radiotracer	6.78	NA	NA	2.55	1.73	0.11	NA	NA	9.44	8.62	000
50561		A	Kidney endoscopy & treatment	7.59	13.85	7.63	2.77	4.86	0.38	21.82	15.60	10.74	12.83	000
50570		A	Kidney endoscopy	9.54	NA	NA	3.44	2.04	0.11	NA	NA	13.09	11.69	000
50572		A	Kidney endoscopy	10.35	NA	NA	3.65	6.82	0.59	NA	NA	14.59	17.76	000
50574		A	Kidney endoscopy & biopsy	11.02	NA	NA	3.94	6.75	0.50	NA	NA	15.46	18.27	000
50575		A	Kidney endoscopy	13.98	NA	NA	4.92	9.32	0.76	NA	NA	19.66	24.06	000
50576		A	Kidney endoscopy & treatment	10.99	NA	NA	3.97	8.07	0.60	NA	NA	15.56	19.66	000
50578		A	Renal endoscopy; radiotracer	11.35	NA	NA	4.11	4.11	0.93	NA	NA	16.39	16.39	000
50580		A	Kidney endoscopy & treatment	11.86	NA	NA	4.19	3.97	0.27	NA	NA	16.32	16.10	000
50590		A	Fragmenting of kidney stone	9.09	5.08	9.41	4.67	9.31	0.76	14.93	19.26	14.52	19.16	090
50600		A	Exploration of ureter	15.84	NA	NA	7.83	9.85	0.79	NA	NA	24.46	26.48	090
50605		A	Insert ureteral support	15.46	NA	NA	7.72	6.90	0.47	NA	NA	23.65	22.83	090
50610		A	Removal of ureter stone	15.92	NA	NA	8.02	11.58	0.92	NA	NA	24.86	28.42	090
50620		A	Removal of ureter stone	15.16	NA	NA	7.53	11.24	0.91	NA	NA	23.60	27.31	090
50630		A	Removal of ureter stone	14.94	NA	NA	7.50	12.22	0.98	NA	NA	23.42	28.14	090
50650		A	Removal of ureter	17.41	NA	NA	8.58	11.97	0.95	NA	NA	26.94	30.33	090
50660		A	Removal of ureter	19.55	NA	NA	9.32	12.49	1.20	NA	NA	30.07	33.24	090
50684		A	Injection for ureter x-ray	0.76	14.98	4.14	0.24	0.46	0.04	15.78	4.94	1.04	1.26	000
50686		A	Measure ureter pressure	1.51	4.20	1.35	0.53	0.43	0.03	5.74	2.89	2.07	1.97	000
50688		A	Change of ureter tube	1.17	NA	NA	1.74	0.75	0.03	NA	NA	2.94	1.95	010
50690		A	Injection for ureter x-ray	1.16	15.63	4.17	0.33	0.35	0.02	16.81	5.35	1.51	1.53	000
50700		A	Revision of ureter	15.21	NA	NA	7.75	12.17	1.01	NA	NA	23.97	28.39	090
50715		A	Release of ureter	18.90	NA	NA	10.36	11.74	1.17	NA	NA	30.43	31.81	090
50722		A	Release of ureter	16.35	NA	NA	8.76	10.59	1.54	NA	NA	26.65	28.48	090
50725		A	Release/revise ureter	18.49	NA	NA	9.72	12.24	1.37	NA	NA	29.58	32.10	090
50727		A	Revise ureter	8.18	NA	NA	5.59	5.77	0.40	NA	NA	14.17	14.35	090
50728		A	Revise ureter	12.02	NA	NA	6.95	8.17	0.60	NA	NA	19.57	20.79	090
50740		A	Fusion of ureter & kidney	18.42	NA	NA	8.66	12.77	1.47	NA	NA	28.55	32.66	090
50750		A	Fusion of ureter & kidney	19.51	NA	NA	9.97	13.92	0.99	NA	NA	30.47	34.42	090
50760		A	Fusion of ureters	18.42	NA	NA	8.93	13.20	1.16	NA	NA	28.51	32.78	090
50770		A	Splicing of ureters	19.51	NA	NA	9.43	14.76	1.20	NA	NA	30.14	35.47	090
50780		A	Reimplant ureter in bladder	18.36	NA	NA	8.89	13.44	1.14	NA	NA	28.39	32.94	090
50782		A	Reimplant ureter in bladder	19.54	NA	NA	9.75	13.65	1.14	NA	NA	30.43	34.33	090
50783		A	Reimplant ureter in bladder	20.55	NA	NA	9.83	13.67	1.14	NA	NA	31.52	35.36	090
50785		A	Reimplant ureter in bladder	20.52	NA	NA	9.68	14.97	1.41	NA	NA	31.61	36.90	090
50800		A	Implant ureter in bowel	14.52	NA	NA	8.40	14.04	1.18	NA	NA	24.10	29.74	090

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50810		A	Fusion of ureter & bowel	20.05	NA	NA	10.84	12.94	1.37	NA	NA	32.26	34.36	090
50815		A	Urine shunt to bowel	19.93	NA	NA	10.35	18.67	2.15	NA	NA	32.43	40.75	090
50820		A	Construct bowel bladder	21.89	NA	NA	10.89	18.17	1.96	NA	NA	34.74	42.02	090
50825		A	Construct bowel bladder	28.18	NA	NA	13.42	28.21	2.61	NA	NA	44.21	59.00	090
50830		A	Revise urine flow	31.28	NA	NA	14.44	20.64	1.78	NA	NA	47.50	53.70	090
50840		A	Replace ureter by bowel	20.00	NA	NA	10.28	13.42	1.06	NA	NA	31.34	34.48	090
50845		A	Appendico-vesicostomy	20.89	NA	NA	10.57	13.93	1.06	NA	NA	32.52	35.88	090
50860		A	Transplant ureter to skin	15.36	NA	NA	7.83	10.85	0.91	NA	NA	24.10	27.12	090
50900		A	Repair of ureter	13.62	NA	NA	7.07	9.89	0.90	NA	NA	21.59	24.41	090
50920		A	Closure ureter/skin fistula	14.33	NA	NA	7.29	9.57	0.77	NA	NA	22.39	24.67	090
50930		A	Closure ureter/bowel fistula	18.72	NA	NA	8.83	12.39	0.95	NA	NA	28.50	32.06	090
50940		A	Release of ureter	14.51	NA	NA	7.38	9.90	0.74	NA	NA	22.63	25.15	090
50951		A	Endoscopy of ureter	5.84	4.47	2.48	2.21	1.91	0.13	10.44	8.45	8.18	7.88	000
50953		A	Endoscopy of ureter	6.24	15.75	5.29	2.36	1.94	0.13	22.12	11.66	8.73	8.31	000
50955		A	Ureter endoscopy & biopsy	6.75	13.99	5.58	2.51	2.71	0.20	20.94	12.53	9.46	9.66	000
50957		A	Ureter endoscopy & treatment	6.79	8.12	4.06	2.52	2.66	0.20	15.11	11.05	9.51	9.65	000
50959		A	Ureter endoscopy & tracer	4.40	NA	NA	1.78	3.20	0.23	NA	NA	6.41	7.83	000
50961		A	Ureter endoscopy & treatment	6.05	21.03	7.39	2.28	2.70	0.20	27.28	13.64	8.53	8.95	000
50970		A	Ureter endoscopy	7.14	NA	NA	2.63	4.87	0.41	NA	NA	10.18	12.42	000
50972		A	Ureter endoscopy & catheter	6.89	NA	NA	2.58	1.90	0.13	NA	NA	9.60	8.92	000
50974		A	Ureter endoscopy & biopsy	9.17	NA	NA	3.31	6.54	0.51	NA	NA	12.99	16.22	000
50976		A	Ureter endoscopy & treatment	9.04	NA	NA	3.27	6.04	0.49	NA	NA	12.80	15.57	000
50978		A	Ureter endoscopy & tracer	5.10	NA	NA	2.26	3.87	0.38	NA	NA	7.74	9.35	000
50980		A	Ureter endoscopy & treatment	6.85	NA	NA	2.55	3.19	0.23	NA	NA	9.63	10.27	000
51000		A	Drainage of bladder	0.78	1.51	0.77	0.59	0.54	0.04	2.33	1.59	1.41	1.36	000
51005		A	Drainage of bladder	1.02	2.50	1.00	0.66	0.54	0.03	3.55	2.05	1.71	1.59	000
51010		A	Drainage of bladder	3.53	6.04	2.30	1.98	1.28	0.09	9.66	5.92	5.60	4.90	010
51020		A	Incise & treat bladder	6.71	NA	NA	4.80	6.77	0.56	NA	NA	12.07	14.04	090
51030		A	Incise & treat bladder	6.77	NA	NA	4.75	4.88	0.34	NA	NA	11.86	11.99	090
51040		A	Incise & drain bladder	4.40	NA	NA	3.67	4.86	0.59	NA	NA	8.66	9.85	090
51045		A	Incise bladder, drain ureter	6.77	NA	NA	4.82	5.24	0.39	NA	NA	11.98	12.40	090
51050		A	Removal of bladder stone	6.92	NA	NA	4.49	6.92	0.55	NA	NA	11.96	14.39	090
51060		A	Removal of ureter stone	8.85	NA	NA	5.42	9.28	0.93	NA	NA	15.20	19.06	090
51065		A	Removal of ureter stone	8.85	NA	NA	5.42	7.12	0.56	NA	NA	14.83	16.53	090
51080		A	Drainage of bladder abscess	5.96	NA	NA	4.41	5.32	0.45	NA	NA	10.82	11.73	090
51500		A	Removal of bladder cyst	10.14	NA	NA	5.59	6.98	0.95	NA	NA	16.68	18.07	090
51520		A	Removal of bladder lesion	9.29	NA	NA	5.68	8.37	0.68	NA	NA	15.65	18.34	090
51525		A	Removal of bladder lesion	13.97	NA	NA	7.15	10.47	0.83	NA	NA	21.95	25.27	090
51530		A	Removal of bladder lesion	12.38	NA	NA	6.65	9.19	0.80	NA	NA	19.83	22.37	090
51535		A	Repair of ureter lesion	12.57	NA	NA	7.12	8.03	0.89	NA	NA	20.58	21.49	090

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51550		A	Partial removal of bladder	15.66	NA	NA	7.72	10.65	0.92	NA	NA	24.30	27.23	090
51555		A	Partial removal of bladder	21.23	NA	NA	9.84	12.44	1.02	NA	NA	32.09	34.69	090
51565		A	Revise bladder & ureter(s)	21.62	NA	NA	10.30	15.47	1.31	NA	NA	33.23	38.40	090
51570		A	Removal of bladder	24.24	NA	NA	11.37	15.59	1.27	NA	NA	36.88	41.10	090
51575		A	Removal of bladder & nodes	30.45	NA	NA	13.86	22.08	1.76	NA	NA	46.07	54.29	090
51580		A	Remove bladder; revise tract	31.08	NA	NA	14.34	19.82	1.60	NA	NA	47.02	52.50	090
51585		A	Removal of bladder & nodes	35.23	NA	NA	15.93	24.43	1.89	NA	NA	53.05	61.55	090
51590		A	Remove bladder; revise tract	32.66	NA	NA	14.57	23.60	2.00	NA	NA	49.23	58.26	090
51595		A	Remove bladder; revise tract	37.14	NA	NA	16.03	31.52	2.61	NA	NA	55.78	71.27	090
51596		A	Remove bladder, create pouch	39.52	NA	NA	17.18	32.69	2.70	NA	NA	59.40	74.91	090
51597		A	Removal of pelvic structures	38.35	NA	NA	16.88	29.15	3.37	NA	NA	58.60	70.87	090
51600		A	Injection for bladder x-ray	0.88	15.72	4.16	0.25	0.29	0.02	16.62	5.06	1.15	1.19	000
51605		A	Preparation for bladder xray	0.64	15.52	4.13	0.20	0.30	0.02	16.18	4.79	0.86	0.96	000
51610		A	Injection for bladder x-ray	1.05	29.00	7.47	0.31	0.30	0.02	30.07	8.54	1.38	1.37	000
51700		A	Irrigation of bladder	0.88	3.35	1.02	0.31	0.17	0.02	4.25	1.92	1.21	1.07	000
51705		A	Change of bladder tube	1.02	2.18	0.85	1.33	0.49	0.03	3.23	1.90	2.38	1.54	010
51710		A	Change of bladder tube	1.49	4.19	1.51	1.55	0.62	0.05	5.73	3.05	3.09	2.16	010
51715		A	Endoscopic injection/implant	3.74	3.61	3.06	1.52	2.54	0.21	7.56	7.01	5.47	6.49	000
51720		A	Treatment of bladder lesion	1.96	3.48	1.24	0.98	0.43	0.04	5.48	3.24	2.98	2.43	000
51725		A	Simple cystometrogram	1.51	0.93	1.05	0.93	1.05	0.08	2.52	2.64	2.52	2.64	000
51725	26	A	Simple cystometrogram	1.51	0.52	0.64	0.52	0.64	0.05	2.08	2.20	2.08	2.20	000
51725	TC	A	Simple cystometrogram	0.00	0.41	0.41	0.41	0.41	0.03	0.44	0.44	0.44	0.44	000
51726		A	Complex cystometrogram	1.71	1.10	1.33	1.10	1.33	0.10	2.91	3.14	2.91	3.14	000
51726	26	A	Complex cystometrogram	1.71	0.58	0.81	0.58	0.81	0.06	2.35	2.58	2.35	2.58	000
51726	TC	A	Complex cystometrogram	0.00	0.52	0.52	0.52	0.52	0.04	0.56	0.56	0.56	0.56	000
51736		A	Urine flow measurement	0.61	0.36	0.42	0.36	0.42	0.03	1.00	1.06	1.00	1.06	000
51736	26	A	Urine flow measurement	0.61	0.21	0.26	0.21	0.26	0.02	0.84	0.89	0.84	0.89	000
51736	TC	A	Urine flow measurement	0.00	0.15	0.16	0.15	0.16	0.01	0.16	0.17	0.16	0.17	000
51741		A	Electro-uroflowmetry, first	1.14	0.61	0.61	0.61	0.61	0.05	1.80	1.80	1.80	1.80	000
51741	26	A	Electro-uroflowmetry, first	1.14	0.38	0.38	0.38	0.38	0.03	1.55	1.55	1.55	1.55	000
51741	TC	A	Electro-uroflowmetry, first	0.00	0.23	0.23	0.23	0.23	0.02	0.25	0.25	0.25	0.25	000
51772		A	Urethra pressure profile	1.61	1.01	1.02	1.01	1.02	0.09	2.71	2.72	2.71	2.72	000
51772	26	A	Urethra pressure profile	1.61	0.56	0.56	0.56	0.56	0.05	2.22	2.22	2.22	2.22	000
51772	TC	A	Urethra pressure profile	0.00	0.45	0.46	0.45	0.46	0.04	0.49	0.50	0.49	0.50	000
51784		A	Anal/urinary muscle study	1.53	0.95	1.08	0.95	1.08	0.08	2.56	2.69	2.56	2.69	000
51784	26	A	Anal/urinary muscle study	1.53	0.52	0.66	0.52	0.66	0.05	2.10	2.24	2.10	2.24	000
51784	TC	A	Anal/urinary muscle study	0.00	0.43	0.42	0.43	0.42	0.03	0.46	0.45	0.46	0.45	000
51785		A	Anal/urinary muscle study	1.53	0.95	1.08	0.95	1.08	0.08	2.56	2.69	2.56	2.69	000
51785	26	A	Anal/urinary muscle study	1.53	0.52	0.66	0.52	0.66	0.05	2.10	2.24	2.10	2.24	000
51785	TC	A	Anal/urinary muscle study	0.00	0.43	0.42	0.43	0.42	0.03	0.46	0.45	0.46	0.45	000

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1]/ HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
51792		A	Urinary reflex study	1.10	1.87	2.03	1.87	2.03	0.16	3.13	3.29	3.13	3.29	000
51792	26	A	Urinary reflex study	1.10	0.41	0.58	0.41	0.58	0.05	1.56	1.73	1.56	1.73	000
51792	TC	A	Urinary reflex study	0.00	1.46	1.45	1.46	1.45	0.11	1.57	1.56	1.57	1.56	000
51795		A	Urine voiding pressure study	1.53	1.47	1.54	1.47	1.54	0.13	3.13	3.20	3.13	3.20	000
51795	26	A	Urine voiding pressure study	1.53	0.52	0.60	0.52	0.60	0.05	2.10	2.18	2.10	2.18	000
51795	TC	A	Urine voiding pressure study	0.00	0.95	0.94	0.95	0.94	0.08	1.03	1.02	1.03	1.02	000
51797		A	Intraabdominal pressure test	1.60	1.04	1.04	1.04	1.04	0.08	2.72	2.72	2.72	2.72	000
51797	26	A	Intraabdominal pressure test	1.60	0.55	0.55	0.55	0.55	0.04	2.19	2.19	2.19	2.19	000
51797	TC	A	Intraabdominal pressure test	0.00	0.49	0.49	0.49	0.49	0.04	0.53	0.53	0.53	0.53	000
51800		A	Revision of bladder/urethra	17.42	NA	NA	8.47	11.90	1.15	NA	NA	27.04	30.47	090
51820		A	Revision of urinary tract	17.89	NA	NA	9.66	8.43	1.03	NA	NA	28.58	27.35	090
51840		A	Attach bladder/urethra	10.71	NA	NA	6.04	9.02	0.99	NA	NA	17.74	20.72	090
51841		A	Attach bladder/urethra	13.03	NA	NA	7.32	10.79	1.16	NA	NA	21.51	24.98	090
51845		A	Repair bladder neck	9.73	NA	NA	5.84	10.17	0.85	NA	NA	16.42	20.75	090
51860		A	Repair of bladder wound	12.02	NA	NA	6.71	7.88	0.71	NA	NA	19.44	20.61	090
51865		A	Repair of bladder wound	15.04	NA	NA	7.85	10.88	0.99	NA	NA	23.88	26.91	090
51880		A	Repair of bladder opening	7.66	NA	NA	4.84	5.25	0.41	NA	NA	12.91	13.32	090
51900		A	Repair bladder/vagina lesion	12.97	NA	NA	7.37	11.32	1.10	NA	NA	21.44	25.39	090
51920		A	Close bladder-uterus fistula	11.81	NA	NA	6.29	7.69	0.57	NA	NA	18.67	20.07	090
51925		A	Hysterectomy/bladder repair	15.58	NA	NA	8.71	10.38	1.82	NA	NA	26.11	27.78	090
51940		A	Correction of bladder defect	26.81	NA	NA	14.16	18.97	1.74	NA	NA	42.71	47.52	090
51960		A	Revision of bladder & bowel	23.01	NA	NA	11.62	20.32	1.78	NA	NA	36.41	45.11	090
51980		A	Construct bladder opening	11.36	NA	NA	6.38	7.67	0.59	NA	NA	18.33	19.62	090
52000		A	Cystoscopy	2.01	2.78	1.78	0.93	0.77	0.11	4.90	3.90	3.05	2.89	000
52005		A	Cystoscopy & ureter catheter	2.37	4.39	2.89	1.04	2.05	0.17	6.93	5.43	3.58	4.59	000
52007		A	Cystoscopy and biopsy	3.02	NA	NA	1.26	2.61	0.22	NA	NA	4.50	5.85	000
52010		A	Cystoscopy & duct catheter	3.02	4.67	2.71	1.29	1.10	0.16	7.85	5.89	4.47	4.28	000
52204		A	Cystoscopy	2.37	5.09	3.21	1.04	2.20	0.19	7.65	5.77	3.60	4.76	000
52214		A	Cystoscopy and treatment	3.71	5.46	3.65	1.49	2.65	0.22	9.39	7.58	5.42	6.58	000
52224		A	Cystoscopy and treatment	3.14	5.33	3.70	1.30	2.69	0.23	8.70	7.07	4.67	6.06	000
52234		A	Cystoscopy and treatment	4.63	6.16	5.37	1.80	4.28	0.35	11.14	10.35	6.78	9.26	000
52235		A	Cystoscopy and treatment	5.45	6.43	6.49	2.07	5.40	0.63	12.51	12.57	8.15	11.48	000
52240		A	Cystoscopy and treatment	9.72	7.85	10.63	3.49	9.54	0.81	18.38	21.16	14.02	20.07	000
52250		A	Cystoscopy & radiotracer	4.50	NA	NA	1.76	2.77	0.23	NA	NA	6.49	7.50	000
52260		A	Cystoscopy & treatment	3.92	NA	NA	1.64	2.13	0.17	NA	NA	5.73	6.22	000
52265		A	Cystoscopy & treatment	2.94	3.15	1.89	1.24	0.87	0.11	6.20	4.94	4.29	3.92	000
52270		A	Cystoscopy & revise urethra	3.37	5.66	4.24	1.42	3.18	0.27	9.30	7.88	5.06	6.82	000
52275		A	Cystoscopy & revise urethra	4.70	6.26	4.35	1.86	3.25	0.27	11.23	9.32	6.83	8.22	000
52276		A	Cystoscopy and treatment	5.00	6.37	5.32	1.96	4.22	0.35	11.72	10.67	7.31	9.57	000
52277		A	Cystoscopy and treatment	6.17	NA	NA	2.33	4.51	0.37	NA	NA	8.87	11.05	000

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CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work [3] RVUs	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
52281		A	Cystoscopy and treatment	2.80	3.14	2.67	1.19	1.24	0.18	6.12	5.65	4.17	4.22	000
52282		A	Cystoscopy, implant stent	6.40	6.62	5.38	2.39	4.33	0.35	13.37	12.13	9.14	11.08	000
52283		A	Cystoscopy and treatment	3.74	5.70	2.66	1.51	1.61	0.12	9.56	6.52	5.37	5.47	000
52285		A	Cystoscopy and treatment	3.61	5.89	3.87	1.46	1.57	0.23	9.73	7.71	5.30	5.41	000
52290		A	Cystoscopy and treatment	4.59	NA	NA	1.79	2.35	0.19	NA	NA	6.57	7.13	000
52300		A	Cystoscopy and treatment	5.31	NA	NA	2.02	3.33	0.28	NA	NA	7.61	8.92	000
52301		A	Cystoscopy and treatment	5.51	NA	NA	2.15	3.37	0.28	NA	NA	7.94	9.16	000
52305		A	Cystoscopy and treatment	5.31	NA	NA	2.02	3.36	0.27	NA	NA	7.60	8.94	000
52310		A	Cystoscopy and treatment	2.81	13.05	5.69	1.19	2.73	0.23	16.09	8.73	4.23	5.77	000
52315		A	Cystoscopy and treatment	5.21	14.01	6.82	1.99	3.81	0.31	19.53	12.34	7.51	9.33	000
52317		A	Remove bladder stone	6.72	20.54	10.18	2.50	5.67	0.46	27.72	17.36	9.68	12.85	000
52318		A	Remove bladder stone	9.19	NA	NA	3.32	7.24	0.60	NA	NA	13.11	17.03	000
52320		A	Cystoscopy and treatment	4.70	NA	NA	1.80	4.40	0.37	NA	NA	6.87	9.47	000
52325		A	Cystoscopy, stone removal	6.16	NA	NA	2.30	6.10	0.53	NA	NA	8.99	12.79	000
52327		A	Cystoscopy, inject material	5.19	NA	NA	1.98	3.50	0.28	NA	NA	7.45	8.97	000
52330		A	Cystoscopy and treatment	5.04	17.57	7.22	1.93	3.31	0.27	22.88	12.53	7.24	8.62	000
52332		A	Cystoscopy and treatment	2.83	25.55	9.00	1.20	2.84	0.25	28.63	12.08	4.28	5.92	000
52334		A	Create passage to kidney	4.83	NA	NA	1.87	3.18	0.27	NA	NA	6.97	8.28	000
52335		A	Endoscopy of urinary tract	5.86	NA	NA	2.21	4.37	0.35	NA	NA	8.42	10.58	000
52336		A	Cystoscopy, stone removal	6.88	NA	NA	2.55	6.80	0.77	NA	NA	10.20	14.45	000
52337		A	Cystoscopy, stone removal	7.97	NA	NA	2.91	7.87	0.84	NA	NA	11.72	16.68	000
52338		A	Cystoscopy and treatment	7.34	NA	NA	2.70	5.49	0.45	NA	NA	10.49	13.28	000
52339		A	Cystoscopy and treatment	8.82	NA	NA	3.17	5.61	0.45	NA	NA	12.44	14.88	000
52340		A	Cystoscopy and treatment	9.68	NA	NA	5.03	5.45	0.39	NA	NA	15.10	15.52	090
52450		A	Incision of prostate	7.64	NA	NA	5.64	5.48	0.38	NA	NA	13.66	13.50	090
52500		A	Revision of bladder neck	8.47	NA	NA	5.92	7.53	0.56	NA	NA	14.95	16.56	090
52510		A	Dilation prostatic urethra	6.72	NA	NA	5.03	7.27	0.58	NA	NA	12.33	14.57	090
52601		A	Prostatectomy (TURP)	12.37	NA	NA	7.21	11.46	0.91	NA	NA	20.49	24.74	090
52606		A	Control postop bleeding	8.13	NA	NA	5.17	3.99	0.26	NA	NA	13.56	12.38	090
52612		A	Prostatectomy, first stage	7.98	NA	NA	5.53	8.53	0.77	NA	NA	14.28	17.28	090
52614		A	Prostatectomy, second stage	6.84	NA	NA	5.38	7.11	0.53	NA	NA	12.75	14.48	090
52620		A	Remove residual prostate	6.61	NA	NA	5.30	5.66	0.40	NA	NA	12.31	12.67	090
52630		A	Remove prostate regrowth	7.26	NA	NA	5.52	7.88	0.88	NA	NA	13.66	16.02	090
52640		A	Relieve bladder contracture	6.62	NA	NA	4.99	6.48	0.49	NA	NA	12.10	13.59	090
52647		A	Laser surgery of prostate	10.36	NA	NA	6.56	10.92	0.91	NA	NA	17.83	22.19	090
52648		A	Laser surgery of prostate	11.21	NA	NA	6.82	11.37	0.91	NA	NA	18.94	23.49	090
52700		A	Drainage of prostate abscess	6.80	NA	NA	5.36	4.03	0.27	NA	NA	12.43	11.10	090
53000		A	Incision of urethra	2.28	5.71	2.86	2.22	1.99	0.13	8.12	5.27	4.63	4.40	010
53010		A	Incision of urethra	3.64	NA	NA	3.53	3.75	0.29	NA	NA	7.46	7.68	090
53020		A	Incision of urethra	1.77	3.59	1.57	0.63	0.83	0.07	5.43	3.41	2.47	2.67	000

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53025		A	Incision of urethra	1.13	2.67	1.32	0.41	0.76	0.06	3.86	2.51	1.60	1.95	000
53040		A	Drainage of urethra abscess	6.40	7.88	3.48	9.73	3.94	0.15	14.43	10.03	16.28	10.49	090
53060		A	Drainage of urethra abscess	2.63	5.39	1.76	2.21	0.97	0.05	8.07	4.44	4.89	3.65	010
53080		A	Drainage of urinary leakage	6.29	NA	NA	7.30	5.07	0.35	NA	NA	13.94	11.71	090
53085		A	Drainage of urinary leakage	10.27	NA	NA	8.50	7.62	0.55	NA	NA	19.32	18.44	090
53200		A	Biopsy of urethra	2.59	4.53	2.03	0.91	1.12	0.09	7.21	4.71	3.59	3.80	000
53210		A	Removal of urethra	12.57	NA	NA	7.09	7.18	0.52	NA	NA	20.18	20.27	090
53215		A	Removal of urethra	15.58	NA	NA	7.81	10.09	0.75	NA	NA	24.14	26.42	090
53220		A	Treatment of urethra lesion	7.00	NA	NA	4.70	5.06	0.38	NA	NA	12.08	12.44	090
53230		A	Removal of urethra lesion	9.58	NA	NA	5.57	7.85	0.62	NA	NA	15.77	18.05	090
53235		A	Removal of urethra lesion	10.14	NA	NA	5.77	5.53	0.38	NA	NA	16.29	16.05	090
53240		A	Surgery for urethra pouch	6.45	NA	NA	4.52	4.66	0.35	NA	NA	11.32	11.46	090
53250		A	Removal of urethra gland	5.89	NA	NA	3.87	4.27	0.31	NA	NA	10.07	10.47	090
53260		A	Treatment of urethra lesion	2.98	5.01	2.17	2.00	1.42	0.13	8.12	5.28	5.11	4.53	010
53265		A	Treatment of urethra lesion	3.12	5.43	2.89	1.99	2.03	0.17	8.72	6.18	5.28	5.32	010
53270		A	Removal of urethra gland	3.09	5.15	1.97	2.12	0.88	0.14	8.38	5.20	5.35	4.11	010
53275		A	Repair of urethra defect	4.53	NA	NA	3.12	2.71	0.20	NA	NA	7.85	7.44	010
53400		A	Revise urethra, 1st stage	12.77	NA	NA	6.86	7.80	0.59	NA	NA	20.22	21.16	090
53405		A	Revise urethra, 2nd stage	14.48	NA	NA	7.27	10.26	0.95	NA	NA	22.70	25.69	090
53410		A	Reconstruction of urethra	16.44	NA	NA	8.13	9.00	0.66	NA	NA	25.23	26.10	090
53415		A	Reconstruction of urethra	19.41	NA	NA	6.89	11.38	0.90	NA	NA	27.20	31.69	090
53420		A	Reconstruct urethra, stage 1	14.08	NA	NA	7.47	10.73	0.82	NA	NA	22.37	25.63	090
53425		A	Reconstruct urethra, stage 2	15.98	NA	NA	8.06	9.55	0.69	NA	NA	24.73	26.22	090
53430		A	Reconstruction of urethra	16.34	NA	NA	8.21	7.88	0.59	NA	NA	25.14	24.81	090
53440		A	Correct bladder function	12.34	NA	NA	6.91	12.42	1.09	NA	NA	20.34	25.85	090
53442		A	Remove perineal prosthesis	8.27	NA	NA	5.09	6.03	0.52	NA	NA	13.88	14.82	090
53443		A	Reconstruction of urethra	19.89	NA	NA	9.02	10.42	0.84	NA	NA	29.75	31.15	090
53445		A	Correct urine flow control	14.06	NA	NA	7.53	14.48	1.59	NA	NA	23.18	30.13	090
53447		A	Remove artificial sphincter	13.17	NA	NA	6.99	9.20	0.70	NA	NA	20.86	23.07	090
53449		A	Correct artificial sphincter	9.70	NA	NA	5.72	8.28	0.64	NA	NA	16.06	18.62	090
53450		A	Revision of urethra	6.14	NA	NA	4.27	3.30	0.21	NA	NA	10.62	9.65	090
53460		A	Revision of urethra	7.12	NA	NA	4.68	3.16	0.20	NA	NA	12.00	10.48	090
53502		A	Repair of urethra injury	7.63	NA	NA	5.02	5.30	0.44	NA	NA	13.09	13.37	090
53505		A	Repair of urethra injury	7.63	NA	NA	4.82	5.42	0.40	NA	NA	12.85	13.45	090
53510		A	Repair of urethra injury	10.11	NA	NA	6.00	7.19	0.52	NA	NA	16.63	17.82	090
53515		A	Repair of urethra injury	13.31	NA	NA	6.79	9.05	0.69	NA	NA	20.79	23.05	090
53520		A	Repair of urethra defect	8.68	NA	NA	5.20	6.09	0.44	NA	NA	14.32	15.21	090
53600		A	Dilate urethra stricture	1.21	3.52	1.15	0.46	0.25	0.02	4.75	2.38	1.69	1.48	000
53601		A	Dilate urethra stricture	0.98	3.45	1.10	0.39	0.22	0.02	4.45	2.10	1.39	1.22	000
53605		A	Dilate urethra stricture	1.28	NA	NA	0.68	0.55	0.04	NA	NA	2.00	1.87	000

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53620		A	Dilate urethra stricture	1.62	5.24	1.69	0.80	0.40	0.04	6.90	3.35	2.46	2.06	000
53621		A	Dilate urethra stricture	1.35	5.22	1.61	0.70	0.33	0.03	6.60	2.99	2.08	1.71	000
53660		A	Dilation of urethra	0.71	3.27	1.04	0.30	0.19	0.02	4.00	1.77	1.03	0.92	000
53661		A	Dilation of urethra	0.72	3.35	1.04	0.24	0.17	0.02	4.09	1.78	0.98	0.91	000
53665		A	Dilation of urethra	0.76	NA	NA	0.58	0.44	0.03	NA	NA	1.37	1.23	000
53670		A	Insert urinary catheter	0.50	3.17	0.97	0.17	0.13	0.02	3.69	1.49	0.69	0.65	000
53675		A	Insert urinary catheter	1.47	4.22	1.44	0.74	0.57	0.04	5.73	2.95	2.25	2.08	000
53850		A	Prostatic microwave thermotx	9.45	NA	NA	6.24	7.02	0.52	NA	NA	16.21	16.99	090
53852		A	Prostatic rf thermotx	9.88	NA	NA	6.38	7.30	0.54	NA	NA	16.80	17.72	090
53899		C	Urology surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
54000		A	Slitting of prepuce	1.54	4.81	1.71	1.30	0.84	0.05	6.40	3.30	2.89	2.43	010
54001		A	Slitting of prepuce	2.19	5.19	1.98	1.79	1.13	0.07	7.45	4.24	4.05	3.39	010
54015		A	Drain penis lesion	5.32	6.07	2.19	2.88	1.40	0.07	11.46	7.58	8.27	6.79	010
54050		A	Destruction, penis lesion(s)	1.24	1.90	0.78	0.52	0.29	0.02	3.16	2.04	1.78	1.55	010
54055		A	Destruction, penis lesion(s)	1.22	5.08	1.77	1.22	0.55	0.05	6.35	3.04	2.49	1.82	010
54056		A	Cryosurgery, penis lesion(s)	1.24	2.17	0.98	0.54	0.35	0.03	3.44	2.25	1.81	1.62	010
54057		A	Laser surg, penis lesion(s)	1.24	2.01	1.74	1.21	1.41	0.16	3.41	3.14	2.61	2.81	010
54060		A	Excision of penis lesion(s)	1.93	4.30	2.03	1.44	1.31	0.09	6.32	4.05	3.46	3.33	010
54065		A	Destruction, penis lesion(s)	2.42	4.28	3.08	1.85	1.47	0.20	6.90	5.70	4.47	4.09	010
54100		A	Biopsy of penis	1.90	2.91	1.26	0.70	0.71	0.05	4.86	3.21	2.65	2.66	000
54105		A	Biopsy of penis	3.50	5.42	2.18	1.97	1.32	0.09	9.01	5.77	5.56	4.91	010
54110		A	Treatment of penis lesion	10.13	NA	NA	7.21	6.71	0.48	NA	NA	17.82	17.32	090
54111		A	Treat penis lesion, graft	13.57	NA	NA	8.40	9.57	0.76	NA	NA	22.73	23.90	090
54112		A	Treat penis lesion, graft	15.86	NA	NA	9.47	11.19	0.89	NA	NA	26.22	27.94	090
54115		A	Treatment of penis lesion	6.15	9.67	5.82	5.96	4.90	0.34	16.16	12.31	12.45	11.39	090
54120		A	Partial removal of penis	9.97	NA	NA	7.27	7.08	0.49	NA	NA	17.73	17.54	090
54125		A	Removal of penis	13.53	NA	NA	8.39	11.51	0.92	NA	NA	22.84	25.96	090
54130		A	Remove penis & nodes	20.14	NA	NA	10.86	14.65	1.03	NA	NA	32.03	35.82	090
54135		A	Remove penis & nodes	26.36	NA	NA	12.95	17.68	1.36	NA	NA	40.67	45.40	090
54150		A	Circumcision	1.81	4.62	1.60	1.62	0.85	0.04	6.47	3.45	3.47	2.70	010
54152		A	Circumcision	2.31	NA	NA	1.55	1.87	0.16	NA	NA	4.02	4.34	010
54160		A	Circumcision	2.48	4.45	2.46	1.62	1.76	0.16	7.09	5.10	4.26	4.40	010
54161		A	Circumcision	3.27	NA	NA	1.88	2.24	0.18	NA	NA	5.33	5.69	010
54200		A	Treatment of penis lesion	1.06	2.09	0.79	0.37	0.23	0.02	3.17	1.87	1.45	1.31	010
54205		A	Treatment of penis lesion	7.93	NA	NA	6.08	5.68	0.39	NA	NA	14.40	14.00	090
54220		A	Treatment of penis lesion	2.42	1.81	1.74	0.93	1.52	0.13	4.36	4.29	3.48	4.07	000
54230		A	Prepare penis study	1.34	NA	NA	0.44	0.66	0.10	NA	NA	1.88	2.10	000
54231		A	Dynamic cavernosometry	2.04	1.68	1.59	0.75	1.36	0.11	3.83	3.74	2.90	3.51	000
54235		A	Penile injection	1.19	0.91	0.58	0.39	0.28	0.03	2.13	1.80	1.61	1.50	000
54240		A	Penis study	1.31	0.96	1.04	0.96	1.04	0.10	2.37	2.45	2.37	2.45	000

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
54240	26	A	Penis study	1.31	0.44	0.52	0.44	0.52	0.05	1.80	1.88	1.80	1.88	000
54240	TC	A	Penis study	0.00	0.52	0.52	0.52	0.52	0.05	0.57	0.57	0.57	0.57	000
54250		A	Penis study	2.22	1.06	0.92	1.06	0.92	0.06	3.34	3.20	3.34	3.20	000
54250	26	A	Penis study	2.22	0.73	0.59	0.73	0.59	0.04	2.99	2.85	2.99	2.85	000
54250	TC	A	Penis study	0.00	0.33	0.33	0.33	0.33	0.02	0.35	0.35	0.35	0.35	000
54300		A	Revision of penis	10.41	NA	NA	7.73	7.54	0.68	NA	NA	18.82	18.63	090
54304		A	Revision of penis	12.49	NA	NA	8.90	9.28	0.70	NA	NA	22.09	22.47	090
54308		A	Reconstruction of urethra	11.83	NA	NA	10.63	7.41	0.58	NA	NA	23.04	19.82	090
54312		A	Reconstruction of urethra	13.57	NA	NA	10.63	10.29	0.71	NA	NA	24.91	24.57	090
54316		A	Reconstruction of urethra	16.82	NA	NA	10.51	11.86	0.88	NA	NA	28.21	29.56	090
54318		A	Reconstruction of urethra	11.25	NA	NA	8.40	8.23	0.87	NA	NA	20.52	20.35	090
54322		A	Reconstruction of urethra	13.01	NA	NA	8.21	8.25	0.58	NA	NA	21.80	21.84	090
54324		A	Reconstruction of urethra	16.31	NA	NA	10.50	11.57	0.84	NA	NA	27.65	28.72	090
54326		A	Reconstruction of urethra	15.72	NA	NA	10.51	11.19	0.81	NA	NA	27.04	27.72	090
54328		A	Revise penis, urethra	15.65	NA	NA	9.82	11.18	0.97	NA	NA	26.44	27.80	090
54332		A	Revise penis, urethra	17.08	NA	NA	10.14	12.73	0.88	NA	NA	28.10	30.69	090
54336		A	Revise penis, urethra	20.04	NA	NA	13.09	18.57	1.10	NA	NA	34.23	39.71	090
54340		A	Secondary urethral surgery	8.91	NA	NA	6.69	6.62	0.46	NA	NA	16.06	15.99	090
54344		A	Secondary urethral surgery	15.94	NA	NA	10.28	16.09	0.86	NA	NA	27.08	32.89	090
54348		A	Secondary urethral surgery	17.15	NA	NA	11.15	12.25	0.89	NA	NA	29.19	30.29	090
54352		A	Reconstruct urethra, penis	24.74	NA	NA	13.38	16.52	1.17	NA	NA	39.29	42.43	090
54360		A	Penis plastic surgery	11.93	NA	NA	7.99	7.71	0.57	NA	NA	20.49	20.21	090
54380		A	Repair penis	13.18	NA	NA	8.17	9.71	0.59	NA	NA	21.94	23.48	090
54385		A	Repair penis	15.39	NA	NA	9.08	10.78	0.70	NA	NA	25.17	26.87	090
54390		A	Repair penis and bladder	21.61	NA	NA	12.31	14.13	1.24	NA	NA	35.16	36.98	090
54400		A	Insert semi-rigid prosthesis	8.99	NA	NA	5.66	9.46	0.99	NA	NA	15.64	19.44	090
54401		A	Insert self-contd prosthesis	10.28	NA	NA	6.30	10.78	1.35	NA	NA	17.93	22.41	090
54402		A	Remove penis prosthesis	9.21	NA	NA	5.61	6.29	0.45	NA	NA	15.27	15.95	090
54405		A	Insert multi-comp prosthesis	13.43	NA	NA	7.29	13.85	1.64	NA	NA	22.36	28.92	090
54407		A	Remove multi-comp prosthesis	13.34	NA	NA	7.01	10.89	0.86	NA	NA	21.21	25.09	090
54409		A	Revise penis prosthesis	12.20	NA	NA	6.59	8.95	0.68	NA	NA	19.47	21.83	090
54420		A	Revision of penis	11.42	NA	NA	7.68	8.22	0.68	NA	NA	19.78	20.32	090
54430		A	Revision of penis	10.15	NA	NA	7.22	7.50	0.54	NA	NA	17.91	18.19	090
54435		A	Revision of penis	6.12	NA	NA	5.59	4.77	0.31	NA	NA	12.02	11.20	090
54440		C	Repair of penis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	090
54450		A	Preputial stretching	1.12	0.91	0.78	0.43	0.66	0.05	2.08	1.95	1.60	1.83	000
54500		A	Biopsy of testis	1.31	5.40	1.71	0.73	0.54	0.04	6.75	3.06	2.08	1.89	000
54505		A	Biopsy of testis	3.46	NA	NA	2.44	2.13	0.17	NA	NA	6.07	5.76	010
54510		A	Removal of testis lesion	5.45	NA	NA	3.24	3.28	0.30	NA	NA	8.99	9.03	090
54520		A	Removal of testis	5.23	NA	NA	3.33	5.15	0.41	NA	NA	8.97	10.79	090

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CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work [3] RVUs	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
54530		A	Removal of testis	8.58	NA	NA	4.86	7.17	0.60	NA	NA	14.04	16.35	090
54535		A	Extensive testis surgery	12.16	NA	NA	6.43	8.56	0.80	NA	NA	19.39	21.52	090
54550		A	Exploration for testis	7.78	NA	NA	4.45	5.39	0.48	NA	NA	12.71	13.65	090
54560		A	Exploration for testis	11.13	NA	NA	6.04	7.40	0.63	NA	NA	17.80	19.16	090
54600		A	Reduce testis torsion	7.01	NA	NA	3.98	4.75	0.38	NA	NA	11.37	12.14	090
54620		A	Suspension of testis	4.90	NA	NA	2.93	3.43	0.26	NA	NA	8.09	8.59	010
54640		A	Suspension of testis	6.90	NA	NA	3.98	7.18	0.71	NA	NA	11.59	14.79	090
54650		A	Orchiopexy (Fowler-Stephens)	11.45	NA	NA	6.31	7.95	0.71	NA	NA	18.47	20.11	090
54660		A	Revision of testis	5.11	NA	NA	3.16	3.56	0.27	NA	NA	8.54	8.94	090
54670		A	Repair testis injury	6.41	NA	NA	3.98	4.50	0.34	NA	NA	10.73	11.25	090
54680		A	Relocation of testis(es)	12.65	NA	NA	6.47	8.29	0.63	NA	NA	19.75	21.57	090
54700		A	Drainage of scrotum	3.43	7.68	2.66	3.08	1.51	0.09	11.20	6.18	6.60	5.03	010
54800		A	Biopsy of epididymis	2.33	4.45	2.72	1.03	1.86	0.15	6.93	5.20	3.51	4.34	000
54820		A	Exploration of epididymis	5.14	NA	NA	3.30	2.96	0.23	NA	NA	8.67	8.33	090
54830		A	Remove epididymis lesion	5.38	NA	NA	3.40	3.71	0.31	NA	NA	9.09	9.40	090
54840		A	Remove epididymis lesion	5.20	NA	NA	3.39	4.79	0.38	NA	NA	8.97	10.37	090
54860		A	Removal of epididymis	6.32	NA	NA	3.90	5.18	0.39	NA	NA	10.61	11.89	090
54861		A	Removal of epididymis	8.90	NA	NA	4.83	7.15	0.56	NA	NA	14.29	16.61	090
54900		A	Fusion of spermatic ducts	13.20	NA	NA	6.55	8.92	0.68	NA	NA	20.43	22.80	090
54901		A	Fusion of spermatic ducts	17.94	NA	NA	8.73	12.19	0.94	NA	NA	27.61	31.07	090
55000		A	Drainage of hydrocele	1.43	1.52	0.70	0.76	0.36	0.03	2.98	2.16	2.22	1.82	000
55040		A	Removal of hydrocele	5.36	NA	NA	3.22	4.78	0.43	NA	NA	9.01	10.57	090
55041		A	Removal of hydroceles	7.74	NA	NA	4.27	7.15	0.63	NA	NA	12.64	15.52	090
55060		A	Repair of hydrocele	5.52	NA	NA	3.28	4.18	0.39	NA	NA	9.19	10.09	090
55100		A	Drainage of scrotum abscess	2.13	8.96	2.75	3.16	1.30	0.05	11.14	4.93	5.34	3.48	010
55110		A	Explore scrotum	5.70	NA	NA	3.37	3.68	0.29	NA	NA	9.36	9.67	090
55120		A	Removal of scrotum lesion	5.09	NA	NA	3.17	2.25	0.16	NA	NA	8.42	7.50	090
55150		A	Removal of scrotum	7.22	NA	NA	4.28	5.50	0.45	NA	NA	11.95	13.17	090
55175		A	Revision of scrotum	5.24	NA	NA	3.40	4.50	0.38	NA	NA	9.02	10.12	090
55180		A	Revision of scrotum	10.72	NA	NA	6.09	7.08	0.64	NA	NA	17.45	18.44	090
55200		A	Incision of sperm duct	4.24	NA	NA	2.87	2.32	0.16	NA	NA	7.27	6.72	090
55250		A	Removal of sperm duct(s)	3.29	8.19	4.19	2.78	1.77	0.22	11.70	7.70	6.29	5.28	090
55300		A	Preparation,sperm duct x-ray	3.51	NA	NA	1.54	2.59	0.21	NA	NA	5.26	6.31	000
55400		A	Repair of sperm duct	8.49	NA	NA	5.45	6.70	0.49	NA	NA	14.43	15.68	090
55450		A	Ligation of sperm duct	4.12	3.97	3.12	2.29	2.70	0.25	8.34	7.49	6.66	7.07	010
55500		A	Removal of hydrocele	5.59	NA	NA	3.38	4.36	0.39	NA	NA	9.36	10.34	090
55520		A	Removal of sperm cord lesion	6.03	NA	NA	3.38	3.39	0.40	NA	NA	9.81	9.82	090
55530		A	Revise spermatic cord veins	5.66	NA	NA	3.49	5.10	0.47	NA	NA	9.62	11.23	090
55535		A	Revise spermatic cord veins	6.56	NA	NA	4.00	4.59	0.35	NA	NA	10.91	11.50	090
55540		A	Revise hernia & sperm veins	7.67	NA	NA	4.01	4.70	0.71	NA	NA	12.39	13.08	090

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55600		A	Incise sperm duct pouch	6.38	NA	NA	4.03	4.52	0.43	NA	NA	10.84	11.33	090
55605		A	Incise sperm duct pouch	7.96	NA	NA	4.80	5.76	0.46	NA	NA	13.22	14.18	090
55650		A	Remove sperm duct pouch	11.80	NA	NA	5.99	7.38	0.59	NA	NA	18.38	19.77	090
55680		A	Remove sperm pouch lesion	5.19	NA	NA	3.43	4.47	0.30	NA	NA	8.92	9.96	090
55700		A	Biopsy of prostate	1.57	3.15	2.01	0.81	0.82	0.12	4.84	3.70	2.50	2.51	000
55705		A	Biopsy of prostate	4.57	NA	NA	3.34	3.58	0.27	NA	NA	8.18	8.42	010
55720		A	Drainage of prostate abscess	7.64	NA	NA	5.06	4.12	0.29	NA	NA	12.99	12.05	090
55725		A	Drainage of prostate abscess	8.68	NA	NA	5.47	5.94	0.42	NA	NA	14.57	15.04	090
55801		A	Removal of prostate	17.80	NA	NA	8.59	12.54	1.13	NA	NA	27.52	31.47	090
55810		A	Extensive prostate surgery	22.58	NA	NA	10.56	17.19	1.38	NA	NA	34.52	41.15	090
55812		A	Extensive prostate surgery	27.51	NA	NA	12.44	17.50	1.52	NA	NA	41.47	46.53	090
55815		A	Extensive prostate surgery	30.46	NA	NA	13.50	23.89	1.89	NA	NA	45.85	56.24	090
55821		A	Removal of prostate	14.25	NA	NA	7.25	12.88	1.06	NA	NA	22.56	28.19	090
55831		A	Removal of prostate	15.62	NA	NA	7.72	13.78	1.13	NA	NA	24.47	30.53	090
55840		A	Extensive prostate surgery	22.69	NA	NA	11.05	16.28	1.26	NA	NA	35.00	40.23	090
55842		A	Extensive prostate surgery	24.38	NA	NA	11.67	18.51	1.47	NA	NA	37.52	44.36	090
55845		A	Extensive prostate surgery	28.55	NA	NA	12.88	23.65	1.91	NA	NA	43.34	54.11	090
55859		A	Percut/needle insert, pros	12.52	NA	NA	7.39	6.64	0.45	NA	NA	20.36	19.61	090
55860		A	Surgical exposure, prostate	14.45	NA	NA	7.54	7.69	0.55	NA	NA	22.54	22.69	090
55862		A	Extensive prostate surgery	18.39	NA	NA	8.71	11.70	0.94	NA	NA	28.04	31.03	090
55865		A	Extensive prostate surgery	22.87	NA	NA	10.34	22.54	1.87	NA	NA	35.08	47.28	090
55870		A	Electroejaculation	2.58	1.61	1.90	0.93	1.73	0.14	4.33	4.62	3.65	4.45	000
55899		C	Genital surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
55970		N	Sex transformation, M to F	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
55980		N	Sex transformation, F to M	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
56300		A	Laparoscopy; diagnostic	5.10	NA	NA	2.93	4.36	0.73	NA	NA	8.76	10.19	010
56301		A	Laparoscopy; tubal cautery	5.60	NA	NA	3.53	4.72	1.00	NA	NA	10.13	11.32	010
56302		A	Laparoscopy; tubal block	5.60	NA	NA	3.54	5.17	1.03	NA	NA	10.17	11.80	010
56303		A	Laparoscopy; excise lesions	11.79	NA	NA	5.45	5.86	0.91	NA	NA	18.15	18.56	090
56304		A	Laparoscopy; lysis	11.29	NA	NA	5.24	5.87	0.94	NA	NA	17.47	18.10	090
56305		A	Laparoscopy; biopsy	5.40	NA	NA	2.93	4.72	0.62	NA	NA	8.95	10.74	010
56306		A	Laparoscopy; aspiration	5.70	NA	NA	3.34	4.80	0.92	NA	NA	9.96	11.42	010
56307		A	Laparoscopy; remove adnexa	11.05	NA	NA	4.91	7.06	1.25	NA	NA	17.21	19.36	010
56308		A	Laparoscopy; hysterectomy	14.19	NA	NA	6.31	9.22	1.62	NA	NA	22.12	25.03	010
56309		A	Laparoscopy; remove myoma	14.21	NA	NA	6.30	5.45	0.81	NA	NA	21.32	20.47	010
56310		A	Laparoscopic enterolysis	14.44	NA	NA	7.24	8.55	1.37	NA	NA	23.05	24.36	090
56311		A	Laparoscopic lymph node biop	9.25	NA	NA	4.65	6.35	1.15	NA	NA	15.05	16.75	010
56312		A	Laparoscopic lymphadenectomy	12.38	NA	NA	5.73	8.40	0.66	NA	NA	18.77	21.44	010
56313		A	Laparoscopic lymphadenectomy	14.32	NA	NA	6.97	9.89	1.81	NA	NA	23.10	26.02	010
56314		A	Lapar; drain lymphocele	9.48	NA	NA	4.76	6.67	0.52	NA	NA	14.76	16.67	090

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56315		A	Laparoscopic appendectomy	8.70	NA	NA	4.36	5.07	0.79	NA	NA	13.85	14.56	090
56316		A	Laparoscopic hernia repair	6.27	NA	NA	3.35	4.51	0.74	NA	NA	10.36	11.52	090
56317		A	Laparoscopic hernia repair	8.24	NA	NA	4.37	5.35	0.87	NA	NA	13.48	14.46	090
56318		A	Laparoscopic orchiectomy	10.96	NA	NA	6.38	7.48	0.63	NA	NA	17.97	19.07	090
56320		A	Laparoscopy, spermatic veins	6.57	NA	NA	3.37	4.43	0.35	NA	NA	10.29	11.35	090
56321		C	Laparoscopy; adrenalectomy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
56322		A	Laparoscopy, vagus nerves	10.15	NA	NA	4.97	5.37	0.92	NA	NA	16.04	16.44	090
56323		A	Laparoscopy, vagus nerves	12.15	NA	NA	6.57	6.60	1.10	NA	NA	19.82	19.85	090
56324		A	Laparoscopy, cholecystoenter	12.58	NA	NA	6.40	9.06	1.51	NA	NA	20.49	23.15	090
56340		A	Laparoscopic cholecystectomy	11.09	NA	NA	5.33	7.84	1.36	NA	NA	17.78	20.29	090
56341		A	Laparoscopic cholecystectomy	11.94	NA	NA	5.78	8.31	1.44	NA	NA	19.16	21.69	090
56342		A	Laparoscopic cholecystectomy	14.23	NA	NA	7.21	9.43	1.56	NA	NA	23.00	25.22	090
56343		A	Laparoscopic salpingostomy	13.74	NA	NA	6.53	5.93	0.87	NA	NA	21.14	20.54	090
56344		A	Laparoscopic fimbrioplasty	12.88	NA	NA	6.16	5.70	0.93	NA	NA	19.97	19.51	090
56345		C	Laparoscopic splenectomy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
56346		A	Laparoscopic gastrostomy	7.73	NA	NA	4.52	6.17	0.93	NA	NA	13.18	14.83	090
56347		C	Laparoscopic jejunostomy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
56348		A	Laparo; resect intestine	22.04	NA	NA	10.41	13.39	2.17	NA	NA	34.62	37.60	090
56349		A	Laparoscopy; fundoplasty	17.25	NA	NA	9.96	12.16	1.98	NA	NA	29.19	31.39	090
56350		A	Hysteroscopy; diagnostic	3.33	2.76	2.31	1.34	1.96	0.34	6.43	5.98	5.01	5.63	000
56351		A	Hysteroscopy; biopsy	4.75	3.30	2.45	1.88	2.09	0.34	8.39	7.54	6.97	7.18	000
56352		A	Hysteroscopy; lysis	6.17	NA	NA	2.41	3.67	0.66	NA	NA	9.24	10.50	000
56353		A	Hysteroscopy; resect septum	7.00	NA	NA	2.74	3.75	0.66	NA	NA	10.40	11.41	000
56354		A	Hysteroscopy; remove myoma	10.00	NA	NA	3.88	4.98	1.02	NA	NA	14.90	16.00	000
56355		A	Hysteroscopy; remove impact	5.21	NA	NA	2.01	2.12	0.34	NA	NA	7.56	7.67	000
56356		A	Hysteroscopy; ablation	6.17	NA	NA	2.43	4.18	1.17	NA	NA	9.77	11.52	000
56362		A	Laparoscopy w/cholangio	4.89	NA	NA	2.32	2.84	0.15	NA	NA	7.36	7.88	000
56363		A	Laparoscopy w/biopsy	5.18	NA	NA	2.65	3.87	0.35	NA	NA	8.18	9.40	000
56399		C	Laparoscopy procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
56405		A	I & D of vulva/perineum	1.44	2.14	1.15	1.14	0.59	0.12	3.70	2.71	2.70	2.15	010
56420		A	Drainage of gland abscess	1.39	2.12	1.18	1.05	0.59	0.10	3.61	2.67	2.54	2.08	010
56440		A	Surgery for vulva lesion	2.84	3.22	2.94	2.15	2.68	0.41	6.47	6.19	5.40	5.93	010
56441		A	Lysis of labial lesion(s)	1.97	2.40	1.94	1.96	1.83	0.23	4.60	4.14	4.16	4.03	010
56501		A	Destruction, vulva lesion(s)	1.53	2.10	0.97	1.28	0.55	0.09	3.72	2.59	2.90	2.17	010
56515		A	Destruction, vulva lesion(s)	1.88	2.44	2.53	1.76	2.13	0.52	4.84	4.93	4.16	4.53	010
56605		A	Biopsy of vulva/perineum	1.10	1.63	0.96	0.44	0.39	0.12	2.85	2.18	1.66	1.61	000
56606		A	Biopsy of vulva/perineum	0.55	1.43	0.64	0.24	0.20	0.06	2.04	1.25	0.85	0.81	ZZZ
56620		A	Partial removal of vulva	7.47	NA	NA	4.51	6.39	1.10	NA	NA	13.08	14.96	090
56625		A	Complete removal of vulva	8.40	NA	NA	5.37	8.87	1.67	NA	NA	15.44	18.94	090
56630		A	Extensive vulva surgery	12.36	NA	NA	7.15	12.75	2.57	NA	NA	22.08	27.68	090

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56631		A	Extensive vulva surgery	16.20	NA	NA	9.56	16.90	3.53	NA	NA	29.29	36.63	090
56632		A	Extensive vulva surgery	20.29	NA	NA	11.12	20.14	3.53	NA	NA	34.94	43.96	090
56633		A	Extensive vulva surgery	16.47	NA	NA	8.73	15.18	2.57	NA	NA	27.77	34.22	090
56634		A	Extensive vulva surgery	17.88	NA	NA	10.26	18.58	3.53	NA	NA	31.67	39.99	090
56637		A	Extensive vulva surgery	21.97	NA	NA	11.69	20.36	3.53	NA	NA	37.19	45.86	090
56640		A	Extensive vulva surgery	22.17	NA	NA	11.28	19.06	3.41	NA	NA	36.86	44.64	090
56700		A	Partial removal of hymen	2.52	2.73	2.17	1.98	1.98	0.27	5.52	4.96	4.77	4.77	010
56720		A	Incision of hymen	0.68	1.49	0.76	0.67	0.56	0.09	2.26	1.53	1.44	1.33	000
56740		A	Remove vagina gland lesion	3.76	3.05	3.10	2.45	2.95	0.43	7.24	7.29	6.64	7.14	010
56800		A	Repair of vagina	3.89	NA	NA	2.68	3.05	0.45	NA	NA	7.02	7.39	010
56805		A	Repair clitoris	18.86	NA	NA	8.24	11.62	1.07	NA	NA	28.17	31.55	090
56810		A	Repair of perineum	4.13	NA	NA	2.62	2.79	0.40	NA	NA	7.15	7.32	010
57000		A	Exploration of vagina	2.97	NA	NA	2.26	2.22	0.27	NA	NA	5.50	5.46	010
57010		A	Drainage of pelvic abscess	6.03	NA	NA	3.59	3.06	0.40	NA	NA	10.02	9.49	090
57020		A	Drainage of pelvic fluid	1.50	1.42	0.89	0.57	0.68	0.11	3.03	2.50	2.18	2.29	000
57061		A	Destruction vagina lesion(s)	1.25	2.04	1.18	1.18	0.63	0.13	3.42	2.56	2.56	2.01	010
57065		A	Destruction vagina lesion(s)	2.61	2.64	2.99	2.16	2.87	0.58	5.83	6.18	5.35	6.06	010
57100		A	Biopsy of vagina	0.97	1.31	0.83	0.38	0.35	0.10	2.38	1.90	1.45	1.42	000
57105		A	Biopsy of vagina	1.69	2.27	1.84	1.78	1.72	0.26	4.22	3.79	3.73	3.67	010
57106		A	Remove vagina wall, partial	6.36	2.45	2.45	2.37	2.37	0.86	9.67	9.67	9.59	9.59	090
57107		A	Remove vagina tissue/partial	23.00	8.71	8.71	8.53	8.53	0.86	32.57	32.57	32.39	32.39	090
57108		D	Partial removal of vagina	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	090
57109		A	Vaginectomy partial w/nodes	27.00	9.80	9.80	9.36	9.36	3.03	39.83	39.83	39.39	39.39	090
57110		A	Remove vagina wall, complete	14.29	NA	NA	6.81	8.12	1.38	NA	NA	22.48	23.79	090
57111		A	Remove vagina tissue/compl	27.00	9.43	9.43	10.12	10.12	3.03	39.46	39.46	40.15	40.15	090
57112		A	Vaginectomy complete w/nodes	29.00	10.00	10.00	9.96	9.96	3.03	42.03	42.03	41.99	41.99	090
57120		A	Closure of vagina	7.41	NA	NA	4.42	6.80	1.18	NA	NA	13.01	15.39	090
57130		A	Remove vagina lesion	2.43	NA	NA	2.00	2.63	0.43	NA	NA	4.86	5.49	010
57135		A	Remove vagina lesion	2.67	2.62	2.22	2.10	2.09	0.30	5.59	5.19	5.07	5.06	010
57150		A	Treat vagina infection	0.55	0.92	0.39	0.21	0.14	0.03	1.50	0.97	0.79	0.72	000
57160		A	Insertion of pessary/device	0.89	1.20	0.50	0.33	0.19	0.04	2.13	1.43	1.26	1.12	000
57170		A	Fitting of diaphragm/cap	0.91	1.21	0.57	0.32	0.22	0.05	2.17	1.53	1.28	1.18	000
57180		A	Treat vaginal bleeding	1.58	2.04	0.96	1.32	0.56	0.09	3.71	2.63	2.99	2.23	010
57200		A	Repair of vagina	3.94	NA	NA	2.82	2.91	0.47	NA	NA	7.23	7.32	090
57210		A	Repair vagina/perineum	5.17	NA	NA	3.28	3.48	0.51	NA	NA	8.96	9.16	090
57220		A	Revision of urethra	4.31	NA	NA	3.25	4.43	0.63	NA	NA	8.19	9.37	090
57230		A	Repair of urethral lesion	5.64	NA	NA	3.83	4.09	0.50	NA	NA	9.97	10.23	090
57240		A	Repair bladder & vagina	6.07	NA	NA	4.08	6.46	1.25	NA	NA	11.40	13.78	090
57250		A	Repair rectum & vagina	5.53	NA	NA	3.66	5.87	1.32	NA	NA	10.51	12.72	090
57260		A	Repair of vagina	8.27	NA	NA	4.69	8.22	1.47	NA	NA	14.43	17.96	090

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57265		A	Extensive repair of vagina	11.34	NA	NA	6.32	9.25	1.65	NA	NA	19.31	22.24	090
57268		A	Repair of bowel bulge	6.76	NA	NA	4.10	6.74	1.17	NA	NA	12.03	14.67	090
57270		A	Repair of bowel pouch	12.11	NA	NA	5.99	7.06	1.13	NA	NA	19.23	20.30	090
57280		A	Suspension of vagina	15.04	NA	NA	7.10	8.72	1.45	NA	NA	23.59	25.21	090
57282		A	Repair of vaginal prolapse	8.86	NA	NA	4.94	8.33	1.48	NA	NA	15.28	18.67	090
57284		A	Repair paravaginal defect	12.70	NA	NA	6.62	8.65	0.66	NA	NA	19.98	22.01	090
57288		A	Repair bladder defect	13.02	NA	NA	6.58	10.37	1.06	NA	NA	20.66	24.45	090
57289		A	Repair bladder & vagina	11.58	NA	NA	6.23	8.23	0.88	NA	NA	18.69	20.69	090
57291		A	Construction of vagina	7.95	NA	NA	4.88	5.58	0.93	NA	NA	13.76	14.46	090
57292		A	Construct vagina with graft	13.09	NA	NA	6.96	7.07	1.08	NA	NA	21.13	21.24	090
57300		A	Repair rectum-vagina fistula	7.61	NA	NA	4.46	7.55	1.30	NA	NA	13.37	16.46	090
57305		A	Repair rectum-vagina fistula	13.77	NA	NA	7.23	7.95	1.22	NA	NA	22.22	22.94	090
57307		A	Fistula repair & colostomy	15.93	NA	NA	8.27	7.04	1.00	NA	NA	25.20	23.97	090
57308		A	Fistula repair, transperine	9.94	NA	NA	4.56	7.03	1.10	NA	NA	15.60	18.07	090
57310		A	Repair urethrovaginal lesion	6.78	NA	NA	4.38	4.61	0.38	NA	NA	11.54	11.77	090
57311		A	Repair urethrovaginal lesion	7.98	NA	NA	4.64	5.71	0.32	NA	NA	12.94	14.01	090
57320		A	Repair bladder-vagina lesion	8.01	NA	NA	4.88	8.39	1.06	NA	NA	13.95	17.46	090
57330		A	Repair bladder-vagina lesion	12.35	NA	NA	6.52	8.38	0.63	NA	NA	19.50	21.36	090
57335		A	Repair vagina	18.73	NA	NA	8.75	7.81	0.63	NA	NA	28.11	27.17	090
57400		A	Dilation of vagina	2.27	NA	NA	1.44	0.63	0.05	NA	NA	3.76	2.95	000
57410		A	Pelvic examination	1.75	2.40	0.89	1.13	0.58	0.04	4.19	2.68	2.92	2.37	000
57415		A	Removal vaginal foreign body	2.17	3.13	1.08	1.95	0.78	0.04	5.34	3.29	4.16	2.99	010
57452		A	Examination of vagina	0.99	1.51	0.91	0.35	0.36	0.11	2.61	2.01	1.45	1.46	000
57454		A	Vagina examination & biopsy	1.27	1.59	1.38	0.46	0.61	0.20	3.06	2.85	1.93	2.08	000
57460		A	Cervix excision	2.83	1.88	2.11	1.06	1.09	0.36	5.07	5.30	4.25	4.28	000
57500		A	Biopsy of cervix	0.97	1.31	0.79	0.39	0.33	0.09	2.37	1.85	1.45	1.39	000
57505		A	Endocervical curettage	1.14	1.76	0.95	1.19	0.55	0.10	3.00	2.19	2.43	1.79	010
57510		A	Cauterization of cervix	1.90	2.78	1.12	1.48	0.58	0.07	4.75	3.09	3.45	2.55	010
57511		A	Cryocautery of cervix	1.90	2.19	1.24	0.70	0.52	0.13	4.22	3.27	2.73	2.55	010
57513		A	Laser surgery of cervix	1.90	2.32	2.28	1.43	2.06	0.52	4.74	4.70	3.85	4.48	010
57520		A	Conization of cervix	4.04	3.80	3.76	2.65	3.47	0.57	8.41	8.37	7.26	8.08	090
57522		A	Conization of cervix	3.36	3.45	3.67	2.40	3.41	0.57	7.38	7.60	6.33	7.34	090
57530		A	Removal of cervix	4.79	NA	NA	3.38	3.79	0.61	NA	NA	8.78	9.19	090
57531		A	Removal of cervix, radical	28.00	NA	NA	12.15	17.51	3.03	NA	NA	43.18	48.54	090
57540		A	Removal of residual cervix	12.22	NA	NA	5.88	6.95	1.18	NA	NA	19.28	20.35	090
57545		A	Remove cervix, repair pelvis	13.03	NA	NA	6.31	5.31	0.81	NA	NA	20.15	19.15	090
57550		A	Removal of residual cervix	5.53	NA	NA	3.65	5.86	1.20	NA	NA	10.38	12.59	090
57555		A	Remove cervix, repair vagina	8.95	NA	NA	5.15	9.31	1.70	NA	NA	15.80	19.96	090
57556		A	Remove cervix, repair bowel	8.37	NA	NA	4.70	8.68	1.50	NA	NA	14.57	18.55	090
57700		A	Revision of cervix	3.55	NA	NA	2.44	2.55	0.27	NA	NA	6.26	6.37	090

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57720		A	Revision of cervix	4.13	NA	NA	3.15	3.04	0.39	NA	NA	7.67	7.56	090
57800		A	Dilation of cervical canal	0.77	1.11	0.67	0.31	0.27	0.08	1.96	1.52	1.16	1.12	000
57820		A	D&c of residual cervix	1.67	2.21	2.25	2.11	2.22	0.36	4.24	4.28	4.14	4.25	010
58100		A	Biopsy of uterus lining	0.71	1.04	0.80	0.27	0.34	0.11	1.86	1.62	1.09	1.16	000
58120		A	Dilation and curettage (D&C)	3.27	3.41	3.05	2.31	2.78	0.44	7.12	6.76	6.02	6.49	010
58140		A	Removal of uterus lesion	14.60	NA	NA	6.70	8.46	1.34	NA	NA	22.64	24.40	090
58145		A	Removal of uterus lesion	8.04	NA	NA	4.66	7.87	1.20	NA	NA	13.90	17.11	090
58150		A	Total hysterectomy	15.24	NA	NA	7.16	9.58	1.63	NA	NA	24.03	26.45	090
58152		A	Total hysterectomy	15.09	NA	NA	7.13	11.54	2.03	NA	NA	24.25	28.66	090
58180		A	Partial hysterectomy	15.29	NA	NA	7.12	9.72	1.65	NA	NA	24.06	26.66	090
58200		A	Extensive hysterectomy	21.59	NA	NA	10.61	13.22	2.19	NA	NA	34.39	37.00	090
58210		A	Extensive hysterectomy	28.85	NA	NA	13.35	17.81	3.03	NA	NA	45.23	49.69	090
58240		A	Removal of pelvis contents	38.39	NA	NA	17.62	27.79	4.81	NA	NA	60.82	70.99	090
58260		A	Vaginal hysterectomy	12.20	NA	NA	5.66	9.06	1.62	NA	NA	19.48	22.88	090
58262		A	Vaginal hysterectomy	13.99	NA	NA	6.35	9.23	1.62	NA	NA	21.96	24.84	090
58263		A	Vaginal hysterectomy	15.28	NA	NA	6.84	10.11	1.74	NA	NA	23.86	27.13	090
58267		A	Hysterectomy & vagina repair	15.00	NA	NA	6.72	11.06	1.92	NA	NA	23.64	27.98	090
58270		A	Hysterectomy & vagina repair	13.48	NA	NA	6.15	9.94	1.74	NA	NA	21.37	25.16	090
58275		A	Hysterectomy, revise vagina	14.98	NA	NA	6.64	10.63	1.82	NA	NA	23.44	27.43	090
58280		A	Hysterectomy, revise vagina	15.41	NA	NA	6.82	10.26	1.80	NA	NA	24.03	27.47	090
58285		A	Extensive hysterectomy	18.57	NA	NA	9.45	11.81	2.11	NA	NA	30.13	32.49	090
58300		N	Insert intrauterine device	+1.01	1.09	0.90	0.38	0.73	0.10	2.20	2.01	1.49	1.84	XXX
58301		A	Remove intrauterine device	1.27	1.34	0.70	0.46	0.30	0.06	2.67	2.03	1.79	1.63	000
58321		A	Artificial insemination	0.92	0.89	0.80	0.35	0.67	0.12	1.93	1.84	1.39	1.71	000
58322		A	Artificial insemination	1.10	0.97	0.82	0.41	0.68	0.12	2.19	2.04	1.63	1.90	000
58323		A	Sperm washing	0.23	0.43	0.24	0.09	0.15	0.03	0.69	0.50	0.35	0.41	000
58340		A	Catheter for hysterography	0.88	13.60	3.87	0.27	0.53	0.06	14.54	4.81	1.21	1.47	000
58345		A	Reopen fallopian tube	4.66	NA	NA	1.49	3.22	0.32	NA	NA	6.47	8.20	010
58350		A	Reopen fallopian tube	1.01	1.79	1.01	1.06	0.83	0.13	2.93	2.15	2.20	1.97	010
58400		A	Suspension of uterus	6.36	NA	NA	3.80	5.54	0.91	NA	NA	11.07	12.81	090
58410		A	Suspension of uterus	12.73	NA	NA	5.83	5.96	0.66	NA	NA	19.22	19.35	090
58520		A	Repair of ruptured uterus	11.92	NA	NA	5.80	4.90	0.77	NA	NA	18.49	17.59	090
58540		A	Revision of uterus	14.64	NA	NA	7.03	6.75	1.11	NA	NA	22.78	22.50	090
58600		A	Division of fallopian tube	3.84	NA	NA	2.52	4.07	1.08	NA	NA	7.44	8.99	090
58605		A	Division of fallopian tube	3.34	NA	NA	2.38	3.58	0.79	NA	NA	6.51	7.71	090
58611		A	Ligate oviduct(s) add-on	0.63	NA	NA	0.41	0.49	0.08	NA	NA	1.12	1.20	ZZZ
58615		A	Occlude fallopian tube(s)	3.90	NA	NA	2.50	3.00	0.27	NA	NA	6.67	7.17	010
58700		A	Removal of fallopian tube	6.49	NA	NA	3.50	6.03	1.02	NA	NA	11.01	13.54	090
58720		A	Removal of ovary/tube(s)	11.36	NA	NA	5.55	7.49	1.28	NA	NA	18.19	20.13	090
58740		A	Revise fallopian tube(s)	5.83	NA	NA	3.56	6.11	1.47	NA	NA	10.86	13.41	090

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
58750		A	Repair oviduct	14.84	NA	NA	7.27	6.96	1.14	NA	NA	23.25	22.94	090
58752		A	Revise ovarian tube(s)	14.84	NA	NA	7.02	7.24	0.73	NA	NA	22.59	22.81	090
58760		A	Remove tubal obstruction	13.13	NA	NA	6.43	5.77	0.93	NA	NA	20.49	19.83	090
58770		A	Create new tubal opening	13.97	NA	NA	6.61	5.95	0.87	NA	NA	21.45	20.79	090
58800		A	Drainage of ovarian cyst(s)	4.14	3.81	3.14	3.58	3.08	0.41	8.36	7.69	8.13	7.63	090
58805		A	Drainage of ovarian cyst(s)	5.88	NA	NA	3.26	6.01	1.06	NA	NA	10.20	12.95	090
58820		A	Open drain ovary abscess	4.22	NA	NA	2.95	2.99	0.38	NA	NA	7.55	7.59	090
58822		A	Percut drain ovary abscess	10.13	NA	NA	4.60	4.04	0.63	NA	NA	15.36	14.80	090
58823		A	Percut drain pelvic abscess	3.38	NA	NA	2.52	2.72	0.23	NA	NA	6.13	6.33	000
58825		A	Transposition, ovary(s)	6.13	NA	NA	3.62	4.18	0.73	NA	NA	10.48	11.04	090
58900		A	Biopsy of ovary(s)	5.99	NA	NA	3.39	5.07	0.84	NA	NA	10.22	11.90	090
58920		A	Partial removal of ovary(s)	6.78	NA	NA	3.85	6.48	1.10	NA	NA	11.73	14.36	090
58925		A	Removal of ovarian cyst(s)	11.36	NA	NA	5.42	6.70	1.08	NA	NA	17.86	19.14	090
58940		A	Removal of ovary(s)	7.29	NA	NA	3.83	6.24	1.04	NA	NA	12.16	14.57	090
58943		A	Removal of ovary(s)	18.43	NA	NA	9.13	12.14	2.06	NA	NA	29.62	32.63	090
58950		A	Resect ovarian malignancy	15.27	NA	NA	8.05	11.16	1.86	NA	NA	25.18	28.29	090
58951		A	Resect ovarian malignancy	21.81	NA	NA	10.60	17.58	3.07	NA	NA	35.48	42.46	090
58952		A	Resect ovarian malignancy	25.01	NA	NA	11.84	17.70	3.07	NA	NA	39.92	45.78	090
58960		A	Exploration of abdomen	14.65	NA	NA	7.80	12.52	2.31	NA	NA	24.76	29.48	090
58970		A	Retrieval of oocyte	3.53	6.95	3.79	1.30	2.37	0.45	10.93	7.77	5.28	6.35	000
58974		C	Transfer of embryo	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	000
58976		A	Transfer of embryo	3.83	2.02	2.73	1.86	2.69	0.49	6.34	7.05	6.18	7.01	000
58999		C	Genital surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
59000		A	Amniocentesis	1.30	1.51	1.17	0.49	0.91	0.14	2.95	2.61	1.93	2.35	000
59012		A	Fetal cord puncture,prenatal	3.45	NA	NA	1.50	2.51	0.24	NA	NA	5.19	6.20	000
59015		A	Chorion biopsy	2.20	1.24	1.29	0.84	1.19	0.08	3.52	3.57	3.12	3.47	000
59020		A	Fetal contract stress test	0.66	0.80	1.20	0.80	1.20	0.23	1.69	2.09	1.69	2.09	000
59020	26	A	Fetal contract stress test	0.66	NA	NA	0.25	0.66	0.15	NA	NA	1.06	1.47	000
59020	TC	A	Fetal contract stress test	0.00	0.55	0.54	0.55	0.54	0.08	0.63	0.62	0.63	0.62	000
59025		A	Fetal non-stress test	0.53	0.44	0.61	0.44	0.61	0.09	1.06	1.23	1.06	1.23	000
59025	26	A	Fetal non-stress test	0.53	NA	NA	0.20	0.37	0.06	NA	NA	0.79	0.96	000
59025	TC	A	Fetal non-stress test	0.00	0.24	0.24	0.24	0.24	0.03	0.27	0.27	0.27	0.27	000
59030		A	Fetal scalp blood sample	1.99	NA	NA	0.93	1.52	0.16	NA	NA	3.08	3.67	000
59050		A	Fetal monitor w/report	0.89	NA	NA	0.33	0.74	0.12	NA	NA	1.34	1.75	XXX
59051		A	Fetal monitor/interpret only	0.74	NA	NA	0.28	0.73	0.12	NA	NA	1.14	1.59	XXX
59100		A	Remove uterus lesion	12.35	NA	NA	5.87	4.84	0.75	NA	NA	18.97	17.94	090
59120		A	Treat ectopic pregnancy	11.49	NA	NA	5.70	7.82	1.17	NA	NA	18.36	20.48	090
59121		A	Treat ectopic pregnancy	11.67	NA	NA	5.88	5.85	0.84	NA	NA	18.39	18.36	090
59130		A	Treat ectopic pregnancy	14.22	NA	NA	5.01	6.11	0.55	NA	NA	19.78	20.88	090
59135		A	Treat ectopic pregnancy	13.88	NA	NA	6.45	9.63	0.90	NA	NA	21.23	24.41	090

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59136		A	Treat ectopic pregnancy	13.18	NA	NA	6.18	6.61	1.13	NA	NA	20.49	20.92	090
59140		A	Treat ectopic pregnancy	5.46	NA	NA	3.23	4.60	0.23	NA	NA	8.92	10.29	090
59150		A	Treat ectopic pregnancy	6.89	NA	NA	4.48	4.81	0.82	NA	NA	12.19	12.52	090
59151		A	Treat ectopic pregnancy	7.86	NA	NA	4.02	8.01	0.50	NA	NA	12.38	16.37	090
59160		A	D&C after delivery	2.71	3.09	3.16	2.11	2.91	0.41	6.21	6.28	5.23	6.03	010
59200		A	Insert cervical dilator	0.79	1.17	0.74	0.28	0.30	0.09	2.05	1.62	1.16	1.18	000
59300		A	Episiotomy or vaginal repair	2.41	1.66	1.22	0.90	0.63	0.08	4.15	3.71	3.39	3.12	000
59320		A	Revision of cervix	2.48	NA	NA	1.35	1.79	0.32	NA	NA	4.15	4.59	000
59325		A	Revision of cervix	4.07	NA	NA	2.31	2.93	0.23	NA	NA	6.61	7.23	000
59350		A	Repair of uterus	4.95	NA	NA	1.83	3.34	0.64	NA	NA	7.42	8.93	000
59400		A	Obstetrical care	23.06	NA	NA	13.04	15.46	2.71	NA	NA	38.81	41.23	MMM
59409		A	Obstetrical care	13.50	NA	NA	5.09	8.99	1.72	NA	NA	20.31	24.21	MMM
59410		A	Obstetrical care	14.78	NA	NA	6.28	9.96	1.87	NA	NA	22.93	26.61	MMM
59412		A	Antepartum manipulation	1.71	1.32	1.32	0.66	1.16	0.23	3.26	3.26	2.60	3.10	MMM
59414		A	Deliver placenta	1.61	NA	NA	1.09	1.21	0.21	NA	NA	2.91	3.03	MMM
59425		A	Antepartum care only	4.81	4.36	3.44	4.33	2.26	0.52	9.69	8.77	9.66	7.59	MMM
59426		A	Antepartum care only	8.28	7.43	5.88	7.49	3.88	0.89	16.60	15.05	16.66	13.05	MMM
59430		A	Care after delivery	2.13	1.09	0.58	1.12	0.44	0.05	3.27	2.76	3.30	2.62	MMM
59510		A	Cesarean delivery	26.22	NA	NA	15.01	17.51	3.07	NA	NA	44.30	46.80	MMM
59514		A	Cesarean delivery only	15.97	NA	NA	5.98	10.44	1.99	NA	NA	23.94	28.40	MMM
59515		A	Cesarean delivery	17.37	NA	NA	7.58	11.52	2.14	NA	NA	27.09	31.03	MMM
59525		A	Remove uterus after cesarean	8.54	NA	NA	3.38	3.94	0.69	NA	NA	12.61	13.17	ZZZ
59610		A	Vbac delivery	24.62	NA	NA	9.16	14.49	2.71	NA	NA	36.49	41.82	MMM
59612		A	Vbac delivery only	15.06	NA	NA	5.68	9.14	1.72	NA	NA	22.46	25.92	MMM
59614		A	Vbac care after delivery	16.34	NA	NA	6.13	9.93	1.87	NA	NA	24.34	28.14	MMM
59618		A	Attempted vbac delivery	27.78	NA	NA	10.57	16.40	3.07	NA	NA	41.42	47.25	MMM
59620		A	Attempted vbac delivery only	17.53	NA	NA	6.57	10.59	1.99	NA	NA	26.09	30.11	MMM
59622		A	Attempted vbac after care	18.93	NA	NA	7.23	11.43	2.14	NA	NA	28.30	32.50	MMM
59812		A	Treatment of miscarriage	3.25	4.12	3.97	2.28	3.49	0.60	7.97	7.82	6.13	7.34	090
59820		A	Care of miscarriage	4.01	4.41	4.16	2.54	3.69	0.60	9.02	8.77	7.15	8.30	090
59821		A	Treatment of miscarriage	4.47	4.59	3.36	2.72	2.89	0.49	9.55	8.32	7.68	7.85	090
59830		A	Treat uterus infection	6.11	NA	NA	3.67	4.61	0.41	NA	NA	10.19	11.13	090
59840		A	Abortion	3.01	4.50	3.74	2.16	3.16	0.54	8.05	7.29	5.71	6.71	010
59841		A	Abortion	5.24	5.89	4.53	3.37	3.90	0.59	11.72	10.36	9.20	9.73	010
59850		A	Abortion	5.91	NA	NA	2.65	3.92	0.66	NA	NA	9.22	10.49	090
59851		A	Abortion	5.93	NA	NA	3.02	4.24	0.69	NA	NA	9.64	10.86	090
59852		A	Abortion	8.24	NA	NA	4.25	5.55	0.99	NA	NA	13.48	14.78	090
59855		A	Abortion	6.12	NA	NA	3.01	4.12	0.75	NA	NA	9.88	10.99	090
59856		A	Abortion	7.48	NA	NA	3.64	5.07	0.93	NA	NA	12.05	13.48	090
59857		A	Abortion	9.29	NA	NA	4.16	6.10	1.13	NA	NA	14.58	16.52	090

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59866		A	Abortion	4.00	NA	NA	1.85	2.79	0.52	NA	NA	6.37	7.31	000
59870		A	Evacuate mole of uterus	4.28	NA	NA	3.04	3.13	0.52	NA	NA	7.84	7.93	090
59871		A	Remove cerclage suture	2.13	1.66	1.86	0.83	1.66	0.32	4.11	4.31	3.28	4.11	000
59899		C	Maternity care procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
60000		A	Drain thyroid/tongue cyst	1.76	1.95	0.98	1.94	0.73	0.07	3.78	2.81	3.77	2.56	010
60001		A	Aspirate/inject thyriod cyst	0.97	1.84	1.32	0.32	0.94	0.09	2.90	2.38	1.38	2.00	000
60100		A	Biopsy of thyroid	0.97	2.29	1.43	0.75	0.62	0.09	3.35	2.49	1.81	1.68	000
60200		A	Remove thyroid lesion	9.55	NA	NA	6.58	6.54	0.81	NA	NA	16.94	16.90	090
60210		A	Partial excision thyroid	10.88	NA	NA	6.62	8.72	1.29	NA	NA	18.79	20.89	090
60212		A	Parital thyroid excision	16.03	NA	NA	8.41	9.46	1.36	NA	NA	25.80	26.85	090
60220		A	Partial removal of thyroid	10.53	NA	NA	6.66	8.62	1.26	NA	NA	18.45	20.41	090
60225		A	Partial removal of thyroid	14.19	NA	NA	8.36	10.63	1.50	NA	NA	24.05	26.32	090
60240		A	Removal of thyroid	16.06	NA	NA	9.51	10.99	1.53	NA	NA	27.10	28.58	090
60252		A	Removal of thyroid	18.20	NA	NA	11.10	13.88	1.99	NA	NA	31.29	34.07	090
60254		A	Extensive thyroid surgery	23.88	NA	NA	15.46	19.50	2.41	NA	NA	41.75	45.79	090
60260		A	Repeat thyroid surgery	15.46	NA	NA	9.87	5.03	0.27	NA	NA	25.60	20.76	090
60270		A	Removal of thyroid	17.94	NA	NA	11.23	14.18	1.99	NA	NA	31.16	34.11	090
60271		A	Removal of thyroid	14.89	NA	NA	9.35	12.22	1.76	NA	NA	26.00	28.87	090
60280		A	Remove thyroid duct lesion	6.08	NA	NA	5.57	6.84	0.87	NA	NA	12.52	13.79	090
60281		A	Remove thyroid duct lesion	8.53	NA	NA	5.86	5.57	0.74	NA	NA	15.13	14.84	090
60500		A	Explore parathyroid glands	16.23	NA	NA	8.35	11.34	1.81	NA	NA	26.39	29.38	090
60502		A	Re-explore parathyroids	20.35	NA	NA	10.28	11.84	1.82	NA	NA	32.45	34.01	090
60505		A	Explore parathyroid glands	21.49	NA	NA	12.45	13.81	2.00	NA	NA	35.94	37.30	090
60512		A	Autotransplant, parathyroid	4.45	NA	NA	1.94	2.38	0.42	NA	NA	6.81	7.25	ZZZ
60520		A	Removal of thymus gland	16.81	NA	NA	9.53	13.40	1.92	NA	NA	28.26	32.13	090
60521		A	Removal thymus gland	18.87	NA	NA	11.83	13.98	1.92	NA	NA	32.62	34.77	090
60522		A	Removal of thymus gland	23.09	NA	NA	13.42	14.37	1.92	NA	NA	38.43	39.38	090
60540		A	Explore adrenal gland	17.03	NA	NA	8.46	11.93	1.63	NA	NA	27.12	30.59	090
60545		A	Explore adrenal gland	19.88	NA	NA	9.98	14.11	1.83	NA	NA	31.69	35.82	090
60600		A	Remove carotid body lesion	17.93	NA	NA	13.08	12.60	1.47	NA	NA	32.48	32.00	090
60605		A	Remove carotid body lesion	20.24	NA	NA	18.35	13.30	1.73	NA	NA	40.32	35.27	090
60699		C	Endocrine surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
61000		A	Remove cranial cavity fluid	1.58	1.38	1.22	1.34	1.21	0.13	3.09	2.93	3.05	2.92	000
61001		A	Remove cranial cavity fluid	1.49	1.32	1.05	1.23	0.67	0.13	2.94	2.67	2.85	2.29	000
61020		A	Remove brain cavity fluid	1.51	1.70	1.45	1.33	1.36	0.16	3.37	3.12	3.00	3.03	000
61026		A	Injection into brain canal	1.69	1.85	1.98	1.42	1.87	0.17	3.71	3.84	3.28	3.73	000
61050		A	Remove brain canal fluid	1.51	NA	NA	1.37	1.34	0.12	NA	NA	3.00	2.97	000
61055		A	Injection into brain canal	2.10	NA	NA	1.51	1.91	0.15	NA	NA	3.76	4.16	000
61070		A	Brain canal shunt procedure	0.89	6.41	2.00	0.94	0.44	0.02	7.32	2.91	1.85	1.35	000
61105		A	Twist drill hole	5.14	NA	NA	3.65	5.51	0.97	NA	NA	9.76	11.62	090

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61106		D	Drill skull for exam/surgery	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
61107		A	Drill skull for implantation	5.00	NA	NA	3.17	5.27	0.99	NA	NA	9.16	11.26	000
61108		A	Drill skull for drainage	10.19	NA	NA	6.98	10.87	1.74	NA	NA	18.91	22.80	090
61120		A	Burr hole for puncture	8.76	NA	NA	5.85	6.31	0.84	NA	NA	15.45	15.91	090
61130		D	Pierce skull, exam/surgery	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
61140		A	Pierce skull for biopsy	15.90	NA	NA	10.30	14.07	2.00	NA	NA	28.20	31.97	090
61150		A	Pierce skull for drainage	17.57	NA	NA	11.03	14.68	2.06	NA	NA	30.66	34.31	090
61151		A	Pierce skull for drainage	12.42	NA	NA	8.14	3.77	0.29	NA	NA	20.85	16.48	090
61154		A	Pierce skull, remove clot	14.99	NA	NA	9.69	15.85	2.56	NA	NA	27.24	33.40	090
61156		A	Pierce skull for drainage	16.32	NA	NA	10.43	15.79	2.39	NA	NA	29.14	34.50	090
61210		A	Pierce skull; implant device	5.84	NA	NA	3.72	5.84	1.20	NA	NA	10.76	12.88	000
61215		A	Insert brain-fluid device	4.89	NA	NA	4.19	5.43	1.28	NA	NA	10.36	11.60	090
61250		A	Pierce skull & explore	10.42	NA	NA	6.80	8.23	1.13	NA	NA	18.35	19.78	090
61253		A	Pierce skull & explore	12.36	NA	NA	8.37	9.92	1.32	NA	NA	22.05	23.60	090
61304		A	Open skull for exploration	21.96	NA	NA	13.54	23.05	3.74	NA	NA	39.24	48.75	090
61305		A	Open skull for exploration	26.61	NA	NA	15.84	27.65	3.95	NA	NA	46.40	58.21	090
61312		A	Open skull for drainage	24.57	NA	NA	14.94	23.38	3.49	NA	NA	43.00	51.44	090
61313		A	Open skull for drainage	24.93	NA	NA	15.59	23.47	3.43	NA	NA	43.95	51.83	090
61314		A	Open skull for drainage	24.23	NA	NA	15.10	24.63	3.66	NA	NA	42.99	52.52	090
61315		A	Open skull for drainage	27.68	NA	NA	17.24	24.18	3.50	NA	NA	48.42	55.36	090
61320		A	Open skull for drainage	25.62	NA	NA	16.02	19.22	2.67	NA	NA	44.31	47.51	090
61321		A	Open skull for drainage	28.50	NA	NA	16.94	20.38	2.77	NA	NA	48.21	51.65	090
61330		A	Decompress eye socket	23.32	NA	NA	19.60	15.46	0.95	NA	NA	43.87	39.73	090
61332		A	Explore/biopsy eye socket	27.28	NA	NA	20.38	21.96	2.16	NA	NA	49.82	51.40	090
61333		A	Explore orbit; remove lesion	27.95	NA	NA	19.33	21.48	2.55	NA	NA	49.83	51.98	090
61334		A	Explore orbit; remove object	18.27	NA	NA	12.02	14.93	1.42	NA	NA	31.71	34.62	090
61340		A	Relieve cranial pressure	18.66	NA	NA	11.82	15.00	1.99	NA	NA	32.47	35.65	090
61343		A	Incise skull,pressure relief	29.77	NA	NA	19.06	29.22	4.13	NA	NA	52.96	63.12	090
61345		A	Relieve cranial pressure	27.20	NA	NA	17.13	19.90	2.70	NA	NA	47.03	49.80	090
61440		A	Incise skull for surgery	26.63	NA	NA	15.09	20.66	2.35	NA	NA	44.07	49.64	090
61450		A	Incise skull for surgery	25.95	NA	NA	16.19	20.68	2.68	NA	NA	44.82	49.31	090
61458		A	Incise skull for brain wound	27.29	NA	NA	17.00	26.46	3.81	NA	NA	48.10	57.56	090
61460		A	Incise skull for surgery	28.39	NA	NA	18.40	24.99	3.11	NA	NA	49.90	56.49	090
61470		A	Incise skull for surgery	26.06	NA	NA	15.21	15.08	1.98	NA	NA	43.25	43.12	090
61480		A	Incise skull for surgery	26.49	NA	NA	12.67	15.43	1.39	NA	NA	40.55	43.31	090
61490		A	Incise skull for surgery	25.66	NA	NA	15.32	13.37	1.69	NA	NA	42.67	40.72	090
61500		A	Removal of skull lesion	17.92	NA	NA	11.84	19.00	2.80	NA	NA	32.56	39.72	090
61501		A	Remove infected skull bone	14.84	NA	NA	10.15	15.82	2.61	NA	NA	27.60	33.27	090
61510		A	Removal of brain lesion	28.45	NA	NA	17.77	26.46	3.83	NA	NA	50.05	58.74	090
61512		A	Remove brain lining lesion	35.09	NA	NA	21.50	28.99	4.13	NA	NA	60.72	68.21	090

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work [3] RVUs	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
61514		A	Removal of brain abscess	25.26	NA	NA	15.51	24.65	3.71	NA	NA	44.48	53.62	090
61516		A	Removal of brain lesion	24.61	NA	NA	15.50	25.43	3.58	NA	NA	43.69	53.62	090
61518		A	Removal of brain lesion	37.32	NA	NA	23.55	30.32	4.27	NA	NA	65.14	71.91	090
61519		A	Remove brain lining lesion	41.39	NA	NA	25.69	31.83	4.51	NA	NA	71.59	77.73	090
61520		A	Removal of brain lesion	54.84	NA	NA	33.91	36.03	4.61	NA	NA	93.36	95.48	090
61521		A	Removal of brain lesion	44.48	NA	NA	27.36	33.68	4.58	NA	NA	76.42	82.74	090
61522		A	Removal of brain abscess	29.45	NA	NA	18.45	20.86	2.97	NA	NA	50.87	53.28	090
61524		A	Removal of brain lesion	27.86	NA	NA	17.42	26.70	4.03	NA	NA	49.31	58.59	090
61526		A	Removal of brain lesion	52.17	NA	NA	33.53	36.07	3.75	NA	NA	89.45	91.99	090
61530		A	Removal of brain lesion	43.86	NA	NA	29.79	35.13	3.75	NA	NA	77.40	82.74	090
61531		A	Implant brain electrodes	14.63	NA	NA	9.79	14.64	1.37	NA	NA	25.79	30.64	090
61533		A	Implant brain electrodes	19.71	NA	NA	12.89	17.08	2.61	NA	NA	35.21	39.40	090
61534		A	Removal of brain lesion	20.97	NA	NA	13.36	8.53	1.57	NA	NA	35.90	31.07	090
61535		A	Remove brain electrodes	11.63	NA	NA	8.35	8.32	0.98	NA	NA	20.96	20.93	090
61536		A	Removal of brain lesion	35.52	NA	NA	22.56	23.51	3.12	NA	NA	61.20	62.15	090
61538		A	Removal of brain tissue	26.81	NA	NA	17.53	28.05	3.89	NA	NA	48.23	58.75	090
61539		A	Removal of brain tissue	32.08	NA	NA	19.96	23.68	3.18	NA	NA	55.22	58.94	090
61541		A	Incision of brain tissue	28.85	NA	NA	17.84	20.58	2.96	NA	NA	49.65	52.39	090
61542		A	Removal of brain tissue	31.02	NA	NA	17.79	20.66	3.05	NA	NA	51.86	54.73	090
61543		A	Removal of brain tissue	29.22	NA	NA	18.12	18.56	1.95	NA	NA	49.29	49.73	090
61544		A	Remove & treat brain lesion	25.50	NA	NA	13.55	26.22	1.65	NA	NA	40.70	53.37	090
61545		A	Excision of brain tumor	43.80	NA	NA	26.42	27.49	3.76	NA	NA	73.98	75.05	090
61546		A	Removal of pituitary gland	31.30	NA	NA	19.80	26.93	3.74	NA	NA	54.84	61.97	090
61548		A	Removal of pituitary gland	21.53	NA	NA	14.66	22.94	3.15	NA	NA	39.34	47.62	090
61550		A	Release of skull seams	14.65	NA	NA	7.24	11.43	0.87	NA	NA	22.76	26.95	090
61552		A	Release of skull seams	19.56	NA	NA	9.57	13.65	2.11	NA	NA	31.24	35.32	090
61556		A	Incise skull/sutures	22.26	NA	NA	12.74	15.82	2.38	NA	NA	37.38	40.46	090
61557		A	Incise skull/sutures	22.38	NA	NA	14.68	16.38	2.39	NA	NA	39.45	41.15	090
61558		A	Excision of skull/sutures	25.58	NA	NA	15.20	18.24	2.71	NA	NA	43.49	46.53	090
61559		A	Excision of skull/sutures	32.79	NA	NA	18.50	23.35	3.52	NA	NA	54.81	59.66	090
61563		A	Excision of skull tumor	26.83	NA	NA	17.01	19.56	2.88	NA	NA	46.72	49.27	090
61564		A	Excision of skull tumor	33.83	NA	NA	21.48	24.68	3.63	NA	NA	58.94	62.14	090
61570		A	Remove brain foreign body	24.60	NA	NA	14.80	17.13	2.39	NA	NA	41.79	44.12	090
61571		A	Incise skull for brain wound	26.39	NA	NA	16.14	18.95	2.51	NA	NA	45.04	47.85	090
61575		A	Skull base/brainstem surgery	34.36	NA	NA	23.10	32.63	3.95	NA	NA	61.41	70.94	090
61576		A	Skull base/brainstem surgery	52.43	NA	NA	33.10	31.26	3.06	NA	NA	88.59	86.75	090
61580		A	Craniofacial approach, skull	30.35	NA	NA	19.75	22.04	3.21	NA	NA	53.31	55.60	090
61581		A	Craniofacial approach, skull	34.60	NA	NA	11.52	22.28	3.65	NA	NA	49.77	60.53	090
61582		A	Craniofacial approach, skull	31.66	NA	NA	19.85	22.59	3.30	NA	NA	54.81	57.55	090
61583		A	Craniofacial approach, skull	36.21	NA	NA	22.91	25.84	3.78	NA	NA	62.90	65.83	090

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61584		A	Orbitocranial approach/skull	34.65	NA	NA	21.33	24.80	3.66	NA	NA	59.64	63.11	090
61585		A	Orbitocranial approach/skull	38.61	NA	NA	23.04	27.53	4.09	NA	NA	65.74	70.23	090
61586		A	Resect nasopharynx, skull	25.10	NA	NA	17.75	21.84	1.82	NA	NA	44.67	48.76	090
61590		A	Infratemporal approach/skull	41.78	NA	NA	27.88	30.66	4.44	NA	NA	74.10	76.88	090
61591		A	Infratemporal approach/skull	43.68	NA	NA	27.07	31.61	4.66	NA	NA	75.41	79.95	090
61592		A	Orbitocranial approach/skull	39.64	NA	NA	24.95	28.77	4.23	NA	NA	68.82	72.64	090
61595		A	Transtemporal approach/skull	29.57	NA	NA	21.09	21.91	3.13	NA	NA	53.79	54.61	090
61596		A	Transcochlear approach/skull	35.63	NA	NA	24.64	26.38	3.80	NA	NA	64.07	65.81	090
61597		A	Transcondylar approach/skull	37.96	NA	NA	19.09	26.15	4.01	NA	NA	61.06	68.12	090
61598		A	Transpetrosal approach/skull	33.41	NA	NA	22.29	24.40	3.54	NA	NA	59.24	61.35	090
61600		A	Resect/excise cranial lesion	25.85	NA	NA	17.12	18.72	2.71	NA	NA	45.68	47.28	090
61601		A	Resect/excise cranial lesion	27.89	NA	NA	17.75	19.93	2.91	NA	NA	48.55	50.73	090
61605		A	Resect/excise cranial lesion	29.33	NA	NA	19.46	21.22	3.07	NA	NA	51.86	53.62	090
61606		A	Resect/excise cranial lesion	38.83	NA	NA	23.73	27.83	4.11	NA	NA	66.67	70.77	090
61607		A	Resect/excise cranial lesion	36.27	NA	NA	23.09	26.23	3.84	NA	NA	63.20	66.34	090
61608		A	Resect/excise cranial lesion	42.10	NA	NA	25.46	30.16	4.47	NA	NA	72.03	76.73	090
61609		A	Transect, artery, sinus	9.89	NA	NA	5.55	7.24	1.10	NA	NA	16.54	18.23	ZZZ
61610		A	Transect, artery, sinus	29.67	NA	NA	12.97	20.80	3.29	NA	NA	45.93	53.76	ZZZ
61611		A	Transect, artery, sinus	7.42	NA	NA	3.47	5.26	0.83	NA	NA	11.72	13.51	ZZZ
61612		A	Transect, artery, sinus	27.88	NA	NA	13.09	19.77	3.10	NA	NA	44.07	50.75	ZZZ
61613		A	Remove aneurysm, sinus	40.86	NA	NA	24.94	29.57	4.39	NA	NA	70.19	74.82	090
61615		A	Resect/excise lesion, skull	32.07	NA	NA	22.03	23.47	3.37	NA	NA	57.47	58.91	090
61616		A	Resect/excise lesion, skull	43.33	NA	NA	27.31	31.27	4.58	NA	NA	75.22	79.18	090
61618		A	Repair dura	16.99	NA	NA	11.89	12.21	1.74	NA	NA	30.62	30.94	090
61619		A	Repair dura	20.71	NA	NA	13.91	15.03	2.17	NA	NA	36.79	37.91	090
61624		A	Occlusion/embolization cath	20.15	NA	NA	12.02	15.44	1.40	NA	NA	33.57	36.99	000
61626		A	Occlusion/embolization cath	16.62	NA	NA	9.21	12.56	1.15	NA	NA	26.98	30.33	000
61680		A	Intracranial vessel surgery	30.71	NA	NA	19.04	30.04	4.53	NA	NA	54.28	65.28	090
61682		A	Intracranial vessel surgery	61.57	NA	NA	35.60	37.64	4.98	NA	NA	102.15	104.19	090
61684		A	Intracranial vessel surgery	39.81	NA	NA	24.60	30.38	2.71	NA	NA	67.12	72.90	090
61686		A	Intracranial vessel surgery	64.49	NA	NA	37.57	38.68	3.29	NA	NA	105.35	106.46	090
61690		A	Intracranial vessel surgery	29.31	NA	NA	18.30	26.93	3.20	NA	NA	50.81	59.44	090
61692		A	Intracranial vessel surgery	51.87	NA	NA	28.56	30.57	2.63	NA	NA	83.06	85.07	090
61700		A	Inner skull vessel surgery	50.52	NA	NA	29.26	33.11	4.44	NA	NA	84.22	88.07	090
61702		A	Inner skull vessel surgery	48.41	NA	NA	28.28	36.63	5.17	NA	NA	81.86	90.21	090
61703		A	Clamp neck artery	17.47	NA	NA	11.21	12.74	1.75	NA	NA	30.43	31.96	090
61705		A	Revise circulation to head	36.20	NA	NA	20.37	29.84	4.11	NA	NA	60.68	70.15	090
61708		A	Revise circulation to head	35.30	NA	NA	15.31	24.34	1.82	NA	NA	52.43	61.46	090
61710		A	Revise circulation to head	29.67	NA	NA	15.02	17.29	1.37	NA	NA	46.06	48.33	090
61711		A	Fusion of skull arteries	36.33	NA	NA	21.93	32.38	4.85	NA	NA	63.11	73.56	090

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61712		D	Skull or spine microsurgery	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
61720		A	Incise skull/brain surgery	16.77	NA	NA	10.93	17.75	3.17	NA	NA	30.87	37.69	090
61735		A	Incise skull/brain surgery	20.43	NA	NA	13.16	13.84	1.18	NA	NA	34.77	35.45	090
61750		A	Incise skull; brain biopsy	18.20	NA	NA	11.59	13.92	3.37	NA	NA	33.16	35.49	090
61751		A	Brain biopsy with cat scan	17.62	NA	NA	10.98	18.52	3.47	NA	NA	32.07	39.61	090
61760		A	Implant brain electrodes	22.27	NA	NA	13.48	15.57	1.37	NA	NA	37.12	39.21	090
61770		A	Incise skull for treatment	21.44	NA	NA	13.24	19.08	2.68	NA	NA	37.36	43.20	090
61790		A	Treat trigeminal nerve	10.86	NA	NA	5.81	11.18	2.37	NA	NA	19.04	24.41	090
61791		A	Treat trigeminal tract	14.61	NA	NA	9.61	10.35	2.47	NA	NA	26.69	27.43	090
61793		A	Focus radiation beam	17.24	NA	NA	11.70	18.36	1.53	NA	NA	30.47	37.13	090
61795		A	Brain surgery using computer	4.04	NA	NA	2.71	4.29	1.21	NA	NA	7.96	9.54	ZZZ
61850		A	Implant neuroelectrodes	12.39	NA	NA	8.28	11.54	1.77	NA	NA	22.44	25.70	090
61855		A	Implant neuroelectrodes	13.39	NA	NA	9.32	10.79	1.15	NA	NA	23.86	25.33	090
61860		A	Implant neuroelectrodes	20.87	NA	NA	12.89	9.85	1.24	NA	NA	35.00	31.96	090
61865		A	Implant neuroelectrodes	22.97	NA	NA	14.16	16.39	2.42	NA	NA	39.55	41.78	090
61870		A	Implant neuroelectrodes	14.94	NA	NA	9.37	5.76	0.64	NA	NA	24.95	21.34	090
61875		A	Implant neuroelectrodes	15.06	NA	NA	8.34	7.53	1.02	NA	NA	24.42	23.61	090
61880		A	Revise/remove neuroelectrode	6.29	NA	NA	5.14	5.19	0.52	NA	NA	11.95	12.00	090
61885		A	Implant neuroreceiver	5.85	NA	NA	4.74	2.78	0.23	NA	NA	10.82	8.86	090
61888		A	Revise/remove neuroreceiver	5.07	NA	NA	3.83	2.79	0.34	NA	NA	9.24	8.20	010
62000		A	Repair of skull fracture	12.53	NA	NA	5.81	6.12	0.74	NA	NA	19.08	19.39	090
62005		A	Repair of skull fracture	16.17	NA	NA	9.77	11.46	1.54	NA	NA	27.48	29.17	090
62010		A	Treatment of head injury	19.81	NA	NA	12.53	18.76	2.65	NA	NA	34.99	41.22	090
62100		A	Repair brain fluid leakage	22.03	NA	NA	14.59	21.24	2.91	NA	NA	39.53	46.18	090
62115		A	Reduction of skull defect	21.66	NA	NA	13.47	15.99	1.42	NA	NA	36.55	39.07	090
62116		A	Reduction of skull defect	23.59	NA	NA	14.69	17.50	1.56	NA	NA	39.84	42.65	090
62117		A	Reduction of skull defect	26.60	NA	NA	15.94	19.62	1.76	NA	NA	44.30	47.98	090
62120		A	Repair skull cavity lesion	23.35	NA	NA	15.51	17.63	1.55	NA	NA	40.41	42.53	090
62121		A	Incise skull repair	21.58	NA	NA	14.70	17.93	2.67	NA	NA	38.95	42.18	090
62140		A	Repair of skull defect	13.51	NA	NA	9.26	13.25	1.87	NA	NA	24.64	28.63	090
62141		A	Repair of skull defect	14.91	NA	NA	10.19	15.90	2.57	NA	NA	27.67	33.38	090
62142		A	Remove skull plate/flap	10.79	NA	NA	7.51	11.54	2.07	NA	NA	20.37	24.40	090
62143		A	Replace skull plate/flap	13.05	NA	NA	8.85	9.68	1.29	NA	NA	23.19	24.02	090
62145		A	Repair of skull & brain	18.82	NA	NA	12.57	13.85	1.79	NA	NA	33.18	34.46	090
62146		A	Repair of skull with graft	16.12	NA	NA	10.68	11.62	1.68	NA	NA	28.48	29.42	090
62147		A	Repair of skull with graft	19.34	NA	NA	12.77	13.91	2.01	NA	NA	34.12	35.26	090
62180		A	Establish brain cavity shunt	21.06	NA	NA	13.61	14.97	2.11	NA	NA	36.78	38.14	090
62190		A	Establish brain cavity shunt	11.07	NA	NA	8.13	11.95	2.51	NA	NA	21.71	25.53	090
62192		A	Establish brain cavity shunt	12.25	NA	NA	8.53	13.11	2.14	NA	NA	22.92	27.50	090
62194		A	Replace/irrigate catheter	5.03	NA	NA	2.53	2.16	0.23	NA	NA	7.79	7.42	010

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62200		A	Establish brain cavity shunt	18.32	NA	NA	12.21	16.85	2.42	NA	NA	32.95	37.59	090
62201		A	Establish brain cavity shunt	14.86	NA	NA	10.05	9.66	1.35	NA	NA	26.26	25.87	090
62220		A	Establish brain cavity shunt	13.00	NA	NA	8.55	13.78	2.44	NA	NA	23.99	29.22	090
62223		A	Establish brain cavity shunt	12.87	NA	NA	8.63	13.69	2.36	NA	NA	23.86	28.92	090
62225		A	Replace/irrigate catheter	5.41	NA	NA	4.12	4.94	0.45	NA	NA	9.98	10.80	090
62230		A	Replace/revise brain shunt	10.54	NA	NA	7.03	9.76	1.42	NA	NA	18.99	21.72	090
62256		A	Remove brain cavity shunt	6.60	NA	NA	5.19	6.49	0.92	NA	NA	12.71	14.01	090
62258		A	Replace brain cavity shunt	14.54	NA	NA	9.35	14.37	1.99	NA	NA	25.88	30.90	090
62268		A	Drain spinal cord cyst	4.74	NA	NA	2.80	3.12	0.28	NA	NA	7.82	8.14	000
62269		A	Needle biopsy spinal cord	5.02	NA	NA	2.28	2.00	0.22	NA	NA	7.52	7.24	000
62270		A	Spinal fluid tap, diagnostic	1.13	0.67	0.75	0.39	0.68	0.05	1.85	1.93	1.57	1.86	000
62272		A	Drain spinal fluid	1.35	0.81	1.03	0.56	0.97	0.09	2.25	2.47	2.00	2.41	000
62273		A	Treat lumbar spine lesion	2.15	1.24	1.23	0.89	1.14	0.20	3.59	3.58	3.24	3.49	000
62274		A	Inject spinal anesthetic	1.78	2.73	1.28	1.33	0.93	0.13	4.64	3.19	3.24	2.84	000
62275		A	Inject spinal anesthetic	1.79	2.42	1.09	1.33	0.81	0.15	4.36	3.03	3.27	2.75	000
62276		A	Inject spinal anesthetic	2.04	2.65	1.66	1.56	1.39	0.18	4.87	3.88	3.78	3.61	000
62277		A	Inject spinal anesthetic	2.15	3.00	1.43	1.33	1.02	0.18	5.33	3.76	3.66	3.35	000
62278		A	Inject spinal anesthetic	1.51	1.74	1.23	1.36	1.14	0.20	3.45	2.94	3.07	2.85	000
62279		A	Inject spinal anesthetic	1.58	1.90	1.14	1.23	0.98	0.19	3.67	2.91	3.00	2.75	000
62280		A	Treat spinal cord lesion	2.63	3.62	1.48	1.65	0.99	0.11	6.36	4.22	4.39	3.73	010
62281		A	Treat spinal cord lesion	2.66	2.69	1.38	1.45	1.07	0.22	5.57	4.26	4.33	3.95	010
62282		A	Treat spinal canal lesion	2.33	4.09	2.40	1.52	1.76	0.31	6.73	5.04	4.16	4.40	010
62284		A	Injection for myelogram	1.54	3.42	2.47	0.72	1.55	0.27	5.23	4.28	2.53	3.36	000
62287		A	Percutaneous diskectomy	8.08	NA	NA	4.83	6.87	2.07	NA	NA	14.98	17.02	090
62288		A	Injection into spinal canal	1.74	2.87	1.63	1.47	1.28	0.19	4.80	3.56	3.40	3.21	000
62289		A	Injection into spinal canal	1.64	2.82	1.58	1.29	1.19	0.23	4.69	3.45	3.16	3.06	000
62290		A	Inject for spine disk x-ray	3.00	3.79	2.46	1.42	1.87	0.19	6.98	5.65	4.61	5.06	000
62291		A	Inject for spine disk x-ray	2.91	3.82	2.40	1.19	1.75	0.31	7.04	5.62	4.41	4.97	000
62292		A	Injection into disk lesion	7.86	NA	NA	4.69	8.22	1.67	NA	NA	14.22	17.75	090
62294		A	Injection into spinal artery	11.83	NA	NA	6.19	6.30	0.53	NA	NA	18.55	18.66	090
62298		A	Injection into spinal canal	2.20	2.50	1.47	1.33	1.18	0.10	4.80	3.77	3.63	3.48	000
62350		A	Implant spinal catheter	6.87	NA	NA	3.58	3.74	0.80	NA	NA	11.25	11.41	090
62351		A	Implant spinal catheter	10.00	NA	NA	6.90	5.93	1.17	NA	NA	18.07	17.10	090
62355		A	Remove spinal canal catheter	5.45	NA	NA	2.33	3.43	0.53	NA	NA	8.31	9.41	090
62360		A	Insert spine infusion device	2.62	NA	NA	2.27	1.48	0.26	NA	NA	5.15	4.36	090
62361		A	Implant spine infusion pump	5.42	NA	NA	3.11	2.96	0.61	NA	NA	9.14	8.99	090
62362		A	Implant spine infusion pump	7.04	NA	NA	4.17	3.90	0.80	NA	NA	12.01	11.74	090
62365		A	Remove spine infusion device	5.42	NA	NA	3.03	3.59	0.53	NA	NA	8.98	9.54	090
62367		C	Analyze spine infusion pump	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
62367	26	A	Analyze spine infusion pump	0.48	0.12	0.32	0.12	0.32	0.05	0.65	0.85	0.65	0.85	XXX

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
62367	TC	C	Analyze spine infusion pump	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
62368		C	Analyze spine infusion pump	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
62368	26	A	Analyze spine infusion pump	0.75	0.17	0.49	0.17	0.49	0.09	1.01	1.33	1.01	1.33	XXX
62368	TC	C	Analyze spine infusion pump	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
63001		A	Removal of spinal lamina	15.82	NA	NA	10.65	16.82	2.68	NA	NA	29.15	35.32	090
63003		A	Removal of spinal lamina	15.95	NA	NA	11.35	17.13	2.53	NA	NA	29.83	35.61	090
63005		A	Removal of spinal lamina	14.92	NA	NA	10.90	16.08	2.43	NA	NA	28.25	33.43	090
63011		A	Removal of spinal lamina	14.52	NA	NA	7.74	10.07	1.46	NA	NA	23.72	26.05	090
63012		A	Removal of spinal lamina	15.40	NA	NA	10.76	16.48	2.46	NA	NA	28.62	34.34	090
63015		A	Removal of spinal lamina	19.35	NA	NA	13.10	20.56	3.27	NA	NA	35.72	43.18	090
63016		A	Removal of spinal lamina	19.20	NA	NA	13.16	20.48	3.22	NA	NA	35.58	42.90	090
63017		A	Removal of spinal lamina	15.94	NA	NA	11.37	17.11	3.13	NA	NA	30.44	36.18	090
63020		A	Neck spine disk surgery	14.81	NA	NA	10.67	15.73	2.64	NA	NA	28.12	33.18	090
63030		A	Low back disk surgery	12.00	NA	NA	9.18	13.04	2.20	NA	NA	23.38	27.24	090
63035		A	Spinal disk surgery add-on	3.15	NA	NA	2.16	3.37	0.59	NA	NA	5.90	7.11	ZZZ
63040		A	Neck spine disk surgery	18.81	NA	NA	12.84	20.05	3.36	NA	NA	35.01	42.22	090
63042		A	Low back disk surgery	17.47	NA	NA	12.34	18.73	3.43	NA	NA	33.24	39.63	090
63045		A	Removal of spinal lamina	16.50	NA	NA	11.59	17.67	3.43	NA	NA	31.52	37.60	090
63046		A	Removal of spinal lamina	15.80	NA	NA	11.25	16.96	3.58	NA	NA	30.63	36.34	090
63047		A	Removal of spinal lamina	14.61	NA	NA	10.82	15.79	3.50	NA	NA	28.93	33.90	090
63048		A	Remove spinal lamina add-on	3.26	NA	NA	2.26	3.49	0.81	NA	NA	6.33	7.56	ZZZ
63055		A	Decompress spinal cord	21.99	NA	NA	14.88	23.03	3.27	NA	NA	40.14	48.29	090
63056		A	Decompress spinal cord	20.36	NA	NA	13.97	21.27	2.94	NA	NA	37.27	44.57	090
63057		A	Decompress spine cord add-on	5.26	NA	NA	3.27	3.95	0.66	NA	NA	9.19	9.87	ZZZ
63064		A	Decompress spinal cord	24.61	NA	NA	16.46	23.51	3.20	NA	NA	44.27	51.32	090
63066		A	Decompress spine cord add-on	3.26	NA	NA	2.28	2.59	0.35	NA	NA	5.89	6.20	ZZZ
63075		A	Neck spine disk surgery	19.41	NA	NA	13.21	17.61	2.51	NA	NA	35.13	39.53	090
63076		A	Neck spine disk surgery	4.05	NA	NA	2.80	4.33	0.76	NA	NA	7.61	9.14	ZZZ
63077		A	Spine disk surgery, thorax	21.44	NA	NA	14.75	18.68	2.48	NA	NA	38.67	42.60	090
63078		A	Spine disk surgery, thorax	3.28	NA	NA	2.25	2.69	0.35	NA	NA	5.88	6.32	ZZZ
63081		A	Removal of vertebral body	23.73	NA	NA	16.08	25.27	3.52	NA	NA	43.33	52.52	090
63082		A	Remove vertebral body add-on	4.37	NA	NA	2.99	4.66	0.95	NA	NA	8.31	9.98	ZZZ
63085		A	Removal of vertebral body	26.92	NA	NA	17.73	26.73	3.67	NA	NA	48.32	57.32	090
63086		A	Remove vertebral body add-on	3.19	NA	NA	2.21	3.41	0.84	NA	NA	6.24	7.44	ZZZ
63087		A	Removal of vertebral body	35.57	NA	NA	19.95	27.98	3.79	NA	NA	59.31	67.34	090
63088		A	Remove vertebral body add-on	4.33	NA	NA	2.91	4.61	0.92	NA	NA	8.16	9.86	ZZZ
63090		A	Removal of vertebral body	28.16	NA	NA	18.18	28.33	3.85	NA	NA	50.19	60.34	090
63091		A	Remove vertebral body add-on	3.03	NA	NA	2.06	2.74	0.36	NA	NA	5.45	6.13	ZZZ
63170		A	Incise spinal cord tract(s)	19.83	NA	NA	13.58	18.76	2.57	NA	NA	35.98	41.16	090
63172		A	Drainage of spinal cyst	17.66	NA	NA	12.70	18.99	3.33	NA	NA	33.69	39.98	090

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
63173		A	Drainage of spinal cyst	21.99	NA	NA	14.94	16.33	1.42	NA	NA	38.35	39.74	090
63180		A	Revise spinal cord ligaments	18.27	NA	NA	11.01	12.20	1.60	NA	NA	30.88	32.07	090
63182		A	Revise spinal cord ligaments	20.50	NA	NA	12.30	16.46	1.73	NA	NA	34.53	38.69	090
63185		A	Incise spinal column/nerves	15.04	NA	NA	9.85	15.12	2.29	NA	NA	27.18	32.45	090
63190		A	Incise spinal column/nerves	17.45	NA	NA	11.81	18.58	3.06	NA	NA	32.32	39.09	090
63191		A	Incise spinal column/nerves	17.54	NA	NA	11.52	13.49	1.73	NA	NA	30.79	32.76	090
63194		A	Incise spinal column & cord	19.19	NA	NA	11.95	13.59	1.82	NA	NA	32.96	34.60	090
63195		A	Incise spinal column & cord	18.84	NA	NA	12.29	14.35	1.65	NA	NA	32.78	34.84	090
63196		A	Incise spinal column & cord	22.30	NA	NA	11.57	15.58	1.43	NA	NA	35.30	39.31	090
63197		A	Incise spinal column & cord	21.11	NA	NA	13.83	15.14	2.05	NA	NA	36.99	38.30	090
63198		A	Incise spinal column & cord	25.38	NA	NA	13.15	16.57	2.50	NA	NA	41.03	44.45	090
63199		A	Incise spinal column & cord	26.89	NA	NA	15.39	21.26	2.04	NA	NA	44.32	50.19	090
63200		A	Release of spinal cord	19.18	NA	NA	12.25	13.23	1.43	NA	NA	32.86	33.84	090
63250		A	Revise spinal cord vessels	40.76	NA	NA	18.89	27.51	4.08	NA	NA	63.73	72.35	090
63251		A	Revise spinal cord vessels	41.20	NA	NA	24.40	24.61	3.38	NA	NA	68.98	69.19	090
63252		A	Revise spinal cord vessels	41.19	NA	NA	24.70	29.17	4.32	NA	NA	70.21	74.68	090
63265		A	Excise intraspinal lesion	21.56	NA	NA	14.22	21.47	3.05	NA	NA	38.83	46.08	090
63266		A	Excise intraspinal lesion	22.30	NA	NA	14.63	23.62	3.47	NA	NA	40.40	49.39	090
63267		A	Excise intraspinal lesion	17.95	NA	NA	12.22	19.13	3.29	NA	NA	33.46	40.37	090
63268		A	Excise intraspinal lesion	18.52	NA	NA	11.98	13.22	1.92	NA	NA	32.42	33.66	090
63270		A	Excise intraspinal lesion	26.80	NA	NA	17.16	19.06	2.68	NA	NA	46.64	48.54	090
63271		A	Excise intraspinal lesion	26.92	NA	NA	17.35	25.99	3.75	NA	NA	48.02	56.66	090
63272		A	Excise intraspinal lesion	25.32	NA	NA	16.20	22.89	3.33	NA	NA	44.85	51.54	090
63273		A	Excise intraspinal lesion	24.29	NA	NA	15.38	18.14	2.44	NA	NA	42.11	44.87	090
63275		A	Biopsy/excise spinal tumor	23.68	NA	NA	15.10	24.98	3.98	NA	NA	42.76	52.64	090
63276		A	Biopsy/excise spinal tumor	23.45	NA	NA	14.95	24.34	3.61	NA	NA	42.01	51.40	090
63277		A	Biopsy/excise spinal tumor	20.83	NA	NA	13.65	22.06	3.32	NA	NA	37.80	46.21	090
63278		A	Biopsy/excise spinal tumor	20.56	NA	NA	13.48	21.78	3.38	NA	NA	37.42	45.72	090
63280		A	Biopsy/excise spinal tumor	28.35	NA	NA	18.06	27.37	3.90	NA	NA	50.31	59.62	090
63281		A	Biopsy/excise spinal tumor	28.05	NA	NA	17.98	27.02	3.88	NA	NA	49.91	58.95	090
63282		A	Biopsy/excise spinal tumor	26.39	NA	NA	16.77	23.82	3.47	NA	NA	46.63	53.68	090
63283		A	Biopsy/excise spinal tumor	25.00	NA	NA	16.39	19.38	2.69	NA	NA	44.08	47.07	090
63285		A	Biopsy/excise spinal tumor	36.00	NA	NA	22.00	25.44	3.51	NA	NA	61.51	64.95	090
63286		A	Biopsy/excise spinal tumor	35.63	NA	NA	22.34	28.99	3.85	NA	NA	61.82	68.47	090
63287		A	Biopsy/excise spinal tumor	36.70	NA	NA	22.57	26.58	3.54	NA	NA	62.81	66.82	090
63290		A	Biopsy/excise spinal tumor	37.38	NA	NA	22.00	27.61	3.64	NA	NA	63.02	68.63	090
63300		A	Removal of vertebral body	24.43	NA	NA	15.69	17.98	1.58	NA	NA	41.70	43.99	090
63301		A	Removal of vertebral body	27.60	NA	NA	17.35	19.35	2.80	NA	NA	47.75	49.75	090
63302		A	Removal of vertebral body	27.81	NA	NA	17.15	21.67	2.36	NA	NA	47.32	51.84	090
63303		A	Removal of vertebral body	30.50	NA	NA	18.59	19.71	2.65	NA	NA	51.74	52.86	090

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63304		A	Removal of vertebral body	30.33	NA	NA	18.74	22.03	1.95	NA	NA	51.02	54.31	090
63305		A	Removal of vertebral body	32.03	NA	NA	19.52	23.19	2.93	NA	NA	54.48	58.15	090
63306		A	Removal of vertebral body	32.22	NA	NA	19.04	23.29	2.07	NA	NA	53.33	57.58	090
63307		A	Removal of vertebral body	31.63	NA	NA	17.92	24.36	2.33	NA	NA	51.88	58.32	090
63308		A	Remove vertebral body add-on	5.25	NA	NA	3.08	4.07	0.57	NA	NA	8.90	9.89	ZZZ
63600		A	Remove spinal cord lesion	14.02	NA	NA	6.05	10.22	2.06	NA	NA	22.13	26.30	090
63610		A	Stimulation of spinal cord	8.73	NA	NA	3.13	6.26	1.61	NA	NA	13.47	16.60	000
63615		A	Remove lesion of spinal cord	16.28	NA	NA	10.91	12.13	1.59	NA	NA	28.78	30.00	090
63650		A	Implant neuroelectrodes	6.74	NA	NA	2.56	6.67	1.67	NA	NA	10.97	15.08	090
63655		A	Implant neuroelectrodes	10.29	NA	NA	7.62	11.12	2.85	NA	NA	20.76	24.26	090
63660		A	Revise/remove neuroelectrode	6.16	NA	NA	3.36	6.36	1.22	NA	NA	10.74	13.74	090
63685		A	Implant neuroreceiver	7.04	NA	NA	3.98	7.02	1.14	NA	NA	12.16	15.20	090
63688		A	Revise/remove neuroreceiver	5.39	NA	NA	3.39	5.68	0.99	NA	NA	9.77	12.06	090
63690		D	Analysis of neuroreceiver	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
63691		D	Analysis of neuroreceiver	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
63700		A	Repair of spinal herniation	16.53	NA	NA	10.97	11.98	1.74	NA	NA	29.24	30.25	090
63702		A	Repair of spinal herniation	18.48	NA	NA	12.49	13.53	1.95	NA	NA	32.92	33.96	090
63704		A	Repair of spinal herniation	21.18	NA	NA	13.69	14.97	2.17	NA	NA	37.04	38.32	090
63706		A	Repair of spinal herniation	24.11	NA	NA	11.41	16.14	2.49	NA	NA	38.01	42.74	090
63707		A	Repair spinal fluid leakage	11.26	NA	NA	8.18	12.13	2.00	NA	NA	21.44	25.39	090
63709		A	Repair spinal fluid leakage	14.32	NA	NA	10.32	15.40	2.58	NA	NA	27.22	32.30	090
63710		A	Graft repair of spine defect	14.07	NA	NA	9.97	10.43	1.24	NA	NA	25.28	25.74	090
63740		A	Install spinal shunt	11.36	NA	NA	8.36	12.27	2.34	NA	NA	22.06	25.97	090
63741		A	Install spinal shunt	8.25	NA	NA	5.50	8.76	1.87	NA	NA	15.62	18.88	090
63744		A	Revision of spinal shunt	8.10	NA	NA	5.36	7.97	1.31	NA	NA	14.77	17.38	090
63746		A	Removal of spinal shunt	6.43	NA	NA	3.21	5.30	0.84	NA	NA	10.48	12.57	090
64400		A	Injection for nerve block	1.11	1.63	0.80	1.16	0.49	0.04	2.78	1.95	2.31	1.64	000
64402		A	Injection for nerve block	1.25	3.53	1.39	1.36	0.84	0.07	4.85	2.71	2.68	2.16	000
64405		A	Injection for nerve block	1.32	1.71	0.95	1.06	0.53	0.05	3.08	2.32	2.43	1.90	000
64408		A	Injection for nerve block	1.41	2.12	1.38	1.54	0.81	0.09	3.62	2.88	3.04	2.31	000
64410		A	Injection for nerve block	1.43	1.91	1.06	1.28	0.90	0.12	3.46	2.61	2.83	2.45	000
64412		A	Injection for nerve block	1.18	1.90	0.98	1.11	0.53	0.06	3.14	2.22	2.35	1.77	000
64413		A	Injection for nerve block	1.40	2.01	1.10	1.31	0.63	0.06	3.47	2.56	2.77	2.09	000
64415		A	Injection for nerve block	1.48	1.88	0.68	1.24	0.52	0.05	3.41	2.21	2.77	2.05	000
64417		A	Injection for nerve block	1.44	1.97	1.00	1.13	0.79	0.12	3.53	2.56	2.69	2.35	000
64418		A	Injection for nerve block	1.32	1.64	1.10	1.06	0.61	0.08	3.04	2.50	2.46	2.01	000
64420		A	Injection for nerve block	1.18	1.64	0.93	1.05	0.78	0.05	2.87	2.16	2.28	2.01	000
64421		A	Injection for nerve block	1.68	1.82	1.13	1.25	0.99	0.13	3.63	2.94	3.06	2.80	000
64425		A	Injection for nerve block	1.75	1.56	0.86	1.15	0.75	0.08	3.39	2.69	2.98	2.58	000
64430		A	Injection for nerve block	1.46	2.29	1.14	1.21	0.87	0.09	3.84	2.69	2.76	2.42	000

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64435		A	Injection for nerve block	1.45	2.62	1.04	1.73	0.63	0.07	4.14	2.56	3.25	2.15	000
64440		A	Injection for nerve block	1.34	2.51	1.27	1.34	0.66	0.07	3.92	2.68	2.75	2.07	000
64441		A	Injection for nerve block	1.79	2.77	1.52	1.38	0.76	0.09	4.65	3.40	3.26	2.64	000
64442		A	Injection for nerve block	1.41	2.76	1.66	1.43	1.33	0.13	4.30	3.20	2.97	2.87	000
64443		A	Inject, nerve block add-on	0.98	2.50	1.14	1.48	0.88	0.09	3.57	2.21	2.55	1.95	ZZZ
64445		A	Injection for nerve block	1.48	2.34	0.98	1.33	0.54	0.05	3.87	2.51	2.86	2.07	000
64450		A	Injection for nerve block	1.27	1.31	0.76	1.16	0.51	0.04	2.62	2.07	2.47	1.82	000
64505		A	Injection for nerve block	1.36	1.82	0.96	1.28	0.58	0.05	3.23	2.37	2.69	1.99	000
64508		A	Injection for nerve block	1.12	1.47	1.22	1.46	0.79	0.06	2.65	2.40	2.64	1.97	000
64510		A	Injection for nerve block	1.22	1.59	0.98	1.16	0.87	0.14	2.95	2.34	2.52	2.23	000
64520		A	Injection for nerve block	1.35	2.78	1.28	1.21	0.89	0.13	4.26	2.76	2.69	2.37	000
64530		A	Injection for nerve block	1.58	2.40	1.55	1.42	1.31	0.22	4.20	3.35	3.22	3.11	000
64550		A	Apply neurostimulator	0.18	0.32	0.44	0.05	0.19	0.03	0.53	0.65	0.26	0.40	000
64553		A	Implant neuroelectrodes	2.31	1.34	1.17	1.36	0.76	0.08	3.73	3.56	3.75	3.15	010
64555		A	Implant neuroelectrodes	2.27	1.86	0.81	0.45	0.29	0.08	4.21	3.16	2.80	2.64	010
64560		A	Implant neuroelectrodes	2.36	1.87	1.65	0.48	0.71	0.19	4.42	4.20	3.03	3.26	010
64565		A	Implant neuroelectrodes	1.76	2.09	1.14	0.71	0.49	0.06	3.91	2.96	2.53	2.31	010
64573		A	Implant neuroelectrodes	4.43	NA	NA	3.65	3.49	0.48	NA	NA	8.56	8.40	090
64575		A	Implant neuroelectrodes	4.35	NA	NA	3.56	3.39	0.31	NA	NA	8.22	8.05	090
64577		A	Implant neuroelectrodes	4.62	NA	NA	3.31	3.08	0.35	NA	NA	8.28	8.05	090
64580		A	Implant neuroelectrodes	4.12	NA	NA	2.76	3.06	0.16	NA	NA	7.04	7.34	090
64585		A	Revise/remove neuroelectrode	2.06	1.36	1.13	1.77	1.23	0.07	3.49	3.26	3.90	3.36	010
64590		A	Implant neuroreceiver	2.40	NA	NA	2.33	2.08	0.27	NA	NA	5.00	4.75	010
64595		A	Revise/remove neuroreceiver	1.73	NA	NA	1.36	1.26	0.16	NA	NA	3.25	3.15	010
64600		A	Injection treatment of nerve	3.45	2.29	1.95	1.80	1.82	0.13	5.87	5.53	5.38	5.40	010
64605		A	Injection treatment of nerve	5.61	2.45	1.88	2.10	1.79	0.26	8.32	7.75	7.97	7.66	010
64610		A	Injection treatment of nerve	7.16	NA	NA	4.50	7.04	1.06	NA	NA	12.72	15.26	010
64612		A	Destroy nerve, face muscle	1.96	2.51	1.81	2.14	1.13	0.13	4.60	3.90	4.23	3.22	010
64613		A	Destroy nerve, spine muscle	1.96	1.28	1.50	1.29	0.92	0.13	3.37	3.59	3.38	3.01	010
64620		A	Injection treatment of nerve	2.84	2.02	1.32	1.57	1.21	0.15	5.01	4.31	4.56	4.20	010
64622		A	Injection treatment of nerve	3.00	2.91	2.21	1.65	1.90	0.27	6.18	5.48	4.92	5.17	010
64623		A	Inject, tx of nerve add-on	0.99	2.02	1.20	1.27	1.01	0.13	3.14	2.32	2.39	2.13	ZZZ
64630		A	Injection treatment of nerve	3.00	2.73	2.10	1.61	1.82	0.30	6.03	5.40	4.91	5.12	010
64640		A	Injection treatment of nerve	2.76	3.08	1.52	2.27	1.32	0.07	5.91	4.35	5.10	4.15	010
64680		A	Injection treatment of nerve	2.62	2.00	1.76	1.79	1.71	0.32	4.94	4.70	4.73	4.65	010
64702		A	Revise finger/toe nerve	4.23	NA	NA	3.66	4.35	0.55	NA	NA	8.44	9.13	090
64704		A	Revise hand/foot nerve	4.57	NA	NA	3.03	4.85	0.58	NA	NA	8.18	10.00	090
64708		A	Revise arm/leg nerve	6.12	NA	NA	4.87	6.69	0.99	NA	NA	11.98	13.80	090
64712		A	Revision of sciatic nerve	7.75	NA	NA	4.52	8.08	1.31	NA	NA	13.58	17.14	090
64713		A	Revision of arm nerve(s)	11.00	NA	NA	5.72	9.08	1.35	NA	NA	18.07	21.43	090

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
64714		A	Revise low back nerve(s)	10.33	NA	NA	4.03	6.00	1.10	NA	NA	15.46	17.43	090
64716		A	Revision of cranial nerve	6.31	NA	NA	5.10	5.21	0.52	NA	NA	11.93	12.04	090
64718		A	Revise ulnar nerve at elbow	5.99	NA	NA	5.01	6.62	0.88	NA	NA	11.88	13.49	090
64719		A	Revise ulnar nerve at wrist	4.85	NA	NA	4.33	5.11	0.66	NA	NA	9.84	10.62	090
64721		A	Carpal tunnel surgery	4.29	5.14	5.13	5.12	5.12	0.65	10.08	10.07	10.06	10.06	090
64722		A	Relieve pressure on nerve(s)	4.70	NA	NA	2.83	4.92	0.87	NA	NA	8.40	10.49	090
64726		A	Release foot/toe nerve	4.18	NA	NA	2.44	1.20	0.05	NA	NA	6.67	5.43	090
64727		A	Internal nerve revision	3.10	NA	NA	1.83	3.10	0.43	NA	NA	5.36	6.63	ZZZ
64732		A	Incision of brow nerve	4.41	NA	NA	3.19	4.31	0.56	NA	NA	8.16	9.28	090
64734		A	Incision of cheek nerve	4.92	NA	NA	3.44	4.61	0.52	NA	NA	8.88	10.05	090
64736		A	Incision of chin nerve	4.60	NA	NA	2.71	4.31	0.33	NA	NA	7.64	9.24	090
64738		A	Incision of jaw nerve	5.73	NA	NA	3.48	5.00	0.48	NA	NA	9.69	11.21	090
64740		A	Incision of tongue nerve	5.59	NA	NA	3.39	5.06	0.49	NA	NA	9.47	11.14	090
64742		A	Incision of facial nerve	6.22	NA	NA	4.77	5.27	0.34	NA	NA	11.33	11.83	090
64744		A	Incise nerve, back of head	5.24	NA	NA	3.70	5.61	0.86	NA	NA	9.80	11.71	090
64746		A	Incise diaphragm nerve	5.93	NA	NA	3.81	4.02	0.60	NA	NA	10.34	10.55	090
64752		A	Incision of vagus nerve	7.06	NA	NA	4.39	4.30	0.66	NA	NA	12.11	12.02	090
64755		A	Incision of stomach nerves	13.52	NA	NA	6.64	10.18	1.78	NA	NA	21.94	25.48	090
64760		A	Incision of vagus nerve	6.96	NA	NA	4.00	6.42	1.17	NA	NA	12.13	14.55	090
64761		A	Incision of pelvis nerve	6.41	NA	NA	3.57	4.69	0.39	NA	NA	10.37	11.49	090
64763		A	Incise hip/thigh nerve	6.93	NA	NA	6.31	5.49	0.72	NA	NA	13.96	13.14	090
64766		A	Incise hip/thigh nerve	8.67	NA	NA	6.22	6.99	0.94	NA	NA	15.83	16.60	090
64771		A	Sever cranial nerve	7.35	NA	NA	5.71	6.66	0.57	NA	NA	13.63	14.58	090
64772		A	Incision of spinal nerve	7.21	NA	NA	4.61	6.67	1.02	NA	NA	12.84	14.90	090
64774		A	Remove skin nerve lesion	5.17	NA	NA	3.38	3.07	0.35	NA	NA	8.90	8.59	090
64776		A	Remove digit nerve lesion	5.12	NA	NA	3.21	3.07	0.32	NA	NA	8.65	8.51	090
64778		A	Digit nerve surgery add-on	3.11	NA	NA	1.77	2.66	0.34	NA	NA	5.22	6.11	ZZZ
64782		A	Remove limb nerve lesion	6.23	NA	NA	3.55	4.71	0.36	NA	NA	10.14	11.30	090
64783		A	Limb nerve surgery add-on	3.72	NA	NA	2.23	3.21	0.37	NA	NA	6.32	7.30	ZZZ
64784		A	Remove nerve lesion	9.82	NA	NA	6.43	6.20	0.75	NA	NA	17.00	16.77	090
64786		A	Remove sciatic nerve lesion	15.46	NA	NA	10.07	12.82	1.67	NA	NA	27.20	29.95	090
64787		A	Implant nerve end	4.30	NA	NA	2.24	3.39	0.47	NA	NA	7.01	8.16	ZZZ
64788		A	Remove skin nerve lesion	4.61	NA	NA	3.41	3.81	0.39	NA	NA	8.41	8.81	090
64790		A	Removal of nerve lesion	11.31	NA	NA	7.60	7.69	0.95	NA	NA	19.86	19.95	090
64792		A	Removal of nerve lesion	14.92	NA	NA	9.40	9.67	1.30	NA	NA	25.62	25.89	090
64795		A	Biopsy of nerve	3.01	NA	NA	1.74	2.37	0.31	NA	NA	5.06	5.69	000
64802		A	Remove sympathetic nerves	9.15	NA	NA	4.90	5.62	0.86	NA	NA	14.91	15.63	090
64804		A	Remove sympathetic nerves	14.64	NA	NA	7.44	12.26	1.91	NA	NA	23.99	28.81	090
64809		A	Remove sympathetic nerves	13.67	NA	NA	6.63	10.25	1.60	NA	NA	21.90	25.52	090
64818		A	Remove sympathetic nerves	10.30	NA	NA	5.68	8.40	1.35	NA	NA	17.33	20.05	090

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1]/ HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
64820		A	Remove sympathetic nerves	10.37	NA	NA	7.65	7.83	1.11	NA	NA	19.13	19.31	090
64830		D	Microrepair of nerve	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
64831		A	Repair of digit nerve	9.44	NA	NA	6.84	4.46	0.44	NA	NA	16.72	14.34	090
64832		A	Repair nerve add-on	5.66	NA	NA	3.38	1.99	0.19	NA	NA	9.23	7.84	ZZZ
64834		A	Repair of hand or foot nerve	10.19	NA	NA	6.86	4.57	0.44	NA	NA	17.49	15.20	090
64835		A	Repair of hand or foot nerve	10.94	NA	NA	7.49	6.73	0.81	NA	NA	19.24	18.48	090
64836		A	Repair of hand or foot nerve	10.94	NA	NA	7.70	7.38	0.95	NA	NA	19.59	19.27	090
64837		A	Repair nerve add-on	6.26	NA	NA	3.69	4.55	0.66	NA	NA	10.61	11.47	ZZZ
64840		A	Repair of leg nerve	13.02	NA	NA	8.57	10.57	0.41	NA	NA	22.00	24.00	090
64856		A	Repair/transpose nerve	13.80	NA	NA	9.61	9.09	1.14	NA	NA	24.55	24.03	090
64857		A	Repair arm/leg nerve	14.49	NA	NA	10.11	10.28	1.20	NA	NA	25.80	25.97	090
64858		A	Repair sciatic nerve	16.49	NA	NA	10.79	11.64	1.65	NA	NA	28.93	29.78	090
64859		A	Nerve surgery	4.26	NA	NA	2.60	3.50	0.45	NA	NA	7.31	8.21	ZZZ
64861		A	Repair of arm nerves	19.24	NA	NA	12.54	14.06	1.08	NA	NA	32.86	34.38	090
64862		A	Repair of low back nerves	19.44	NA	NA	12.38	20.65	1.26	NA	NA	33.08	41.35	090
64864		A	Repair of facial nerve	12.55	NA	NA	8.86	8.61	0.91	NA	NA	22.32	22.07	090
64865		A	Repair of facial nerve	15.24	NA	NA	10.37	12.64	1.17	NA	NA	26.78	29.05	090
64866		A	Fusion of facial/other nerve	15.74	NA	NA	10.67	11.77	1.44	NA	NA	27.85	28.95	090
64868		A	Fusion of facial/other nerve	14.04	NA	NA	9.40	11.46	1.15	NA	NA	24.59	26.65	090
64870		A	Fusion of facial/other nerve	15.99	NA	NA	9.61	13.73	1.33	NA	NA	26.93	31.05	090
64872		A	Subsequent repair of nerve	1.99	NA	NA	1.22	1.48	0.23	NA	NA	3.44	3.70	ZZZ
64874		A	Repair & revise nerve add-on	2.98	NA	NA	1.73	2.20	0.34	NA	NA	5.05	5.52	ZZZ
64876		A	Repair nerve; shorten bone	3.38	NA	NA	1.56	2.39	0.38	NA	NA	5.32	6.15	ZZZ
64885		A	Nerve graft, head or neck	17.53	NA	NA	11.98	13.32	1.16	NA	NA	30.67	32.01	090
64886		A	Nerve graft, head or neck	20.75	NA	NA	13.99	15.81	1.38	NA	NA	36.12	37.94	090
64890		A	Nerve graft, hand or foot	15.15	NA	NA	10.72	12.66	1.66	NA	NA	27.53	29.47	090
64891		A	Nerve graft, hand or foot	16.14	NA	NA	7.96	10.47	1.35	NA	NA	25.45	27.96	090
64892		A	Nerve graft, arm or leg	14.65	NA	NA	9.53	11.37	1.32	NA	NA	25.50	27.34	090
64893		A	Nerve graft, arm or leg	15.60	NA	NA	8.85	13.55	1.78	NA	NA	26.23	30.93	090
64895		A	Nerve graft, hand or foot	19.25	NA	NA	11.23	13.52	1.99	NA	NA	32.47	34.76	090
64896		A	Nerve graft, hand or foot	20.49	NA	NA	13.14	17.55	1.49	NA	NA	35.12	39.53	090
64897		A	Nerve graft, arm or leg	18.24	NA	NA	11.58	13.18	1.93	NA	NA	31.75	33.35	090
64898		A	Nerve graft, arm or leg	19.50	NA	NA	13.38	15.07	1.84	NA	NA	34.72	36.41	090
64901		A	Nerve graft add-on	10.22	NA	NA	6.12	9.80	0.68	NA	NA	17.02	20.70	ZZZ
64902		A	Nerve graft add-on	11.83	NA	NA	7.54	11.59	0.77	NA	NA	20.14	24.19	ZZZ
64905		A	Nerve pedicle transfer	14.02	NA	NA	7.99	9.65	0.55	NA	NA	22.56	24.22	090
64907		A	Nerve pedicle transfer	18.83	NA	NA	11.95	13.59	1.99	NA	NA	32.77	34.41	090
64999		C	Nervous system surgery	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
65091		A	Revise eye	6.46	NA	NA	8.81	7.99	0.35	NA	NA	15.62	14.80	090
65093		A	Revise eye with implant	6.87	NA	NA	9.70	8.58	0.41	NA	NA	16.98	15.86	090

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65101		A	Removal of eye	7.03	NA	NA	9.81	8.75	0.37	NA	NA	17.21	16.15	090
65103		A	Remove eye/insert implant	7.57	NA	NA	10.02	9.29	0.39	NA	NA	17.98	17.25	090
65105		A	Remove eye/attach implant	8.49	NA	NA	10.77	10.30	0.43	NA	NA	19.69	19.22	090
65110		A	Removal of eye	13.95	NA	NA	14.00	16.00	0.89	NA	NA	28.84	30.84	090
65112		A	Remove eye, revise socket	16.38	NA	NA	16.60	14.05	0.85	NA	NA	33.83	31.28	090
65114		A	Remove eye, revise socket	17.53	NA	NA	16.53	14.77	1.29	NA	NA	35.35	33.59	090
65125		A	Revise ocular implant	3.12	4.11	3.04	1.57	2.40	0.10	7.33	6.26	4.79	5.62	090
65130		A	Insert ocular implant	7.15	NA	NA	9.42	8.76	0.39	NA	NA	16.96	16.30	090
65135		A	Insert ocular implant	7.33	NA	NA	9.64	6.82	0.27	NA	NA	17.24	14.42	090
65140		A	Attach ocular implant	8.02	NA	NA	9.87	7.53	0.26	NA	NA	18.15	15.81	090
65150		A	Revise ocular implant	6.26	NA	NA	8.87	7.83	0.44	NA	NA	15.57	14.53	090
65155		A	Reinsert ocular implant	8.66	NA	NA	10.55	10.39	0.70	NA	NA	19.91	19.75	090
65175		A	Removal of ocular implant	6.28	NA	NA	8.72	7.81	0.31	NA	NA	15.31	14.40	090
65205		A	Remove foreign body from eye	0.71	3.70	1.23	0.29	0.22	0.02	4.43	1.96	1.02	0.95	000
65210		A	Remove foreign body from eye	0.84	3.65	1.29	0.29	0.26	0.02	4.51	2.15	1.15	1.12	000
65220		A	Remove foreign body from eye	0.71	5.70	1.85	0.27	0.28	0.03	6.44	2.59	1.01	1.02	000
65222		A	Remove foreign body from eye	0.93	3.64	1.38	0.28	0.30	0.02	4.59	2.33	1.23	1.25	000
65235		A	Remove foreign body from eye	7.57	NA	NA	7.11	6.35	0.23	NA	NA	14.91	14.15	090
65260		A	Remove foreign body from eye	10.96	NA	NA	11.67	9.95	0.35	NA	NA	22.98	21.26	090
65265		A	Remove foreign body from eye	12.59	NA	NA	13.22	11.48	0.40	NA	NA	26.21	24.47	090
65270		A	Repair of eye wound	1.90	3.06	1.72	2.38	1.55	0.05	5.01	3.67	4.33	3.50	010
65272		A	Repair of eye wound	3.82	4.34	2.42	4.17	2.38	0.08	8.24	6.32	8.07	6.28	090
65273		A	Repair of eye wound	4.36	NA	NA	4.39	3.72	0.16	NA	NA	8.91	8.24	090
65275		A	Repair of eye wound	5.34	4.51	1.67	4.69	1.71	0.03	9.88	7.04	10.06	7.08	090
65280		A	Repair of eye wound	7.66	NA	NA	8.22	8.92	0.38	NA	NA	16.26	16.96	090
65285		A	Repair of eye wound	12.90	NA	NA	14.26	13.55	0.50	NA	NA	27.66	26.95	090
65286		A	Repair of eye wound	5.51	6.82	5.61	6.46	3.57	0.20	12.53	11.32	12.17	9.28	090
65290		A	Repair of eye socket wound	5.41	NA	NA	6.82	6.55	0.29	NA	NA	12.52	12.25	090
65400		A	Removal of eye lesion	6.06	7.66	7.17	7.19	7.06	0.27	13.99	13.50	13.52	13.39	090
65410		A	Biopsy of cornea	1.47	1.54	1.68	1.18	1.59	0.09	3.10	3.24	2.74	3.15	000
65420		A	Removal of eye lesion	4.17	6.04	4.99	5.77	4.92	0.18	10.39	9.34	10.12	9.27	090
65426		A	Removal of eye lesion	5.25	7.12	6.48	6.77	6.40	0.30	12.67	12.03	12.32	11.95	090
65430		A	Corneal smear	1.47	4.09	1.47	0.96	0.47	0.02	5.58	2.96	2.45	1.96	000
65435		A	Curette/treat cornea	0.92	1.19	0.93	0.43	0.42	0.03	2.14	1.88	1.38	1.37	000
65436		A	Curette/treat cornea	4.19	4.60	2.40	4.29	1.70	0.06	8.85	6.65	8.54	5.95	090
65450		A	Treatment of corneal lesion	3.27	5.68	4.09	5.33	4.00	0.13	9.08	7.49	8.73	7.40	090
65600		A	Revision of cornea	3.40	4.17	3.17	1.42	1.42	0.11	7.68	6.68	4.93	4.93	090
65710		A	Corneal transplant	12.35	NA	NA	13.68	13.55	0.88	NA	NA	26.91	26.78	090
65730		A	Corneal transplant	14.25	NA	NA	14.34	15.91	1.01	NA	NA	29.60	31.17	090
65750		A	Corneal transplant	15.00	NA	NA	14.91	16.83	1.04	NA	NA	30.95	32.87	090

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65755		A	Corneal transplant	14.89	NA	NA	14.68	16.77	1.09	NA	NA	30.66	32.75	090
65760		N	Revision of cornea	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
65765		N	Revision of cornea	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
65767		N	Corneal tissue transplant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
65770		A	Revise cornea with implant	17.56	NA	NA	16.57	15.39	0.56	NA	NA	34.69	33.51	090
65771		N	Radial keratotomy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
65772		A	Correction of astigmatism	4.29	5.42	5.20	5.11	3.20	0.24	9.95	9.73	9.64	7.73	090
65775		A	Correction of astigmatism	5.79	NA	NA	8.14	7.22	0.39	NA	NA	14.32	13.40	090
65800		A	Drainage of eye	1.91	1.99	1.90	1.69	1.83	0.08	3.98	3.89	3.68	3.82	000
65805		A	Drainage of eye	1.91	2.00	1.97	1.69	1.16	0.08	3.99	3.96	3.68	3.15	000
65810		A	Drainage of eye	4.87	NA	NA	6.89	6.09	0.23	NA	NA	11.99	11.19	090
65815		A	Drainage of eye	5.05	6.96	5.39	6.58	5.30	0.19	12.20	10.63	11.82	10.54	090
65820		A	Relieve inner eye pressure	8.13	NA	NA	9.06	10.03	0.40	NA	NA	17.59	18.56	090
65850		A	Incision of eye	10.52	NA	NA	10.14	11.96	0.54	NA	NA	21.20	23.02	090
65855		A	Laser surgery of eye	4.30	4.67	6.06	3.82	3.40	0.41	9.38	10.77	8.53	8.11	090
65860		A	Incise inner eye adhesions	3.55	3.56	4.07	2.82	2.30	0.29	7.40	7.91	6.66	6.14	090
65865		A	Incise inner eye adhesions	5.60	NA	NA	6.84	6.73	0.32	NA	NA	12.76	12.65	090
65870		A	Incise inner eye adhesions	6.27	NA	NA	7.17	6.56	0.24	NA	NA	13.68	13.07	090
65875		A	Incise inner eye adhesions	6.54	NA	NA	7.30	6.94	0.27	NA	NA	14.11	13.75	090
65880		A	Incise inner eye adhesions	7.09	NA	NA	7.64	7.48	0.29	NA	NA	15.02	14.86	090
65900		A	Remove eye lesion	10.93	NA	NA	12.69	9.61	0.72	NA	NA	24.34	21.26	090
65920		A	Remove implant from eye	8.40	NA	NA	8.41	8.91	0.34	NA	NA	17.15	17.65	090
65930		A	Remove blood clot from eye	7.44	NA	NA	8.59	8.40	0.32	NA	NA	16.35	16.16	090
66020		A	Injection treatment of eye	1.59	2.04	1.94	1.74	1.86	0.11	3.74	3.64	3.44	3.56	010
66030		A	Injection treatment of eye	1.25	1.85	0.91	1.54	0.61	0.02	3.12	2.18	2.81	1.88	010
66130		A	Remove eye lesion	7.69	6.34	5.88	6.01	5.80	0.22	14.25	13.79	13.92	13.71	090
66150		A	Glaucoma surgery	8.30	NA	NA	9.18	9.73	0.46	NA	NA	17.94	18.49	090
66155		A	Glaucoma surgery	8.29	NA	NA	9.06	9.69	0.39	NA	NA	17.74	18.37	090
66160		A	Glaucoma surgery	10.17	NA	NA	10.01	11.27	0.43	NA	NA	20.61	21.87	090
66165		A	Glaucoma surgery	8.01	NA	NA	9.01	9.42	0.45	NA	NA	17.47	17.88	090
66170		A	Glaucoma surgery	12.16	10.71	12.57	11.10	12.67	0.49	23.36	25.22	23.75	25.32	090
66172		A	Incision of eye	15.04	NA	NA	12.62	13.05	0.49	NA	NA	28.15	28.58	090
66180		A	Implant eye shunt	14.55	NA	NA	12.79	16.23	0.81	NA	NA	28.15	31.59	090
66185		A	Revise eye shunt	8.14	NA	NA	9.15	9.57	0.45	NA	NA	17.74	18.16	090
66220		A	Repair eye lesion	7.77	NA	NA	9.49	7.22	0.27	NA	NA	17.53	15.26	090
66225		A	Repair/graft eye lesion	11.05	NA	NA	10.37	12.49	0.67	NA	NA	22.09	24.21	090
66250		A	Follow-up surgery of eye	5.98	7.64	7.27	7.14	7.14	0.30	13.92	13.55	13.42	13.42	090
66500		A	Incision of iris	3.71	NA	NA	4.08	4.34	0.21	NA	NA	8.00	8.26	090
66505		A	Incision of iris	4.08	NA	NA	4.16	3.70	0.13	NA	NA	8.37	7.91	090
66600		A	Remove iris and lesion	8.68	NA	NA	8.78	9.82	0.40	NA	NA	17.86	18.90	090

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
66605		A	Removal of iris	12.79	NA	NA	13.64	13.07	0.52	NA	NA	26.95	26.38	090
66625		A	Removal of iris	5.13	6.95	6.33	6.62	6.25	0.38	12.46	11.84	12.13	11.76	090
66630		A	Removal of iris	6.16	NA	NA	7.54	7.41	0.35	NA	NA	14.05	13.92	090
66635		A	Removal of iris	6.25	NA	NA	7.20	7.40	0.38	NA	NA	13.83	14.03	090
66680		A	Repair iris & ciliary body	5.44	NA	NA	6.87	6.59	0.27	NA	NA	12.58	12.30	090
66682		A	Repair iris and ciliary body	6.21	NA	NA	7.59	7.46	0.30	NA	NA	14.10	13.97	090
66700		A	Destruction, ciliary body	4.78	6.76	5.97	6.09	5.81	0.27	11.81	11.02	11.14	10.86	090
66710		A	Destruction, ciliary body	4.78	6.64	5.94	6.08	5.80	0.32	11.74	11.04	11.18	10.90	090
66720		A	Destruction, ciliary body	4.78	6.35	5.87	6.03	5.79	0.30	11.43	10.95	11.11	10.87	090
66740		A	Destruction, ciliary body	4.78	NA	NA	6.61	5.94	0.31	NA	NA	11.70	11.03	090
66761		A	Revision of iris	4.07	3.80	4.60	3.07	2.59	0.37	8.24	9.04	7.51	7.03	090
66762		A	Revision of iris	4.58	4.05	5.12	3.30	2.88	0.43	9.06	10.13	8.31	7.89	090
66770		A	Removal of inner eye lesion	5.18	4.29	5.72	3.57	3.22	0.35	9.82	11.25	9.10	8.75	090
66820		A	Incision, secondary cataract	3.89	NA	NA	6.38	5.08	0.23	NA	NA	10.50	9.20	090
66821		A	After cataract laser surgery	2.35	2.87	2.83	2.59	2.76	0.29	5.51	5.47	5.23	5.40	090
66825		A	Reposition intraocular lens	8.23	NA	NA	8.56	8.10	0.30	NA	NA	17.09	16.63	090
66830		A	Removal of lens lesion	8.20	8.77	8.43	9.02	8.50	0.31	17.28	16.94	17.53	17.01	090
66840		A	Removal of lens material	7.91	NA	NA	8.03	9.09	0.42	NA	NA	16.36	17.42	090
66850		A	Removal of lens material	9.11	NA	NA	8.51	10.28	0.55	NA	NA	18.17	19.94	090
66852		A	Removal of lens material	9.97	NA	NA	9.07	11.20	0.70	NA	NA	19.74	21.87	090
66920		A	Extraction of lens	8.86	NA	NA	8.41	10.04	0.47	NA	NA	17.74	19.37	090
66930		A	Extraction of lens	10.18	NA	NA	9.06	10.80	0.45	NA	NA	19.69	21.43	090
66940		A	Extraction of lens	8.93	NA	NA	8.43	10.10	0.49	NA	NA	17.85	19.52	090
66983		A	Remove cataract, insert lens	8.99	NA	NA	5.67	9.47	0.74	NA	NA	15.40	19.20	090
66984		A	Remove cataract, insert lens	10.28	NA	NA	8.09	11.23	0.74	NA	NA	19.11	22.25	090
66985		A	Insert lens prosthesis	8.39	NA	NA	7.03	9.27	0.49	NA	NA	15.91	18.15	090
66986		A	Exchange lens prosthesis	12.28	NA	NA	10.16	12.47	0.49	NA	NA	22.93	25.24	090
66999		C	Eye surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
67005		A	Partial removal of eye fluid	5.70	NA	NA	3.05	5.86	0.88	NA	NA	9.63	12.44	090
67010		A	Partial removal of eye fluid	6.87	NA	NA	3.94	7.14	0.81	NA	NA	11.62	14.82	090
67015		A	Release of eye fluid	6.92	NA	NA	7.63	7.16	0.27	NA	NA	14.82	14.35	090
67025		A	Replace eye fluid	6.84	11.53	8.38	7.02	7.25	0.28	18.65	15.50	14.14	14.37	090
67027		A	Implant eye drug system	10.85	12.98	10.60	6.40	8.96	0.37	24.20	21.82	17.62	20.18	090
67028		A	Injection eye drug	2.52	5.78	4.06	1.56	2.65	0.14	8.44	6.72	4.22	5.31	000
67030		A	Incise inner eye strands	4.84	NA	NA	6.18	5.87	0.39	NA	NA	11.41	11.10	090
67031		A	Laser surgery, eye strands	3.67	3.63	4.19	2.87	2.36	0.59	7.89	8.45	7.13	6.62	090
67036		A	Removal of inner eye fluid	11.89	NA	NA	9.57	13.04	1.17	NA	NA	22.63	26.10	090
67038		A	Strip retinal membrane	21.24	NA	NA	16.94	23.25	1.41	NA	NA	39.59	45.90	090
67039		A	Laser treatment of retina	14.52	NA	NA	12.23	16.06	1.31	NA	NA	28.06	31.89	090
67040		A	Laser treatment of retina	17.23	NA	NA	14.16	18.97	1.37	NA	NA	32.76	37.57	090

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CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
67101		A	Repair, detached retina	7.53	9.44	9.10	8.89	5.60	0.52	17.49	17.15	16.94	13.65	090
67105		A	Repair, detached retina	7.41	7.12	9.22	5.37	5.06	0.63	15.16	17.26	13.41	13.10	090
67107		A	Repair detached retina	14.84	NA	NA	13.42	16.64	0.86	NA	NA	29.12	32.34	090
67108		A	Repair detached retina	20.82	NA	NA	18.21	23.19	1.38	NA	NA	40.41	45.39	090
67110		A	Repair detached retina	8.81	14.64	11.55	10.14	10.43	0.76	24.21	21.12	19.71	20.00	090
67112		A	Re-repair detached retina	16.86	NA	NA	15.58	17.34	0.67	NA	NA	33.11	34.87	090
67115		A	Release, encircling material	4.99	NA	NA	6.15	6.01	0.34	NA	NA	11.48	11.34	090
67120		A	Remove eye implant material	5.98	11.00	8.11	6.62	7.01	0.30	17.28	14.39	12.90	13.29	090
67121		A	Remove eye implant material	10.67	NA	NA	11.62	10.57	0.38	NA	NA	22.67	21.62	090
67141		A	Treatment of retina	5.20	6.68	6.33	6.34	3.92	0.38	12.26	11.91	11.92	9.50	090
67145		A	Treatment of retina	5.37	4.95	6.53	4.00	3.65	0.38	10.70	12.28	9.75	9.40	090
67208		A	Treatment of retinal lesion	6.70	7.17	7.79	6.81	4.70	0.41	14.28	14.90	13.92	11.81	090
67210		A	Treatment of retinal lesion	8.82	7.03	9.10	5.69	5.10	0.37	16.22	18.29	14.88	14.29	090
67218		A	Treatment of retinal lesion	13.52	NA	NA	13.49	14.20	0.55	NA	NA	27.56	28.27	090
67220		A	Treat choroid lesion	13.13	6.61	6.61	6.54	6.54	0.37	20.11	20.11	20.04	20.04	090
67227		A	Treatment of retinal lesion	6.58	7.44	7.76	7.01	7.65	0.40	14.42	14.74	13.99	14.63	090
67228		A	Treatment of retinal lesion	12.74	9.58	10.04	7.39	5.67	0.38	22.70	23.16	20.51	18.79	090
67250		A	Reinforce eye wall	8.66	NA	NA	10.20	8.24	0.31	NA	NA	19.17	17.21	090
67255		A	Reinforce/graft eye wall	8.90	NA	NA	10.20	10.52	0.68	NA	NA	19.78	20.10	090
67299		C	Eye surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
67311		A	Revise eye muscle	6.65	NA	NA	7.05	7.72	0.37	NA	NA	14.07	14.74	090
67312		A	Revise two eye muscles	8.54	NA	NA	8.22	9.70	0.41	NA	NA	17.17	18.65	090
67314		A	Revise eye muscle	7.52	NA	NA	7.48	8.61	0.45	NA	NA	15.45	16.58	090
67316		A	Revise two eye muscles	9.66	NA	NA	8.69	10.54	0.52	NA	NA	18.87	20.72	090
67318		A	Revise eye muscle(s)	7.85	NA	NA	7.97	7.05	0.26	NA	NA	16.08	15.16	090
67320		A	Revise eye muscle(s) add-on	4.33	NA	NA	7.49	9.63	0.28	NA	NA	12.10	14.24	ZZZ
67331		A	Eye surgery follow-up add-on	4.06	NA	NA	5.90	8.74	0.22	NA	NA	10.18	13.02	ZZZ
67332		A	Rerevise eye muscles add-on	4.49	NA	NA	6.95	9.79	0.24	NA	NA	11.68	14.52	ZZZ
67334		A	Revise eye muscle w/suture	3.98	NA	NA	6.07	6.65	0.13	NA	NA	10.18	10.76	ZZZ
67335		A	Eye suture during surgery	2.49	NA	NA	3.39	3.08	0.34	NA	NA	6.22	5.91	ZZZ
67340		A	Revise eye muscle add-on	4.93	NA	NA	7.64	8.32	0.16	NA	NA	12.73	13.41	ZZZ
67343		A	Release eye tissue	7.35	NA	NA	7.84	6.71	0.24	NA	NA	15.43	14.30	090
67345		A	Destroy nerve of eye muscle	2.96	3.36	2.65	1.44	1.27	0.20	6.52	5.81	4.60	4.43	010
67350		A	Biopsy eye muscle	2.87	NA	NA	3.31	2.77	0.10	NA	NA	6.28	5.74	000
67399		C	Eye muscle surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
67400		A	Explore/biopsy eye socket	9.76	NA	NA	11.16	11.54	0.49	NA	NA	21.41	21.79	090
67405		A	Explore/drain eye socket	7.93	NA	NA	10.58	9.74	0.52	NA	NA	19.03	18.19	090
67412		A	Explore/treat eye socket	9.50	NA	NA	13.22	11.81	0.52	NA	NA	23.24	21.83	090
67413		A	Explore/treat eye socket	10.00	NA	NA	11.78	9.53	0.45	NA	NA	22.23	19.98	090
67414		A	Explore/decompress eye socke	11.13	NA	NA	14.33	10.42	0.34	NA	NA	25.80	21.89	090

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67415		A	Aspiration orbital contents	1.76	NA	NA	1.48	1.95	0.09	NA	NA	3.33	3.80	000
67420		A	Explore/treat eye socket	20.06	NA	NA	19.32	18.49	0.87	NA	NA	40.25	39.42	090
67430		A	Explore/treat eye socket	13.39	NA	NA	14.75	12.36	0.42	NA	NA	28.56	26.17	090
67440		A	Explore/drain eye socket	13.09	NA	NA	14.78	15.42	0.76	NA	NA	28.63	29.27	090
67445		A	Explore/decompress eye socke	14.42	NA	NA	15.95	13.05	0.45	NA	NA	30.82	27.92	090
67450		A	Explore/biopsy eye socket	13.51	NA	NA	15.43	15.96	0.68	NA	NA	29.62	30.15	090
67500		A	Inject/treat eye socket	0.79	13.67	4.01	0.96	0.83	0.05	14.51	4.85	1.80	1.67	000
67505		A	Inject/treat eye socket	0.82	3.70	1.77	0.35	0.46	0.05	4.57	2.64	1.22	1.33	000
67515		A	Inject/treat eye socket	0.61	3.54	1.34	0.55	0.37	0.02	4.17	1.97	1.18	1.00	000
67550		A	Insert eye socket implant	10.19	NA	NA	11.15	10.62	0.55	NA	NA	21.89	21.36	090
67560		A	Revise eye socket implant	10.60	NA	NA	10.98	9.50	0.38	NA	NA	21.96	20.48	090
67570		A	Decompress optic nerve	13.58	NA	NA	15.30	9.98	0.31	NA	NA	29.19	23.87	090
67599		C	Orbit surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
67700		A	Drainage of eyelid abscess	1.35	5.00	1.65	0.60	0.35	0.02	6.37	3.02	1.97	1.72	010
67710		A	Incision of eyelid	1.02	5.03	2.08	1.70	0.84	0.05	6.10	3.15	2.77	1.91	010
67715		A	Incision of eyelid fold	1.22	NA	NA	1.85	1.55	0.07	NA	NA	3.14	2.84	010
67800		A	Remove eyelid lesion	1.38	5.12	2.05	0.69	0.56	0.04	6.54	3.47	2.11	1.98	010
67801		A	Remove eyelid lesions	1.88	3.15	1.92	2.38	1.17	0.06	5.09	3.86	4.32	3.11	010
67805		A	Remove eyelid lesions	2.22	7.03	2.88	2.69	1.24	0.06	9.31	5.16	4.97	3.52	010
67808		A	Remove eyelid lesion(s)	3.80	NA	NA	4.21	2.79	0.10	NA	NA	8.11	6.69	090
67810		A	Biopsy of eyelid	1.48	4.57	1.80	0.73	0.51	0.04	6.09	3.32	2.25	2.03	000
67820		A	Revise eyelashes	0.89	3.73	1.24	0.40	0.26	0.02	4.64	2.15	1.31	1.17	000
67825		A	Revise eyelashes	1.38	4.98	1.98	1.85	0.83	0.04	6.40	3.40	3.27	2.25	010
67830		A	Revise eyelashes	1.70	5.96	3.22	2.24	2.08	0.13	7.79	5.05	4.07	3.91	010
67835		A	Revise eyelashes	5.56	NA	NA	5.06	6.25	0.35	NA	NA	10.97	12.16	090
67840		A	Remove eyelid lesion	2.04	6.66	2.66	2.99	1.24	0.05	8.75	4.75	5.08	3.33	010
67850		A	Treat eyelid lesion	1.69	5.43	2.03	2.20	0.89	0.04	7.16	3.76	3.93	2.62	010
67875		A	Closure of eyelid by suture	1.35	6.52	3.03	2.76	1.91	0.10	7.97	4.48	4.21	3.36	000
67880		A	Revision of eyelid	3.80	7.72	5.14	3.89	4.18	0.18	11.70	9.12	7.87	8.16	090
67882		A	Revision of eyelid	5.07	9.38	6.89	4.82	5.75	0.29	14.74	12.25	10.18	11.11	090
67900		A	Repair brow defect	6.14	8.75	5.26	6.98	4.82	0.16	15.05	11.56	13.28	11.12	090
67901		A	Repair eyelid defect	6.97	NA	NA	7.24	8.05	0.50	NA	NA	14.71	15.52	090
67902		A	Repair eyelid defect	7.03	NA	NA	7.49	8.17	0.56	NA	NA	15.08	15.76	090
67903		A	Repair eyelid defect	6.37	10.25	8.27	7.15	7.50	0.57	17.19	15.21	14.09	14.44	090
67904		A	Repair eyelid defect	6.26	11.03	8.37	8.11	7.64	0.56	17.85	15.19	14.93	14.46	090
67906		A	Repair eyelid defect	6.79	8.22	6.50	6.99	6.20	0.28	15.29	13.57	14.06	13.27	090
67908		A	Repair eyelid defect	5.13	7.74	6.53	6.47	6.21	0.42	13.29	12.08	12.02	11.76	090
67909		A	Revise eyelid defect	5.40	7.99	6.84	6.69	6.51	0.38	13.77	12.62	12.47	12.29	090
67911		A	Revise eyelid defect	5.27	NA	NA	6.76	6.41	0.62	NA	NA	12.65	12.30	090
67914		A	Repair eyelid defect	3.68	8.07	5.32	4.18	4.35	0.31	12.06	9.31	8.17	8.34	090

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
67915		A	Repair eyelid defect	3.18	6.31	2.60	1.60	0.91	0.05	9.54	5.83	4.83	4.14	090
67916		A	Repair eyelid defect	5.31	9.94	7.24	5.32	6.09	0.30	15.55	12.85	10.93	11.70	090
67917		A	Repair eyelid defect	6.02	8.50	7.51	7.12	7.17	0.37	14.89	13.90	13.51	13.56	090
67921		A	Repair eyelid defect	3.40	7.77	4.99	3.97	4.04	0.16	11.33	8.55	7.53	7.60	090
67922		A	Repair eyelid defect	3.06	6.29	2.54	3.09	1.26	0.05	9.40	5.65	6.20	4.37	090
67923		A	Repair eyelid defect	5.88	10.06	7.78	5.59	6.66	0.30	16.24	13.96	11.77	12.84	090
67924		A	Repair eyelid defect	5.79	8.06	7.20	6.63	6.84	0.34	14.19	13.33	12.76	12.97	090
67930		A	Repair eyelid wound	3.61	8.06	3.05	3.78	1.46	0.06	11.73	6.72	7.45	5.13	010
67935		A	Repair eyelid wound	6.22	10.08	5.60	5.47	4.45	0.19	16.49	12.01	11.88	10.86	090
67938		A	Remove eyelid foreign body	1.33	4.86	1.64	0.52	0.34	0.02	6.21	2.99	1.87	1.69	010
67950		A	Revision of eyelid	5.82	6.77	6.91	7.13	7.00	0.35	12.94	13.08	13.30	13.17	090
67961		A	Revision of eyelid	5.69	6.62	6.75	6.49	6.72	0.39	12.70	12.83	12.57	12.80	090
67966		A	Revision of eyelid	6.57	7.06	7.65	6.53	7.52	0.52	14.15	14.74	13.62	14.61	090
67971		A	Reconstruction of eyelid	9.79	NA	NA	8.79	10.89	0.50	NA	NA	19.08	21.18	090
67973		A	Reconstruction of eyelid	12.87	NA	NA	10.52	13.65	0.71	NA	NA	24.10	27.23	090
67974		A	Reconstruction of eyelid	12.84	NA	NA	10.27	14.02	0.68	NA	NA	23.79	27.54	090
67975		A	Reconstruction of eyelid	9.13	NA	NA	8.22	5.43	0.19	NA	NA	17.54	14.75	090
67999		C	Revision of eyelid	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
68020		A	Incise/drain eyelid lining	1.37	5.01	1.67	0.67	0.38	0.02	6.40	3.06	2.06	1.77	010
68040		A	Treatment of eyelid lesions	0.85	4.02	1.37	0.40	0.29	0.02	4.89	2.24	1.27	1.16	000
68100		A	Biopsy of eyelid lining	1.35	4.69	1.98	1.05	0.67	0.05	6.09	3.38	2.45	2.07	000
68110		A	Remove eyelid lining lesion	1.77	5.33	2.35	2.06	1.03	0.05	7.15	4.17	3.88	2.85	010
68115		A	Remove eyelid lining lesion	2.36	6.30	3.14	2.56	2.21	0.09	8.75	5.59	5.01	4.66	010
68130		A	Remove eyelid lining lesion	4.93	NA	NA	5.90	4.81	0.17	NA	NA	11.00	9.91	090
68135		A	Remove eyelid lining lesion	1.84	5.32	1.93	2.09	0.82	0.03	7.19	3.80	3.96	2.69	010
68200		A	Treat eyelid by injection	0.49	3.49	1.29	0.49	0.33	0.02	4.00	1.80	1.00	0.84	000
68320		A	Revise/graft eyelid lining	5.37	4.82	6.01	5.90	6.28	0.33	10.52	11.71	11.60	11.98	090
68325		A	Revise/graft eyelid lining	7.36	NA	NA	6.89	8.32	0.49	NA	NA	14.74	16.17	090
68326		A	Revise/graft eyelid lining	7.15	NA	NA	6.85	8.12	0.38	NA	NA	14.38	15.65	090
68328		A	Revise/graft eyelid lining	8.18	NA	NA	7.32	9.16	0.64	NA	NA	16.14	17.98	090
68330		A	Revise eyelid lining	4.83	6.36	5.91	5.89	5.79	0.27	11.46	11.01	10.99	10.89	090
68335		A	Revise/graft eyelid lining	7.19	NA	NA	5.44	7.80	0.53	NA	NA	13.16	15.52	090
68340		A	Separate eyelid adhesions	4.17	8.81	4.76	4.36	3.65	0.13	13.11	9.06	8.66	7.95	090
68360		A	Revise eyelid lining	4.37	6.04	5.43	5.57	5.31	0.26	10.67	10.06	10.20	9.94	090
68362		A	Revise eyelid lining	7.34	NA	NA	7.89	8.49	0.33	NA	NA	15.56	16.16	090
68399		C	Eyelid lining surgery	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
68400		A	Incise/drain tear gland	1.69	6.71	2.50	2.75	1.10	0.05	8.45	4.24	4.49	2.84	010
68420		A	Incise/drain tear sac	2.30	7.07	2.60	3.14	1.21	0.05	9.42	4.95	5.49	3.56	010
68440		A	Incise tear duct opening	0.94	4.95	1.85	1.64	0.72	0.03	5.92	2.82	2.61	1.69	010
68500		A	Removal of tear gland	11.02	NA	NA	9.74	8.63	0.59	NA	NA	21.35	20.24	090

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
68505		A	Partial removal tear gland	10.94	NA	NA	10.66	9.74	0.38	NA	NA	21.98	21.06	090
68510		A	Biopsy of tear gland	4.61	7.45	4.86	3.12	3.78	0.22	12.28	9.69	7.95	8.61	000
68520		A	Removal of tear sac	7.51	NA	NA	7.45	8.58	0.40	NA	NA	15.36	16.49	090
68525		A	Biopsy of tear sac	4.43	NA	NA	3.05	3.76	0.18	NA	NA	7.66	8.37	000
68530		A	Clearance of tear duct	3.66	8.10	4.34	3.40	2.01	0.13	11.89	8.13	7.19	5.80	010
68540		A	Remove tear gland lesion	10.60	NA	NA	9.54	9.15	0.39	NA	NA	20.53	20.14	090
68550		A	Remove tear gland lesion	13.26	NA	NA	10.83	11.94	0.58	NA	NA	24.67	25.78	090
68700		A	Repair tear ducts	6.60	NA	NA	6.87	3.91	0.12	NA	NA	13.59	10.63	090
68705		A	Revise tear duct opening	2.06	5.55	2.22	2.21	0.97	0.04	7.65	4.32	4.31	3.07	010
68720		A	Create tear sac drain	8.96	NA	NA	8.40	10.11	0.58	NA	NA	17.94	19.65	090
68745		A	Create tear duct drain	8.63	NA	NA	8.00	7.34	0.35	NA	NA	16.98	16.32	090
68750		A	Create tear duct drain	8.66	NA	NA	8.49	9.88	0.65	NA	NA	17.80	19.19	090
68760		A	Close tear duct opening	1.73	5.22	2.06	0.87	0.59	0.03	6.98	3.82	2.63	2.35	010
68761		A	Close tear duct opening	1.36	3.74	1.69	0.61	0.53	0.03	5.13	3.08	2.00	1.92	010
68770		A	Close tear system fistula	7.02	10.67	6.12	6.07	3.24	0.18	17.87	13.32	13.27	10.44	090
68801		A	Dilate tear duct opening	0.94	4.56	1.49	0.45	0.29	0.02	5.52	2.45	1.41	1.25	010
68810		A	Probe nasolacrimal duct	1.90	6.03	1.96	2.27	0.79	0.02	7.95	3.88	4.19	2.71	010
68811		A	Probe nasolacrimal duct	2.35	NA	NA	2.56	1.86	0.07	NA	NA	4.98	4.28	010
68815		A	Probe nasolacrimal duct	3.20	6.30	3.14	3.19	1.59	0.08	9.58	6.42	6.47	4.87	010
68840		A	Explore/irrigate tear ducts	1.25	5.03	1.66	0.61	0.36	0.02	6.30	2.93	1.88	1.63	010
68850		A	Injection for tear sac x-ray	0.80	11.05	3.18	0.28	0.48	0.03	11.88	4.01	1.11	1.31	000
68899		C	Tear duct system surgery	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
69000		A	Drain external ear lesion	1.45	1.59	0.68	0.55	0.28	0.02	3.06	2.15	2.02	1.75	010
69005		A	Drain external ear lesion	2.11	2.05	1.46	1.40	0.82	0.10	4.26	3.67	3.61	3.03	010
69020		A	Drain outer ear canal lesion	1.48	1.71	0.80	0.70	0.36	0.03	3.22	2.31	2.21	1.87	010
69090		N	Pierce earlobes	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
69100		A	Biopsy of external ear	0.81	1.21	0.84	0.40	0.37	0.05	2.07	1.70	1.26	1.23	000
69105		A	Biopsy of external ear canal	0.85	1.15	0.94	0.80	0.53	0.07	2.07	1.86	1.72	1.45	000
69110		A	Partial removal external ear	3.44	2.83	2.85	2.36	2.73	0.29	6.56	6.58	6.09	6.46	090
69120		A	Removal of external ear	4.05	NA	NA	5.28	1.96	0.05	NA	NA	9.38	6.06	090
69140		A	Remove ear canal lesion(s)	7.97	NA	NA	8.60	8.66	0.69	NA	NA	17.26	17.32	090
69145		A	Remove ear canal lesion(s)	2.62	2.75	2.73	2.11	2.57	0.22	5.59	5.57	4.95	5.41	090
69150		A	Extensive ear canal surgery	13.43	NA	NA	11.86	11.48	0.98	NA	NA	26.27	25.89	090
69155		A	Extensive ear/neck surgery	20.80	NA	NA	15.46	16.83	1.26	NA	NA	37.52	38.89	090
69200		A	Clear outer ear canal	0.77	1.08	0.62	0.43	0.28	0.03	1.88	1.42	1.23	1.08	000
69205		A	Clear outer ear canal	1.20	NA	NA	1.17	1.16	0.09	NA	NA	2.46	2.45	010
69210		A	Remove impacted ear wax	0.61	0.96	0.43	0.24	0.16	0.02	1.59	1.06	0.87	0.79	000
69220		A	Clean out mastoid cavity	0.83	1.16	0.70	0.48	0.32	0.04	2.03	1.57	1.35	1.19	000
69222		A	Clean out mastoid cavity	1.40	1.73	1.03	1.33	0.63	0.06	3.19	2.49	2.79	2.09	010
69300		R	Revise external ear	6.36	NA	NA	5.95	5.80	0.22	NA	NA	12.53	12.38	YYY

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69310		A	Rebuild outer ear canal	10.79	NA	NA	10.47	10.63	0.84	NA	NA	22.10	22.26	090
69320		A	Rebuild outer ear canal	16.96	NA	NA	14.47	15.54	1.30	NA	NA	32.73	33.80	090
69399		C	Outer ear surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
69400		A	Inflate middle ear canal	0.83	1.16	0.66	0.28	0.26	0.04	2.03	1.53	1.15	1.13	000
69401		A	Inflate middle ear canal	0.63	1.05	0.47	0.37	0.20	0.02	1.70	1.12	1.02	0.85	000
69405		A	Catheterize middle ear canal	2.63	2.51	1.02	1.55	0.58	0.03	5.17	3.68	4.21	3.24	010
69410		A	Inset middle ear baffle	0.33	0.93	0.72	0.18	0.29	0.05	1.31	1.10	0.56	0.67	000
69420		A	Incision of eardrum	1.33	1.75	1.00	0.72	0.47	0.06	3.14	2.39	2.11	1.86	010
69421		A	Incision of eardrum	1.73	1.96	1.42	1.53	1.31	0.10	3.79	3.25	3.36	3.14	010
69424		A	Remove ventilating tube	0.85	1.24	0.80	0.67	0.42	0.05	2.14	1.70	1.57	1.32	000
69433		A	Create eardrum opening	1.52	1.80	1.53	0.87	0.76	0.12	3.44	3.17	2.51	2.40	010
69436		A	Create eardrum opening	1.96	NA	NA	1.67	2.15	0.18	NA	NA	3.81	4.29	010
69440		A	Exploration of middle ear	7.57	NA	NA	8.24	8.84	0.73	NA	NA	16.54	17.14	090
69450		A	Eardrum revision	5.57	NA	NA	7.02	6.74	0.90	NA	NA	13.49	13.21	090
69501		A	Mastoidectomy	9.07	NA	NA	8.98	10.37	0.92	NA	NA	18.97	20.36	090
69502		A	Mastoidectomy	12.38	NA	NA	11.39	13.72	1.13	NA	NA	24.90	27.23	090
69505		A	Remove mastoid structures	12.99	NA	NA	11.72	14.56	1.40	NA	NA	26.11	28.95	090
69511		A	Extensive mastoid surgery	13.52	NA	NA	11.99	15.10	1.44	NA	NA	26.95	30.06	090
69530		A	Extensive mastoid surgery	19.19	NA	NA	15.01	17.35	1.35	NA	NA	35.55	37.89	090
69535		A	Remove part of temporal bone	36.14	NA	NA	24.97	26.81	2.23	NA	NA	63.34	65.18	090
69540		A	Remove ear lesion	1.20	1.66	1.45	1.19	0.82	0.11	2.97	2.76	2.50	2.13	010
69550		A	Remove ear lesion	10.99	NA	NA	10.37	12.43	1.56	NA	NA	22.92	24.98	090
69552		A	Remove ear lesion	19.46	NA	NA	14.49	17.24	1.46	NA	NA	35.41	38.16	090
69554		A	Remove ear lesion	33.16	NA	NA	21.87	24.08	2.06	NA	NA	57.09	59.30	090
69601		A	Mastoid surgery revision	13.24	NA	NA	12.38	14.51	1.21	NA	NA	26.83	28.96	090
69602		A	Mastoid surgery revision	13.58	NA	NA	12.26	15.22	1.37	NA	NA	27.21	30.17	090
69603		A	Mastoid surgery revision	14.02	NA	NA	12.26	15.61	1.47	NA	NA	27.75	31.10	090
69604		A	Mastoid surgery revision	14.02	NA	NA	12.41	15.65	2.11	NA	NA	28.54	31.78	090
69605		A	Mastoid surgery revision	18.49	NA	NA	14.82	15.87	1.46	NA	NA	34.77	35.82	090
69610		A	Repair of eardrum	4.43	3.62	1.66	3.07	1.15	0.08	8.13	6.17	7.58	5.66	010
69620		A	Repair of eardrum	5.89	5.63	6.68	3.43	6.13	0.91	12.43	13.48	10.23	12.93	090
69631		A	Repair eardrum structures	9.86	NA	NA	9.66	11.25	1.26	NA	NA	20.78	22.37	090
69632		A	Rebuild eardrum structures	12.75	NA	NA	12.07	14.44	1.35	NA	NA	26.17	28.54	090
69633		A	Rebuild eardrum structures	12.10	NA	NA	11.70	13.76	1.39	NA	NA	25.19	27.25	090
69635		A	Repair eardrum structures	13.33	NA	NA	12.00	14.93	1.49	NA	NA	26.82	29.75	090
69636		A	Rebuild eardrum structures	15.22	NA	NA	13.49	17.00	1.65	NA	NA	30.36	33.87	090
69637		A	Rebuild eardrum structures	15.11	NA	NA	13.46	16.90	1.74	NA	NA	30.31	33.75	090
69641		A	Revise middle ear & mastoid	12.71	NA	NA	11.67	14.30	1.46	NA	NA	25.84	28.47	090
69642		A	Revise middle ear & mastoid	16.84	NA	NA	14.38	18.67	1.73	NA	NA	32.95	37.24	090
69643		A	Revise middle ear & mastoid	15.32	NA	NA	13.52	17.10	1.96	NA	NA	30.80	34.38	090

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69644		A	Revise middle ear & mastoid	16.97	NA	NA	14.55	18.83	2.11	NA	NA	33.63	37.91	090
69645		A	Revise middle ear & mastoid	16.38	NA	NA	14.17	18.21	1.96	NA	NA	32.51	36.55	090
69646		A	Revise middle ear & mastoid	17.99	NA	NA	15.05	19.87	1.88	NA	NA	34.92	39.74	090
69650		A	Release middle ear bone	9.66	NA	NA	9.47	11.02	1.04	NA	NA	20.17	21.72	090
69660		A	Revise middle ear bone	11.90	NA	NA	10.64	13.32	1.42	NA	NA	23.96	26.64	090
69661		A	Revise middle ear bone	15.74	NA	NA	13.21	17.40	1.51	NA	NA	30.46	34.65	090
69662		A	Revise middle ear bone	15.44	NA	NA	13.14	17.11	1.52	NA	NA	30.10	34.07	090
69666		A	Repair middle ear structures	9.75	NA	NA	9.54	11.12	1.38	NA	NA	20.67	22.25	090
69667		A	Repair middle ear structures	9.76	NA	NA	9.52	11.13	1.30	NA	NA	20.58	22.19	090
69670		A	Remove mastoid air cells	11.51	NA	NA	10.98	11.03	0.84	NA	NA	23.33	23.38	090
69676		A	Remove middle ear nerve	9.52	NA	NA	9.70	9.37	0.67	NA	NA	19.89	19.56	090
69700		A	Close mastoid fistula	8.23	NA	NA	5.21	7.70	0.66	NA	NA	14.10	16.59	090
69710		N	Implant/replace hearing aid	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
69711		A	Remove/repair hearing aid	10.44	NA	NA	10.35	9.46	0.34	NA	NA	21.13	20.24	090
69720		A	Release facial nerve	14.38	NA	NA	12.79	16.08	1.78	NA	NA	28.95	32.24	090
69725		A	Release facial nerve	25.38	NA	NA	16.91	16.15	1.18	NA	NA	43.47	42.71	090
69740		A	Repair facial nerve	15.96	NA	NA	12.38	12.73	1.32	NA	NA	29.66	30.01	090
69745		A	Repair facial nerve	16.69	NA	NA	12.78	16.18	1.20	NA	NA	30.67	34.07	090
69799		C	Middle ear surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
69801		A	Incise inner ear	8.56	NA	NA	8.76	9.86	1.44	NA	NA	18.76	19.86	090
69802		A	Incise inner ear	13.10	NA	NA	11.69	12.07	0.95	NA	NA	25.74	26.12	090
69805		A	Explore inner ear	13.82	NA	NA	11.91	13.67	1.56	NA	NA	27.29	29.05	090
69806		A	Explore inner ear	12.35	NA	NA	11.48	13.93	1.99	NA	NA	25.82	28.27	090
69820		A	Establish inner ear window	10.34	NA	NA	11.20	10.00	0.78	NA	NA	22.32	21.12	090
69840		A	Revise inner ear window	10.26	NA	NA	12.19	9.96	0.40	NA	NA	22.85	20.62	090
69905		A	Remove inner ear	11.10	NA	NA	10.41	12.54	1.62	NA	NA	23.13	25.26	090
69910		A	Remove inner ear & mastoid	13.63	NA	NA	12.03	15.21	1.83	NA	NA	27.49	30.67	090
69915		A	Incise inner ear nerve	21.23	NA	NA	16.60	18.57	1.58	NA	NA	39.41	41.38	090
69930		A	Implant cochlear device	16.81	NA	NA	13.53	18.44	2.61	NA	NA	32.95	37.86	090
69949		C	Inner ear surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
69950		A	Incise inner ear nerve	25.64	NA	NA	17.98	19.14	1.81	NA	NA	45.43	46.59	090
69955		A	Release facial nerve	27.04	NA	NA	18.88	21.23	1.76	NA	NA	47.68	50.03	090
69960		A	Release inner ear canal	27.04	NA	NA	18.93	19.26	1.51	NA	NA	47.48	47.81	090
69970		A	Remove inner ear lesion	30.04	NA	NA	21.07	21.30	1.77	NA	NA	52.88	53.11	090
69979		C	Temporal bone surgery	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
69990		R	Microsurgery add-on	3.46	1.83	1.83	1.83	1.83	0.73	6.02	6.02	6.02	6.02	ZZZ
70010		A	Contrast x-ray of brain	1.19	4.83	4.99	4.83	4.99	0.26	6.28	6.44	6.28	6.44	XXX
70010	26	A	Contrast x-ray of brain	1.19	0.34	0.51	0.34	0.51	0.06	1.59	1.76	1.59	1.76	XXX
70010	TC	A	Contrast x-ray of brain	0.00	4.49	4.48	4.49	4.48	0.20	4.69	4.68	4.69	4.68	XXX
70015		A	Contrast x-ray of brain	1.19	1.73	1.90	1.73	1.90	0.13	3.05	3.22	3.05	3.22	XXX

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
70015	26	A	Contrast x-ray of brain	1.19	0.33	0.50	0.33	0.50	0.06	1.58	1.75	1.58	1.75	XXX
70015	TC	A	Contrast x-ray of brain	0.00	1.40	1.40	1.40	1.40	0.07	1.47	1.47	1.47	1.47	XXX
70030		A	X-ray eye for foreign body	0.17	0.48	0.51	0.48	0.51	0.03	0.68	0.71	0.68	0.71	XXX
70030	26	A	X-ray eye for foreign body	0.17	0.04	0.08	0.04	0.08	0.01	0.22	0.26	0.22	0.26	XXX
70030	TC	A	X-ray eye for foreign body	0.00	0.44	0.43	0.44	0.43	0.02	0.46	0.45	0.46	0.45	XXX
70100		A	X-ray exam of jaw	0.18	0.60	0.63	0.60	0.63	0.03	0.81	0.84	0.81	0.84	XXX
70100	26	A	X-ray exam of jaw	0.18	0.05	0.09	0.05	0.09	0.01	0.24	0.28	0.24	0.28	XXX
70100	TC	A	X-ray exam of jaw	0.00	0.55	0.54	0.55	0.54	0.02	0.57	0.56	0.57	0.56	XXX
70110		A	X-ray exam of jaw	0.25	0.70	0.75	0.70	0.75	0.05	1.00	1.05	1.00	1.05	XXX
70110	26	A	X-ray exam of jaw	0.25	0.06	0.11	0.06	0.11	0.02	0.33	0.38	0.33	0.38	XXX
70110	TC	A	X-ray exam of jaw	0.00	0.64	0.64	0.64	0.64	0.03	0.67	0.67	0.67	0.67	XXX
70120		A	X-ray exam of mastoids	0.18	0.69	0.73	0.69	0.73	0.04	0.91	0.95	0.91	0.95	XXX
70120	26	A	X-ray exam of mastoids	0.18	0.05	0.09	0.05	0.09	0.01	0.24	0.28	0.24	0.28	XXX
70120	TC	A	X-ray exam of mastoids	0.00	0.64	0.64	0.64	0.64	0.03	0.67	0.67	0.67	0.67	XXX
70130		A	X-ray exam of mastoids	0.34	0.91	0.96	0.91	0.96	0.06	1.31	1.36	1.31	1.36	XXX
70130	26	A	X-ray exam of mastoids	0.34	0.09	0.15	0.09	0.15	0.02	0.45	0.51	0.45	0.51	XXX
70130	TC	A	X-ray exam of mastoids	0.00	0.82	0.81	0.82	0.81	0.04	0.86	0.85	0.86	0.85	XXX
70134		A	X-ray exam of middle ear	0.34	0.84	0.91	0.84	0.91	0.06	1.24	1.31	1.24	1.31	XXX
70134	26	A	X-ray exam of middle ear	0.34	0.09	0.15	0.09	0.15	0.02	0.45	0.51	0.45	0.51	XXX
70134	TC	A	X-ray exam of middle ear	0.00	0.75	0.76	0.75	0.76	0.04	0.79	0.80	0.79	0.80	XXX
70140		A	X-ray exam of facial bones	0.19	0.69	0.73	0.69	0.73	0.04	0.92	0.96	0.92	0.96	XXX
70140	26	A	X-ray exam of facial bones	0.19	0.05	0.09	0.05	0.09	0.01	0.25	0.29	0.25	0.29	XXX
70140	TC	A	X-ray exam of facial bones	0.00	0.64	0.64	0.64	0.64	0.03	0.67	0.67	0.67	0.67	XXX
70150		A	X-ray exam of facial bones	0.26	0.89	0.93	0.89	0.93	0.06	1.21	1.25	1.21	1.25	XXX
70150	26	A	X-ray exam of facial bones	0.26	0.07	0.12	0.07	0.12	0.02	0.35	0.40	0.35	0.40	XXX
70150	TC	A	X-ray exam of facial bones	0.00	0.82	0.81	0.82	0.81	0.04	0.86	0.85	0.86	0.85	XXX
70160		A	X-ray exam of nasal bones	0.17	0.59	0.62	0.59	0.62	0.03	0.79	0.82	0.79	0.82	XXX
70160	26	A	X-ray exam of nasal bones	0.17	0.04	0.08	0.04	0.08	0.01	0.22	0.26	0.22	0.26	XXX
70160	TC	A	X-ray exam of nasal bones	0.00	0.55	0.54	0.55	0.54	0.02	0.57	0.56	0.57	0.56	XXX
70170		A	X-ray exam of tear duct	0.30	1.06	1.11	1.06	1.11	0.07	1.43	1.48	1.43	1.48	XXX
70170	26	A	X-ray exam of tear duct	0.30	0.08	0.13	0.08	0.13	0.02	0.40	0.45	0.40	0.45	XXX
70170	TC	A	X-ray exam of tear duct	0.00	0.98	0.98	0.98	0.98	0.05	1.03	1.03	1.03	1.03	XXX
70190		A	X-ray exam of eye sockets	0.21	0.69	0.74	0.69	0.74	0.04	0.94	0.99	0.94	0.99	XXX
70190	26	A	X-ray exam of eye sockets	0.21	0.05	0.10	0.05	0.10	0.01	0.27	0.32	0.27	0.32	XXX
70190	TC	A	X-ray exam of eye sockets	0.00	0.64	0.64	0.64	0.64	0.03	0.67	0.67	0.67	0.67	XXX
70200		A	X-ray exam of eye sockets	0.28	0.89	0.93	0.89	0.93	0.06	1.23	1.27	1.23	1.27	XXX
70200	26	A	X-ray exam of eye sockets	0.28	0.07	0.12	0.07	0.12	0.02	0.37	0.42	0.37	0.42	XXX
70200	TC	A	X-ray exam of eye sockets	0.00	0.82	0.81	0.82	0.81	0.04	0.86	0.85	0.86	0.85	XXX
70210		A	X-ray exam of sinuses	0.17	0.68	0.72	0.68	0.72	0.04	0.89	0.93	0.89	0.93	XXX
70210	26	A	X-ray exam of sinuses	0.17	0.04	0.08	0.04	0.08	0.01	0.22	0.26	0.22	0.26	XXX

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
70210	TC	A	X-ray exam of sinuses	0.00	0.64	0.64	0.64	0.64	0.03	0.67	0.67	0.67	0.67	XXX
70220		A	X-ray exam of sinuses	0.25	0.88	0.92	0.88	0.92	0.06	1.19	1.23	1.19	1.23	XXX
70220	26	A	X-ray exam of sinuses	0.25	0.06	0.11	0.06	0.11	0.02	0.33	0.38	0.33	0.38	XXX
70220	TC	A	X-ray exam of sinuses	0.00	0.82	0.81	0.82	0.81	0.04	0.86	0.85	0.86	0.85	XXX
70240		A	X-ray exam pituitary saddle	0.19	0.49	0.52	0.49	0.52	0.03	0.71	0.74	0.71	0.74	XXX
70240	26	A	X-ray exam pituitary saddle	0.19	0.05	0.09	0.05	0.09	0.01	0.25	0.29	0.25	0.29	XXX
70240	TC	A	X-ray exam pituitary saddle	0.00	0.44	0.43	0.44	0.43	0.02	0.46	0.45	0.46	0.45	XXX
70250		A	X-ray exam of skull	0.24	0.70	0.75	0.70	0.75	0.05	0.99	1.04	0.99	1.04	XXX
70250	26	A	X-ray exam of skull	0.24	0.06	0.11	0.06	0.11	0.02	0.32	0.37	0.32	0.37	XXX
70250	TC	A	X-ray exam of skull	0.00	0.64	0.64	0.64	0.64	0.03	0.67	0.67	0.67	0.67	XXX
70260		A	X-ray exam of skull	0.34	1.02	1.07	1.02	1.07	0.07	1.43	1.48	1.43	1.48	XXX
70260	26	A	X-ray exam of skull	0.34	0.09	0.15	0.09	0.15	0.02	0.45	0.51	0.45	0.51	XXX
70260	TC	A	X-ray exam of skull	0.00	0.93	0.92	0.93	0.92	0.05	0.98	0.97	0.98	0.97	XXX
70300		A	X-ray exam of teeth	0.10	0.30	0.32	0.30	0.32	0.03	0.43	0.45	0.43	0.45	XXX
70300	26	A	X-ray exam of teeth	0.10	0.03	0.05	0.03	0.05	0.01	0.14	0.16	0.14	0.16	XXX
70300	TC	A	X-ray exam of teeth	0.00	0.27	0.27	0.27	0.27	0.02	0.29	0.29	0.29	0.29	XXX
70310		A	X-ray exam of teeth	0.16	0.49	0.50	0.49	0.50	0.03	0.68	0.69	0.68	0.69	XXX
70310	26	A	X-ray exam of teeth	0.16	0.05	0.07	0.05	0.07	0.01	0.22	0.24	0.22	0.24	XXX
70310	TC	A	X-ray exam of teeth	0.00	0.44	0.43	0.44	0.43	0.02	0.46	0.45	0.46	0.45	XXX
70320		A	Full mouth x-ray of teeth	0.22	0.88	0.91	0.88	0.91	0.06	1.16	1.19	1.16	1.19	XXX
70320	26	A	Full mouth x-ray of teeth	0.22	0.06	0.10	0.06	0.10	0.02	0.30	0.34	0.30	0.34	XXX
70320	TC	A	Full mouth x-ray of teeth	0.00	0.82	0.81	0.82	0.81	0.04	0.86	0.85	0.86	0.85	XXX
70328		A	X-ray exam of jaw joint	0.18	0.56	0.60	0.56	0.60	0.03	0.77	0.81	0.77	0.81	XXX
70328	26	A	X-ray exam of jaw joint	0.18	0.05	0.09	0.05	0.09	0.01	0.24	0.28	0.24	0.28	XXX
70328	TC	A	X-ray exam of jaw joint	0.00	0.51	0.51	0.51	0.51	0.02	0.53	0.53	0.53	0.53	XXX
70330		A	X-ray exam of jaw joints	0.24	0.93	0.98	0.93	0.98	0.06	1.23	1.28	1.23	1.28	XXX
70330	26	A	X-ray exam of jaw joints	0.24	0.06	0.11	0.06	0.11	0.02	0.32	0.37	0.32	0.37	XXX
70330	TC	A	X-ray exam of jaw joints	0.00	0.87	0.87	0.87	0.87	0.04	0.91	0.91	0.91	0.91	XXX
70332		A	X-ray exam of jaw joint	0.54	2.33	2.41	2.33	2.41	0.13	3.00	3.08	3.00	3.08	XXX
70332	26	A	X-ray exam of jaw joint	0.54	0.15	0.24	0.15	0.24	0.03	0.72	0.81	0.72	0.81	XXX
70332	TC	A	X-ray exam of jaw joint	0.00	2.18	2.17	2.18	2.17	0.10	2.28	2.27	2.28	2.27	XXX
70336		A	Magnetic image jaw joint	1.48	12.02	12.05	12.02	12.05	0.57	14.07	14.10	14.07	14.10	XXX
70336	26	A	Magnetic image jaw joint	1.48	0.39	0.45	0.39	0.45	0.05	1.92	1.98	1.92	1.98	XXX
70336	TC	A	Magnetic image jaw joint	0.00	11.63	11.60	11.63	11.60	0.52	12.15	12.12	12.15	12.12	XXX
70350		A	X-ray head for orthodontia	0.17	0.44	0.47	0.44	0.47	0.03	0.64	0.67	0.64	0.67	XXX
70350	26	A	X-ray head for orthodontia	0.17	0.05	0.08	0.05	0.08	0.01	0.23	0.26	0.23	0.26	XXX
70350	TC	A	X-ray head for orthodontia	0.00	0.39	0.39	0.39	0.39	0.02	0.41	0.41	0.41	0.41	XXX
70355		A	Panoramic x-ray of jaws	0.20	0.65	0.68	0.65	0.68	0.04	0.89	0.92	0.89	0.92	XXX
70355	26	A	Panoramic x-ray of jaws	0.20	0.06	0.09	0.06	0.09	0.01	0.27	0.30	0.27	0.30	XXX
70355	TC	A	Panoramic x-ray of jaws	0.00	0.59	0.59	0.59	0.59	0.03	0.62	0.62	0.62	0.62	XXX

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work [3] RVUs	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
70360		A	X-ray exam of neck	0.17	0.48	0.51	0.48	0.51	0.03	0.68	0.71	0.68	0.71	XXX
70360	26	A	X-ray exam of neck	0.17	0.04	0.08	0.04	0.08	0.01	0.22	0.26	0.22	0.26	XXX
70360	TC	A	X-ray exam of neck	0.00	0.44	0.43	0.44	0.43	0.02	0.46	0.45	0.46	0.45	XXX
70370		A	Throat x-ray & fluoroscopy	0.32	1.42	1.49	1.42	1.49	0.08	1.82	1.89	1.82	1.89	XXX
70370	26	A	Throat x-ray & fluoroscopy	0.32	0.08	0.14	0.08	0.14	0.02	0.42	0.48	0.42	0.48	XXX
70370	TC	A	Throat x-ray & fluoroscopy	0.00	1.34	1.35	1.34	1.35	0.06	1.40	1.41	1.40	1.41	XXX
70371		A	Speech evaluation, complex	0.84	2.41	2.54	2.41	2.54	0.15	3.40	3.53	3.40	3.53	XXX
70371	26	A	Speech evaluation, complex	0.84	0.23	0.37	0.23	0.37	0.05	1.12	1.26	1.12	1.26	XXX
70371	TC	A	Speech evaluation, complex	0.00	2.18	2.17	2.18	2.17	0.10	2.28	2.27	2.28	2.27	XXX
70373		A	Contrast x-ray of larynx	0.44	1.96	2.03	1.96	2.03	0.11	2.51	2.58	2.51	2.58	XXX
70373	26	A	Contrast x-ray of larynx	0.44	0.11	0.19	0.11	0.19	0.02	0.57	0.65	0.57	0.65	XXX
70373	TC	A	Contrast x-ray of larynx	0.00	1.85	1.84	1.85	1.84	0.09	1.94	1.93	1.94	1.93	XXX
70380		A	X-ray exam of salivary gland	0.17	0.74	0.77	0.74	0.77	0.04	0.95	0.98	0.95	0.98	XXX
70380	26	A	X-ray exam of salivary gland	0.17	0.04	0.08	0.04	0.08	0.01	0.22	0.26	0.22	0.26	XXX
70380	TC	A	X-ray exam of salivary gland	0.00	0.70	0.69	0.70	0.69	0.03	0.73	0.72	0.73	0.72	XXX
70390		A	X-ray exam of salivary duct	0.38	1.95	2.00	1.95	2.00	0.11	2.44	2.49	2.44	2.49	XXX
70390	26	A	X-ray exam of salivary duct	0.38	0.10	0.16	0.10	0.16	0.02	0.50	0.56	0.50	0.56	XXX
70390	TC	A	X-ray exam of salivary duct	0.00	1.85	1.84	1.85	1.84	0.09	1.94	1.93	1.94	1.93	XXX
70450		A	CAT scan of head or brain	0.85	5.13	5.26	5.13	5.26	0.28	6.26	6.39	6.26	6.39	XXX
70450	26	A	CAT scan of head or brain	0.85	0.23	0.37	0.23	0.37	0.05	1.13	1.27	1.13	1.27	XXX
70450	TC	A	CAT scan of head or brain	0.00	4.90	4.89	4.90	4.89	0.23	5.13	5.12	5.13	5.12	XXX
70460		A	Contrast CAT scan of head	1.13	6.18	6.34	6.18	6.34	0.33	7.64	7.80	7.64	7.80	XXX
70460	26	A	Contrast CAT scan of head	1.13	0.31	0.48	0.31	0.48	0.06	1.50	1.67	1.50	1.67	XXX
70460	TC	A	Contrast CAT scan of head	0.00	5.87	5.86	5.87	5.86	0.27	6.14	6.13	6.14	6.13	XXX
70470		A	Contrast CAT scans of head	1.27	7.67	7.86	7.67	7.86	0.41	9.35	9.54	9.35	9.54	XXX
70470	26	A	Contrast CAT scans of head	1.27	0.34	0.54	0.34	0.54	0.07	1.68	1.88	1.68	1.88	XXX
70470	TC	A	Contrast CAT scans of head	0.00	7.33	7.32	7.33	7.32	0.34	7.67	7.66	7.67	7.66	XXX
70480		A	CAT scan of skull	1.28	5.24	5.44	5.24	5.44	0.30	6.82	7.02	6.82	7.02	XXX
70480	26	A	CAT scan of skull	1.28	0.34	0.55	0.34	0.55	0.07	1.69	1.90	1.69	1.90	XXX
70480	TC	A	CAT scan of skull	0.00	4.90	4.89	4.90	4.89	0.23	5.13	5.12	5.13	5.12	XXX
70481		A	Contrast CAT scan of skull	1.38	6.24	6.45	6.24	6.45	0.34	7.96	8.17	7.96	8.17	XXX
70481	26	A	Contrast CAT scan of skull	1.38	0.37	0.59	0.37	0.59	0.07	1.82	2.04	1.82	2.04	XXX
70481	TC	A	Contrast CAT scan of skull	0.00	5.87	5.86	5.87	5.86	0.27	6.14	6.13	6.14	6.13	XXX
70482		A	Contrast CAT scans of skull	1.45	7.72	7.94	7.72	7.94	0.42	9.59	9.81	9.59	9.81	XXX
70482	26	A	Contrast CAT scans of skull	1.45	0.39	0.62	0.39	0.62	0.08	1.92	2.15	1.92	2.15	XXX
70482	TC	A	Contrast CAT scans of skull	0.00	7.33	7.32	7.33	7.32	0.34	7.67	7.66	7.67	7.66	XXX
70486		A	CAT scan of face, jaw	1.14	5.20	5.37	5.20	5.37	0.29	6.63	6.80	6.63	6.80	XXX
70486	26	A	CAT scan of face, jaw	1.14	0.30	0.48	0.30	0.48	0.06	1.50	1.68	1.50	1.68	XXX
70486	TC	A	CAT scan of face, jaw	0.00	4.90	4.89	4.90	4.89	0.23	5.13	5.12	5.13	5.12	XXX
70487		A	Contrast CAT scan, face/jaw	1.30	6.22	6.41	6.22	6.41	0.34	7.86	8.05	7.86	8.05	XXX

3 +Indicates RVUs are not used for Medicare payment.

ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
70487	26	A	Contrast CAT scan, face/jaw	1.30	0.35	0.55	0.35	0.55	0.07	1.72	1.92	1.72	1.92	XXX
70487	TC	A	Contrast CAT scan, face/jaw	0.00	5.87	5.86	5.87	5.86	0.27	6.14	6.13	6.14	6.13	XXX
70488		A	Contrast CAT scans face/jaw	1.42	7.71	7.93	7.71	7.93	0.42	9.55	9.77	9.55	9.77	XXX
70488	26	A	Contrast CAT scans face/jaw	1.42	0.38	0.61	0.38	0.61	0.08	1.88	2.11	1.88	2.11	XXX
70488	TC	A	Contrast CAT scans face/jaw	0.00	7.33	7.32	7.33	7.32	0.34	7.67	7.66	7.67	7.66	XXX
70490		A	CAT scan of neck tissue	1.28	5.24	5.44	5.24	5.44	0.30	6.82	7.02	6.82	7.02	XXX
70490	26	A	CAT scan of neck tissue	1.28	0.34	0.55	0.34	0.55	0.07	1.69	1.90	1.69	1.90	XXX
70490	TC	A	CAT scan of neck tissue	0.00	4.90	4.89	4.90	4.89	0.23	5.13	5.12	5.13	5.12	XXX
70491		A	Contrast CAT of neck tissue	1.38	6.24	6.45	6.24	6.45	0.34	7.96	8.17	7.96	8.17	XXX
70491	26	A	Contrast CAT of neck tissue	1.38	0.37	0.59	0.37	0.59	0.07	1.82	2.04	1.82	2.04	XXX
70491	TC	A	Contrast CAT of neck tissue	0.00	5.87	5.86	5.87	5.86	0.27	6.14	6.13	6.14	6.13	XXX
70492		A	Contrast CAT of neck tissue	1.45	7.71	7.93	7.71	7.93	0.42	9.58	9.80	9.58	9.80	XXX
70492	26	A	Contrast CAT of neck tissue	1.45	0.38	0.61	0.38	0.61	0.08	1.91	2.14	1.91	2.14	XXX
70492	TC	A	Contrast CAT of neck tissue	0.00	7.33	7.32	7.33	7.32	0.34	7.67	7.66	7.67	7.66	XXX
70540		A	Magnetic image, face, neck	1.48	12.02	12.24	12.02	12.24	0.60	14.10	14.32	14.10	14.32	XXX
70540	26	A	Magnetic image, face, neck	1.48	0.39	0.64	0.39	0.64	0.08	1.95	2.20	1.95	2.20	XXX
70540	TC	A	Magnetic image, face, neck	0.00	11.63	11.60	11.63	11.60	0.52	12.15	12.12	12.15	12.12	XXX
70541		R	Magnetic image, head (MRA)	1.81	12.12	12.26	12.12	12.26	0.60	14.53	14.67	14.53	14.67	XXX
70541	26	R	Magnetic image, head (MRA)	1.81	0.49	0.66	0.49	0.66	0.08	2.38	2.55	2.38	2.55	XXX
70541	TC	R	Magnetic image, head (MRA)	0.00	11.63	11.60	11.63	11.60	0.52	12.15	12.12	12.15	12.12	XXX
70551		A	Magnetic image, brain (MRI)	1.48	12.03	12.24	12.03	12.24	0.60	14.11	14.32	14.11	14.32	XXX
70551	26	A	Magnetic image, brain (MRI)	1.48	0.40	0.64	0.40	0.64	0.08	1.96	2.20	1.96	2.20	XXX
70551	TC	A	Magnetic image, brain (MRI)	0.00	11.63	11.60	11.63	11.60	0.52	12.15	12.12	12.15	12.12	XXX
70552		A	Magnetic image, brain (MRI)	1.78	14.45	14.69	14.45	14.69	0.72	16.95	17.19	16.95	17.19	XXX
70552	26	A	Magnetic image, brain (MRI)	1.78	0.50	0.78	0.50	0.78	0.09	2.37	2.65	2.37	2.65	XXX
70552	TC	A	Magnetic image, brain (MRI)	0.00	13.95	13.91	13.95	13.91	0.63	14.58	14.54	14.58	14.54	XXX
70553		A	Magnetic image, brain	2.36	26.46	26.79	26.46	26.79	1.30	30.12	30.45	30.12	30.45	XXX
70553	26	A	Magnetic image, brain	2.36	0.63	1.03	0.63	1.03	0.13	3.12	3.52	3.12	3.52	XXX
70553	TC	A	Magnetic image, brain	0.00	25.83	25.76	25.83	25.76	1.17	27.00	26.93	27.00	26.93	XXX
71010		A	Chest x-ray	0.18	0.54	0.57	0.54	0.57	0.03	0.75	0.78	0.75	0.78	XXX
71010	26	A	Chest x-ray	0.18	0.05	0.08	0.05	0.08	0.01	0.24	0.27	0.24	0.27	XXX
71010	TC	A	Chest x-ray	0.00	0.49	0.49	0.49	0.49	0.02	0.51	0.51	0.51	0.51	XXX
71015		A	X-ray exam of chest	0.21	0.61	0.64	0.61	0.64	0.03	0.85	0.88	0.85	0.88	XXX
71015	26	A	X-ray exam of chest	0.21	0.06	0.10	0.06	0.10	0.01	0.28	0.32	0.28	0.32	XXX
71015	TC	A	X-ray exam of chest	0.00	0.55	0.54	0.55	0.54	0.02	0.57	0.56	0.57	0.56	XXX
71020		A	Chest x-ray	0.22	0.70	0.74	0.70	0.74	0.04	0.96	1.00	0.96	1.00	XXX
71020	26	A	Chest x-ray	0.22	0.06	0.10	0.06	0.10	0.01	0.29	0.33	0.29	0.33	XXX
71020	TC	A	Chest x-ray	0.00	0.64	0.64	0.64	0.64	0.03	0.67	0.67	0.67	0.67	XXX
71021		A	Chest x-ray	0.27	0.82	0.88	0.82	0.88	0.06	1.15	1.21	1.15	1.21	XXX
71021	26	A	Chest x-ray	0.27	0.07	0.12	0.07	0.12	0.02	0.36	0.41	0.36	0.41	XXX

3 +Indicates RVUs are not used for Medicare payment.

ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
71021	TC	A	Chest x-ray	0.00	0.75	0.76	0.75	0.76	0.04	0.79	0.80	0.79	0.80	XXX
71022		A	Chest x-ray	0.31	0.83	0.89	0.83	0.89	0.06	1.20	1.26	1.20	1.26	XXX
71022	26	A	Chest x-ray	0.31	0.08	0.13	0.08	0.13	0.02	0.41	0.46	0.41	0.46	XXX
71022	TC	A	Chest x-ray	0.00	0.75	0.76	0.75	0.76	0.04	0.79	0.80	0.79	0.80	XXX
71023		A	Chest x-ray and fluoroscopy	0.38	0.94	0.98	0.94	0.98	0.06	1.38	1.42	1.38	1.42	XXX
71023	26	A	Chest x-ray and fluoroscopy	0.38	0.12	0.17	0.12	0.17	0.02	0.52	0.57	0.52	0.57	XXX
71023	TC	A	Chest x-ray and fluoroscopy	0.00	0.82	0.81	0.82	0.81	0.04	0.86	0.85	0.86	0.85	XXX
71030		A	Chest x-ray	0.31	0.90	0.94	0.90	0.94	0.06	1.27	1.31	1.27	1.31	XXX
71030	26	A	Chest x-ray	0.31	0.08	0.13	0.08	0.13	0.02	0.41	0.46	0.41	0.46	XXX
71030	TC	A	Chest x-ray	0.00	0.82	0.81	0.82	0.81	0.04	0.86	0.85	0.86	0.85	XXX
71034		A	Chest x-ray & fluoroscopy	0.46	1.63	1.70	1.63	1.70	0.09	2.18	2.25	2.18	2.25	XXX
71034	26	A	Chest x-ray & fluoroscopy	0.46	0.14	0.21	0.14	0.21	0.02	0.62	0.69	0.62	0.69	XXX
71034	TC	A	Chest x-ray & fluoroscopy	0.00	1.49	1.49	1.49	1.49	0.07	1.56	1.56	1.56	1.56	XXX
71035		A	Chest x-ray	0.18	0.60	0.62	0.60	0.62	0.03	0.81	0.83	0.81	0.83	XXX
71035	26	A	Chest x-ray	0.18	0.05	0.08	0.05	0.08	0.01	0.24	0.27	0.24	0.27	XXX
71035	TC	A	Chest x-ray	0.00	0.55	0.54	0.55	0.54	0.02	0.57	0.56	0.57	0.56	XXX
71036		A	X-ray guidance for biopsy	0.54	1.77	1.87	1.77	1.87	0.11	2.42	2.52	2.42	2.52	XXX
71036	26	A	X-ray guidance for biopsy	0.54	0.14	0.24	0.14	0.24	0.03	0.71	0.81	0.71	0.81	XXX
71036	TC	A	X-ray guidance for biopsy	0.00	1.63	1.63	1.63	1.63	0.08	1.71	1.71	1.71	1.71	XXX
71038		D	X-ray guidance for biopsy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
71038	26	D	X-ray guidance for biopsy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
71038	TC	D	X-ray guidance for biopsy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
71040		A	Contrast x-ray of bronchi	0.58	1.67	1.77	1.67	1.77	0.10	2.35	2.45	2.35	2.45	XXX
71040	26	A	Contrast x-ray of bronchi	0.58	0.15	0.26	0.15	0.26	0.03	0.76	0.87	0.76	0.87	XXX
71040	TC	A	Contrast x-ray of bronchi	0.00	1.52	1.51	1.52	1.51	0.07	1.59	1.58	1.59	1.58	XXX
71060		A	Contrast x-ray of bronchi	0.74	2.48	2.61	2.48	2.61	0.15	3.37	3.50	3.37	3.50	XXX
71060	26	A	Contrast x-ray of bronchi	0.74	0.20	0.33	0.20	0.33	0.04	0.98	1.11	0.98	1.11	XXX
71060	TC	A	Contrast x-ray of bronchi	0.00	2.28	2.28	2.28	2.28	0.11	2.39	2.39	2.39	2.39	XXX
71090		A	X-ray & pacemaker insertion	0.54	1.96	2.00	1.96	2.00	0.12	2.62	2.66	2.62	2.66	XXX
71090	26	A	X-ray & pacemaker insertion	0.54	0.22	0.26	0.22	0.26	0.03	0.79	0.83	0.79	0.83	XXX
71090	TC	A	X-ray & pacemaker insertion	0.00	1.74	1.74	1.74	1.74	0.09	1.83	1.83	1.83	1.83	XXX
71100		A	X-ray exam of ribs	0.22	0.65	0.69	0.65	0.69	0.05	0.92	0.96	0.92	0.96	XXX
71100	26	A	X-ray exam of ribs	0.22	0.06	0.10	0.06	0.10	0.02	0.30	0.34	0.30	0.34	XXX
71100	TC	A	X-ray exam of ribs	0.00	0.59	0.59	0.59	0.59	0.03	0.62	0.62	0.62	0.62	XXX
71101		A	X-ray exam of ribs, chest	0.27	0.77	0.81	0.77	0.81	0.05	1.09	1.13	1.09	1.13	XXX
71101	26	A	X-ray exam of ribs, chest	0.27	0.07	0.12	0.07	0.12	0.02	0.36	0.41	0.36	0.41	XXX
71101	TC	A	X-ray exam of ribs, chest	0.00	0.70	0.69	0.70	0.69	0.03	0.73	0.72	0.73	0.72	XXX
71110		A	X-ray exam of ribs	0.27	0.89	0.93	0.89	0.93	0.06	1.22	1.26	1.22	1.26	XXX
71110	26	A	X-ray exam of ribs	0.27	0.07	0.12	0.07	0.12	0.02	0.36	0.41	0.36	0.41	XXX
71110	TC	A	X-ray exam of ribs	0.00	0.82	0.81	0.82	0.81	0.04	0.86	0.85	0.86	0.85	XXX

3 +Indicates RVUs are not used for Medicare payment.

ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
71111		A	X-ray exam of ribs, chest	0.32	1.01	1.06	1.01	1.06	0.07	1.40	1.45	1.40	1.45	XXX
71111	26	A	X-ray exam of ribs, chest	0.32	0.08	0.14	0.08	0.14	0.02	0.42	0.48	0.42	0.48	XXX
71111	TC	A	X-ray exam of ribs, chest	0.00	0.93	0.92	0.93	0.92	0.05	0.98	0.97	0.98	0.97	XXX
71120		A	X-ray exam of breastbone	0.20	0.73	0.76	0.73	0.76	0.04	0.97	1.00	0.97	1.00	XXX
71120	26	A	X-ray exam of breastbone	0.20	0.05	0.09	0.05	0.09	0.01	0.26	0.30	0.26	0.30	XXX
71120	TC	A	X-ray exam of breastbone	0.00	0.68	0.67	0.68	0.67	0.03	0.71	0.70	0.71	0.70	XXX
71130		A	X-ray exam of breastbone	0.22	0.79	0.83	0.79	0.83	0.04	1.05	1.09	1.05	1.09	XXX
71130	26	A	X-ray exam of breastbone	0.22	0.06	0.10	0.06	0.10	0.01	0.29	0.33	0.29	0.33	XXX
71130	TC	A	X-ray exam of breastbone	0.00	0.73	0.73	0.73	0.73	0.03	0.76	0.76	0.76	0.76	XXX
71250		A	Cat scan of chest	1.16	6.44	6.61	6.44	6.61	0.34	7.94	8.11	7.94	8.11	XXX
71250	26	A	Cat scan of chest	1.16	0.31	0.49	0.31	0.49	0.06	1.53	1.71	1.53	1.71	XXX
71250	TC	A	Cat scan of chest	0.00	6.13	6.12	6.13	6.12	0.28	6.41	6.40	6.41	6.40	XXX
71260		A	Contrast CAT scan of chest	1.24	7.66	7.85	7.66	7.85	0.40	9.30	9.49	9.30	9.49	XXX
71260	26	A	Contrast CAT scan of chest	1.24	0.33	0.53	0.33	0.53	0.06	1.63	1.83	1.63	1.83	XXX
71260	TC	A	Contrast CAT scan of chest	0.00	7.33	7.32	7.33	7.32	0.34	7.67	7.66	7.67	7.66	XXX
71270		A	Contrast CAT scans of chest	1.38	9.54	9.75	9.54	9.75	0.48	11.40	11.61	11.40	11.61	XXX
71270	26	A	Contrast CAT scans of chest	1.38	0.37	0.59	0.37	0.59	0.07	1.82	2.04	1.82	2.04	XXX
71270	TC	A	Contrast CAT scans of chest	0.00	9.17	9.16	9.17	9.16	0.41	9.58	9.57	9.58	9.57	XXX
71550		A	Magnetic image, chest	1.60	12.06	12.29	12.06	12.29	0.61	14.27	14.50	14.27	14.50	XXX
71550	26	A	Magnetic image, chest	1.60	0.43	0.69	0.43	0.69	0.09	2.12	2.38	2.12	2.38	XXX
71550	TC	A	Magnetic image, chest	0.00	11.63	11.60	11.63	11.60	0.52	12.15	12.12	12.15	12.12	XXX
71555		R	Magnetic imaging/chest (MRA)	1.81	12.31	12.36	12.31	12.36	0.61	14.73	14.78	14.73	14.78	XXX
71555	26	R	Magnetic imaging/chest (MRA)	1.81	0.68	0.76	0.68	0.76	0.09	2.58	2.66	2.58	2.66	XXX
71555	TC	R	Magnetic imaging/chest (MRA)	0.00	11.63	11.60	11.63	11.60	0.52	12.15	12.12	12.15	12.12	XXX
72010		A	X-ray exam of spine	0.45	1.18	1.26	1.18	1.26	0.07	1.70	1.78	1.70	1.78	XXX
72010	26	A	X-ray exam of spine	0.45	0.12	0.20	0.12	0.20	0.02	0.59	0.67	0.59	0.67	XXX
72010	TC	A	X-ray exam of spine	0.00	1.06	1.06	1.06	1.06	0.05	1.11	1.11	1.11	1.11	XXX
72020		A	X-ray exam of spine	0.15	0.48	0.50	0.48	0.50	0.03	0.66	0.68	0.66	0.68	XXX
72020	26	A	X-ray exam of spine	0.15	0.04	0.07	0.04	0.07	0.01	0.20	0.23	0.20	0.23	XXX
72020	TC	A	X-ray exam of spine	0.00	0.44	0.43	0.44	0.43	0.02	0.46	0.45	0.46	0.45	XXX
72040		A	X-ray exam of neck spine	0.22	0.68	0.72	0.68	0.72	0.04	0.94	0.98	0.94	0.98	XXX
72040	26	A	X-ray exam of neck spine	0.22	0.06	0.10	0.06	0.10	0.01	0.29	0.33	0.29	0.33	XXX
72040	TC	A	X-ray exam of neck spine	0.00	0.62	0.62	0.62	0.62	0.03	0.65	0.65	0.65	0.65	XXX
72050		A	X-ray exam of neck spine	0.31	1.01	1.05	1.01	1.05	0.07	1.39	1.43	1.39	1.43	XXX
72050	26	A	X-ray exam of neck spine	0.31	0.08	0.13	0.08	0.13	0.02	0.41	0.46	0.41	0.46	XXX
72050	TC	A	X-ray exam of neck spine	0.00	0.93	0.92	0.93	0.92	0.05	0.98	0.97	0.98	0.97	XXX
72052		A	X-ray exam of neck spine	0.36	1.27	1.33	1.27	1.33	0.07	1.70	1.76	1.70	1.76	XXX
72052	26	A	X-ray exam of neck spine	0.36	0.09	0.16	0.09	0.16	0.02	0.47	0.54	0.47	0.54	XXX
72052	TC	A	X-ray exam of neck spine	0.00	1.18	1.17	1.18	1.17	0.05	1.23	1.22	1.23	1.22	XXX
72069		A	X-ray exam of trunk spine	0.22	0.57	0.61	0.57	0.61	0.03	0.82	0.86	0.82	0.86	XXX

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
72069	26	A	X-ray exam of trunk spine	0.22	0.06	0.10	0.06	0.10	0.01	0.29	0.33	0.29	0.33	XXX
72069	TC	A	X-ray exam of trunk spine	0.00	0.51	0.51	0.51	0.51	0.02	0.53	0.53	0.53	0.53	XXX
72070		A	X-ray exam of thorax spine	0.22	0.74	0.77	0.74	0.77	0.04	1.00	1.03	1.00	1.03	XXX
72070	26	A	X-ray exam of thorax spine	0.22	0.06	0.10	0.06	0.10	0.01	0.29	0.33	0.29	0.33	XXX
72070	TC	A	X-ray exam of thorax spine	0.00	0.68	0.67	0.68	0.67	0.03	0.71	0.70	0.71	0.70	XXX
72072		A	X-ray exam of thoracic spine	0.22	0.81	0.86	0.81	0.86	0.05	1.08	1.13	1.08	1.13	XXX
72072	26	A	X-ray exam of thoracic spine	0.22	0.06	0.10	0.06	0.10	0.01	0.29	0.33	0.29	0.33	XXX
72072	TC	A	X-ray exam of thoracic spine	0.00	0.75	0.76	0.75	0.76	0.04	0.79	0.80	0.79	0.80	XXX
72074		A	X-ray exam of thoracic spine	0.22	1.01	1.04	1.01	1.04	0.06	1.29	1.32	1.29	1.32	XXX
72074	26	A	X-ray exam of thoracic spine	0.22	0.06	0.10	0.06	0.10	0.01	0.29	0.33	0.29	0.33	XXX
72074	TC	A	X-ray exam of thoracic spine	0.00	0.95	0.94	0.95	0.94	0.05	1.00	0.99	1.00	0.99	XXX
72080		A	X-ray exam of trunk spine	0.22	0.76	0.79	0.76	0.79	0.04	1.02	1.05	1.02	1.05	XXX
72080	26	A	X-ray exam of trunk spine	0.22	0.06	0.10	0.06	0.10	0.01	0.29	0.33	0.29	0.33	XXX
72080	TC	A	X-ray exam of trunk spine	0.00	0.70	0.69	0.70	0.69	0.03	0.73	0.72	0.73	0.72	XXX
72090		A	X-ray exam of trunk spine	0.28	0.78	0.82	0.78	0.82	0.05	1.11	1.15	1.11	1.15	XXX
72090	26	A	X-ray exam of trunk spine	0.28	0.08	0.13	0.08	0.13	0.02	0.38	0.43	0.38	0.43	XXX
72090	TC	A	X-ray exam of trunk spine	0.00	0.70	0.69	0.70	0.69	0.03	0.73	0.72	0.73	0.72	XXX
72100		A	X-ray exam of lower spine	0.22	0.76	0.79	0.76	0.79	0.04	1.02	1.05	1.02	1.05	XXX
72100	26	A	X-ray exam of lower spine	0.22	0.06	0.10	0.06	0.10	0.01	0.29	0.33	0.29	0.33	XXX
72100	TC	A	X-ray exam of lower spine	0.00	0.70	0.69	0.70	0.69	0.03	0.73	0.72	0.73	0.72	XXX
72110		A	X-ray exam of lower spine	0.31	1.03	1.07	1.03	1.07	0.07	1.41	1.45	1.41	1.45	XXX
72110	26	A	X-ray exam of lower spine	0.31	0.08	0.13	0.08	0.13	0.02	0.41	0.46	0.41	0.46	XXX
72110	TC	A	X-ray exam of lower spine	0.00	0.95	0.94	0.95	0.94	0.05	1.00	0.99	1.00	0.99	XXX
72114		A	X-ray exam of lower spine	0.36	1.32	1.39	1.32	1.39	0.07	1.75	1.82	1.75	1.82	XXX
72114	26	A	X-ray exam of lower spine	0.36	0.09	0.16	0.09	0.16	0.02	0.47	0.54	0.47	0.54	XXX
72114	TC	A	X-ray exam of lower spine	0.00	1.23	1.23	1.23	1.23	0.05	1.28	1.28	1.28	1.28	XXX
72120		A	X-ray exam of lower spine	0.22	0.99	1.02	0.99	1.02	0.06	1.27	1.30	1.27	1.30	XXX
72120	26	A	X-ray exam of lower spine	0.22	0.06	0.10	0.06	0.10	0.01	0.29	0.33	0.29	0.33	XXX
72120	TC	A	X-ray exam of lower spine	0.00	0.93	0.92	0.93	0.92	0.05	0.98	0.97	0.98	0.97	XXX
72125		A	CAT scan of neck spine	1.16	6.44	6.61	6.44	6.61	0.34	7.94	8.11	7.94	8.11	XXX
72125	26	A	CAT scan of neck spine	1.16	0.31	0.49	0.31	0.49	0.06	1.53	1.71	1.53	1.71	XXX
72125	TC	A	CAT scan of neck spine	0.00	6.13	6.12	6.13	6.12	0.28	6.41	6.40	6.41	6.40	XXX
72126		A	Contrast CAT scan of neck	1.22	7.65	7.84	7.65	7.84	0.40	9.27	9.46	9.27	9.46	XXX
72126	26	A	Contrast CAT scan of neck	1.22	0.32	0.52	0.32	0.52	0.06	1.60	1.80	1.60	1.80	XXX
72126	TC	A	Contrast CAT scan of neck	0.00	7.33	7.32	7.33	7.32	0.34	7.67	7.66	7.67	7.66	XXX
72127		A	Contrast CAT scans of neck	1.27	9.51	9.70	9.51	9.70	0.48	11.26	11.45	11.26	11.45	XXX
72127	26	A	Contrast CAT scans of neck	1.27	0.34	0.54	0.34	0.54	0.07	1.68	1.88	1.68	1.88	XXX
72127	TC	A	Contrast CAT scans of neck	0.00	9.17	9.16	9.17	9.16	0.41	9.58	9.57	9.58	9.57	XXX
72128		A	CAT scan of thorax spine	1.16	6.44	6.61	6.44	6.61	0.34	7.94	8.11	7.94	8.11	XXX
72128	26	A	CAT scan of thorax spine	1.16	0.31	0.49	0.31	0.49	0.06	1.53	1.71	1.53	1.71	XXX

3 +Indicates RVUs are not used for Medicare payment.

ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
72128	TC	A	CAT scan of thorax spine	0.00	6.13	6.12	6.13	6.12	0.28	6.41	6.40	6.41	6.40	XXX
72129		A	Contrast CAT scan of thorax	1.22	7.65	7.84	7.65	7.84	0.40	9.27	9.46	9.27	9.46	XXX
72129	26	A	Contrast CAT scan of thorax	1.22	0.32	0.52	0.32	0.52	0.06	1.60	1.80	1.60	1.80	XXX
72129	TC	A	Contrast CAT scan of thorax	0.00	7.33	7.32	7.33	7.32	0.34	7.67	7.66	7.67	7.66	XXX
72130		A	Contrast CAT scans of thorax	1.27	9.51	9.70	9.51	9.70	0.48	11.26	11.45	11.26	11.45	XXX
72130	26	A	Contrast CAT scans of thorax	1.27	0.34	0.54	0.34	0.54	0.07	1.68	1.88	1.68	1.88	XXX
72130	TC	A	Contrast CAT scans of thorax	0.00	9.17	9.16	9.17	9.16	0.41	9.58	9.57	9.58	9.57	XXX
72131		A	CAT scan of lower spine	1.16	6.44	6.61	6.44	6.61	0.34	7.94	8.11	7.94	8.11	XXX
72131	26	A	CAT scan of lower spine	1.16	0.31	0.49	0.31	0.49	0.06	1.53	1.71	1.53	1.71	XXX
72131	TC	A	CAT scan of lower spine	0.00	6.13	6.12	6.13	6.12	0.28	6.41	6.40	6.41	6.40	XXX
72132		A	Contrast CAT of lower spine	1.22	7.66	7.84	7.66	7.84	0.40	9.28	9.46	9.28	9.46	XXX
72132	26	A	Contrast CAT of lower spine	1.22	0.33	0.52	0.33	0.52	0.06	1.61	1.80	1.61	1.80	XXX
72132	TC	A	Contrast CAT of lower spine	0.00	7.33	7.32	7.33	7.32	0.34	7.67	7.66	7.67	7.66	XXX
72133		A	Contrast CAT scans,low spine	1.27	9.51	9.70	9.51	9.70	0.48	11.26	11.45	11.26	11.45	XXX
72133	26	A	Contrast CAT scans,low spine	1.27	0.34	0.54	0.34	0.54	0.07	1.68	1.88	1.68	1.88	XXX
72133	TC	A	Contrast CAT scans,low spine	0.00	9.17	9.16	9.17	9.16	0.41	9.58	9.57	9.58	9.57	XXX
72141		A	Magnetic image, neck spine	1.60	12.06	12.29	12.06	12.29	0.61	14.27	14.50	14.27	14.50	XXX
72141	26	A	Magnetic image, neck spine	1.60	0.43	0.69	0.43	0.69	0.09	2.12	2.38	2.12	2.38	XXX
72141	TC	A	Magnetic image, neck spine	0.00	11.63	11.60	11.63	11.60	0.52	12.15	12.12	12.15	12.12	XXX
72142		A	Magnetic image, neck spine	1.92	14.49	14.74	14.49	14.74	0.73	17.14	17.39	17.14	17.39	XXX
72142	26	A	Magnetic image, neck spine	1.92	0.54	0.83	0.54	0.83	0.10	2.56	2.85	2.56	2.85	XXX
72142	TC	A	Magnetic image, neck spine	0.00	13.95	13.91	13.95	13.91	0.63	14.58	14.54	14.58	14.54	XXX
72146		A	Magnetic image, chest spine	1.60	13.33	13.57	13.33	13.57	0.67	15.60	15.84	15.60	15.84	XXX
72146	26	A	Magnetic image, chest spine	1.60	0.43	0.69	0.43	0.69	0.09	2.12	2.38	2.12	2.38	XXX
72146	TC	A	Magnetic image, chest spine	0.00	12.90	12.88	12.90	12.88	0.58	13.48	13.46	13.48	13.46	XXX
72147		A	Magnetic image, chest spine	1.92	14.48	14.74	14.48	14.74	0.73	17.13	17.39	17.13	17.39	XXX
72147	26	A	Magnetic image, chest spine	1.92	0.53	0.83	0.53	0.83	0.10	2.55	2.85	2.55	2.85	XXX
72147	TC	A	Magnetic image, chest spine	0.00	13.95	13.91	13.95	13.91	0.63	14.58	14.54	14.58	14.54	XXX
72148		A	Magnetic image, lumbar spine	1.48	13.30	13.52	13.30	13.52	0.66	15.44	15.66	15.44	15.66	XXX
72148	26	A	Magnetic image, lumbar spine	1.48	0.40	0.64	0.40	0.64	0.08	1.96	2.20	1.96	2.20	XXX
72148	TC	A	Magnetic image, lumbar spine	0.00	12.90	12.88	12.90	12.88	0.58	13.48	13.46	13.48	13.46	XXX
72149		A	Magnetic image, lumbar spine	1.78	14.44	14.69	14.44	14.69	0.72	16.94	17.19	16.94	17.19	XXX
72149	26	A	Magnetic image, lumbar spine	1.78	0.49	0.78	0.49	0.78	0.09	2.36	2.65	2.36	2.65	XXX
72149	TC	A	Magnetic image, lumbar spine	0.00	13.95	13.91	13.95	13.91	0.63	14.58	14.54	14.58	14.54	XXX
72156		A	Magnetic image, neck spine	2.57	26.52	26.87	26.52	26.87	1.30	30.39	30.74	30.39	30.74	XXX
72156	26	A	Magnetic image, neck spine	2.57	0.69	1.11	0.69	1.11	0.13	3.39	3.81	3.39	3.81	XXX
72156	TC	A	Magnetic image, neck spine	0.00	25.83	25.76	25.83	25.76	1.17	27.00	26.93	27.00	26.93	XXX
72157		A	Magnetic image, chest spine	2.57	26.52	26.87	26.52	26.87	1.30	30.39	30.74	30.39	30.74	XXX
72157	26	A	Magnetic image, chest spine	2.57	0.69	1.11	0.69	1.11	0.13	3.39	3.81	3.39	3.81	XXX
72157	TC	A	Magnetic image, chest spine	0.00	25.83	25.76	25.83	25.76	1.17	27.00	26.93	27.00	26.93	XXX

3 +Indicates RVUs are not used for Medicare payment.

ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1]/ HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
72158		A	Magnetic image, lumbar spine	2.36	26.46	26.79	26.46	26.79	1.30	30.12	30.45	30.12	30.45	XXX
72158	26	A	Magnetic image, lumbar spine	2.36	0.63	1.03	0.63	1.03	0.13	3.12	3.52	3.12	3.52	XXX
72158	TC	A	Magnetic image, lumbar spine	0.00	25.83	25.76	25.83	25.76	1.17	27.00	26.93	27.00	26.93	XXX
72159		N	Magnetic imaging/spine (MRA)	+1.80	13.58	13.59	13.58	13.59	0.66	16.04	16.05	16.04	16.05	XXX
72159	26	N	Magnetic imaging/spine (MRA)	+1.80	0.68	0.71	0.68	0.71	0.08	2.56	2.59	2.56	2.59	XXX
72159	TC	N	Magnetic imaging/spine (MRA)	+0.00	12.90	12.88	12.90	12.88	0.58	13.48	13.46	13.48	13.46	XXX
72170		A	X-ray exam of pelvis	0.17	0.59	0.61	0.59	0.61	0.03	0.79	0.81	0.79	0.81	XXX
72170	26	A	X-ray exam of pelvis	0.17	0.04	0.07	0.04	0.07	0.01	0.22	0.25	0.22	0.25	XXX
72170	TC	A	X-ray exam of pelvis	0.00	0.55	0.54	0.55	0.54	0.02	0.57	0.56	0.57	0.56	XXX
72190		A	X-ray exam of pelvis	0.21	0.76	0.79	0.76	0.79	0.04	1.01	1.04	1.01	1.04	XXX
72190	26	A	X-ray exam of pelvis	0.21	0.06	0.10	0.06	0.10	0.01	0.28	0.32	0.28	0.32	XXX
72190	TC	A	X-ray exam of pelvis	0.00	0.70	0.69	0.70	0.69	0.03	0.73	0.72	0.73	0.72	XXX
72192		A	CAT scan of pelvis	1.09	6.42	6.58	6.42	6.58	0.33	7.84	8.00	7.84	8.00	XXX
72192	26	A	CAT scan of pelvis	1.09	0.29	0.46	0.29	0.46	0.05	1.43	1.60	1.43	1.60	XXX
72192	TC	A	CAT scan of pelvis	0.00	6.13	6.12	6.13	6.12	0.28	6.41	6.40	6.41	6.40	XXX
72193		A	Contrast CAT scan of pelvis	1.16	7.41	7.58	7.41	7.58	0.38	8.95	9.12	8.95	9.12	XXX
72193	26	A	Contrast CAT scan of pelvis	1.16	0.31	0.49	0.31	0.49	0.06	1.53	1.71	1.53	1.71	XXX
72193	TC	A	Contrast CAT scan of pelvis	0.00	7.10	7.09	7.10	7.09	0.32	7.42	7.41	7.42	7.41	XXX
72194		A	Contrast CAT scans of pelvis	1.22	9.12	9.31	9.12	9.31	0.45	10.79	10.98	10.79	10.98	XXX
72194	26	A	Contrast CAT scans of pelvis	1.22	0.32	0.52	0.32	0.52	0.06	1.60	1.80	1.60	1.80	XXX
72194	TC	A	Contrast CAT scans of pelvis	0.00	8.80	8.79	8.80	8.79	0.39	9.19	9.18	9.19	9.18	XXX
72196		A	Magnetic image, pelvis	1.60	12.05	12.29	12.05	12.29	0.61	14.26	14.50	14.26	14.50	XXX
72196	26	A	Magnetic image, pelvis	1.60	0.42	0.69	0.42	0.69	0.09	2.11	2.38	2.11	2.38	XXX
72196	TC	A	Magnetic image, pelvis	0.00	11.63	11.60	11.63	11.60	0.52	12.15	12.12	12.15	12.12	XXX
72198		N	Magnetic imaging/pelvis(MRA)	+1.80	12.31	12.36	12.31	12.36	0.61	14.72	14.77	14.72	14.77	XXX
72198	26	N	Magnetic imaging/pelvis(MRA)	+1.80	0.68	0.76	0.68	0.76	0.09	2.57	2.65	2.57	2.65	XXX
72198	TC	N	Magnetic imaging/pelvis(MRA)	+0.00	11.63	11.60	11.63	11.60	0.52	12.15	12.12	12.15	12.12	XXX
72200		A	X-ray exam sacroiliac joints	0.17	0.59	0.62	0.59	0.62	0.03	0.79	0.82	0.79	0.82	XXX
72200	26	A	X-ray exam sacroiliac joints	0.17	0.04	0.08	0.04	0.08	0.01	0.22	0.26	0.22	0.26	XXX
72200	TC	A	X-ray exam sacroiliac joints	0.00	0.55	0.54	0.55	0.54	0.02	0.57	0.56	0.57	0.56	XXX
72202		A	X-ray exam sacroiliac joints	0.19	0.69	0.73	0.69	0.73	0.04	0.92	0.96	0.92	0.96	XXX
72202	26	A	X-ray exam sacroiliac joints	0.19	0.05	0.09	0.05	0.09	0.01	0.25	0.29	0.25	0.29	XXX
72202	TC	A	X-ray exam sacroiliac joints	0.00	0.64	0.64	0.64	0.64	0.03	0.67	0.67	0.67	0.67	XXX
72220		A	X-ray exam of tailbone	0.17	0.63	0.67	0.63	0.67	0.04	0.84	0.88	0.84	0.88	XXX
72220	26	A	X-ray exam of tailbone	0.17	0.04	0.08	0.04	0.08	0.01	0.22	0.26	0.22	0.26	XXX
72220	TC	A	X-ray exam of tailbone	0.00	0.59	0.59	0.59	0.59	0.03	0.62	0.62	0.62	0.62	XXX
72240		A	Contrast x-ray of neck spine	0.91	5.16	5.30	5.16	5.30	0.28	6.35	6.49	6.35	6.49	XXX
72240	26	A	Contrast x-ray of neck spine	0.91	0.24	0.39	0.24	0.39	0.05	1.20	1.35	1.20	1.35	XXX
72240	TC	A	Contrast x-ray of neck spine	0.00	4.92	4.91	4.92	4.91	0.23	5.15	5.14	5.15	5.14	XXX
72255		A	Contrast x-ray thorax spine	0.91	4.72	4.87	4.72	4.87	0.25	5.88	6.03	5.88	6.03	XXX

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1]/ HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
72255	26	A	Contrast x-ray thorax spine	0.91	0.23	0.39	0.23	0.39	0.05	1.19	1.35	1.19	1.35	XXX
72255	TC	A	Contrast x-ray thorax spine	0.00	4.49	4.48	4.49	4.48	0.20	4.69	4.68	4.69	4.68	XXX
72265		A	Contrast x-ray lower spine	0.83	4.43	4.57	4.43	4.57	0.25	5.51	5.65	5.51	5.65	XXX
72265	26	A	Contrast x-ray lower spine	0.83	0.21	0.36	0.21	0.36	0.05	1.09	1.24	1.09	1.24	XXX
72265	TC	A	Contrast x-ray lower spine	0.00	4.22	4.21	4.22	4.21	0.20	4.42	4.41	4.42	4.41	XXX
72270		A	Contrast x-ray of spine	1.33	6.68	6.89	6.68	6.89	0.36	8.37	8.58	8.37	8.58	XXX
72270	26	A	Contrast x-ray of spine	1.33	0.35	0.57	0.35	0.57	0.07	1.75	1.97	1.75	1.97	XXX
72270	TC	A	Contrast x-ray of spine	0.00	6.33	6.32	6.33	6.32	0.29	6.62	6.61	6.62	6.61	XXX
72285		A	X-ray of neck spine disk	0.83	8.90	9.04	8.90	9.04	0.44	10.17	10.31	10.17	10.31	XXX
72285	26	A	X-ray of neck spine disk	0.83	0.20	0.36	0.20	0.36	0.05	1.08	1.24	1.08	1.24	XXX
72285	TC	A	X-ray of neck spine disk	0.00	8.70	8.68	8.70	8.68	0.39	9.09	9.07	9.09	9.07	XXX
72295		A	X-ray of lower spine disk	0.83	8.39	8.51	8.39	8.51	0.41	9.63	9.75	9.63	9.75	XXX
72295	26	A	X-ray of lower spine disk	0.83	0.23	0.37	0.23	0.37	0.05	1.11	1.25	1.11	1.25	XXX
72295	TC	A	X-ray of lower spine disk	0.00	8.16	8.14	8.16	8.14	0.36	8.52	8.50	8.52	8.50	XXX
73000		A	X-ray exam of collarbone	0.16	0.59	0.61	0.59	0.61	0.03	0.78	0.80	0.78	0.80	XXX
73000	26	A	X-ray exam of collarbone	0.16	0.04	0.07	0.04	0.07	0.01	0.21	0.24	0.21	0.24	XXX
73000	TC	A	X-ray exam of collarbone	0.00	0.55	0.54	0.55	0.54	0.02	0.57	0.56	0.57	0.56	XXX
73010		A	X-ray exam of shoulder blade	0.17	0.59	0.62	0.59	0.62	0.03	0.79	0.82	0.79	0.82	XXX
73010	26	A	X-ray exam of shoulder blade	0.17	0.04	0.08	0.04	0.08	0.01	0.22	0.26	0.22	0.26	XXX
73010	TC	A	X-ray exam of shoulder blade	0.00	0.55	0.54	0.55	0.54	0.02	0.57	0.56	0.57	0.56	XXX
73020		A	X-ray exam of shoulder	0.15	0.53	0.56	0.53	0.56	0.03	0.71	0.74	0.71	0.74	XXX
73020	26	A	X-ray exam of shoulder	0.15	0.04	0.07	0.04	0.07	0.01	0.20	0.23	0.20	0.23	XXX
73020	TC	A	X-ray exam of shoulder	0.00	0.49	0.49	0.49	0.49	0.02	0.51	0.51	0.51	0.51	XXX
73030		A	X-ray exam of shoulder	0.18	0.64	0.67	0.64	0.67	0.04	0.86	0.89	0.86	0.89	XXX
73030	26	A	X-ray exam of shoulder	0.18	0.05	0.08	0.05	0.08	0.01	0.24	0.27	0.24	0.27	XXX
73030	TC	A	X-ray exam of shoulder	0.00	0.59	0.59	0.59	0.59	0.03	0.62	0.62	0.62	0.62	XXX
73040		A	Contrast x-ray of shoulder	0.54	2.32	2.41	2.32	2.41	0.13	2.99	3.08	2.99	3.08	XXX
73040	26	A	Contrast x-ray of shoulder	0.54	0.14	0.24	0.14	0.24	0.03	0.71	0.81	0.71	0.81	XXX
73040	TC	A	Contrast x-ray of shoulder	0.00	2.18	2.17	2.18	2.17	0.10	2.28	2.27	2.28	2.27	XXX
73050		A	X-ray exam of shoulders	0.20	0.75	0.78	0.75	0.78	0.04	0.99	1.02	0.99	1.02	XXX
73050	26	A	X-ray exam of shoulders	0.20	0.05	0.09	0.05	0.09	0.01	0.26	0.30	0.26	0.30	XXX
73050	TC	A	X-ray exam of shoulders	0.00	0.70	0.69	0.70	0.69	0.03	0.73	0.72	0.73	0.72	XXX
73060		A	X-ray exam of humerus	0.17	0.63	0.67	0.63	0.67	0.04	0.84	0.88	0.84	0.88	XXX
73060	26	A	X-ray exam of humerus	0.17	0.04	0.08	0.04	0.08	0.01	0.22	0.26	0.22	0.26	XXX
73060	TC	A	X-ray exam of humerus	0.00	0.59	0.59	0.59	0.59	0.03	0.62	0.62	0.62	0.62	XXX
73070		A	X-ray exam of elbow	0.15	0.59	0.61	0.59	0.61	0.03	0.77	0.79	0.77	0.79	XXX
73070	26	A	X-ray exam of elbow	0.15	0.04	0.07	0.04	0.07	0.01	0.20	0.23	0.20	0.23	XXX
73070	TC	A	X-ray exam of elbow	0.00	0.55	0.54	0.55	0.54	0.02	0.57	0.56	0.57	0.56	XXX
73080		A	X-ray exam of elbow	0.17	0.63	0.67	0.63	0.67	0.04	0.84	0.88	0.84	0.88	XXX
73080	26	A	X-ray exam of elbow	0.17	0.04	0.08	0.04	0.08	0.01	0.22	0.26	0.22	0.26	XXX

3 +Indicates RVUs are not used for Medicare payment.

ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
73080	TC	A	X-ray exam of elbow	0.00	0.59	0.59	0.59	0.59	0.03	0.62	0.62	0.62	0.62	XXX
73085		A	Contrast x-ray of elbow	0.54	2.33	2.41	2.33	2.41	0.13	3.00	3.08	3.00	3.08	XXX
73085	26	A	Contrast x-ray of elbow	0.54	0.15	0.24	0.15	0.24	0.03	0.72	0.81	0.72	0.81	XXX
73085	TC	A	Contrast x-ray of elbow	0.00	2.18	2.17	2.18	2.17	0.10	2.28	2.27	2.28	2.27	XXX
73090		A	X-ray exam of forearm	0.16	0.59	0.61	0.59	0.61	0.03	0.78	0.80	0.78	0.80	XXX
73090	26	A	X-ray exam of forearm	0.16	0.04	0.07	0.04	0.07	0.01	0.21	0.24	0.21	0.24	XXX
73090	TC	A	X-ray exam of forearm	0.00	0.55	0.54	0.55	0.54	0.02	0.57	0.56	0.57	0.56	XXX
73092		A	X-ray exam of arm, infant	0.16	0.55	0.58	0.55	0.58	0.03	0.74	0.77	0.74	0.77	XXX
73092	26	A	X-ray exam of arm, infant	0.16	0.04	0.07	0.04	0.07	0.01	0.21	0.24	0.21	0.24	XXX
73092	TC	A	X-ray exam of arm, infant	0.00	0.51	0.51	0.51	0.51	0.02	0.53	0.53	0.53	0.53	XXX
73100		A	X-ray exam of wrist	0.16	0.55	0.58	0.55	0.58	0.03	0.74	0.77	0.74	0.77	XXX
73100	26	A	X-ray exam of wrist	0.16	0.04	0.07	0.04	0.07	0.01	0.21	0.24	0.21	0.24	XXX
73100	TC	A	X-ray exam of wrist	0.00	0.51	0.51	0.51	0.51	0.02	0.53	0.53	0.53	0.53	XXX
73110		A	X-ray exam of wrist	0.17	0.60	0.63	0.60	0.63	0.03	0.80	0.83	0.80	0.83	XXX
73110	26	A	X-ray exam of wrist	0.17	0.04	0.08	0.04	0.08	0.01	0.22	0.26	0.22	0.26	XXX
73110	TC	A	X-ray exam of wrist	0.00	0.56	0.55	0.56	0.55	0.02	0.58	0.57	0.58	0.57	XXX
73115		A	Contrast x-ray of wrist	0.54	1.78	1.87	1.78	1.87	0.11	2.43	2.52	2.43	2.52	XXX
73115	26	A	Contrast x-ray of wrist	0.54	0.15	0.24	0.15	0.24	0.03	0.72	0.81	0.72	0.81	XXX
73115	TC	A	Contrast x-ray of wrist	0.00	1.63	1.63	1.63	1.63	0.08	1.71	1.71	1.71	1.71	XXX
73120		A	X-ray exam of hand	0.16	0.55	0.58	0.55	0.58	0.03	0.74	0.77	0.74	0.77	XXX
73120	26	A	X-ray exam of hand	0.16	0.04	0.07	0.04	0.07	0.01	0.21	0.24	0.21	0.24	XXX
73120	TC	A	X-ray exam of hand	0.00	0.51	0.51	0.51	0.51	0.02	0.53	0.53	0.53	0.53	XXX
73130		A	X-ray exam of hand	0.17	0.60	0.63	0.60	0.63	0.03	0.80	0.83	0.80	0.83	XXX
73130	26	A	X-ray exam of hand	0.17	0.04	0.08	0.04	0.08	0.01	0.22	0.26	0.22	0.26	XXX
73130	TC	A	X-ray exam of hand	0.00	0.56	0.55	0.56	0.55	0.02	0.58	0.57	0.58	0.57	XXX
73140		A	X-ray exam of finger(s)	0.13	0.47	0.49	0.47	0.49	0.03	0.63	0.65	0.63	0.65	XXX
73140	26	A	X-ray exam of finger(s)	0.13	0.03	0.06	0.03	0.06	0.01	0.17	0.20	0.17	0.20	XXX
73140	TC	A	X-ray exam of finger(s)	0.00	0.44	0.43	0.44	0.43	0.02	0.46	0.45	0.46	0.45	XXX
73200		A	CAT scan of arm	1.09	5.44	5.60	5.44	5.60	0.28	6.81	6.97	6.81	6.97	XXX
73200	26	A	CAT scan of arm	1.09	0.29	0.46	0.29	0.46	0.05	1.43	1.60	1.43	1.60	XXX
73200	TC	A	CAT scan of arm	0.00	5.15	5.14	5.15	5.14	0.23	5.38	5.37	5.38	5.37	XXX
73201		A	Contrast CAT scan of arm	1.16	6.44	6.61	6.44	6.61	0.34	7.94	8.11	7.94	8.11	XXX
73201	26	A	Contrast CAT scan of arm	1.16	0.31	0.49	0.31	0.49	0.06	1.53	1.71	1.53	1.71	XXX
73201	TC	A	Contrast CAT scan of arm	0.00	6.13	6.12	6.13	6.12	0.28	6.41	6.40	6.41	6.40	XXX
73202		A	Contrast CAT scans of arm	1.22	8.04	8.21	8.04	8.21	0.41	9.67	9.84	9.67	9.84	XXX
73202	26	A	Contrast CAT scans of arm	1.22	0.33	0.52	0.33	0.52	0.06	1.61	1.80	1.61	1.80	XXX
73202	TC	A	Contrast CAT scans of arm	0.00	7.71	7.69	7.71	7.69	0.35	8.06	8.04	8.06	8.04	XXX
73220		A	Magnetic image, arm, hand	1.48	12.03	12.24	12.03	12.24	0.60	14.11	14.32	14.11	14.32	XXX
73220	26	A	Magnetic image, arm, hand	1.48	0.40	0.64	0.40	0.64	0.08	1.96	2.20	1.96	2.20	XXX
73220	TC	A	Magnetic image, arm, hand	0.00	11.63	11.60	11.63	11.60	0.52	12.15	12.12	12.15	12.12	XXX

3 +Indicates RVUs are not used for Medicare payment.

ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
73221		A	Magnetic image, joint of arm	1.48	12.03	12.05	12.03	12.05	0.57	14.08	14.10	14.08	14.10	XXX
73221	26	A	Magnetic image, joint of arm	1.48	0.40	0.45	0.40	0.45	0.05	1.93	1.98	1.93	1.98	XXX
73221	TC	A	Magnetic image, joint of arm	0.00	11.63	11.60	11.63	11.60	0.52	12.15	12.12	12.15	12.12	XXX
73225		N	Magnetic imaging/upper (MRA)	+1.73	12.28	12.30	12.28	12.30	0.60	14.61	14.63	14.61	14.63	XXX
73225	26	N	Magnetic imaging/upper (MRA)	+1.73	0.65	0.70	0.65	0.70	0.08	2.46	2.51	2.46	2.51	XXX
73225	TC	N	Magnetic imaging/upper (MRA)	+0.00	11.63	11.60	11.63	11.60	0.52	12.15	12.12	12.15	12.12	XXX
73500		A	X-ray exam of hip	0.17	0.53	0.57	0.53	0.57	0.03	0.73	0.77	0.73	0.77	XXX
73500	26	A	X-ray exam of hip	0.17	0.04	0.08	0.04	0.08	0.01	0.22	0.26	0.22	0.26	XXX
73500	TC	A	X-ray exam of hip	0.00	0.49	0.49	0.49	0.49	0.02	0.51	0.51	0.51	0.51	XXX
73510		A	X-ray exam of hip	0.21	0.65	0.69	0.65	0.69	0.04	0.90	0.94	0.90	0.94	XXX
73510	26	A	X-ray exam of hip	0.21	0.06	0.10	0.06	0.10	0.01	0.28	0.32	0.28	0.32	XXX
73510	TC	A	X-ray exam of hip	0.00	0.59	0.59	0.59	0.59	0.03	0.62	0.62	0.62	0.62	XXX
73520		A	X-ray exam of hips	0.26	0.77	0.81	0.77	0.81	0.05	1.08	1.12	1.08	1.12	XXX
73520	26	A	X-ray exam of hips	0.26	0.07	0.12	0.07	0.12	0.02	0.35	0.40	0.35	0.40	XXX
73520	TC	A	X-ray exam of hips	0.00	0.70	0.69	0.70	0.69	0.03	0.73	0.72	0.73	0.72	XXX
73525		A	Contrast x-ray of hip	0.54	2.32	2.41	2.32	2.41	0.13	2.99	3.08	2.99	3.08	XXX
73525	26	A	Contrast x-ray of hip	0.54	0.14	0.24	0.14	0.24	0.03	0.71	0.81	0.71	0.81	XXX
73525	TC	A	Contrast x-ray of hip	0.00	2.18	2.17	2.18	2.17	0.10	2.28	2.27	2.28	2.27	XXX
73530		A	X-ray exam of hip	0.29	0.63	0.67	0.63	0.67	0.04	0.96	1.00	0.96	1.00	XXX
73530	26	A	X-ray exam of hip	0.29	0.08	0.13	0.08	0.13	0.02	0.39	0.44	0.39	0.44	XXX
73530	TC	A	X-ray exam of hip	0.00	0.55	0.54	0.55	0.54	0.02	0.57	0.56	0.57	0.56	XXX
73540		A	X-ray exam of pelvis & hips	0.20	0.64	0.69	0.64	0.69	0.04	0.88	0.93	0.88	0.93	XXX
73540	26	A	X-ray exam of pelvis & hips	0.20	0.05	0.10	0.05	0.10	0.01	0.26	0.31	0.26	0.31	XXX
73540	TC	A	X-ray exam of pelvis & hips	0.00	0.59	0.59	0.59	0.59	0.03	0.62	0.62	0.62	0.62	XXX
73550		A	X-ray exam of thigh	0.17	0.63	0.67	0.63	0.67	0.04	0.84	0.88	0.84	0.88	XXX
73550	26	A	X-ray exam of thigh	0.17	0.04	0.08	0.04	0.08	0.01	0.22	0.26	0.22	0.26	XXX
73550	TC	A	X-ray exam of thigh	0.00	0.59	0.59	0.59	0.59	0.03	0.62	0.62	0.62	0.62	XXX
73560		A	X-ray exam of knee, 1 or 2	0.17	0.60	0.61	0.60	0.61	0.03	0.80	0.81	0.80	0.81	XXX
73560	26	A	X-ray exam of knee, 1 or 2	0.17	0.05	0.07	0.05	0.07	0.01	0.23	0.25	0.23	0.25	XXX
73560	TC	A	X-ray exam of knee, 1 or 2	0.00	0.55	0.54	0.55	0.54	0.02	0.57	0.56	0.57	0.56	XXX
73562		A	X-ray exam of knee, 3	0.18	0.64	0.68	0.64	0.68	0.04	0.86	0.90	0.86	0.90	XXX
73562	26	A	X-ray exam of knee, 3	0.18	0.05	0.09	0.05	0.09	0.01	0.24	0.28	0.24	0.28	XXX
73562	TC	A	X-ray exam of knee, 3	0.00	0.59	0.59	0.59	0.59	0.03	0.62	0.62	0.62	0.62	XXX
73564		A	X-ray exam of knee, 4+	0.22	0.70	0.74	0.70	0.74	0.05	0.97	1.01	0.97	1.01	XXX
73564	26	A	X-ray exam of knee, 4+	0.22	0.06	0.10	0.06	0.10	0.02	0.30	0.34	0.30	0.34	XXX
73564	TC	A	X-ray exam of knee, 4+	0.00	0.64	0.64	0.64	0.64	0.03	0.67	0.67	0.67	0.67	XXX
73565		A	X-ray exam of knee	0.17	0.56	0.58	0.56	0.58	0.03	0.76	0.78	0.76	0.78	XXX
73565	26	A	X-ray exam of knee	0.17	0.05	0.07	0.05	0.07	0.01	0.23	0.25	0.23	0.25	XXX
73565	TC	A	X-ray exam of knee	0.00	0.51	0.51	0.51	0.51	0.02	0.53	0.53	0.53	0.53	XXX
73580		A	Contrast x-ray of knee joint	0.54	2.87	2.96	2.87	2.96	0.16	3.57	3.66	3.57	3.66	XXX

3 +Indicates RVUs are not used for Medicare payment.

ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
73580	26	A	Contrast x-ray of knee joint	0.54	0.14	0.24	0.14	0.24	0.03	0.71	0.81	0.71	0.81	XXX
73580	TC	A	Contrast x-ray of knee joint	0.00	2.73	2.72	2.73	2.72	0.13	2.86	2.85	2.86	2.85	XXX
73590		A	X-ray exam of lower leg	0.17	0.59	0.61	0.59	0.61	0.03	0.79	0.81	0.79	0.81	XXX
73590	26	A	X-ray exam of lower leg	0.17	0.04	0.07	0.04	0.07	0.01	0.22	0.25	0.22	0.25	XXX
73590	TC	A	X-ray exam of lower leg	0.00	0.55	0.54	0.55	0.54	0.02	0.57	0.56	0.57	0.56	XXX
73592		A	X-ray exam of leg, infant	0.16	0.55	0.58	0.55	0.58	0.03	0.74	0.77	0.74	0.77	XXX
73592	26	A	X-ray exam of leg, infant	0.16	0.04	0.07	0.04	0.07	0.01	0.21	0.24	0.21	0.24	XXX
73592	TC	A	X-ray exam of leg, infant	0.00	0.51	0.51	0.51	0.51	0.02	0.53	0.53	0.53	0.53	XXX
73600		A	X-ray exam of ankle	0.16	0.55	0.58	0.55	0.58	0.03	0.74	0.77	0.74	0.77	XXX
73600	26	A	X-ray exam of ankle	0.16	0.04	0.07	0.04	0.07	0.01	0.21	0.24	0.21	0.24	XXX
73600	TC	A	X-ray exam of ankle	0.00	0.51	0.51	0.51	0.51	0.02	0.53	0.53	0.53	0.53	XXX
73610		A	X-ray exam of ankle	0.17	0.60	0.63	0.60	0.63	0.03	0.80	0.83	0.80	0.83	XXX
73610	26	A	X-ray exam of ankle	0.17	0.04	0.08	0.04	0.08	0.01	0.22	0.26	0.22	0.26	XXX
73610	TC	A	X-ray exam of ankle	0.00	0.56	0.55	0.56	0.55	0.02	0.58	0.57	0.58	0.57	XXX
73615		A	Contrast x-ray of ankle	0.54	2.35	2.42	2.35	2.42	0.13	3.02	3.09	3.02	3.09	XXX
73615	26	A	Contrast x-ray of ankle	0.54	0.17	0.25	0.17	0.25	0.03	0.74	0.82	0.74	0.82	XXX
73615	TC	A	Contrast x-ray of ankle	0.00	2.18	2.17	2.18	2.17	0.10	2.28	2.27	2.28	2.27	XXX
73620		A	X-ray exam of foot	0.16	0.55	0.58	0.55	0.58	0.03	0.74	0.77	0.74	0.77	XXX
73620	26	A	X-ray exam of foot	0.16	0.04	0.07	0.04	0.07	0.01	0.21	0.24	0.21	0.24	XXX
73620	TC	A	X-ray exam of foot	0.00	0.51	0.51	0.51	0.51	0.02	0.53	0.53	0.53	0.53	XXX
73630		A	X-ray exam of foot	0.17	0.60	0.63	0.60	0.63	0.03	0.80	0.83	0.80	0.83	XXX
73630	26	A	X-ray exam of foot	0.17	0.04	0.08	0.04	0.08	0.01	0.22	0.26	0.22	0.26	XXX
73630	TC	A	X-ray exam of foot	0.00	0.56	0.55	0.56	0.55	0.02	0.58	0.57	0.58	0.57	XXX
73650		A	X-ray exam of heel	0.16	0.53	0.56	0.53	0.56	0.03	0.72	0.75	0.72	0.75	XXX
73650	26	A	X-ray exam of heel	0.16	0.04	0.07	0.04	0.07	0.01	0.21	0.24	0.21	0.24	XXX
73650	TC	A	X-ray exam of heel	0.00	0.49	0.49	0.49	0.49	0.02	0.51	0.51	0.51	0.51	XXX
73660		A	X-ray exam of toe(s)	0.13	0.47	0.49	0.47	0.49	0.03	0.63	0.65	0.63	0.65	XXX
73660	26	A	X-ray exam of toe(s)	0.13	0.03	0.06	0.03	0.06	0.01	0.17	0.20	0.17	0.20	XXX
73660	TC	A	X-ray exam of toe(s)	0.00	0.44	0.43	0.44	0.43	0.02	0.46	0.45	0.46	0.45	XXX
73700		A	CAT scan of leg	1.09	5.44	5.60	5.44	5.60	0.28	6.81	6.97	6.81	6.97	XXX
73700	26	A	CAT scan of leg	1.09	0.29	0.46	0.29	0.46	0.05	1.43	1.60	1.43	1.60	XXX
73700	TC	A	CAT scan of leg	0.00	5.15	5.14	5.15	5.14	0.23	5.38	5.37	5.38	5.37	XXX
73701		A	Contrast CAT scan of leg	1.16	6.44	6.61	6.44	6.61	0.34	7.94	8.11	7.94	8.11	XXX
73701	26	A	Contrast CAT scan of leg	1.16	0.31	0.49	0.31	0.49	0.06	1.53	1.71	1.53	1.71	XXX
73701	TC	A	Contrast CAT scan of leg	0.00	6.13	6.12	6.13	6.12	0.28	6.41	6.40	6.41	6.40	XXX
73702		A	Contrast CAT scans of leg	1.22	8.04	8.21	8.04	8.21	0.41	9.67	9.84	9.67	9.84	XXX
73702	26	A	Contrast CAT scans of leg	1.22	0.33	0.52	0.33	0.52	0.06	1.61	1.80	1.61	1.80	XXX
73702	TC	A	Contrast CAT scans of leg	0.00	7.71	7.69	7.71	7.69	0.35	8.06	8.04	8.06	8.04	XXX
73720		A	Magnetic image, leg, foot	1.48	12.02	12.24	12.02	12.24	0.60	14.10	14.32	14.10	14.32	XXX
73720	26	A	Magnetic image, leg, foot	1.48	0.39	0.64	0.39	0.64	0.08	1.95	2.20	1.95	2.20	XXX

3 +Indicates RVUs are not used for Medicare payment.

ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
73720	TC	A	Magnetic image, leg, foot	0.00	11.63	11.60	11.63	11.60	0.52	12.15	12.12	12.15	12.12	XXX
73721		A	Magnetic image, joint of leg	1.48	12.03	12.05	12.03	12.05	0.57	14.08	14.10	14.08	14.10	XXX
73721	26	A	Magnetic image, joint of leg	1.48	0.40	0.45	0.40	0.45	0.05	1.93	1.98	1.93	1.98	XXX
73721	TC	A	Magnetic image, joint of leg	0.00	11.63	11.60	11.63	11.60	0.52	12.15	12.12	12.15	12.12	XXX
73725		R	Magnetic imaging/lower (MRA)	1.82	12.12	12.26	12.12	12.26	0.60	14.54	14.68	14.54	14.68	XXX
73725	26	R	Magnetic imaging/lower (MRA)	1.82	0.49	0.66	0.49	0.66	0.08	2.39	2.56	2.39	2.56	XXX
73725	TC	R	Magnetic imaging/lower (MRA)	0.00	11.63	11.60	11.63	11.60	0.52	12.15	12.12	12.15	12.12	XXX
74000		A	X-ray exam of abdomen	0.18	0.60	0.62	0.60	0.62	0.03	0.81	0.83	0.81	0.83	XXX
74000	26	A	X-ray exam of abdomen	0.18	0.05	0.08	0.05	0.08	0.01	0.24	0.27	0.24	0.27	XXX
74000	TC	A	X-ray exam of abdomen	0.00	0.55	0.54	0.55	0.54	0.02	0.57	0.56	0.57	0.56	XXX
74010		A	X-ray exam of abdomen	0.23	0.65	0.70	0.65	0.70	0.05	0.93	0.98	0.93	0.98	XXX
74010	26	A	X-ray exam of abdomen	0.23	0.06	0.11	0.06	0.11	0.02	0.31	0.36	0.31	0.36	XXX
74010	TC	A	X-ray exam of abdomen	0.00	0.59	0.59	0.59	0.59	0.03	0.62	0.62	0.62	0.62	XXX
74020		A	X-ray exam of abdomen	0.27	0.71	0.76	0.71	0.76	0.05	1.03	1.08	1.03	1.08	XXX
74020	26	A	X-ray exam of abdomen	0.27	0.07	0.12	0.07	0.12	0.02	0.36	0.41	0.36	0.41	XXX
74020	TC	A	X-ray exam of abdomen	0.00	0.64	0.64	0.64	0.64	0.03	0.67	0.67	0.67	0.67	XXX
74022		A	X-ray exam series, abdomen	0.32	0.83	0.90	0.83	0.90	0.06	1.21	1.28	1.21	1.28	XXX
74022	26	A	X-ray exam series, abdomen	0.32	0.08	0.14	0.08	0.14	0.02	0.42	0.48	0.42	0.48	XXX
74022	TC	A	X-ray exam series, abdomen	0.00	0.75	0.76	0.75	0.76	0.04	0.79	0.80	0.79	0.80	XXX
74150		A	CAT scan of abdomen	1.19	6.19	6.36	6.19	6.36	0.33	7.71	7.88	7.71	7.88	XXX
74150	26	A	CAT scan of abdomen	1.19	0.32	0.50	0.32	0.50	0.06	1.57	1.75	1.57	1.75	XXX
74150	TC	A	CAT scan of abdomen	0.00	5.87	5.86	5.87	5.86	0.27	6.14	6.13	6.14	6.13	XXX
74160		A	Contrast CAT scan of abdomen	1.27	7.44	7.63	7.44	7.63	0.39	9.10	9.29	9.10	9.29	XXX
74160	26	A	Contrast CAT scan of abdomen	1.27	0.34	0.54	0.34	0.54	0.07	1.68	1.88	1.68	1.88	XXX
74160	TC	A	Contrast CAT scan of abdomen	0.00	7.10	7.09	7.10	7.09	0.32	7.42	7.41	7.42	7.41	XXX
74170		A	Contrast CAT scans, abdomen	1.40	9.17	9.39	9.17	9.39	0.47	11.04	11.26	11.04	11.26	XXX
74170	26	A	Contrast CAT scans, abdomen	1.40	0.37	0.60	0.37	0.60	0.08	1.85	2.08	1.85	2.08	XXX
74170	TC	A	Contrast CAT scans, abdomen	0.00	8.80	8.79	8.80	8.79	0.39	9.19	9.18	9.19	9.18	XXX
74181		A	Magnetic image,abdomen (MRI)	1.60	12.06	12.29	12.06	12.29	0.61	14.27	14.50	14.27	14.50	XXX
74181	26	A	Magnetic image,abdomen (MRI)	1.60	0.43	0.69	0.43	0.69	0.09	2.12	2.38	2.12	2.38	XXX
74181	TC	A	Magnetic image,abdomen (MRI)	0.00	11.63	11.60	11.63	11.60	0.52	12.15	12.12	12.15	12.12	XXX
74185		R	Magnetic image/abdomen (MRA)	1.80	12.31	12.36	12.31	12.36	0.61	14.72	14.77	14.72	14.77	XXX
74185	26	R	Magnetic image/abdomen (MRA)	1.80	0.68	0.76	0.68	0.76	0.09	2.57	2.65	2.57	2.65	XXX
74185	TC	R	Magnetic image/abdomen (MRA)	0.00	11.63	11.60	11.63	11.60	0.52	12.15	12.12	12.15	12.12	XXX
74190		A	X-ray exam of peritoneum	0.48	1.46	1.49	1.46	1.49	0.08	2.02	2.05	2.02	2.05	XXX
74190	26	A	X-ray exam of peritoneum	0.48	0.12	0.14	0.12	0.14	0.02	0.62	0.64	0.62	0.64	XXX
74190	TC	A	X-ray exam of peritoneum	0.00	1.34	1.35	1.34	1.35	0.06	1.40	1.41	1.40	1.41	XXX
74210		A	Contrast xray exam of throat	0.36	1.32	1.38	1.32	1.38	0.07	1.75	1.81	1.75	1.81	XXX
74210	26	A	Contrast xray exam of throat	0.36	0.09	0.15	0.09	0.15	0.02	0.47	0.53	0.47	0.53	XXX
74210	TC	A	Contrast xray exam of throat	0.00	1.23	1.23	1.23	1.23	0.05	1.28	1.28	1.28	1.28	XXX

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
74220		A	Contrast xray exam,esophagus	0.46	1.35	1.43	1.35	1.43	0.07	1.88	1.96	1.88	1.96	XXX
74220	26	A	Contrast xray exam,esophagus	0.46	0.12	0.20	0.12	0.20	0.02	0.60	0.68	0.60	0.68	XXX
74220	TC	A	Contrast xray exam,esophagus	0.00	1.23	1.23	1.23	1.23	0.05	1.28	1.28	1.28	1.28	XXX
74230		A	Cinema xray throat/esophagus	0.53	1.48	1.59	1.48	1.59	0.09	2.10	2.21	2.10	2.21	XXX
74230	26	A	Cinema xray throat/esophagus	0.53	0.14	0.24	0.14	0.24	0.03	0.70	0.80	0.70	0.80	XXX
74230	TC	A	Cinema xray throat/esophagus	0.00	1.34	1.35	1.34	1.35	0.06	1.40	1.41	1.40	1.41	XXX
74235		A	Remove esophagus obstruction	1.19	3.08	3.23	3.08	3.23	0.19	4.46	4.61	4.46	4.61	XXX
74235	26	A	Remove esophagus obstruction	1.19	0.35	0.51	0.35	0.51	0.06	1.60	1.76	1.60	1.76	XXX
74235	TC	A	Remove esophagus obstruction	0.00	2.73	2.72	2.73	2.72	0.13	2.86	2.85	2.86	2.85	XXX
74240		A	X-ray exam upper GI tract	0.69	1.71	1.82	1.71	1.82	0.11	2.51	2.62	2.51	2.62	XXX
74240	26	A	X-ray exam upper GI tract	0.69	0.19	0.31	0.19	0.31	0.04	0.92	1.04	0.92	1.04	XXX
74240	TC	A	X-ray exam upper GI tract	0.00	1.52	1.51	1.52	1.51	0.07	1.59	1.58	1.59	1.58	XXX
74241		A	X-ray exam upper GI tract	0.69	1.74	1.85	1.74	1.85	0.11	2.54	2.65	2.54	2.65	XXX
74241	26	A	X-ray exam upper GI tract	0.69	0.19	0.31	0.19	0.31	0.04	0.92	1.04	0.92	1.04	XXX
74241	TC	A	X-ray exam upper GI tract	0.00	1.55	1.54	1.55	1.54	0.07	1.62	1.61	1.62	1.61	XXX
74245		A	X-ray exam upper GI tract	0.91	2.72	2.86	2.72	2.86	0.17	3.80	3.94	3.80	3.94	XXX
74245	26	A	X-ray exam upper GI tract	0.91	0.24	0.39	0.24	0.39	0.05	1.20	1.35	1.20	1.35	XXX
74245	TC	A	X-ray exam upper GI tract	0.00	2.48	2.47	2.48	2.47	0.12	2.60	2.59	2.60	2.59	XXX
74246		A	Contrast xray upper GI tract	0.69	1.89	2.01	1.89	2.01	0.12	2.70	2.82	2.70	2.82	XXX
74246	26	A	Contrast xray upper GI tract	0.69	0.19	0.31	0.19	0.31	0.04	0.92	1.04	0.92	1.04	XXX
74246	TC	A	Contrast xray upper GI tract	0.00	1.70	1.70	1.70	1.70	0.08	1.78	1.78	1.78	1.78	XXX
74247		A	Contrast xray upper GI tract	0.69	1.93	2.05	1.93	2.05	0.13	2.75	2.87	2.75	2.87	XXX
74247	26	A	Contrast xray upper GI tract	0.69	0.19	0.31	0.19	0.31	0.04	0.92	1.04	0.92	1.04	XXX
74247	TC	A	Contrast xray upper GI tract	0.00	1.74	1.74	1.74	1.74	0.09	1.83	1.83	1.83	1.83	XXX
74249		A	Contrast xray upper GI tract	0.91	2.91	3.05	2.91	3.05	0.18	4.00	4.14	4.00	4.14	XXX
74249	26	A	Contrast xray upper GI tract	0.91	0.24	0.39	0.24	0.39	0.05	1.20	1.35	1.20	1.35	XXX
74249	TC	A	Contrast xray upper GI tract	0.00	2.67	2.66	2.67	2.66	0.13	2.80	2.79	2.80	2.79	XXX
74250		A	X-ray exam of small bowel	0.47	1.46	1.55	1.46	1.55	0.08	2.01	2.10	2.01	2.10	XXX
74250	26	A	X-ray exam of small bowel	0.47	0.12	0.20	0.12	0.20	0.02	0.61	0.69	0.61	0.69	XXX
74250	TC	A	X-ray exam of small bowel	0.00	1.34	1.35	1.34	1.35	0.06	1.40	1.41	1.40	1.41	XXX
74251		A	X-ray exam of small bowel	0.69	1.53	1.57	1.53	1.57	0.08	2.30	2.34	2.30	2.34	XXX
74251	26	A	X-ray exam of small bowel	0.69	0.19	0.22	0.19	0.22	0.02	0.90	0.93	0.90	0.93	XXX
74251	TC	A	X-ray exam of small bowel	0.00	1.34	1.35	1.34	1.35	0.06	1.40	1.41	1.40	1.41	XXX
74260		A	X-ray exam of small bowel	0.50	1.68	1.76	1.68	1.76	0.09	2.27	2.35	2.27	2.35	XXX
74260	26	A	X-ray exam of small bowel	0.50	0.13	0.22	0.13	0.22	0.02	0.65	0.74	0.65	0.74	XXX
74260	TC	A	X-ray exam of small bowel	0.00	1.55	1.54	1.55	1.54	0.07	1.62	1.61	1.62	1.61	XXX
74270		A	Contrast x-ray exam of colon	0.69	1.96	2.07	1.96	2.07	0.13	2.78	2.89	2.78	2.89	XXX
74270	26	A	Contrast x-ray exam of colon	0.69	0.19	0.31	0.19	0.31	0.04	0.92	1.04	0.92	1.04	XXX
74270	TC	A	Contrast x-ray exam of colon	0.00	1.77	1.76	1.77	1.76	0.09	1.86	1.85	1.86	1.85	XXX
74280		A	Contrast x-ray exam of colon	0.99	2.58	2.75	2.58	2.75	0.16	3.73	3.90	3.73	3.90	XXX

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
74280	26	A	Contrast x-ray exam of colon	0.99	0.27	0.44	0.27	0.44	0.05	1.31	1.48	1.31	1.48	XXX
74280	TC	A	Contrast x-ray exam of colon	0.00	2.31	2.31	2.31	2.31	0.11	2.42	2.42	2.42	2.42	XXX
74283		A	Contrast x-ray exam of colon	2.02	3.19	3.52	3.19	3.52	0.24	5.45	5.78	5.45	5.78	XXX
74283	26	A	Contrast x-ray exam of colon	2.02	0.54	0.87	0.54	0.87	0.11	2.67	3.00	2.67	3.00	XXX
74283	TC	A	Contrast x-ray exam of colon	0.00	2.65	2.65	2.65	2.65	0.13	2.78	2.78	2.78	2.78	XXX
74290		A	Contrast x-ray, gallbladder	0.32	0.83	0.90	0.83	0.90	0.06	1.21	1.28	1.21	1.28	XXX
74290	26	A	Contrast x-ray, gallbladder	0.32	0.08	0.14	0.08	0.14	0.02	0.42	0.48	0.42	0.48	XXX
74290	TC	A	Contrast x-ray, gallbladder	0.00	0.75	0.76	0.75	0.76	0.04	0.79	0.80	0.79	0.80	XXX
74291		A	Contrast x-rays, gallbladder	0.20	0.49	0.52	0.49	0.52	0.03	0.72	0.75	0.72	0.75	XXX
74291	26	A	Contrast x-rays, gallbladder	0.20	0.05	0.09	0.05	0.09	0.01	0.26	0.30	0.26	0.30	XXX
74291	TC	A	Contrast x-rays, gallbladder	0.00	0.44	0.43	0.44	0.43	0.02	0.46	0.45	0.46	0.45	XXX
74300		C	X-ray bile ducts, pancreas	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
74300	26	A	X-ray bile ducts, pancreas	0.36	0.09	0.16	0.09	0.16	0.02	0.47	0.54	0.47	0.54	XXX
74300	TC	C	X-ray bile ducts, pancreas	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
74301		C	X-rays at surgery add-on	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
74301	26	A	X-rays at surgery add-on	0.21	0.05	0.10	0.05	0.10	0.01	0.27	0.32	0.27	0.32	ZZZ
74301	TC	C	X-rays at surgery add-on	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
74305		A	X-ray bile ducts, pancreas	0.42	0.93	1.00	0.93	1.00	0.06	1.41	1.48	1.41	1.48	XXX
74305	26	A	X-ray bile ducts, pancreas	0.42	0.11	0.19	0.11	0.19	0.02	0.55	0.63	0.55	0.63	XXX
74305	TC	A	X-ray bile ducts, pancreas	0.00	0.82	0.81	0.82	0.81	0.04	0.86	0.85	0.86	0.85	XXX
74320		A	Contrast x-ray of bile ducts	0.54	3.40	3.50	3.40	3.50	0.18	4.12	4.22	4.12	4.22	XXX
74320	26	A	Contrast x-ray of bile ducts	0.54	0.14	0.24	0.14	0.24	0.03	0.71	0.81	0.71	0.81	XXX
74320	TC	A	Contrast x-ray of bile ducts	0.00	3.26	3.26	3.26	3.26	0.15	3.41	3.41	3.41	3.41	XXX
74327		A	X-ray for bile stone removal	0.70	2.02	2.13	2.02	2.13	0.13	2.85	2.96	2.85	2.96	XXX
74327	26	A	X-ray for bile stone removal	0.70	0.19	0.31	0.19	0.31	0.04	0.93	1.05	0.93	1.05	XXX
74327	TC	A	X-ray for bile stone removal	0.00	1.83	1.82	1.83	1.82	0.09	1.92	1.91	1.92	1.91	XXX
74328		A	Xray for bile duct endoscopy	0.70	3.45	3.57	3.45	3.57	0.19	4.34	4.46	4.34	4.46	XXX
74328	26	A	Xray for bile duct endoscopy	0.70	0.19	0.31	0.19	0.31	0.04	0.93	1.05	0.93	1.05	XXX
74328	TC	A	Xray for bile duct endoscopy	0.00	3.26	3.26	3.26	3.26	0.15	3.41	3.41	3.41	3.41	XXX
74329		A	X-ray for pancreas endoscopy	0.70	3.45	3.57	3.45	3.57	0.19	4.34	4.46	4.34	4.46	XXX
74329	26	A	X-ray for pancreas endoscopy	0.70	0.19	0.31	0.19	0.31	0.04	0.93	1.05	0.93	1.05	XXX
74329	TC	A	X-ray for pancreas endoscopy	0.00	3.26	3.26	3.26	3.26	0.15	3.41	3.41	3.41	3.41	XXX
74330		A	Xray,bile/pancreas endoscopy	0.90	3.50	3.58	3.50	3.58	0.19	4.59	4.67	4.59	4.67	XXX
74330	26	A	Xray,bile/pancreas endoscopy	0.90	0.24	0.32	0.24	0.32	0.04	1.18	1.26	1.18	1.26	XXX
74330	TC	A	Xray,bile/pancreas endoscopy	0.00	3.26	3.26	3.26	3.26	0.15	3.41	3.41	3.41	3.41	XXX
74340		A	X-ray guide for GI tube	0.54	2.87	2.96	2.87	2.96	0.16	3.57	3.66	3.57	3.66	XXX
74340	26	A	X-ray guide for GI tube	0.54	0.14	0.24	0.14	0.24	0.03	0.71	0.81	0.71	0.81	XXX
74340	TC	A	X-ray guide for GI tube	0.00	2.73	2.72	2.73	2.72	0.13	2.86	2.85	2.86	2.85	XXX
74350		A	X-ray guide, stomach tube	0.76	3.47	3.60	3.47	3.60	0.19	4.42	4.55	4.42	4.55	XXX
74350	26	A	X-ray guide, stomach tube	0.76	0.21	0.34	0.21	0.34	0.04	1.01	1.14	1.01	1.14	XXX

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
74350	TC	A	X-ray guide, stomach tube	0.00	3.26	3.26	3.26	3.26	0.15	3.41	3.41	3.41	3.41	XXX
74355		A	X-ray guide, intestinal tube	0.76	2.94	3.06	2.94	3.06	0.17	3.87	3.99	3.87	3.99	XXX
74355	26	A	X-ray guide, intestinal tube	0.76	0.21	0.34	0.21	0.34	0.04	1.01	1.14	1.01	1.14	XXX
74355	TC	A	X-ray guide, intestinal tube	0.00	2.73	2.72	2.73	2.72	0.13	2.86	2.85	2.86	2.85	XXX
74360		A	X-ray guide, GI dilation	0.54	3.44	3.51	3.44	3.51	0.18	4.16	4.23	4.16	4.23	XXX
74360	26	A	X-ray guide, GI dilation	0.54	0.18	0.25	0.18	0.25	0.03	0.75	0.82	0.75	0.82	XXX
74360	TC	A	X-ray guide, GI dilation	0.00	3.26	3.26	3.26	3.26	0.15	3.41	3.41	3.41	3.41	XXX
74363		A	X-ray, bile duct dilation	0.88	6.57	6.70	6.57	6.70	0.34	7.79	7.92	7.79	7.92	XXX
74363	26	A	X-ray, bile duct dilation	0.88	0.24	0.38	0.24	0.38	0.05	1.17	1.31	1.17	1.31	XXX
74363	TC	A	X-ray, bile duct dilation	0.00	6.33	6.32	6.33	6.32	0.29	6.62	6.61	6.62	6.61	XXX
74400		A	Contrast x-ray urinary tract	0.49	1.87	1.95	1.87	1.95	0.11	2.47	2.55	2.47	2.55	XXX
74400	26	A	Contrast x-ray urinary tract	0.49	0.13	0.21	0.13	0.21	0.02	0.64	0.72	0.64	0.72	XXX
74400	TC	A	Contrast x-ray urinary tract	0.00	1.74	1.74	1.74	1.74	0.09	1.83	1.83	1.83	1.83	XXX
74405		D	Contrast x-ray urinary tract	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
74405	26	D	Contrast x-ray urinary tract	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
74405	TC	D	Contrast x-ray urinary tract	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
74410		A	Contrast x-ray urinary tract	0.49	2.15	2.23	2.15	2.23	0.11	2.75	2.83	2.75	2.83	XXX
74410	26	A	Contrast x-ray urinary tract	0.49	0.13	0.21	0.13	0.21	0.02	0.64	0.72	0.64	0.72	XXX
74410	TC	A	Contrast x-ray urinary tract	0.00	2.02	2.02	2.02	2.02	0.09	2.11	2.11	2.11	2.11	XXX
74415		A	Contrast x-ray urinary tract	0.49	2.33	2.40	2.33	2.40	0.12	2.94	3.01	2.94	3.01	XXX
74415	26	A	Contrast x-ray urinary tract	0.49	0.13	0.21	0.13	0.21	0.02	0.64	0.72	0.64	0.72	XXX
74415	TC	A	Contrast x-ray urinary tract	0.00	2.20	2.19	2.20	2.19	0.10	2.30	2.29	2.30	2.29	XXX
74420		A	Contrast x-ray urinary tract	0.36	2.83	2.87	2.83	2.87	0.15	3.34	3.38	3.34	3.38	XXX
74420	26	A	Contrast x-ray urinary tract	0.36	0.10	0.15	0.10	0.15	0.02	0.48	0.53	0.48	0.53	XXX
74420	TC	A	Contrast x-ray urinary tract	0.00	2.73	2.72	2.73	2.72	0.13	2.86	2.85	2.86	2.85	XXX
74425		A	Contrast x-ray urinary tract	0.36	1.43	1.50	1.43	1.50	0.08	1.87	1.94	1.87	1.94	XXX
74425	26	A	Contrast x-ray urinary tract	0.36	0.09	0.15	0.09	0.15	0.02	0.47	0.53	0.47	0.53	XXX
74425	TC	A	Contrast x-ray urinary tract	0.00	1.34	1.35	1.34	1.35	0.06	1.40	1.41	1.40	1.41	XXX
74430		A	Contrast x-ray of bladder	0.32	1.16	1.23	1.16	1.23	0.07	1.55	1.62	1.55	1.62	XXX
74430	26	A	Contrast x-ray of bladder	0.32	0.08	0.14	0.08	0.14	0.02	0.42	0.48	0.42	0.48	XXX
74430	TC	A	Contrast x-ray of bladder	0.00	1.08	1.09	1.08	1.09	0.05	1.13	1.14	1.13	1.14	XXX
74440		A	Xray exam male genital tract	0.38	1.28	1.33	1.28	1.33	0.07	1.73	1.78	1.73	1.78	XXX
74440	26	A	Xray exam male genital tract	0.38	0.10	0.16	0.10	0.16	0.02	0.50	0.56	0.50	0.56	XXX
74440	TC	A	Xray exam male genital tract	0.00	1.18	1.17	1.18	1.17	0.05	1.23	1.22	1.23	1.22	XXX
74445		A	X-ray exam of penis	1.14	1.52	1.66	1.52	1.66	0.11	2.77	2.91	2.77	2.91	XXX
74445	26	A	X-ray exam of penis	1.14	0.34	0.49	0.34	0.49	0.06	1.54	1.69	1.54	1.69	XXX
74445	TC	A	X-ray exam of penis	0.00	1.18	1.17	1.18	1.17	0.05	1.23	1.22	1.23	1.22	XXX
74450		A	X-ray exam urethra/bladder	0.33	1.61	1.65	1.61	1.65	0.09	2.03	2.07	2.03	2.07	XXX
74450	26	A	X-ray exam urethra/bladder	0.33	0.09	0.14	0.09	0.14	0.02	0.44	0.49	0.44	0.49	XXX
74450	TC	A	X-ray exam urethra/bladder	0.00	1.52	1.51	1.52	1.51	0.07	1.59	1.58	1.59	1.58	XXX

3 +Indicates RVUs are not used for Medicare payment.

ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
74455		A	X-ray exam urethra/bladder	0.33	1.72	1.77	1.72	1.77	0.10	2.15	2.20	2.15	2.20	XXX
74455	26	A	X-ray exam urethra/bladder	0.33	0.09	0.14	0.09	0.14	0.02	0.44	0.49	0.44	0.49	XXX
74455	TC	A	X-ray exam urethra/bladder	0.00	1.63	1.63	1.63	1.63	0.08	1.71	1.71	1.71	1.71	XXX
74470		A	X-ray exam of kidney lesion	0.54	1.44	1.53	1.44	1.53	0.09	2.07	2.16	2.07	2.16	XXX
74470	26	A	X-ray exam of kidney lesion	0.54	0.14	0.24	0.14	0.24	0.03	0.71	0.81	0.71	0.81	XXX
74470	TC	A	X-ray exam of kidney lesion	0.00	1.30	1.29	1.30	1.29	0.06	1.36	1.35	1.36	1.35	XXX
74475		A	Xray control catheter insert	0.54	4.36	4.45	4.36	4.45	0.23	5.13	5.22	5.13	5.22	XXX
74475	26	A	Xray control catheter insert	0.54	0.14	0.24	0.14	0.24	0.03	0.71	0.81	0.71	0.81	XXX
74475	TC	A	Xray control catheter insert	0.00	4.22	4.21	4.22	4.21	0.20	4.42	4.41	4.42	4.41	XXX
74480		A	Xray control catheter insert	0.54	4.36	4.45	4.36	4.45	0.23	5.13	5.22	5.13	5.22	XXX
74480	26	A	Xray control catheter insert	0.54	0.14	0.24	0.14	0.24	0.03	0.71	0.81	0.71	0.81	XXX
74480	TC	A	Xray control catheter insert	0.00	4.22	4.21	4.22	4.21	0.20	4.42	4.41	4.42	4.41	XXX
74485		A	X-ray guide, GU dilation	0.54	3.40	3.50	3.40	3.50	0.18	4.12	4.22	4.12	4.22	XXX
74485	26	A	X-ray guide, GU dilation	0.54	0.14	0.24	0.14	0.24	0.03	0.71	0.81	0.71	0.81	XXX
74485	TC	A	X-ray guide, GU dilation	0.00	3.26	3.26	3.26	3.26	0.15	3.41	3.41	3.41	3.41	XXX
74710		A	X-ray measurement of pelvis	0.34	1.17	1.24	1.17	1.24	0.07	1.58	1.65	1.58	1.65	XXX
74710	26	A	X-ray measurement of pelvis	0.34	0.09	0.15	0.09	0.15	0.02	0.45	0.51	0.45	0.51	XXX
74710	TC	A	X-ray measurement of pelvis	0.00	1.08	1.09	1.08	1.09	0.05	1.13	1.14	1.13	1.14	XXX
74740		A	X-ray female genital tract	0.38	1.44	1.51	1.44	1.51	0.08	1.90	1.97	1.90	1.97	XXX
74740	26	A	X-ray female genital tract	0.38	0.10	0.16	0.10	0.16	0.02	0.50	0.56	0.50	0.56	XXX
74740	TC	A	X-ray female genital tract	0.00	1.34	1.35	1.34	1.35	0.06	1.40	1.41	1.40	1.41	XXX
74742		A	X-ray fallopian tube	0.61	3.43	3.51	3.43	3.51	0.18	4.22	4.30	4.22	4.30	XXX
74742	26	A	X-ray fallopian tube	0.61	0.17	0.25	0.17	0.25	0.03	0.81	0.89	0.81	0.89	XXX
74742	TC	A	X-ray fallopian tube	0.00	3.26	3.26	3.26	3.26	0.15	3.41	3.41	3.41	3.41	XXX
74775		A	X-ray exam of perineum	0.62	1.70	1.79	1.70	1.79	0.10	2.42	2.51	2.42	2.51	XXX
74775	26	A	X-ray exam of perineum	0.62	0.18	0.28	0.18	0.28	0.03	0.83	0.93	0.83	0.93	XXX
74775	TC	A	X-ray exam of perineum	0.00	1.52	1.51	1.52	1.51	0.07	1.59	1.58	1.59	1.58	XXX
75552		A	Magnetic image, myocardium	1.60	12.07	12.30	12.07	12.30	0.61	14.28	14.51	14.28	14.51	XXX
75552	26	A	Magnetic image, myocardium	1.60	0.44	0.70	0.44	0.70	0.09	2.13	2.39	2.13	2.39	XXX
75552	TC	A	Magnetic image, myocardium	0.00	11.63	11.60	11.63	11.60	0.52	12.15	12.12	12.15	12.12	XXX
75553		A	Magnetic image, myocardium	2.00	12.16	12.32	12.16	12.32	0.61	14.77	14.93	14.77	14.93	XXX
75553	26	A	Magnetic image, myocardium	2.00	0.53	0.72	0.53	0.72	0.09	2.62	2.81	2.62	2.81	XXX
75553	TC	A	Magnetic image, myocardium	0.00	11.63	11.60	11.63	11.60	0.52	12.15	12.12	12.15	12.12	XXX
75554		A	Cardiac MRI/function	1.83	12.21	12.33	12.21	12.33	0.61	14.65	14.77	14.65	14.77	XXX
75554	26	A	Cardiac MRI/function	1.83	0.58	0.73	0.58	0.73	0.09	2.50	2.65	2.50	2.65	XXX
75554	TC	A	Cardiac MRI/function	0.00	11.63	11.60	11.63	11.60	0.52	12.15	12.12	12.15	12.12	XXX
75555		A	Cardiac MRI/limited study	1.74	12.28	12.35	12.28	12.35	0.61	14.63	14.70	14.63	14.70	XXX
75555	26	A	Cardiac MRI/limited study	1.74	0.65	0.75	0.65	0.75	0.09	2.48	2.58	2.48	2.58	XXX
75555	TC	A	Cardiac MRI/limited study	0.00	11.63	11.60	11.63	11.60	0.52	12.15	12.12	12.15	12.12	XXX
75556		N	Cardiac MRI/flow mapping	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work [3] RVUs	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
75600		A	Contrast x-ray exam of aorta	0.49	13.28	13.27	13.28	13.27	0.61	14.38	14.37	14.38	14.37	XXX
75600	26	A	Contrast x-ray exam of aorta	0.49	0.20	0.23	0.20	0.23	0.02	0.71	0.74	0.71	0.74	XXX
75600	TC	A	Contrast x-ray exam of aorta	0.00	13.08	13.04	13.08	13.04	0.59	13.67	13.63	13.67	13.63	XXX
75605		A	Contrast x-ray exam of aorta	1.14	13.44	13.54	13.44	13.54	0.65	15.23	15.33	15.23	15.33	XXX
75605	26	A	Contrast x-ray exam of aorta	1.14	0.36	0.50	0.36	0.50	0.06	1.56	1.70	1.56	1.70	XXX
75605	TC	A	Contrast x-ray exam of aorta	0.00	13.08	13.04	13.08	13.04	0.59	13.67	13.63	13.67	13.63	XXX
75625		A	Contrast x-ray exam of aorta	1.14	13.40	13.53	13.40	13.53	0.65	15.19	15.32	15.19	15.32	XXX
75625	26	A	Contrast x-ray exam of aorta	1.14	0.32	0.49	0.32	0.49	0.06	1.52	1.69	1.52	1.69	XXX
75625	TC	A	Contrast x-ray exam of aorta	0.00	13.08	13.04	13.08	13.04	0.59	13.67	13.63	13.67	13.63	XXX
75630		A	X-ray aorta, leg arteries	1.79	14.14	14.20	14.14	14.20	0.69	16.62	16.68	16.62	16.68	XXX
75630	26	A	X-ray aorta, leg arteries	1.79	0.53	0.61	0.53	0.61	0.07	2.39	2.47	2.39	2.47	XXX
75630	TC	A	X-ray aorta, leg arteries	0.00	13.61	13.59	13.61	13.59	0.62	14.23	14.21	14.23	14.21	XXX
75650		A	Artery x-rays, head & neck	1.49	13.48	13.68	13.48	13.68	0.67	15.64	15.84	15.64	15.84	XXX
75650	26	A	Artery x-rays, head & neck	1.49	0.40	0.64	0.40	0.64	0.08	1.97	2.21	1.97	2.21	XXX
75650	TC	A	Artery x-rays, head & neck	0.00	13.08	13.04	13.08	13.04	0.59	13.67	13.63	13.67	13.63	XXX
75658		A	X-ray exam of arm arteries	1.31	13.56	13.63	13.56	13.63	0.66	15.53	15.60	15.53	15.60	XXX
75658	26	A	X-ray exam of arm arteries	1.31	0.48	0.59	0.48	0.59	0.07	1.86	1.97	1.86	1.97	XXX
75658	TC	A	X-ray exam of arm arteries	0.00	13.08	13.04	13.08	13.04	0.59	13.67	13.63	13.67	13.63	XXX
75660		A	Artery x-rays, head & neck	1.31	13.46	13.61	13.46	13.61	0.66	15.43	15.58	15.43	15.58	XXX
75660	26	A	Artery x-rays, head & neck	1.31	0.38	0.57	0.38	0.57	0.07	1.76	1.95	1.76	1.95	XXX
75660	TC	A	Artery x-rays, head & neck	0.00	13.08	13.04	13.08	13.04	0.59	13.67	13.63	13.67	13.63	XXX
75662		A	Artery x-rays, head & neck	1.66	13.61	13.77	13.61	13.77	0.68	15.95	16.11	15.95	16.11	XXX
75662	26	A	Artery x-rays, head & neck	1.66	0.53	0.73	0.53	0.73	0.09	2.28	2.48	2.28	2.48	XXX
75662	TC	A	Artery x-rays, head & neck	0.00	13.08	13.04	13.08	13.04	0.59	13.67	13.63	13.67	13.63	XXX
75665		A	Artery x-rays, head & neck	1.31	13.45	13.61	13.45	13.61	0.66	15.42	15.58	15.42	15.58	XXX
75665	26	A	Artery x-rays, head & neck	1.31	0.37	0.57	0.37	0.57	0.07	1.75	1.95	1.75	1.95	XXX
75665	TC	A	Artery x-rays, head & neck	0.00	13.08	13.04	13.08	13.04	0.59	13.67	13.63	13.67	13.63	XXX
75671		A	Artery x-rays, head & neck	1.66	13.53	13.75	13.53	13.75	0.68	15.87	16.09	15.87	16.09	XXX
75671	26	A	Artery x-rays, head & neck	1.66	0.45	0.71	0.45	0.71	0.09	2.20	2.46	2.20	2.46	XXX
75671	TC	A	Artery x-rays, head & neck	0.00	13.08	13.04	13.08	13.04	0.59	13.67	13.63	13.67	13.63	XXX
75676		A	Artery x-rays, neck	1.31	13.46	13.61	13.46	13.61	0.66	15.43	15.58	15.43	15.58	XXX
75676	26	A	Artery x-rays, neck	1.31	0.38	0.57	0.38	0.57	0.07	1.76	1.95	1.76	1.95	XXX
75676	TC	A	Artery x-rays, neck	0.00	13.08	13.04	13.08	13.04	0.59	13.67	13.63	13.67	13.63	XXX
75680		A	Artery x-rays, neck	1.66	13.53	13.75	13.53	13.75	0.68	15.87	16.09	15.87	16.09	XXX
75680	26	A	Artery x-rays, neck	1.66	0.45	0.71	0.45	0.71	0.09	2.20	2.46	2.20	2.46	XXX
75680	TC	A	Artery x-rays, neck	0.00	13.08	13.04	13.08	13.04	0.59	13.67	13.63	13.67	13.63	XXX
75685		A	Artery x-rays, spine	1.31	13.44	13.60	13.44	13.60	0.66	15.41	15.57	15.41	15.57	XXX
75685	26	A	Artery x-rays, spine	1.31	0.36	0.56	0.36	0.56	0.07	1.74	1.94	1.74	1.94	XXX
75685	TC	A	Artery x-rays, spine	0.00	13.08	13.04	13.08	13.04	0.59	13.67	13.63	13.67	13.63	XXX
75705		A	Artery x-rays, spine	2.18	13.70	13.99	13.70	13.99	0.71	16.59	16.88	16.59	16.88	XXX

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
75705	26	A	Artery x-rays, spine	2.18	0.62	0.95	0.62	0.95	0.12	2.92	3.25	2.92	3.25	XXX
75705	TC	A	Artery x-rays, spine	0.00	13.08	13.04	13.08	13.04	0.59	13.67	13.63	13.67	13.63	XXX
75710		A	Artery x-rays, arm/leg	1.14	13.41	13.53	13.41	13.53	0.65	15.20	15.32	15.20	15.32	XXX
75710	26	A	Artery x-rays, arm/leg	1.14	0.33	0.49	0.33	0.49	0.06	1.53	1.69	1.53	1.69	XXX
75710	TC	A	Artery x-rays, arm/leg	0.00	13.08	13.04	13.08	13.04	0.59	13.67	13.63	13.67	13.63	XXX
75716		A	Artery x-rays, arms/legs	1.31	13.44	13.60	13.44	13.60	0.66	15.41	15.57	15.41	15.57	XXX
75716	26	A	Artery x-rays, arms/legs	1.31	0.36	0.56	0.36	0.56	0.07	1.74	1.94	1.74	1.94	XXX
75716	TC	A	Artery x-rays, arms/legs	0.00	13.08	13.04	13.08	13.04	0.59	13.67	13.63	13.67	13.63	XXX
75722		A	Artery x-rays, kidney	1.14	13.43	13.53	13.43	13.53	0.65	15.22	15.32	15.22	15.32	XXX
75722	26	A	Artery x-rays, kidney	1.14	0.35	0.49	0.35	0.49	0.06	1.55	1.69	1.55	1.69	XXX
75722	TC	A	Artery x-rays, kidney	0.00	13.08	13.04	13.08	13.04	0.59	13.67	13.63	13.67	13.63	XXX
75724		A	Artery x-rays, kidneys	1.49	13.62	13.72	13.62	13.72	0.67	15.78	15.88	15.78	15.88	XXX
75724	26	A	Artery x-rays, kidneys	1.49	0.54	0.68	0.54	0.68	0.08	2.11	2.25	2.11	2.25	XXX
75724	TC	A	Artery x-rays, kidneys	0.00	13.08	13.04	13.08	13.04	0.59	13.67	13.63	13.67	13.63	XXX
75726		A	Artery x-rays, abdomen	1.14	13.39	13.52	13.39	13.52	0.65	15.18	15.31	15.18	15.31	XXX
75726	26	A	Artery x-rays, abdomen	1.14	0.31	0.48	0.31	0.48	0.06	1.51	1.68	1.51	1.68	XXX
75726	TC	A	Artery x-rays, abdomen	0.00	13.08	13.04	13.08	13.04	0.59	13.67	13.63	13.67	13.63	XXX
75731		A	Artery x-rays, adrenal gland	1.14	13.38	13.52	13.38	13.52	0.65	15.17	15.31	15.17	15.31	XXX
75731	26	A	Artery x-rays, adrenal gland	1.14	0.30	0.48	0.30	0.48	0.06	1.50	1.68	1.50	1.68	XXX
75731	TC	A	Artery x-rays, adrenal gland	0.00	13.08	13.04	13.08	13.04	0.59	13.67	13.63	13.67	13.63	XXX
75733		A	Artery x-rays,adrenal glands	1.31	13.44	13.60	13.44	13.60	0.66	15.41	15.57	15.41	15.57	XXX
75733	26	A	Artery x-rays,adrenal glands	1.31	0.36	0.56	0.36	0.56	0.07	1.74	1.94	1.74	1.94	XXX
75733	TC	A	Artery x-rays,adrenal glands	0.00	13.08	13.04	13.08	13.04	0.59	13.67	13.63	13.67	13.63	XXX
75736		A	Artery x-rays, pelvis	1.14	13.39	13.52	13.39	13.52	0.65	15.18	15.31	15.18	15.31	XXX
75736	26	A	Artery x-rays, pelvis	1.14	0.31	0.48	0.31	0.48	0.06	1.51	1.68	1.51	1.68	XXX
75736	TC	A	Artery x-rays, pelvis	0.00	13.08	13.04	13.08	13.04	0.59	13.67	13.63	13.67	13.63	XXX
75741		A	Artery x-rays, lung	1.31	13.44	13.60	13.44	13.60	0.66	15.41	15.57	15.41	15.57	XXX
75741	26	A	Artery x-rays, lung	1.31	0.36	0.56	0.36	0.56	0.07	1.74	1.94	1.74	1.94	XXX
75741	TC	A	Artery x-rays, lung	0.00	13.08	13.04	13.08	13.04	0.59	13.67	13.63	13.67	13.63	XXX
75743		A	Artery x-rays, lungs	1.66	13.53	13.75	13.53	13.75	0.68	15.87	16.09	15.87	16.09	XXX
75743	26	A	Artery x-rays, lungs	1.66	0.45	0.71	0.45	0.71	0.09	2.20	2.46	2.20	2.46	XXX
75743	TC	A	Artery x-rays, lungs	0.00	13.08	13.04	13.08	13.04	0.59	13.67	13.63	13.67	13.63	XXX
75746		A	Artery x-rays, lung	1.14	13.41	13.53	13.41	13.53	0.65	15.20	15.32	15.20	15.32	XXX
75746	26	A	Artery x-rays, lung	1.14	0.33	0.49	0.33	0.49	0.06	1.53	1.69	1.53	1.69	XXX
75746	TC	A	Artery x-rays, lung	0.00	13.08	13.04	13.08	13.04	0.59	13.67	13.63	13.67	13.63	XXX
75756		A	Artery x-rays, chest	1.14	13.56	13.57	13.56	13.57	0.65	15.35	15.36	15.35	15.36	XXX
75756	26	A	Artery x-rays, chest	1.14	0.48	0.53	0.48	0.53	0.06	1.68	1.73	1.68	1.73	XXX
75756	TC	A	Artery x-rays, chest	0.00	13.08	13.04	13.08	13.04	0.59	13.67	13.63	13.67	13.63	XXX
75774		A	Artery x-ray, each vessel	0.36	13.18	13.19	13.18	13.19	0.61	14.15	14.16	14.15	14.16	ZZZ
75774	26	A	Artery x-ray, each vessel	0.36	0.10	0.15	0.10	0.15	0.02	0.48	0.53	0.48	0.53	ZZZ

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1]/ HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
75774	TC	A	Artery x-ray, each vessel	0.00	13.08	13.04	13.08	13.04	0.59	13.67	13.63	13.67	13.63	ZZZ
75790		A	Visualize A-V shunt	1.84	1.90	2.20	1.90	2.20	0.16	3.90	4.20	3.90	4.20	XXX
75790	26	A	Visualize A-V shunt	1.84	0.50	0.80	0.50	0.80	0.09	2.43	2.73	2.43	2.73	XXX
75790	TC	A	Visualize A-V shunt	0.00	1.40	1.40	1.40	1.40	0.07	1.47	1.47	1.47	1.47	XXX
75801		A	Lymph vessel x-ray, arm/leg	0.81	5.85	5.97	5.85	5.97	0.30	6.96	7.08	6.96	7.08	XXX
75801	26	A	Lymph vessel x-ray, arm/leg	0.81	0.23	0.36	0.23	0.36	0.04	1.08	1.21	1.08	1.21	XXX
75801	TC	A	Lymph vessel x-ray, arm/leg	0.00	5.62	5.61	5.62	5.61	0.26	5.88	5.87	5.88	5.87	XXX
75803		A	Lymph vessel x-ray,arms/legs	1.17	5.93	6.10	5.93	6.10	0.32	7.42	7.59	7.42	7.59	XXX
75803	26	A	Lymph vessel x-ray,arms/legs	1.17	0.31	0.49	0.31	0.49	0.06	1.54	1.72	1.54	1.72	XXX
75803	TC	A	Lymph vessel x-ray,arms/legs	0.00	5.62	5.61	5.62	5.61	0.26	5.88	5.87	5.88	5.87	XXX
75805		A	Lymph vessel x-ray, trunk	0.81	6.55	6.68	6.55	6.68	0.33	7.69	7.82	7.69	7.82	XXX
75805	26	A	Lymph vessel x-ray, trunk	0.81	0.22	0.36	0.22	0.36	0.04	1.07	1.21	1.07	1.21	XXX
75805	TC	A	Lymph vessel x-ray, trunk	0.00	6.33	6.32	6.33	6.32	0.29	6.62	6.61	6.62	6.61	XXX
75807		A	Lymph vessel x-ray, trunk	1.17	6.64	6.81	6.64	6.81	0.35	8.16	8.33	8.16	8.33	XXX
75807	26	A	Lymph vessel x-ray, trunk	1.17	0.31	0.49	0.31	0.49	0.06	1.54	1.72	1.54	1.72	XXX
75807	TC	A	Lymph vessel x-ray, trunk	0.00	6.33	6.32	6.33	6.32	0.29	6.62	6.61	6.62	6.61	XXX
75809		A	Nonvascular shunt, x-ray	0.47	0.94	1.00	0.94	1.00	0.06	1.47	1.53	1.47	1.53	XXX
75809	26	A	Nonvascular shunt, x-ray	0.47	0.12	0.19	0.12	0.19	0.02	0.61	0.68	0.61	0.68	XXX
75809	TC	A	Nonvascular shunt, x-ray	0.00	0.82	0.81	0.82	0.81	0.04	0.86	0.85	0.86	0.85	XXX
75810		A	Vein x-ray, spleen/liver	1.14	13.38	13.52	13.38	13.52	0.65	15.17	15.31	15.17	15.31	XXX
75810	26	A	Vein x-ray, spleen/liver	1.14	0.30	0.48	0.30	0.48	0.06	1.50	1.68	1.50	1.68	XXX
75810	TC	A	Vein x-ray, spleen/liver	0.00	13.08	13.04	13.08	13.04	0.59	13.67	13.63	13.67	13.63	XXX
75820		A	Vein x-ray, arm/leg	0.70	1.17	1.29	1.17	1.29	0.09	1.96	2.08	1.96	2.08	XXX
75820	26	A	Vein x-ray, arm/leg	0.70	0.19	0.31	0.19	0.31	0.04	0.93	1.05	0.93	1.05	XXX
75820	TC	A	Vein x-ray, arm/leg	0.00	0.98	0.98	0.98	0.98	0.05	1.03	1.03	1.03	1.03	XXX
75822		A	Vein x-ray, arms/legs	1.06	1.83	1.99	1.83	1.99	0.12	3.01	3.17	3.01	3.17	XXX
75822	26	A	Vein x-ray, arms/legs	1.06	0.29	0.46	0.29	0.46	0.05	1.40	1.57	1.40	1.57	XXX
75822	TC	A	Vein x-ray, arms/legs	0.00	1.54	1.53	1.54	1.53	0.07	1.61	1.60	1.61	1.60	XXX
75825		A	Vein x-ray, trunk	1.14	13.39	13.52	13.39	13.52	0.65	15.18	15.31	15.18	15.31	XXX
75825	26	A	Vein x-ray, trunk	1.14	0.31	0.48	0.31	0.48	0.06	1.51	1.68	1.51	1.68	XXX
75825	TC	A	Vein x-ray, trunk	0.00	13.08	13.04	13.08	13.04	0.59	13.67	13.63	13.67	13.63	XXX
75827		A	Vein x-ray, chest	1.14	13.39	13.52	13.39	13.52	0.65	15.18	15.31	15.18	15.31	XXX
75827	26	A	Vein x-ray, chest	1.14	0.31	0.48	0.31	0.48	0.06	1.51	1.68	1.51	1.68	XXX
75827	TC	A	Vein x-ray, chest	0.00	13.08	13.04	13.08	13.04	0.59	13.67	13.63	13.67	13.63	XXX
75831		A	Vein x-ray, kidney	1.14	13.38	13.52	13.38	13.52	0.65	15.17	15.31	15.17	15.31	XXX
75831	26	A	Vein x-ray, kidney	1.14	0.30	0.48	0.30	0.48	0.06	1.50	1.68	1.50	1.68	XXX
75831	TC	A	Vein x-ray, kidney	0.00	13.08	13.04	13.08	13.04	0.59	13.67	13.63	13.67	13.63	XXX
75833		A	Vein x-ray, kidneys	1.49	13.49	13.68	13.49	13.68	0.67	15.65	15.84	15.65	15.84	XXX
75833	26	A	Vein x-ray, kidneys	1.49	0.41	0.64	0.41	0.64	0.08	1.98	2.21	1.98	2.21	XXX
75833	TC	A	Vein x-ray, kidneys	0.00	13.08	13.04	13.08	13.04	0.59	13.67	13.63	13.67	13.63	XXX

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1]/ HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
75840		A	Vein x-ray, adrenal gland	1.14	13.42	13.53	13.42	13.53	0.65	15.21	15.32	15.21	15.32	XXX
75840	26	A	Vein x-ray, adrenal gland	1.14	0.34	0.49	0.34	0.49	0.06	1.54	1.69	1.54	1.69	XXX
75840	TC	A	Vein x-ray, adrenal gland	0.00	13.08	13.04	13.08	13.04	0.59	13.67	13.63	13.67	13.63	XXX
75842		A	Vein x-ray, adrenal glands	1.49	13.47	13.68	13.47	13.68	0.67	15.63	15.84	15.63	15.84	XXX
75842	26	A	Vein x-ray, adrenal glands	1.49	0.39	0.64	0.39	0.64	0.08	1.96	2.21	1.96	2.21	XXX
75842	TC	A	Vein x-ray, adrenal glands	0.00	13.08	13.04	13.08	13.04	0.59	13.67	13.63	13.67	13.63	XXX
75860		A	Vein x-ray, neck	1.14	13.39	13.52	13.39	13.52	0.65	15.18	15.31	15.18	15.31	XXX
75860	26	A	Vein x-ray, neck	1.14	0.31	0.48	0.31	0.48	0.06	1.51	1.68	1.51	1.68	XXX
75860	TC	A	Vein x-ray, neck	0.00	13.08	13.04	13.08	13.04	0.59	13.67	13.63	13.67	13.63	XXX
75870		A	Vein x-ray, skull	1.14	13.40	13.53	13.40	13.53	0.65	15.19	15.32	15.19	15.32	XXX
75870	26	A	Vein x-ray, skull	1.14	0.32	0.49	0.32	0.49	0.06	1.52	1.69	1.52	1.69	XXX
75870	TC	A	Vein x-ray, skull	0.00	13.08	13.04	13.08	13.04	0.59	13.67	13.63	13.67	13.63	XXX
75872		A	Vein x-ray, skull	1.14	13.39	13.52	13.39	13.52	0.65	15.18	15.31	15.18	15.31	XXX
75872	26	A	Vein x-ray, skull	1.14	0.31	0.48	0.31	0.48	0.06	1.51	1.68	1.51	1.68	XXX
75872	TC	A	Vein x-ray, skull	0.00	13.08	13.04	13.08	13.04	0.59	13.67	13.63	13.67	13.63	XXX
75880		A	Vein x-ray, eye socket	0.70	1.17	1.29	1.17	1.29	0.09	1.96	2.08	1.96	2.08	XXX
75880	26	A	Vein x-ray, eye socket	0.70	0.19	0.31	0.19	0.31	0.04	0.93	1.05	0.93	1.05	XXX
75880	TC	A	Vein x-ray, eye socket	0.00	0.98	0.98	0.98	0.98	0.05	1.03	1.03	1.03	1.03	XXX
75885		A	Vein x-ray, liver	1.44	13.46	13.65	13.46	13.65	0.67	15.57	15.76	15.57	15.76	XXX
75885	26	A	Vein x-ray, liver	1.44	0.38	0.61	0.38	0.61	0.08	1.90	2.13	1.90	2.13	XXX
75885	TC	A	Vein x-ray, liver	0.00	13.08	13.04	13.08	13.04	0.59	13.67	13.63	13.67	13.63	XXX
75887		A	Vein x-ray, liver	1.44	13.46	13.65	13.46	13.65	0.67	15.57	15.76	15.57	15.76	XXX
75887	26	A	Vein x-ray, liver	1.44	0.38	0.61	0.38	0.61	0.08	1.90	2.13	1.90	2.13	XXX
75887	TC	A	Vein x-ray, liver	0.00	13.08	13.04	13.08	13.04	0.59	13.67	13.63	13.67	13.63	XXX
75889		A	Vein x-ray, liver	1.14	13.38	13.52	13.38	13.52	0.65	15.17	15.31	15.17	15.31	XXX
75889	26	A	Vein x-ray, liver	1.14	0.30	0.48	0.30	0.48	0.06	1.50	1.68	1.50	1.68	XXX
75889	TC	A	Vein x-ray, liver	0.00	13.08	13.04	13.08	13.04	0.59	13.67	13.63	13.67	13.63	XXX
75891		A	Vein x-ray, liver	1.14	13.39	13.52	13.39	13.52	0.65	15.18	15.31	15.18	15.31	XXX
75891	26	A	Vein x-ray, liver	1.14	0.31	0.48	0.31	0.48	0.06	1.51	1.68	1.51	1.68	XXX
75891	TC	A	Vein x-ray, liver	0.00	13.08	13.04	13.08	13.04	0.59	13.67	13.63	13.67	13.63	XXX
75893		A	Venous sampling by catheter	0.54	13.22	13.28	13.22	13.28	0.62	14.38	14.44	14.38	14.44	XXX
75893	26	A	Venous sampling by catheter	0.54	0.14	0.24	0.14	0.24	0.03	0.71	0.81	0.71	0.81	XXX
75893	TC	A	Venous sampling by catheter	0.00	13.08	13.04	13.08	13.04	0.59	13.67	13.63	13.67	13.63	XXX
75894		A	Xrays, transcatheter therapy	1.31	25.41	25.55	25.41	25.55	1.20	27.92	28.06	27.92	28.06	XXX
75894	26	A	Xrays, transcatheter therapy	1.31	0.37	0.57	0.37	0.57	0.07	1.75	1.95	1.75	1.95	XXX
75894	TC	A	Xrays, transcatheter therapy	0.00	25.04	24.98	25.04	24.98	1.13	26.17	26.11	26.17	26.11	XXX
75896		A	Xrays, transcatheter therapy	1.31	22.19	22.31	22.19	22.31	1.05	24.55	24.67	24.55	24.67	XXX
75896	26	A	Xrays, transcatheter therapy	1.31	0.41	0.58	0.41	0.58	0.07	1.79	1.96	1.79	1.96	XXX
75896	TC	A	Xrays, transcatheter therapy	0.00	21.78	21.73	21.78	21.73	0.98	22.76	22.71	22.76	22.71	XXX
75898		A	Follow-up angiogram	1.65	1.56	1.81	1.56	1.81	0.14	3.35	3.60	3.35	3.60	XXX

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
75898	26	A	Follow-up angiogram	1.65	0.48	0.72	0.48	0.72	0.09	2.22	2.46	2.22	2.46	XXX
75898	TC	A	Follow-up angiogram	0.00	1.08	1.09	1.08	1.09	0.05	1.13	1.14	1.13	1.14	XXX
75900		A	Arterial catheter exchange	0.49	21.90	21.93	21.90	21.93	1.01	23.40	23.43	23.40	23.43	XXX
75900	26	A	Arterial catheter exchange	0.49	0.13	0.22	0.13	0.22	0.02	0.64	0.73	0.64	0.73	XXX
75900	TC	A	Arterial catheter exchange	0.00	21.77	21.71	21.77	21.71	0.99	22.76	22.70	22.76	22.70	XXX
75940		A	X-ray placement, vein filter	0.54	13.23	13.28	13.23	13.28	0.62	14.39	14.44	14.39	14.44	XXX
75940	26	A	X-ray placement, vein filter	0.54	0.15	0.24	0.15	0.24	0.03	0.72	0.81	0.72	0.81	XXX
75940	TC	A	X-ray placement, vein filter	0.00	13.08	13.04	13.08	13.04	0.59	13.67	13.63	13.67	13.63	XXX
75945		A	Intravascular us	0.40	NA	NA	4.87	4.94	0.24	NA	NA	5.51	5.58	XXX
75945	26	A	Intravascular us	0.40	NA	NA	0.14	0.22	0.02	NA	NA	0.56	0.64	XXX
75945	TC	A	Intravascular us	0.00	NA	NA	4.73	4.72	0.22	NA	NA	4.95	4.94	XXX
75946		A	Intravascular us add-on	0.40	NA	NA	2.53	2.59	0.13	NA	NA	3.06	3.12	ZZZ
75946	26	A	Intravascular us add-on	0.40	NA	NA	0.15	0.22	0.02	NA	NA	0.57	0.64	ZZZ
75946	TC	A	Intravascular us add-on	0.00	NA	NA	2.38	2.37	0.11	NA	NA	2.49	2.48	ZZZ
75960		A	Transcatheter intro, stent	0.82	15.72	15.79	15.72	15.79	0.74	17.28	17.35	17.28	17.35	XXX
75960	26	A	Transcatheter intro, stent	0.82	0.26	0.37	0.26	0.37	0.05	1.13	1.24	1.13	1.24	XXX
75960	TC	A	Transcatheter intro, stent	0.00	15.46	15.42	15.46	15.42	0.69	16.15	16.11	16.15	16.11	XXX
75961		A	Retrieval, broken catheter	4.25	12.06	12.71	12.06	12.71	0.71	17.02	17.67	17.02	17.67	XXX
75961	26	A	Retrieval, broken catheter	4.25	1.16	1.84	1.16	1.84	0.22	5.63	6.31	5.63	6.31	XXX
75961	TC	A	Retrieval, broken catheter	0.00	10.90	10.87	10.90	10.87	0.49	11.39	11.36	11.39	11.36	XXX
75962		A	Repair arterial blockage	0.54	16.50	16.54	16.50	16.54	0.77	17.81	17.85	17.81	17.85	XXX
75962	26	A	Repair arterial blockage	0.54	0.17	0.25	0.17	0.25	0.03	0.74	0.82	0.74	0.82	XXX
75962	TC	A	Repair arterial blockage	0.00	16.33	16.29	16.33	16.29	0.74	17.07	17.03	17.07	17.03	XXX
75964		A	Repair artery blockage, each	0.36	8.82	8.85	8.82	8.85	0.41	9.59	9.62	9.59	9.62	ZZZ
75964	26	A	Repair artery blockage, each	0.36	0.11	0.16	0.11	0.16	0.02	0.49	0.54	0.49	0.54	ZZZ
75964	TC	A	Repair artery blockage, each	0.00	8.71	8.69	8.71	8.69	0.39	9.10	9.08	9.10	9.08	ZZZ
75966		A	Repair arterial blockage	1.31	16.75	16.87	16.75	16.87	0.81	18.87	18.99	18.87	18.99	XXX
75966	26	A	Repair arterial blockage	1.31	0.42	0.58	0.42	0.58	0.07	1.80	1.96	1.80	1.96	XXX
75966	TC	A	Repair arterial blockage	0.00	16.33	16.29	16.33	16.29	0.74	17.07	17.03	17.07	17.03	XXX
75968		A	Repair artery blockage, each	0.36	8.82	8.85	8.82	8.85	0.41	9.59	9.62	9.59	9.62	ZZZ
75968	26	A	Repair artery blockage, each	0.36	0.11	0.16	0.11	0.16	0.02	0.49	0.54	0.49	0.54	ZZZ
75968	TC	A	Repair artery blockage, each	0.00	8.71	8.69	8.71	8.69	0.39	9.10	9.08	9.10	9.08	ZZZ
75970		A	Vascular biopsy	0.83	12.23	12.32	12.23	12.32	0.59	13.65	13.74	13.65	13.74	XXX
75970	26	A	Vascular biopsy	0.83	0.25	0.37	0.25	0.37	0.05	1.13	1.25	1.13	1.25	XXX
75970	TC	A	Vascular biopsy	0.00	11.98	11.95	11.98	11.95	0.54	12.52	12.49	12.52	12.49	XXX
75978		A	Repair venous blockage	0.54	16.47	16.72	16.47	16.72	0.77	17.78	18.03	17.78	18.03	XXX
75978	26	A	Repair venous blockage	0.54	0.14	0.43	0.14	0.43	0.03	0.71	1.00	0.71	1.00	XXX
75978	TC	A	Repair venous blockage	0.00	16.33	16.29	16.33	16.29	0.74	17.07	17.03	17.07	17.03	XXX
75980		A	Contrast xray exam bile duct	1.44	6.00	6.22	6.00	6.22	0.34	7.78	8.00	7.78	8.00	XXX
75980	26	A	Contrast xray exam bile duct	1.44	0.38	0.61	0.38	0.61	0.08	1.90	2.13	1.90	2.13	XXX

3 +Indicates RVUs are not used for Medicare payment.

ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work [3] RVUs	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
75980	TC	A	Contrast xray exam bile duct	0.00	5.62	5.61	5.62	5.61	0.26	5.88	5.87	5.88	5.87	XXX
75982		A	Contrast xray exam bile duct	1.44	6.71	6.93	6.71	6.93	0.37	8.52	8.74	8.52	8.74	XXX
75982	26	A	Contrast xray exam bile duct	1.44	0.38	0.61	0.38	0.61	0.08	1.90	2.13	1.90	2.13	XXX
75982	TC	A	Contrast xray exam bile duct	0.00	6.33	6.32	6.33	6.32	0.29	6.62	6.61	6.62	6.61	XXX
75984		A	Xray control catheter change	0.72	2.22	2.34	2.22	2.34	0.13	3.07	3.19	3.07	3.19	XXX
75984	26	A	Xray control catheter change	0.72	0.20	0.32	0.20	0.32	0.04	0.96	1.08	0.96	1.08	XXX
75984	TC	A	Xray control catheter change	0.00	2.02	2.02	2.02	2.02	0.09	2.11	2.11	2.11	2.11	XXX
75989		A	Abscess drainage under x-ray	1.19	3.58	3.76	3.58	3.76	0.21	4.98	5.16	4.98	5.16	XXX
75989	26	A	Abscess drainage under x-ray	1.19	0.32	0.50	0.32	0.50	0.06	1.57	1.75	1.57	1.75	XXX
75989	TC	A	Abscess drainage under x-ray	0.00	3.26	3.26	3.26	3.26	0.15	3.41	3.41	3.41	3.41	XXX
75992		A	Atherectomy, x-ray exam	0.54	16.51	16.54	16.51	16.54	0.77	17.82	17.85	17.82	17.85	XXX
75992	26	A	Atherectomy, x-ray exam	0.54	0.18	0.25	0.18	0.25	0.03	0.75	0.82	0.75	0.82	XXX
75992	TC	A	Atherectomy, x-ray exam	0.00	16.33	16.29	16.33	16.29	0.74	17.07	17.03	17.07	17.03	XXX
75993		A	Atherectomy, x-ray exam	0.36	8.84	8.85	8.84	8.85	0.41	9.61	9.62	9.61	9.62	ZZZ
75993	26	A	Atherectomy, x-ray exam	0.36	0.13	0.16	0.13	0.16	0.02	0.51	0.54	0.51	0.54	ZZZ
75993	TC	A	Atherectomy, x-ray exam	0.00	8.71	8.69	8.71	8.69	0.39	9.10	9.08	9.10	9.08	ZZZ
75994		A	Atherectomy, x-ray exam	1.31	16.77	16.87	16.77	16.87	0.81	18.89	18.99	18.89	18.99	XXX
75994	26	A	Atherectomy, x-ray exam	1.31	0.44	0.58	0.44	0.58	0.07	1.82	1.96	1.82	1.96	XXX
75994	TC	A	Atherectomy, x-ray exam	0.00	16.33	16.29	16.33	16.29	0.74	17.07	17.03	17.07	17.03	XXX
75995		A	Atherectomy, x-ray exam	1.31	16.85	16.89	16.85	16.89	0.81	18.97	19.01	18.97	19.01	XXX
75995	26	A	Atherectomy, x-ray exam	1.31	0.52	0.60	0.52	0.60	0.07	1.90	1.98	1.90	1.98	XXX
75995	TC	A	Atherectomy, x-ray exam	0.00	16.33	16.29	16.33	16.29	0.74	17.07	17.03	17.07	17.03	XXX
75996		A	Atherectomy, x-ray exam	0.36	8.82	8.85	8.82	8.85	0.41	9.59	9.62	9.59	9.62	ZZZ
75996	26	A	Atherectomy, x-ray exam	0.36	0.11	0.16	0.11	0.16	0.02	0.49	0.54	0.49	0.54	ZZZ
75996	TC	A	Atherectomy, x-ray exam	0.00	8.71	8.69	8.71	8.69	0.39	9.10	9.08	9.10	9.08	ZZZ
76000		A	Fluoroscope examination	0.17	1.38	1.42	1.38	1.42	0.07	1.62	1.66	1.62	1.66	XXX
76000	26	A	Fluoroscope examination	0.17	0.04	0.07	0.04	0.07	0.01	0.22	0.25	0.22	0.25	XXX
76000	TC	A	Fluoroscope examination	0.00	1.34	1.35	1.34	1.35	0.06	1.40	1.41	1.40	1.41	XXX
76001		A	Fluoroscope exam, extensive	0.67	2.92	3.02	2.92	3.02	0.17	3.76	3.86	3.76	3.86	XXX
76001	26	A	Fluoroscope exam, extensive	0.67	0.19	0.30	0.19	0.30	0.04	0.90	1.01	0.90	1.01	XXX
76001	TC	A	Fluoroscope exam, extensive	0.00	2.73	2.72	2.73	2.72	0.13	2.86	2.85	2.86	2.85	XXX
76003		A	Needle localization by x-ray	0.54	1.48	1.59	1.48	1.59	0.09	2.11	2.22	2.11	2.22	XXX
76003	26	A	Needle localization by x-ray	0.54	0.14	0.24	0.14	0.24	0.03	0.71	0.81	0.71	0.81	XXX
76003	TC	A	Needle localization by x-ray	0.00	1.34	1.35	1.34	1.35	0.06	1.40	1.41	1.40	1.41	XXX
76006		A	X-ray stress view	0.41	0.11	0.11	0.11	0.11	0.03	0.55	0.55	0.55	0.55	XXX
76010		A	X-ray, nose to rectum	0.18	0.60	0.62	0.60	0.62	0.03	0.81	0.83	0.81	0.83	XXX
76010	26	A	X-ray, nose to rectum	0.18	0.05	0.08	0.05	0.08	0.01	0.24	0.27	0.24	0.27	XXX
76010	TC	A	X-ray, nose to rectum	0.00	0.55	0.54	0.55	0.54	0.02	0.57	0.56	0.57	0.56	XXX
76020		A	X-rays for bone age	0.19	0.60	0.63	0.60	0.63	0.03	0.82	0.85	0.82	0.85	XXX
76020	26	A	X-rays for bone age	0.19	0.05	0.09	0.05	0.09	0.01	0.25	0.29	0.25	0.29	XXX

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
76020	TC	A	X-rays for bone age	0.00	0.55	0.54	0.55	0.54	0.02	0.57	0.56	0.57	0.56	XXX
76040		A	X-rays, bone evaluation	0.27	0.89	0.93	0.89	0.93	0.06	1.22	1.26	1.22	1.26	XXX
76040	26	A	X-rays, bone evaluation	0.27	0.07	0.12	0.07	0.12	0.02	0.36	0.41	0.36	0.41	XXX
76040	TC	A	X-rays, bone evaluation	0.00	0.82	0.81	0.82	0.81	0.04	0.86	0.85	0.86	0.85	XXX
76061		A	X-rays, bone survey	0.45	1.15	1.23	1.15	1.23	0.07	1.67	1.75	1.67	1.75	XXX
76061	26	A	X-rays, bone survey	0.45	0.12	0.20	0.12	0.20	0.02	0.59	0.67	0.59	0.67	XXX
76061	TC	A	X-rays, bone survey	0.00	1.03	1.03	1.03	1.03	0.05	1.08	1.08	1.08	1.08	XXX
76062		A	X-rays, bone survey	0.54	1.63	1.73	1.63	1.73	0.10	2.27	2.37	2.27	2.37	XXX
76062	26	A	X-rays, bone survey	0.54	0.14	0.24	0.14	0.24	0.03	0.71	0.81	0.71	0.81	XXX
76062	TC	A	X-rays, bone survey	0.00	1.49	1.49	1.49	1.49	0.07	1.56	1.56	1.56	1.56	XXX
76065		A	X-rays, bone evaluation	0.28	0.82	0.88	0.82	0.88	0.06	1.16	1.22	1.16	1.22	XXX
76065	26	A	X-rays, bone evaluation	0.28	0.07	0.12	0.07	0.12	0.02	0.37	0.42	0.37	0.42	XXX
76065	TC	A	X-rays, bone evaluation	0.00	0.75	0.76	0.75	0.76	0.04	0.79	0.80	0.79	0.80	XXX
76066		A	Joint(s) survey, single film	0.31	1.25	1.29	1.25	1.29	0.07	1.63	1.67	1.63	1.67	XXX
76066	26	A	Joint(s) survey, single film	0.31	0.09	0.14	0.09	0.14	0.02	0.42	0.47	0.42	0.47	XXX
76066	TC	A	Joint(s) survey, single film	0.00	1.16	1.15	1.16	1.15	0.05	1.21	1.20	1.21	1.20	XXX
76070		I	CT scan, bone density study	+0.25	3.15	3.17	3.15	3.17	0.16	3.56	3.58	3.56	3.58	XXX
76070	26	I	CT scan, bone density study	+0.25	0.09	0.12	0.09	0.12	0.02	0.36	0.39	0.36	0.39	XXX
76070	TC	I	CT scan, bone density study	+0.00	3.06	3.05	3.06	3.05	0.14	3.20	3.19	3.20	3.19	XXX
76075		A	Dual energy x-ray study	0.30	3.30	3.32	3.30	3.32	0.17	3.77	3.79	3.77	3.79	XXX
76075	26	A	Dual energy x-ray study	0.30	0.09	0.12	0.09	0.12	0.02	0.41	0.44	0.41	0.44	XXX
76075	TC	A	Dual energy x-ray study	0.00	3.21	3.20	3.21	3.20	0.15	3.36	3.35	3.36	3.35	XXX
76076		A	Dual energy x-ray study	0.22	0.87	0.88	0.87	0.88	0.06	1.15	1.16	1.15	1.16	XXX
76076	26	A	Dual energy x-ray study	0.22	0.08	0.10	0.08	0.10	0.02	0.32	0.34	0.32	0.34	XXX
76076	TC	A	Dual energy x-ray study	0.00	0.79	0.78	0.79	0.78	0.04	0.83	0.82	0.83	0.82	XXX
76078		A	Photodensitometry	0.20	0.86	0.88	0.86	0.88	0.06	1.12	1.14	1.12	1.14	XXX
76078	26	A	Photodensitometry	0.20	0.07	0.10	0.07	0.10	0.02	0.29	0.32	0.29	0.32	XXX
76078	TC	A	Photodensitometry	0.00	0.79	0.78	0.79	0.78	0.04	0.83	0.82	0.83	0.82	XXX
76080		A	X-ray exam of fistula	0.54	1.22	1.33	1.22	1.33	0.08	1.84	1.95	1.84	1.95	XXX
76080	26	A	X-ray exam of fistula	0.54	0.14	0.24	0.14	0.24	0.03	0.71	0.81	0.71	0.81	XXX
76080	TC	A	X-ray exam of fistula	0.00	1.08	1.09	1.08	1.09	0.05	1.13	1.14	1.13	1.14	XXX
76086		A	X-ray of mammary duct	0.36	2.82	2.88	2.82	2.88	0.15	3.33	3.39	3.33	3.39	XXX
76086	26	A	X-ray of mammary duct	0.36	0.09	0.16	0.09	0.16	0.02	0.47	0.54	0.47	0.54	XXX
76086	TC	A	X-ray of mammary duct	0.00	2.73	2.72	2.73	2.72	0.13	2.86	2.85	2.86	2.85	XXX
76088		A	X-ray of mammary ducts	0.45	3.92	3.99	3.92	3.99	0.19	4.56	4.63	4.56	4.63	XXX
76088	26	A	X-ray of mammary ducts	0.45	0.12	0.20	0.12	0.20	0.02	0.59	0.67	0.59	0.67	XXX
76088	TC	A	X-ray of mammary ducts	0.00	3.80	3.79	3.80	3.79	0.17	3.97	3.96	3.97	3.96	XXX
76090		A	Mammogram, one breast	0.58	1.23	1.23	1.23	1.23	0.07	1.88	1.88	1.88	1.88	XXX
76090	26	A	Mammogram, one breast	0.58	0.15	0.14	0.15	0.14	0.02	0.75	0.74	0.75	0.74	XXX
76090	TC	A	Mammogram, one breast	0.00	1.08	1.09	1.08	1.09	0.05	1.13	1.14	1.13	1.14	XXX

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
76091		A	Mammogram, both breasts	0.69	1.53	1.55	1.53	1.55	0.08	2.30	2.32	2.30	2.32	XXX
76091	26	A	Mammogram, both breasts	0.69	0.19	0.20	0.19	0.20	0.02	0.90	0.91	0.90	0.91	XXX
76091	TC	A	Mammogram, both breasts	0.00	1.34	1.35	1.34	1.35	0.06	1.40	1.41	1.40	1.41	XXX
76092		X	Mamm0gram, screening	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
76093		A	Magnetic image, breast	1.63	18.71	18.93	18.71	18.93	0.91	21.25	21.47	21.25	21.47	XXX
76093	26	A	Magnetic image, breast	1.63	0.43	0.69	0.43	0.69	0.09	2.15	2.41	2.15	2.41	XXX
76093	TC	A	Magnetic image, breast	0.00	18.28	18.24	18.28	18.24	0.82	19.10	19.06	19.10	19.06	XXX
76094		A	Magnetic image, both breasts	1.63	25.23	25.44	25.23	25.44	1.20	28.06	28.27	28.06	28.27	XXX
76094	26	A	Magnetic image, both breasts	1.63	0.43	0.69	0.43	0.69	0.09	2.15	2.41	2.15	2.41	XXX
76094	TC	A	Magnetic image, both breasts	0.00	24.80	24.75	24.80	24.75	1.11	25.91	25.86	25.91	25.86	XXX
76095		A	Stereotactic breast biopsy	1.59	7.89	8.11	7.89	8.11	0.43	9.91	10.13	9.91	10.13	XXX
76095	26	A	Stereotactic breast biopsy	1.59	0.45	0.69	0.45	0.69	0.09	2.13	2.37	2.13	2.37	XXX
76095	TC	A	Stereotactic breast biopsy	0.00	7.44	7.42	7.44	7.42	0.34	7.78	7.76	7.78	7.76	XXX
76096		A	X-ray of needle wire, breast	0.56	1.48	1.60	1.48	1.60	0.09	2.13	2.25	2.13	2.25	XXX
76096	26	A	X-ray of needle wire, breast	0.56	0.14	0.25	0.14	0.25	0.03	0.73	0.84	0.73	0.84	XXX
76096	TC	A	X-ray of needle wire, breast	0.00	1.34	1.35	1.34	1.35	0.06	1.40	1.41	1.40	1.41	XXX
76098		A	X-ray exam, breast specimen	0.16	0.48	0.50	0.48	0.50	0.03	0.67	0.69	0.67	0.69	XXX
76098	26	A	X-ray exam, breast specimen	0.16	0.04	0.07	0.04	0.07	0.01	0.21	0.24	0.21	0.24	XXX
76098	TC	A	X-ray exam, breast specimen	0.00	0.44	0.43	0.44	0.43	0.02	0.46	0.45	0.46	0.45	XXX
76100		A	X-ray exam of body section	0.58	1.45	1.55	1.45	1.55	0.09	2.12	2.22	2.12	2.22	XXX
76100	26	A	X-ray exam of body section	0.58	0.15	0.26	0.15	0.26	0.03	0.76	0.87	0.76	0.87	XXX
76100	TC	A	X-ray exam of body section	0.00	1.30	1.29	1.30	1.29	0.06	1.36	1.35	1.36	1.35	XXX
76101		A	Complex body section x-ray	0.58	1.62	1.73	1.62	1.73	0.10	2.30	2.41	2.30	2.41	XXX
76101	26	A	Complex body section x-ray	0.58	0.15	0.26	0.15	0.26	0.03	0.76	0.87	0.76	0.87	XXX
76101	TC	A	Complex body section x-ray	0.00	1.47	1.47	1.47	1.47	0.07	1.54	1.54	1.54	1.54	XXX
76102		A	Complex body section x-rays	0.58	1.95	2.05	1.95	2.05	0.12	2.65	2.75	2.65	2.75	XXX
76102	26	A	Complex body section x-rays	0.58	0.15	0.26	0.15	0.26	0.03	0.76	0.87	0.76	0.87	XXX
76102	TC	A	Complex body section x-rays	0.00	1.80	1.79	1.80	1.79	0.09	1.89	1.88	1.89	1.88	XXX
76120		A	Cinematic x-rays	0.38	1.21	1.26	1.21	1.26	0.07	1.66	1.71	1.66	1.71	XXX
76120	26	A	Cinematic x-rays	0.38	0.13	0.17	0.13	0.17	0.02	0.53	0.57	0.53	0.57	XXX
76120	TC	A	Cinematic x-rays	0.00	1.08	1.09	1.08	1.09	0.05	1.13	1.14	1.13	1.14	XXX
76125		A	Cinematic x-rays add-on	0.27	0.90	0.93	0.90	0.93	0.06	1.23	1.26	1.23	1.26	ZZZ
76125	26	A	Cinematic x-rays add-on	0.27	0.08	0.12	0.08	0.12	0.02	0.37	0.41	0.37	0.41	ZZZ
76125	TC	A	Cinematic x-rays add-on	0.00	0.82	0.81	0.82	0.81	0.04	0.86	0.85	0.86	0.85	ZZZ
76140		I	X-ray consultation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
76150		A	X-ray exam, dry process	0.00	0.44	0.43	0.44	0.43	0.02	0.46	0.45	0.46	0.45	XXX
76350		C	Special x-ray contrast study	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
76355		A	CAT scan for localization	1.21	8.89	9.07	8.89	9.07	0.44	10.54	10.72	10.54	10.72	XXX
76355	26	A	CAT scan for localization	1.21	0.33	0.52	0.33	0.52	0.06	1.60	1.79	1.60	1.79	XXX
76355	TC	A	CAT scan for localization	0.00	8.56	8.55	8.56	8.55	0.38	8.94	8.93	8.94	8.93	XXX

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
76360		A	CAT scan for needle biopsy	1.16	8.87	9.03	8.87	9.03	0.44	10.47	10.63	10.47	10.63	XXX
76360	26	A	CAT scan for needle biopsy	1.16	0.31	0.48	0.31	0.48	0.06	1.53	1.70	1.53	1.70	XXX
76360	TC	A	CAT scan for needle biopsy	0.00	8.56	8.55	8.56	8.55	0.38	8.94	8.93	8.94	8.93	XXX
76365		A	CAT scan for cyst aspiration	1.16	8.87	9.03	8.87	9.03	0.44	10.47	10.63	10.47	10.63	XXX
76365	26	A	CAT scan for cyst aspiration	1.16	0.31	0.48	0.31	0.48	0.06	1.53	1.70	1.53	1.70	XXX
76365	TC	A	CAT scan for cyst aspiration	0.00	8.56	8.55	8.56	8.55	0.38	8.94	8.93	8.94	8.93	XXX
76370		A	CAT scan for therapy guide	0.85	3.29	3.42	3.29	3.42	0.19	4.33	4.46	4.33	4.46	XXX
76370	26	A	CAT scan for therapy guide	0.85	0.23	0.37	0.23	0.37	0.05	1.13	1.27	1.13	1.27	XXX
76370	TC	A	CAT scan for therapy guide	0.00	3.06	3.05	3.06	3.05	0.14	3.20	3.19	3.20	3.19	XXX
76375		A	3d/holograph reconstr add-on	0.16	3.72	3.74	3.72	3.74	0.17	4.05	4.07	4.05	4.07	XXX
76375	26	A	3d/holograph reconstr add-on	0.16	0.04	0.07	0.04	0.07	0.01	0.21	0.24	0.21	0.24	XXX
76375	TC	A	3d/holograph reconstr add-on	0.00	3.68	3.67	3.68	3.67	0.16	3.84	3.83	3.84	3.83	XXX
76380		A	CAT scan follow-up study	0.98	3.90	4.06	3.90	4.06	0.21	5.09	5.25	5.09	5.25	XXX
76380	26	A	CAT scan follow-up study	0.98	0.26	0.43	0.26	0.43	0.05	1.29	1.46	1.29	1.46	XXX
76380	TC	A	CAT scan follow-up study	0.00	3.64	3.63	3.64	3.63	0.16	3.80	3.79	3.80	3.79	XXX
76390		A	Mr spectroscopy	1.40	12.16	12.27	12.16	12.27	0.60	14.16	14.27	14.16	14.27	XXX
76390	26	A	Mr spectroscopy	1.40	0.53	0.67	0.53	0.67	0.08	2.01	2.15	2.01	2.15	XXX
76390	TC	A	Mr spectroscopy	0.00	11.63	11.60	11.63	11.60	0.52	12.15	12.12	12.15	12.12	XXX
76400		A	Magnetic image, bone marrow	1.60	12.05	12.29	12.05	12.29	0.61	14.26	14.50	14.26	14.50	XXX
76400	26	A	Magnetic image, bone marrow	1.60	0.42	0.69	0.42	0.69	0.09	2.11	2.38	2.11	2.38	XXX
76400	TC	A	Magnetic image, bone marrow	0.00	11.63	11.60	11.63	11.60	0.52	12.15	12.12	12.15	12.12	XXX
76499		C	Radiographic procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
76499	26	C	Radiographic procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
76499	TC	C	Radiographic procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
76506		A	Echo exam of head	0.63	1.69	1.76	1.69	1.76	0.10	2.42	2.49	2.42	2.49	XXX
76506	26	A	Echo exam of head	0.63	0.22	0.29	0.22	0.29	0.03	0.88	0.95	0.88	0.95	XXX
76506	TC	A	Echo exam of head	0.00	1.47	1.47	1.47	1.47	0.07	1.54	1.54	1.54	1.54	XXX
76511		A	Echo exam of eye	0.94	1.70	1.59	1.70	1.59	0.09	2.73	2.62	2.73	2.62	XXX
76511	26	A	Echo exam of eye	0.94	0.40	0.30	0.40	0.30	0.03	1.37	1.27	1.37	1.27	XXX
76511	TC	A	Echo exam of eye	0.00	1.30	1.29	1.30	1.29	0.06	1.36	1.35	1.36	1.35	XXX
76512		A	Echo exam of eye	0.66	1.90	1.90	1.90	1.90	0.12	2.68	2.68	2.68	2.68	XXX
76512	26	A	Echo exam of eye	0.66	0.32	0.33	0.32	0.33	0.04	1.02	1.03	1.02	1.03	XXX
76512	TC	A	Echo exam of eye	0.00	1.58	1.57	1.58	1.57	0.08	1.66	1.65	1.66	1.65	XXX
76513		A	Echo exam of eye, water bath	0.66	1.89	1.90	1.89	1.90	0.12	2.67	2.68	2.67	2.68	XXX
76513	26	A	Echo exam of eye, water bath	0.66	0.31	0.33	0.31	0.33	0.04	1.01	1.03	1.01	1.03	XXX
76513	TC	A	Echo exam of eye, water bath	0.00	1.58	1.57	1.58	1.57	0.08	1.66	1.65	1.66	1.65	XXX
76516		A	Echo exam of eye	0.54	1.56	1.56	1.56	1.56	0.09	2.19	2.19	2.19	2.19	XXX
76516	26	A	Echo exam of eye	0.54	0.26	0.27	0.26	0.27	0.03	0.83	0.84	0.83	0.84	XXX
76516	TC	A	Echo exam of eye	0.00	1.30	1.29	1.30	1.29	0.06	1.36	1.35	1.36	1.35	XXX
76519		A	Echo exam of eye	0.54	1.57	1.56	1.57	1.56	0.09	2.20	2.19	2.20	2.19	XXX

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
76519	26	A	Echo exam of eye	0.54	0.27	0.27	0.27	0.27	0.03	0.84	0.84	0.84	0.84	XXX
76519	TC	A	Echo exam of eye	0.00	1.30	1.29	1.30	1.29	0.06	1.36	1.35	1.36	1.35	XXX
76529		A	Echo exam of eye	0.57	1.67	1.68	1.67	1.68	0.10	2.34	2.35	2.34	2.35	XXX
76529	26	A	Echo exam of eye	0.57	0.25	0.27	0.25	0.27	0.03	0.85	0.87	0.85	0.87	XXX
76529	TC	A	Echo exam of eye	0.00	1.42	1.41	1.42	1.41	0.07	1.49	1.48	1.49	1.48	XXX
76536		A	Echo exam of head and neck	0.56	1.62	1.72	1.62	1.72	0.10	2.28	2.38	2.28	2.38	XXX
76536	26	A	Echo exam of head and neck	0.56	0.15	0.25	0.15	0.25	0.03	0.74	0.84	0.74	0.84	XXX
76536	TC	A	Echo exam of head and neck	0.00	1.47	1.47	1.47	1.47	0.07	1.54	1.54	1.54	1.54	XXX
76604		A	Echo exam of chest	0.55	1.49	1.60	1.49	1.60	0.09	2.13	2.24	2.13	2.24	XXX
76604	26	A	Echo exam of chest	0.55	0.15	0.25	0.15	0.25	0.03	0.73	0.83	0.73	0.83	XXX
76604	TC	A	Echo exam of chest	0.00	1.34	1.35	1.34	1.35	0.06	1.40	1.41	1.40	1.41	XXX
76645		A	Echo exam of breast	0.54	1.22	1.33	1.22	1.33	0.08	1.84	1.95	1.84	1.95	XXX
76645	26	A	Echo exam of breast	0.54	0.14	0.24	0.14	0.24	0.03	0.71	0.81	0.71	0.81	XXX
76645	TC	A	Echo exam of breast	0.00	1.08	1.09	1.08	1.09	0.05	1.13	1.14	1.13	1.14	XXX
76700		A	Echo exam of abdomen	0.81	2.27	2.40	2.27	2.40	0.13	3.21	3.34	3.21	3.34	XXX
76700	26	A	Echo exam of abdomen	0.81	0.22	0.36	0.22	0.36	0.04	1.07	1.21	1.07	1.21	XXX
76700	TC	A	Echo exam of abdomen	0.00	2.05	2.04	2.05	2.04	0.09	2.14	2.13	2.14	2.13	XXX
76705		A	Echo exam of abdomen	0.59	1.62	1.73	1.62	1.73	0.10	2.31	2.42	2.31	2.42	XXX
76705	26	A	Echo exam of abdomen	0.59	0.15	0.26	0.15	0.26	0.03	0.77	0.88	0.77	0.88	XXX
76705	TC	A	Echo exam of abdomen	0.00	1.47	1.47	1.47	1.47	0.07	1.54	1.54	1.54	1.54	XXX
76770		A	Echo exam abdomen back wall	0.74	2.25	2.37	2.25	2.37	0.13	3.12	3.24	3.12	3.24	XXX
76770	26	A	Echo exam abdomen back wall	0.74	0.20	0.33	0.20	0.33	0.04	0.98	1.11	0.98	1.11	XXX
76770	TC	A	Echo exam abdomen back wall	0.00	2.05	2.04	2.05	2.04	0.09	2.14	2.13	2.14	2.13	XXX
76775		A	Echo exam abdomen back wall	0.58	1.62	1.73	1.62	1.73	0.10	2.30	2.41	2.30	2.41	XXX
76775	26	A	Echo exam abdomen back wall	0.58	0.15	0.26	0.15	0.26	0.03	0.76	0.87	0.76	0.87	XXX
76775	TC	A	Echo exam abdomen back wall	0.00	1.47	1.47	1.47	1.47	0.07	1.54	1.54	1.54	1.54	XXX
76778		A	Echo exam kidney transplant	0.74	2.25	2.37	2.25	2.37	0.13	3.12	3.24	3.12	3.24	XXX
76778	26	A	Echo exam kidney transplant	0.74	0.20	0.33	0.20	0.33	0.04	0.98	1.11	0.98	1.11	XXX
76778	TC	A	Echo exam kidney transplant	0.00	2.05	2.04	2.05	2.04	0.09	2.14	2.13	2.14	2.13	XXX
76800		A	Echo exam spinal canal	1.13	1.79	1.96	1.79	1.96	0.13	3.05	3.22	3.05	3.22	XXX
76800	26	A	Echo exam spinal canal	1.13	0.32	0.49	0.32	0.49	0.06	1.51	1.68	1.51	1.68	XXX
76800	TC	A	Echo exam spinal canal	0.00	1.47	1.47	1.47	1.47	0.07	1.54	1.54	1.54	1.54	XXX
76805		A	Echo exam of pregnant uterus	0.99	2.47	2.61	2.47	2.61	0.15	3.61	3.75	3.61	3.75	XXX
76805	26	A	Echo exam of pregnant uterus	0.99	0.29	0.44	0.29	0.44	0.05	1.33	1.48	1.33	1.48	XXX
76805	TC	A	Echo exam of pregnant uterus	0.00	2.18	2.17	2.18	2.17	0.10	2.28	2.27	2.28	2.27	XXX
76810		A	Echo exam of pregnant uterus	1.97	4.94	5.21	4.94	5.21	0.30	7.21	7.48	7.21	7.48	XXX
76810	26	A	Echo exam of pregnant uterus	1.97	0.59	0.87	0.59	0.87	0.10	2.66	2.94	2.66	2.94	XXX
76810	TC	A	Echo exam of pregnant uterus	0.00	4.35	4.34	4.35	4.34	0.20	4.55	4.54	4.55	4.54	XXX
76815		A	Echo exam of pregnant uterus	0.65	1.67	1.77	1.67	1.77	0.10	2.42	2.52	2.42	2.52	XXX
76815	26	A	Echo exam of pregnant uterus	0.65	0.20	0.30	0.20	0.30	0.03	0.88	0.98	0.88	0.98	XXX

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
76815	TC	A	Echo exam of pregnant uterus	0.00	1.47	1.47	1.47	1.47	0.07	1.54	1.54	1.54	1.54	XXX
76816		A	Echo exam followup or repeat	0.57	1.35	1.41	1.35	1.41	0.08	2.00	2.06	2.00	2.06	XXX
76816	26	A	Echo exam followup or repeat	0.57	0.19	0.26	0.19	0.26	0.03	0.79	0.86	0.79	0.86	XXX
76816	TC	A	Echo exam followup or repeat	0.00	1.16	1.15	1.16	1.15	0.05	1.21	1.20	1.21	1.20	XXX
76818		A	Fetal biophysical profile	0.77	1.93	2.02	1.93	2.02	0.12	2.82	2.91	2.82	2.91	XXX
76818	26	A	Fetal biophysical profile	0.77	0.26	0.35	0.26	0.35	0.04	1.07	1.16	1.07	1.16	XXX
76818	TC	A	Fetal biophysical profile	0.00	1.67	1.67	1.67	1.67	0.08	1.75	1.75	1.75	1.75	XXX
76825		A	Echo exam of fetal heart	1.67	2.64	2.47	2.64	2.47	0.13	4.44	4.27	4.44	4.27	XXX
76825	26	A	Echo exam of fetal heart	1.67	0.59	0.43	0.59	0.43	0.04	2.30	2.14	2.30	2.14	XXX
76825	TC	A	Echo exam of fetal heart	0.00	2.05	2.04	2.05	2.04	0.09	2.14	2.13	2.14	2.13	XXX
76826		A	Echo exam of fetal heart	0.83	1.00	1.35	1.00	1.35	0.08	1.91	2.26	1.91	2.26	XXX
76826	26	A	Echo exam of fetal heart	0.83	0.27	0.62	0.27	0.62	0.04	1.14	1.49	1.14	1.49	XXX
76826	TC	A	Echo exam of fetal heart	0.00	0.73	0.73	0.73	0.73	0.04	0.77	0.77	0.77	0.77	XXX
76827		A	Echo exam of fetal heart	0.58	2.00	2.35	2.00	2.35	0.14	2.72	3.07	2.72	3.07	XXX
76827	26	A	Echo exam of fetal heart	0.58	0.21	0.57	0.21	0.57	0.04	0.83	1.19	0.83	1.19	XXX
76827	TC	A	Echo exam of fetal heart	0.00	1.79	1.78	1.79	1.78	0.10	1.89	1.88	1.89	1.88	XXX
76828		A	Echo exam of fetal heart	0.56	1.37	1.43	1.37	1.43	0.09	2.02	2.08	2.02	2.08	XXX
76828	26	A	Echo exam of fetal heart	0.56	0.21	0.28	0.21	0.28	0.02	0.79	0.86	0.79	0.86	XXX
76828	TC	A	Echo exam of fetal heart	0.00	1.16	1.15	1.16	1.15	0.07	1.23	1.22	1.23	1.22	XXX
76830		A	Echo exam, transvaginal	0.69	1.77	1.88	1.77	1.88	0.12	2.58	2.69	2.58	2.69	XXX
76830	26	A	Echo exam, transvaginal	0.69	0.19	0.31	0.19	0.31	0.04	0.92	1.04	0.92	1.04	XXX
76830	TC	A	Echo exam, transvaginal	0.00	1.58	1.57	1.58	1.57	0.08	1.66	1.65	1.66	1.65	XXX
76831		A	Echo exam, uterus	0.72	1.78	1.88	1.78	1.88	0.12	2.62	2.72	2.62	2.72	XXX
76831	26	A	Echo exam, uterus	0.72	0.20	0.31	0.20	0.31	0.04	0.96	1.07	0.96	1.07	XXX
76831	TC	A	Echo exam, uterus	0.00	1.58	1.57	1.58	1.57	0.08	1.66	1.65	1.66	1.65	XXX
76856		A	Echo exam of pelvis	0.69	1.77	1.88	1.77	1.88	0.12	2.58	2.69	2.58	2.69	XXX
76856	26	A	Echo exam of pelvis	0.69	0.19	0.31	0.19	0.31	0.04	0.92	1.04	0.92	1.04	XXX
76856	TC	A	Echo exam of pelvis	0.00	1.58	1.57	1.58	1.57	0.08	1.66	1.65	1.66	1.65	XXX
76857		A	Echo exam of pelvis	0.38	1.19	1.25	1.19	1.25	0.07	1.64	1.70	1.64	1.70	XXX
76857	26	A	Echo exam of pelvis	0.38	0.11	0.16	0.11	0.16	0.02	0.51	0.56	0.51	0.56	XXX
76857	TC	A	Echo exam of pelvis	0.00	1.08	1.09	1.08	1.09	0.05	1.13	1.14	1.13	1.14	XXX
76870		A	Echo exam of scrotum	0.64	1.76	1.85	1.76	1.85	0.11	2.51	2.60	2.51	2.60	XXX
76870	26	A	Echo exam of scrotum	0.64	0.18	0.28	0.18	0.28	0.03	0.85	0.95	0.85	0.95	XXX
76870	TC	A	Echo exam of scrotum	0.00	1.58	1.57	1.58	1.57	0.08	1.66	1.65	1.66	1.65	XXX
76872		A	Echo exam, transrectal	0.69	1.79	1.89	1.79	1.89	0.12	2.60	2.70	2.60	2.70	XXX
76872	26	A	Echo exam, transrectal	0.69	0.21	0.32	0.21	0.32	0.04	0.94	1.05	0.94	1.05	XXX
76872	TC	A	Echo exam, transrectal	0.00	1.58	1.57	1.58	1.57	0.08	1.66	1.65	1.66	1.65	XXX
76880		A	Echo exam of extremity	0.59	1.64	1.73	1.64	1.73	0.10	2.33	2.42	2.33	2.42	XXX
76880	26	A	Echo exam of extremity	0.59	0.17	0.26	0.17	0.26	0.03	0.79	0.88	0.79	0.88	XXX
76880	TC	A	Echo exam of extremity	0.00	1.47	1.47	1.47	1.47	0.07	1.54	1.54	1.54	1.54	XXX

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
76885		A	Echo exam, infant hips	0.74	1.78	1.88	1.78	1.88	0.12	2.64	2.74	2.64	2.74	XXX
76885	26	A	Echo exam, infant hips	0.74	0.20	0.31	0.20	0.31	0.04	0.98	1.09	0.98	1.09	XXX
76885	TC	A	Echo exam, infant hips	0.00	1.58	1.57	1.58	1.57	0.08	1.66	1.65	1.66	1.65	XXX
76886		A	Echo exam, infant hips	0.62	1.64	1.73	1.64	1.73	0.10	2.36	2.45	2.36	2.45	XXX
76886	26	A	Echo exam, infant hips	0.62	0.17	0.26	0.17	0.26	0.03	0.82	0.91	0.82	0.91	XXX
76886	TC	A	Echo exam, infant hips	0.00	1.47	1.47	1.47	1.47	0.07	1.54	1.54	1.54	1.54	XXX
76930		A	Echo guide for heart sac tap	0.67	1.83	1.89	1.83	1.89	0.12	2.62	2.68	2.62	2.68	XXX
76930	26	A	Echo guide for heart sac tap	0.67	0.25	0.32	0.25	0.32	0.04	0.96	1.03	0.96	1.03	XXX
76930	TC	A	Echo guide for heart sac tap	0.00	1.58	1.57	1.58	1.57	0.08	1.66	1.65	1.66	1.65	XXX
76932		A	Echo guide for heart biopsy	0.67	1.84	1.89	1.84	1.89	0.12	2.63	2.68	2.63	2.68	XXX
76932	26	A	Echo guide for heart biopsy	0.67	0.26	0.32	0.26	0.32	0.04	0.97	1.03	0.97	1.03	XXX
76932	TC	A	Echo guide for heart biopsy	0.00	1.58	1.57	1.58	1.57	0.08	1.66	1.65	1.66	1.65	XXX
76934		A	Echo guide for chest tap	0.67	1.76	1.87	1.76	1.87	0.12	2.55	2.66	2.55	2.66	XXX
76934	26	A	Echo guide for chest tap	0.67	0.18	0.30	0.18	0.30	0.04	0.89	1.01	0.89	1.01	XXX
76934	TC	A	Echo guide for chest tap	0.00	1.58	1.57	1.58	1.57	0.08	1.66	1.65	1.66	1.65	XXX
76936		A	Echo guide for artery repair	1.99	7.12	7.68	7.12	7.68	0.38	9.49	10.05	9.49	10.05	XXX
76936	26	A	Echo guide for artery repair	1.99	0.59	1.16	0.59	1.16	0.08	2.66	3.23	2.66	3.23	XXX
76936	TC	A	Echo guide for artery repair	0.00	6.53	6.52	6.53	6.52	0.30	6.83	6.82	6.83	6.82	XXX
76938		A	Echo exam for drainage	0.67	1.76	1.87	1.76	1.87	0.12	2.55	2.66	2.55	2.66	XXX
76938	26	A	Echo exam for drainage	0.67	0.18	0.30	0.18	0.30	0.04	0.89	1.01	0.89	1.01	XXX
76938	TC	A	Echo exam for drainage	0.00	1.58	1.57	1.58	1.57	0.08	1.66	1.65	1.66	1.65	XXX
76941		A	Echo guide for transfusion	1.34	1.98	2.17	1.98	2.17	0.15	3.47	3.66	3.47	3.66	XXX
76941	26	A	Echo guide for transfusion	1.34	0.39	0.59	0.39	0.59	0.08	1.81	2.01	1.81	2.01	XXX
76941	TC	A	Echo guide for transfusion	0.00	1.59	1.58	1.59	1.58	0.07	1.66	1.65	1.66	1.65	XXX
76942		A	Echo guide for biopsy	0.67	1.78	1.88	1.78	1.88	0.12	2.57	2.67	2.57	2.67	XXX
76942	26	A	Echo guide for biopsy	0.67	0.20	0.31	0.20	0.31	0.04	0.91	1.02	0.91	1.02	XXX
76942	TC	A	Echo guide for biopsy	0.00	1.58	1.57	1.58	1.57	0.08	1.66	1.65	1.66	1.65	XXX
76945		A	Echo guide, villus sampling	0.67	1.78	2.12	1.78	2.12	0.15	2.60	2.94	2.60	2.94	XXX
76945	26	A	Echo guide, villus sampling	0.67	0.19	0.54	0.19	0.54	0.08	0.94	1.29	0.94	1.29	XXX
76945	TC	A	Echo guide, villus sampling	0.00	1.59	1.58	1.59	1.58	0.07	1.66	1.65	1.66	1.65	XXX
76946		A	Echo guide for amniocentesis	0.38	1.70	1.74	1.70	1.74	0.10	2.18	2.22	2.18	2.22	XXX
76946	26	A	Echo guide for amniocentesis	0.38	0.12	0.17	0.12	0.17	0.02	0.52	0.57	0.52	0.57	XXX
76946	TC	A	Echo guide for amniocentesis	0.00	1.58	1.57	1.58	1.57	0.08	1.66	1.65	1.66	1.65	XXX
76948		A	Echo guide, ova aspiration	0.38	1.69	1.73	1.69	1.73	0.10	2.17	2.21	2.17	2.21	XXX
76948	26	A	Echo guide, ova aspiration	0.38	0.11	0.16	0.11	0.16	0.02	0.51	0.56	0.51	0.56	XXX
76948	TC	A	Echo guide, ova aspiration	0.00	1.58	1.57	1.58	1.57	0.08	1.66	1.65	1.66	1.65	XXX
76950		A	Echo guidance radiotherapy	0.58	1.52	1.61	1.52	1.61	0.09	2.19	2.28	2.19	2.28	XXX
76950	26	A	Echo guidance radiotherapy	0.58	0.18	0.26	0.18	0.26	0.03	0.79	0.87	0.79	0.87	XXX
76950	TC	A	Echo guidance radiotherapy	0.00	1.34	1.35	1.34	1.35	0.06	1.40	1.41	1.40	1.41	XXX
76960		A	Echo guidance radiotherapy	0.58	1.52	1.61	1.52	1.61	0.09	2.19	2.28	2.19	2.28	XXX

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
76960	26	A	Echo guidance radiotherapy	0.58	0.18	0.26	0.18	0.26	0.03	0.79	0.87	0.79	0.87	XXX
76960	TC	A	Echo guidance radiotherapy	0.00	1.34	1.35	1.34	1.35	0.06	1.40	1.41	1.40	1.41	XXX
76965		A	Echo guidance radiotherapy	1.34	6.20	7.08	6.20	7.08	0.41	7.95	8.83	7.95	8.83	XXX
76965	26	A	Echo guidance radiotherapy	1.34	0.42	1.31	0.42	1.31	0.15	1.91	2.80	1.91	2.80	XXX
76965	TC	A	Echo guidance radiotherapy	0.00	5.78	5.77	5.78	5.77	0.26	6.04	6.03	6.04	6.03	XXX
76970		A	Ultrasound exam follow-up	0.40	1.19	1.27	1.19	1.27	0.07	1.66	1.74	1.66	1.74	XXX
76970	26	A	Ultrasound exam follow-up	0.40	0.11	0.18	0.11	0.18	0.02	0.53	0.60	0.53	0.60	XXX
76970	TC	A	Ultrasound exam follow-up	0.00	1.08	1.09	1.08	1.09	0.05	1.13	1.14	1.13	1.14	XXX
76975		A	GI endoscopic ultrasound	0.81	1.84	1.91	1.84	1.91	0.12	2.77	2.84	2.77	2.84	XXX
76975	26	A	GI endoscopic ultrasound	0.81	0.26	0.34	0.26	0.34	0.04	1.11	1.19	1.11	1.19	XXX
76975	TC	A	GI endoscopic ultrasound	0.00	1.58	1.57	1.58	1.57	0.08	1.66	1.65	1.66	1.65	XXX
76977		R	Us bone density measure	0.22	0.94	0.94	0.94	0.94	0.06	1.22	1.22	1.22	1.22	XXX
76977	26	R	Us bone density measure	0.22	0.08	0.08	0.08	0.08	0.02	0.32	0.32	0.32	0.32	XXX
76977	TC	R	Us bone density measure	0.00	0.86	0.86	0.86	0.86	0.04	0.90	0.90	0.90	0.90	XXX
76986		A	Echo exam at surgery	1.20	3.09	3.25	3.09	3.25	0.19	4.48	4.64	4.48	4.64	XXX
76986	26	A	Echo exam at surgery	1.20	0.36	0.53	0.36	0.53	0.06	1.62	1.79	1.62	1.79	XXX
76986	TC	A	Echo exam at surgery	0.00	2.73	2.72	2.73	2.72	0.13	2.86	2.85	2.86	2.85	XXX
76999		C	Echo examination procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
76999	26	C	Echo examination procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
76999	TC	C	Echo examination procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77261		A	Radiation therapy planning	1.39	0.45	0.62	0.45	0.62	0.07	1.91	2.08	1.91	2.08	XXX
77262		A	Radiation therapy planning	2.11	0.68	0.94	0.68	0.94	0.11	2.90	3.16	2.90	3.16	XXX
77263		A	Radiation therapy planning	3.14	0.99	1.39	0.99	1.39	0.16	4.29	4.69	4.29	4.69	XXX
77280		A	Set radiation therapy field	0.70	3.81	3.91	3.81	3.91	0.20	4.71	4.81	4.71	4.81	XXX
77280	26	A	Set radiation therapy field	0.70	0.20	0.31	0.20	0.31	0.04	0.94	1.05	0.94	1.05	XXX
77280	TC	A	Set radiation therapy field	0.00	3.61	3.60	3.61	3.60	0.16	3.77	3.76	3.77	3.76	XXX
77285		A	Set radiation therapy field	1.05	6.07	6.22	6.07	6.22	0.32	7.44	7.59	7.44	7.59	XXX
77285	26	A	Set radiation therapy field	1.05	0.29	0.45	0.29	0.45	0.05	1.39	1.55	1.39	1.55	XXX
77285	TC	A	Set radiation therapy field	0.00	5.78	5.77	5.78	5.77	0.27	6.05	6.04	6.05	6.04	XXX
77290		A	Set radiation therapy field	1.56	7.18	7.42	7.18	7.42	0.40	9.14	9.38	9.14	9.38	XXX
77290	26	A	Set radiation therapy field	1.56	0.43	0.68	0.43	0.68	0.09	2.08	2.33	2.08	2.33	XXX
77290	TC	A	Set radiation therapy field	0.00	6.75	6.74	6.75	6.74	0.31	7.06	7.05	7.06	7.05	XXX
77295		A	Set radiation therapy field	4.57	30.25	30.91	30.25	30.91	1.51	36.33	36.99	36.33	36.99	XXX
77295	26	A	Set radiation therapy field	4.57	1.27	2.00	1.27	2.00	0.18	6.02	6.75	6.02	6.75	XXX
77295	TC	A	Set radiation therapy field	0.00	28.98	28.91	28.98	28.91	1.33	30.31	30.24	30.31	30.24	XXX
77299		C	Radiation therapy planning	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77299	26	C	Radiation therapy planning	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77299	TC	C	Radiation therapy planning	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77300		A	Radiation therapy dose plan	0.62	1.57	1.66	1.57	1.66	0.09	2.28	2.37	2.28	2.37	XXX
77300	26	A	Radiation therapy dose plan	0.62	0.18	0.27	0.18	0.27	0.03	0.83	0.92	0.83	0.92	XXX

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
77300	TC	A	Radiation therapy dose plan	0.00	1.39	1.39	1.39	1.39	0.06	1.45	1.45	1.45	1.45	XXX
77305		A	Radiation therapy dose plan	0.70	2.13	2.23	2.13	2.23	0.13	2.96	3.06	2.96	3.06	XXX
77305	26	A	Radiation therapy dose plan	0.70	0.20	0.31	0.20	0.31	0.04	0.94	1.05	0.94	1.05	XXX
77305	TC	A	Radiation therapy dose plan	0.00	1.93	1.92	1.93	1.92	0.09	2.02	2.01	2.02	2.01	XXX
77310		A	Radiation therapy dose plan	1.05	2.71	2.86	2.71	2.86	0.17	3.93	4.08	3.93	4.08	XXX
77310	26	A	Radiation therapy dose plan	1.05	0.29	0.45	0.29	0.45	0.05	1.39	1.55	1.39	1.55	XXX
77310	TC	A	Radiation therapy dose plan	0.00	2.42	2.41	2.42	2.41	0.12	2.54	2.53	2.54	2.53	XXX
77315		A	Radiation therapy dose plan	1.56	3.19	3.43	3.19	3.43	0.22	4.97	5.21	4.97	5.21	XXX
77315	26	A	Radiation therapy dose plan	1.56	0.43	0.68	0.43	0.68	0.09	2.08	2.33	2.08	2.33	XXX
77315	TC	A	Radiation therapy dose plan	0.00	2.76	2.75	2.76	2.75	0.13	2.89	2.88	2.89	2.88	XXX
77321		A	Radiation therapy port plan	0.95	4.46	4.60	4.46	4.60	0.24	5.65	5.79	5.65	5.79	XXX
77321	26	A	Radiation therapy port plan	0.95	0.27	0.42	0.27	0.42	0.05	1.27	1.42	1.27	1.42	XXX
77321	TC	A	Radiation therapy port plan	0.00	4.19	4.18	4.19	4.18	0.19	4.38	4.37	4.38	4.37	XXX
77326		A	Radiation therapy dose plan	0.93	2.71	2.85	2.71	2.85	0.17	3.81	3.95	3.81	3.95	XXX
77326	26	A	Radiation therapy dose plan	0.93	0.26	0.41	0.26	0.41	0.05	1.24	1.39	1.24	1.39	XXX
77326	TC	A	Radiation therapy dose plan	0.00	2.45	2.44	2.45	2.44	0.12	2.57	2.56	2.57	2.56	XXX
77327		A	Radiation therapy dose plan	1.39	3.99	4.20	3.99	4.20	0.23	5.61	5.82	5.61	5.82	XXX
77327	26	A	Radiation therapy dose plan	1.39	0.38	0.60	0.38	0.60	0.07	1.84	2.06	1.84	2.06	XXX
77327	TC	A	Radiation therapy dose plan	0.00	3.61	3.60	3.61	3.60	0.16	3.77	3.76	3.77	3.76	XXX
77328		A	Radiation therapy dose plan	2.09	5.73	6.04	5.73	6.04	0.34	8.16	8.47	8.16	8.47	XXX
77328	26	A	Radiation therapy dose plan	2.09	0.58	0.90	0.58	0.90	0.11	2.78	3.10	2.78	3.10	XXX
77328	TC	A	Radiation therapy dose plan	0.00	5.15	5.14	5.15	5.14	0.23	5.38	5.37	5.38	5.37	XXX
77331		A	Special radiation dosimetry	0.87	0.76	0.90	0.76	0.90	0.07	1.70	1.84	1.70	1.84	XXX
77331	26	A	Special radiation dosimetry	0.87	0.24	0.38	0.24	0.38	0.05	1.16	1.30	1.16	1.30	XXX
77331	TC	A	Special radiation dosimetry	0.00	0.52	0.52	0.52	0.52	0.02	0.54	0.54	0.54	0.54	XXX
77332		A	Radiation treatment aid(s)	0.54	1.54	1.63	1.54	1.63	0.09	2.17	2.26	2.17	2.26	XXX
77332	26	A	Radiation treatment aid(s)	0.54	0.15	0.24	0.15	0.24	0.03	0.72	0.81	0.72	0.81	XXX
77332	TC	A	Radiation treatment aid(s)	0.00	1.39	1.39	1.39	1.39	0.06	1.45	1.45	1.45	1.45	XXX
77333		A	Radiation treatment aid(s)	0.84	2.20	2.33	2.20	2.33	0.14	3.18	3.31	3.18	3.31	XXX
77333	26	A	Radiation treatment aid(s)	0.84	0.24	0.37	0.24	0.37	0.05	1.13	1.26	1.13	1.26	XXX
77333	TC	A	Radiation treatment aid(s)	0.00	1.96	1.96	1.96	1.96	0.09	2.05	2.05	2.05	2.05	XXX
77334		A	Radiation treatment aid(s)	1.24	3.72	3.90	3.72	3.90	0.21	5.17	5.35	5.17	5.35	XXX
77334	26	A	Radiation treatment aid(s)	1.24	0.34	0.53	0.34	0.53	0.06	1.64	1.83	1.64	1.83	XXX
77334	TC	A	Radiation treatment aid(s)	0.00	3.38	3.37	3.38	3.37	0.15	3.53	3.52	3.53	3.52	XXX
77336		A	Radiation physics consult	0.00	3.10	3.09	3.10	3.09	0.14	3.24	3.23	3.24	3.23	XXX
77370		A	Radiation physics consult	0.00	3.63	3.62	3.63	3.62	0.16	3.79	3.78	3.79	3.78	XXX
77380		C	Proton beam delivery	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77380	26	C	Proton beam delivery	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77380	TC	C	Proton beam delivery	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77381		C	Proton beam treatment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
77381	26	C	Proton beam treatment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77381	TC	C	Proton beam treatment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77399		C	External radiation dosimetry	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77399	26	C	External radiation dosimetry	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77399	TC	C	External radiation dosimetry	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77401		A	Radiation treatment delivery	0.00	1.84	1.83	1.84	1.83	0.09	1.93	1.92	1.93	1.92	XXX
77402		A	Radiation treatment delivery	0.00	1.84	1.83	1.84	1.83	0.09	1.93	1.92	1.93	1.92	XXX
77403		A	Radiation treatment delivery	0.00	1.84	1.83	1.84	1.83	0.09	1.93	1.92	1.93	1.92	XXX
77404		A	Radiation treatment delivery	0.00	1.84	1.83	1.84	1.83	0.09	1.93	1.92	1.93	1.92	XXX
77406		A	Radiation treatment delivery	0.00	1.84	1.83	1.84	1.83	0.09	1.93	1.92	1.93	1.92	XXX
77407		A	Radiation treatment delivery	0.00	2.17	2.16	2.17	2.16	0.10	2.27	2.26	2.27	2.26	XXX
77408		A	Radiation treatment delivery	0.00	2.17	2.16	2.17	2.16	0.10	2.27	2.26	2.27	2.26	XXX
77409		A	Radiation treatment delivery	0.00	2.17	2.16	2.17	2.16	0.10	2.27	2.26	2.27	2.26	XXX
77411		A	Radiation treatment delivery	0.00	2.17	2.16	2.17	2.16	0.10	2.27	2.26	2.27	2.26	XXX
77412		A	Radiation treatment delivery	0.00	2.42	2.41	2.42	2.41	0.12	2.54	2.53	2.54	2.53	XXX
77413		A	Radiation treatment delivery	0.00	2.42	2.41	2.42	2.41	0.12	2.54	2.53	2.54	2.53	XXX
77414		A	Radiation treatment delivery	0.00	2.42	2.41	2.42	2.41	0.12	2.54	2.53	2.54	2.53	XXX
77416		A	Radiation treatment delivery	0.00	2.42	2.41	2.42	2.41	0.12	2.54	2.53	2.54	2.53	XXX
77417		A	Radiology port film(s)	0.00	0.61	0.61	0.61	0.61	0.03	0.64	0.64	0.64	0.64	XXX
77419		A	Weekly radiation therapy	3.60	1.14	1.60	1.14	1.60	0.18	4.92	5.38	4.92	5.38	XXX
77420		A	Weekly radiation therapy	1.61	0.54	0.72	0.54	0.72	0.09	2.24	2.42	2.24	2.42	XXX
77425		A	Weekly radiation therapy	2.44	0.79	1.09	0.79	1.09	0.13	3.36	3.66	3.36	3.66	XXX
77430		A	Weekly radiation therapy	3.60	1.14	1.60	1.14	1.60	0.18	4.92	5.38	4.92	5.38	XXX
77431		A	Radiation therapy management	1.81	0.62	0.82	0.62	0.82	0.09	2.52	2.72	2.52	2.72	XXX
77432		A	Stereotactic radiation trmt	7.93	2.56	4.66	2.56	4.66	0.31	10.80	12.90	10.80	12.90	XXX
77470		A	Special radiation treatment	2.09	12.14	12.44	12.14	12.44	0.63	14.86	15.16	14.86	15.16	XXX
77470	26	A	Special radiation treatment	2.09	0.58	0.90	0.58	0.90	0.11	2.78	3.10	2.78	3.10	XXX
77470	TC	A	Special radiation treatment	0.00	11.56	11.54	11.56	11.54	0.52	12.08	12.06	12.08	12.06	XXX
77499		C	Radiation therapy management	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77499	26	C	Radiation therapy management	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77499	TC	C	Radiation therapy management	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77600		R	Hyperthermia treatment	1.56	3.58	3.83	3.58	3.83	0.23	5.37	5.62	5.37	5.62	090
77600	26	R	Hyperthermia treatment	1.56	0.43	0.68	0.43	0.68	0.09	2.08	2.33	2.08	2.33	090
77600	TC	R	Hyperthermia treatment	0.00	3.15	3.15	3.15	3.15	0.14	3.29	3.29	3.29	3.29	090
77605		R	Hyperthermia treatment	2.09	4.79	5.10	4.79	5.10	0.31	7.19	7.50	7.19	7.50	090
77605	26	R	Hyperthermia treatment	2.09	0.58	0.90	0.58	0.90	0.11	2.78	3.10	2.78	3.10	090
77605	TC	R	Hyperthermia treatment	0.00	4.21	4.20	4.21	4.20	0.20	4.41	4.40	4.41	4.40	090
77610		R	Hyperthermia treatment	1.56	3.64	3.84	3.64	3.84	0.23	5.43	5.63	5.43	5.63	090
77610	26	R	Hyperthermia treatment	1.56	0.49	0.69	0.49	0.69	0.09	2.14	2.34	2.14	2.34	090
77610	TC	R	Hyperthermia treatment	0.00	3.15	3.15	3.15	3.15	0.14	3.29	3.29	3.29	3.29	090

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
77615		R	Hyperthermia treatment	2.09	4.78	5.10	4.78	5.10	0.31	7.18	7.50	7.18	7.50	090
77615	26	R	Hyperthermia treatment	2.09	0.57	0.90	0.57	0.90	0.11	2.77	3.10	2.77	3.10	090
77615	TC	R	Hyperthermia treatment	0.00	4.21	4.20	4.21	4.20	0.20	4.41	4.40	4.41	4.40	090
77620		R	Hyperthermia treatment	1.56	3.66	3.85	3.66	3.85	0.23	5.45	5.64	5.45	5.64	090
77620	26	R	Hyperthermia treatment	1.56	0.51	0.70	0.51	0.70	0.09	2.16	2.35	2.16	2.35	090
77620	TC	R	Hyperthermia treatment	0.00	3.15	3.15	3.15	3.15	0.14	3.29	3.29	3.29	3.29	090
77750		A	Infuse radioactive materials	4.91	2.74	3.39	2.74	3.39	0.29	7.94	8.59	7.94	8.59	090
77750	26	A	Infuse radioactive materials	4.91	1.37	2.01	1.37	2.01	0.23	6.51	7.15	6.51	7.15	090
77750	TC	A	Infuse radioactive materials	0.00	1.37	1.38	1.37	1.38	0.06	1.43	1.44	1.43	1.44	090
77761		A	Radioelement application	3.81	3.57	4.13	3.57	4.13	0.31	7.69	8.25	7.69	8.25	090
77761	26	A	Radioelement application	3.81	0.97	1.54	0.97	1.54	0.18	4.96	5.53	4.96	5.53	090
77761	TC	A	Radioelement application	0.00	2.60	2.59	2.60	2.59	0.13	2.73	2.72	2.73	2.72	090
77762		A	Radioelement application	5.72	5.30	6.06	5.30	6.06	0.44	11.46	12.22	11.46	12.22	090
77762	26	A	Radioelement application	5.72	1.56	2.33	1.56	2.33	0.27	7.55	8.32	7.55	8.32	090
77762	TC	A	Radioelement application	0.00	3.74	3.73	3.74	3.73	0.17	3.91	3.90	3.91	3.90	090
77763		A	Radioelement application	8.57	6.94	8.14	6.94	8.14	0.60	16.11	17.31	16.11	17.31	090
77763	26	A	Radioelement application	8.57	2.28	3.49	2.28	3.49	0.39	11.24	12.45	11.24	12.45	090
77763	TC	A	Radioelement application	0.00	4.66	4.65	4.66	4.65	0.21	4.87	4.86	4.87	4.86	090
77776		A	Radioelement application	4.66	3.44	4.25	3.44	4.25	0.35	8.45	9.26	8.45	9.26	XXX
77776	26	A	Radioelement application	4.66	1.19	2.00	1.19	2.00	0.24	6.09	6.90	6.09	6.90	XXX
77776	TC	A	Radioelement application	0.00	2.25	2.25	2.25	2.25	0.11	2.36	2.36	2.36	2.36	XXX
77777		A	Radioelement application	7.48	6.61	7.49	6.61	7.49	0.55	14.64	15.52	14.64	15.52	090
77777	26	A	Radioelement application	7.48	2.21	3.10	2.21	3.10	0.35	10.04	10.93	10.04	10.93	090
77777	TC	A	Radioelement application	0.00	4.40	4.39	4.40	4.39	0.20	4.60	4.59	4.60	4.59	090
77778		A	Radioelement application	11.19	8.48	9.92	8.48	9.92	0.76	20.43	21.87	20.43	21.87	090
77778	26	A	Radioelement application	11.19	3.16	4.61	3.16	4.61	0.52	14.87	16.32	14.87	16.32	090
77778	TC	A	Radioelement application	0.00	5.32	5.31	5.32	5.31	0.24	5.56	5.55	5.56	5.55	090
77781		A	High intensity brachytherapy	1.66	21.55	21.71	21.55	21.71	1.04	24.25	24.41	24.25	24.41	090
77781	26	A	High intensity brachytherapy	1.66	0.49	0.69	0.49	0.69	0.09	2.24	2.44	2.24	2.44	090
77781	TC	A	High intensity brachytherapy	0.00	21.06	21.02	21.06	21.02	0.95	22.01	21.97	22.01	21.97	090
77782		A	High intensity brachytherapy	2.49	21.76	22.05	21.76	22.05	1.08	25.33	25.62	25.33	25.62	090
77782	26	A	High intensity brachytherapy	2.49	0.70	1.03	0.70	1.03	0.13	3.32	3.65	3.32	3.65	090
77782	TC	A	High intensity brachytherapy	0.00	21.06	21.02	21.06	21.02	0.95	22.01	21.97	22.01	21.97	090
77783		A	High intensity brachytherapy	3.73	22.09	22.54	22.09	22.54	1.13	26.95	27.40	26.95	27.40	090
77783	26	A	High intensity brachytherapy	3.73	1.03	1.52	1.03	1.52	0.18	4.94	5.43	4.94	5.43	090
77783	TC	A	High intensity brachytherapy	0.00	21.06	21.02	21.06	21.02	0.95	22.01	21.97	22.01	21.97	090
77784		A	High intensity brachytherapy	5.61	22.63	23.32	22.63	23.32	1.22	29.46	30.15	29.46	30.15	090
77784	26	A	High intensity brachytherapy	5.61	1.57	2.30	1.57	2.30	0.27	7.45	8.18	7.45	8.18	090
77784	TC	A	High intensity brachytherapy	0.00	21.06	21.02	21.06	21.02	0.95	22.01	21.97	22.01	21.97	090
77789		A	Radioelement application	1.12	0.78	0.93	0.78	0.93	0.07	1.97	2.12	1.97	2.12	090

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
77789	26	A	Radioelement application	1.12	0.32	0.46	0.32	0.46	0.05	1.49	1.63	1.49	1.63	090
77789	TC	A	Radioelement application	0.00	0.46	0.47	0.46	0.47	0.02	0.48	0.49	0.48	0.49	090
77790		A	Radioelement handling	1.05	0.81	0.97	0.81	0.97	0.07	1.93	2.09	1.93	2.09	XXX
77790	26	A	Radioelement handling	1.05	0.29	0.45	0.29	0.45	0.05	1.39	1.55	1.39	1.55	XXX
77790	TC	A	Radioelement handling	0.00	0.52	0.52	0.52	0.52	0.02	0.54	0.54	0.54	0.54	XXX
77799		C	Radium/radioisotope therapy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77799	26	C	Radium/radioisotope therapy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77799	TC	C	Radium/radioisotope therapy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78000		A	Thyroid, single uptake	0.19	1.05	1.09	1.05	1.09	0.06	1.30	1.34	1.30	1.34	XXX
78000	26	A	Thyroid, single uptake	0.19	0.05	0.09	0.05	0.09	0.01	0.25	0.29	0.25	0.29	XXX
78000	TC	A	Thyroid, single uptake	0.00	1.00	1.00	1.00	1.00	0.05	1.05	1.05	1.05	1.05	XXX
78001		A	Thyroid, multiple uptakes	0.26	1.41	1.47	1.41	1.47	0.08	1.75	1.81	1.75	1.81	XXX
78001	26	A	Thyroid, multiple uptakes	0.26	0.07	0.12	0.07	0.12	0.02	0.35	0.40	0.35	0.40	XXX
78001	TC	A	Thyroid, multiple uptakes	0.00	1.34	1.35	1.34	1.35	0.06	1.40	1.41	1.40	1.41	XXX
78003		A	Thyroid suppress/stimul	0.33	1.09	1.14	1.09	1.14	0.07	1.49	1.54	1.49	1.54	XXX
78003	26	A	Thyroid suppress/stimul	0.33	0.09	0.14	0.09	0.14	0.02	0.44	0.49	0.44	0.49	XXX
78003	TC	A	Thyroid suppress/stimul	0.00	1.00	1.00	1.00	1.00	0.05	1.05	1.05	1.05	1.05	XXX
78006		A	Thyroid,imaging with uptake	0.49	2.61	2.68	2.61	2.68	0.14	3.24	3.31	3.24	3.31	XXX
78006	26	A	Thyroid,imaging with uptake	0.49	0.13	0.21	0.13	0.21	0.02	0.64	0.72	0.64	0.72	XXX
78006	TC	A	Thyroid,imaging with uptake	0.00	2.48	2.47	2.48	2.47	0.12	2.60	2.59	2.60	2.59	XXX
78007		A	Thyroid, image, mult uptakes	0.50	2.80	2.88	2.80	2.88	0.15	3.45	3.53	3.45	3.53	XXX
78007	26	A	Thyroid, image, mult uptakes	0.50	0.13	0.22	0.13	0.22	0.02	0.65	0.74	0.65	0.74	XXX
78007	TC	A	Thyroid, image, mult uptakes	0.00	2.67	2.66	2.67	2.66	0.13	2.80	2.79	2.80	2.79	XXX
78010		A	Thyroid imaging	0.39	1.99	2.04	1.99	2.04	0.11	2.49	2.54	2.49	2.54	XXX
78010	26	A	Thyroid imaging	0.39	0.10	0.16	0.10	0.16	0.02	0.51	0.57	0.51	0.57	XXX
78010	TC	A	Thyroid imaging	0.00	1.89	1.88	1.89	1.88	0.09	1.98	1.97	1.98	1.97	XXX
78011		A	Thyroid imaging with flow	0.45	2.62	2.69	2.62	2.69	0.14	3.21	3.28	3.21	3.28	XXX
78011	26	A	Thyroid imaging with flow	0.45	0.12	0.20	0.12	0.20	0.02	0.59	0.67	0.59	0.67	XXX
78011	TC	A	Thyroid imaging with flow	0.00	2.50	2.49	2.50	2.49	0.12	2.62	2.61	2.62	2.61	XXX
78015		A	Thyroid met imaging	0.67	2.86	2.96	2.86	2.96	0.17	3.70	3.80	3.70	3.80	XXX
78015	26	A	Thyroid met imaging	0.67	0.19	0.30	0.19	0.30	0.04	0.90	1.01	0.90	1.01	XXX
78015	TC	A	Thyroid met imaging	0.00	2.67	2.66	2.67	2.66	0.13	2.80	2.79	2.80	2.79	XXX
78016		A	Thyroid met imaging/studies	0.82	3.85	3.98	3.85	3.98	0.21	4.88	5.01	4.88	5.01	XXX
78016	26	A	Thyroid met imaging/studies	0.82	0.23	0.37	0.23	0.37	0.05	1.10	1.24	1.10	1.24	XXX
78016	TC	A	Thyroid met imaging/studies	0.00	3.62	3.61	3.62	3.61	0.16	3.78	3.77	3.78	3.77	XXX
78017		D	Thyroid met imaging, mult	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78017	26	D	Thyroid met imaging, mult	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78017	TC	D	Thyroid met imaging, mult	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78018		A	Thyroid, met imaging, body	0.86	5.88	6.04	5.88	6.04	0.31	7.05	7.21	7.05	7.21	XXX
78018	26	A	Thyroid, met imaging, body	0.86	0.25	0.42	0.25	0.42	0.05	1.16	1.33	1.16	1.33	XXX

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
78018	TC	A	Thyroid, met imaging, body	0.00	5.63	5.62	5.63	5.62	0.26	5.89	5.88	5.89	5.88	XXX
78020		A	Thyroid met uptake	0.60	0.17	0.17	0.17	0.17	0.08	0.85	0.85	0.85	0.85	ZZZ
78070		A	Parathyroid nuclear imaging	0.82	2.12	2.13	2.12	2.13	0.12	3.06	3.07	3.06	3.07	XXX
78070	26	A	Parathyroid nuclear imaging	0.82	0.23	0.25	0.23	0.25	0.03	1.08	1.10	1.08	1.10	XXX
78070	TC	A	Parathyroid nuclear imaging	0.00	1.89	1.88	1.89	1.88	0.09	1.98	1.97	1.98	1.97	XXX
78075		A	Adrenal nuclear imaging	0.74	5.84	5.95	5.84	5.95	0.30	6.88	6.99	6.88	6.99	XXX
78075	26	A	Adrenal nuclear imaging	0.74	0.21	0.33	0.21	0.33	0.04	0.99	1.11	0.99	1.11	XXX
78075	TC	A	Adrenal nuclear imaging	0.00	5.63	5.62	5.63	5.62	0.26	5.89	5.88	5.89	5.88	XXX
78099		C	Endocrine nuclear procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78099	26	C	Endocrine nuclear procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78099	TC	C	Endocrine nuclear procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78102		A	Bone marrow imaging, ltd	0.55	2.27	2.35	2.27	2.35	0.13	2.95	3.03	2.95	3.03	XXX
78102	26	A	Bone marrow imaging, ltd	0.55	0.15	0.24	0.15	0.24	0.03	0.73	0.82	0.73	0.82	XXX
78102	TC	A	Bone marrow imaging, ltd	0.00	2.12	2.11	2.12	2.11	0.10	2.22	2.21	2.22	2.21	XXX
78103		A	Bone marrow imaging, mult	0.75	3.49	3.61	3.49	3.61	0.19	4.43	4.55	4.43	4.55	XXX
78103	26	A	Bone marrow imaging, mult	0.75	0.21	0.33	0.21	0.33	0.04	1.00	1.12	1.00	1.12	XXX
78103	TC	A	Bone marrow imaging, mult	0.00	3.28	3.28	3.28	3.28	0.15	3.43	3.43	3.43	3.43	XXX
78104		A	Bone marrow imaging, body	0.80	4.44	4.57	4.44	4.57	0.24	5.48	5.61	5.48	5.61	XXX
78104	26	A	Bone marrow imaging, body	0.80	0.22	0.36	0.22	0.36	0.04	1.06	1.20	1.06	1.20	XXX
78104	TC	A	Bone marrow imaging, body	0.00	4.22	4.21	4.22	4.21	0.20	4.42	4.41	4.42	4.41	XXX
78110		A	Plasma volume, single	0.19	1.03	1.07	1.03	1.07	0.06	1.28	1.32	1.28	1.32	XXX
78110	26	A	Plasma volume, single	0.19	0.05	0.09	0.05	0.09	0.01	0.25	0.29	0.25	0.29	XXX
78110	TC	A	Plasma volume, single	0.00	0.98	0.98	0.98	0.98	0.05	1.03	1.03	1.03	1.03	XXX
78111		A	Plasma volume, multiple	0.22	2.73	2.76	2.73	2.76	0.15	3.10	3.13	3.10	3.13	XXX
78111	26	A	Plasma volume, multiple	0.22	0.06	0.10	0.06	0.10	0.02	0.30	0.34	0.30	0.34	XXX
78111	TC	A	Plasma volume, multiple	0.00	2.67	2.66	2.67	2.66	0.13	2.80	2.79	2.80	2.79	XXX
78120		A	Red cell mass, single	0.23	1.86	1.90	1.86	1.90	0.11	2.20	2.24	2.20	2.24	XXX
78120	26	A	Red cell mass, single	0.23	0.06	0.11	0.06	0.11	0.02	0.31	0.36	0.31	0.36	XXX
78120	TC	A	Red cell mass, single	0.00	1.80	1.79	1.80	1.79	0.09	1.89	1.88	1.89	1.88	XXX
78121		A	Red cell mass, multiple	0.32	3.11	3.15	3.11	3.15	0.15	3.58	3.62	3.58	3.62	XXX
78121	26	A	Red cell mass, multiple	0.32	0.09	0.14	0.09	0.14	0.02	0.43	0.48	0.43	0.48	XXX
78121	TC	A	Red cell mass, multiple	0.00	3.02	3.01	3.02	3.01	0.13	3.15	3.14	3.15	3.14	XXX
78122		A	Blood volume	0.45	4.90	4.97	4.90	4.97	0.24	5.59	5.66	5.59	5.66	XXX
78122	26	A	Blood volume	0.45	0.12	0.20	0.12	0.20	0.02	0.59	0.67	0.59	0.67	XXX
78122	TC	A	Blood volume	0.00	4.78	4.77	4.78	4.77	0.22	5.00	4.99	5.00	4.99	XXX
78130		A	Red cell survival study	0.61	3.14	3.22	3.14	3.22	0.16	3.91	3.99	3.91	3.99	XXX
78130	26	A	Red cell survival study	0.61	0.18	0.27	0.18	0.27	0.03	0.82	0.91	0.82	0.91	XXX
78130	TC	A	Red cell survival study	0.00	2.96	2.95	2.96	2.95	0.13	3.09	3.08	3.09	3.08	XXX
78135		A	Red cell survival kinetics	0.64	5.23	5.32	5.23	5.32	0.26	6.13	6.22	6.13	6.22	XXX
78135	26	A	Red cell survival kinetics	0.64	0.18	0.28	0.18	0.28	0.03	0.85	0.95	0.85	0.95	XXX

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
78135	TC	A	Red cell survival kinetics	0.00	5.05	5.04	5.05	5.04	0.23	5.28	5.27	5.28	5.27	XXX
78140		A	Red cell sequestration	0.61	4.26	4.34	4.26	4.34	0.22	5.09	5.17	5.09	5.17	XXX
78140	26	A	Red cell sequestration	0.61	0.18	0.27	0.18	0.27	0.03	0.82	0.91	0.82	0.91	XXX
78140	TC	A	Red cell sequestration	0.00	4.08	4.07	4.08	4.07	0.19	4.27	4.26	4.27	4.26	XXX
78160		A	Plasma iron turnover	0.33	3.92	3.94	3.92	3.94	0.19	4.44	4.46	4.44	4.46	XXX
78160	26	A	Plasma iron turnover	0.33	0.12	0.15	0.12	0.15	0.02	0.47	0.50	0.47	0.50	XXX
78160	TC	A	Plasma iron turnover	0.00	3.80	3.79	3.80	3.79	0.17	3.97	3.96	3.97	3.96	XXX
78162		A	Iron absorption exam	0.45	3.52	3.53	3.52	3.53	0.17	4.14	4.15	4.14	4.15	XXX
78162	26	A	Iron absorption exam	0.45	0.19	0.21	0.19	0.21	0.02	0.66	0.68	0.66	0.68	XXX
78162	TC	A	Iron absorption exam	0.00	3.33	3.32	3.33	3.32	0.15	3.48	3.47	3.48	3.47	XXX
78170		A	Red cell iron utilization	0.41	5.62	5.68	5.62	5.68	0.27	6.30	6.36	6.30	6.36	XXX
78170	26	A	Red cell iron utilization	0.41	0.11	0.18	0.11	0.18	0.02	0.54	0.61	0.54	0.61	XXX
78170	TC	A	Red cell iron utilization	0.00	5.51	5.50	5.51	5.50	0.25	5.76	5.75	5.76	5.75	XXX
78172		C	Total body iron estimation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78172	26	A	Total body iron estimation	0.53	0.15	0.24	0.15	0.24	0.03	0.71	0.80	0.71	0.80	XXX
78172	TC	C	Total body iron estimation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78185		A	Spleen imaging	0.40	2.56	2.62	2.56	2.62	0.14	3.10	3.16	3.10	3.16	XXX
78185	26	A	Spleen imaging	0.40	0.11	0.18	0.11	0.18	0.02	0.53	0.60	0.53	0.60	XXX
78185	TC	A	Spleen imaging	0.00	2.45	2.44	2.45	2.44	0.12	2.57	2.56	2.57	2.56	XXX
78190		A	Platelet survival, kinetics	1.09	6.25	6.39	6.25	6.39	0.32	7.66	7.80	7.66	7.80	XXX
78190	26	A	Platelet survival, kinetics	1.09	0.32	0.47	0.32	0.47	0.05	1.46	1.61	1.46	1.61	XXX
78190	TC	A	Platelet survival, kinetics	0.00	5.93	5.92	5.93	5.92	0.27	6.20	6.19	6.20	6.19	XXX
78191		A	Platelet survival	0.61	7.78	7.86	7.78	7.86	0.37	8.76	8.84	8.76	8.84	XXX
78191	26	A	Platelet survival	0.61	0.18	0.27	0.18	0.27	0.03	0.82	0.91	0.82	0.91	XXX
78191	TC	A	Platelet survival	0.00	7.60	7.59	7.60	7.59	0.34	7.94	7.93	7.94	7.93	XXX
78195		A	Lymph system imaging	1.20	4.56	4.56	4.56	4.56	0.24	6.00	6.00	6.00	6.00	XXX
78195	26	A	Lymph system imaging	1.20	0.34	0.35	0.34	0.35	0.04	1.58	1.59	1.58	1.59	XXX
78195	TC	A	Lymph system imaging	0.00	4.22	4.21	4.22	4.21	0.20	4.42	4.41	4.42	4.41	XXX
78199		C	Blood/lymph nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78199	26	C	Blood/lymph nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78199	TC	C	Blood/lymph nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78201		A	Liver imaging	0.44	2.57	2.63	2.57	2.63	0.14	3.15	3.21	3.15	3.21	XXX
78201	26	A	Liver imaging	0.44	0.12	0.19	0.12	0.19	0.02	0.58	0.65	0.58	0.65	XXX
78201	TC	A	Liver imaging	0.00	2.45	2.44	2.45	2.44	0.12	2.57	2.56	2.57	2.56	XXX
78202		A	Liver imaging with flow	0.51	3.13	3.21	3.13	3.21	0.16	3.80	3.88	3.80	3.88	XXX
78202	26	A	Liver imaging with flow	0.51	0.13	0.22	0.13	0.22	0.03	0.67	0.76	0.67	0.76	XXX
78202	TC	A	Liver imaging with flow	0.00	3.00	2.99	3.00	2.99	0.13	3.13	3.12	3.13	3.12	XXX
78205		A	Liver imaging (3D)	0.71	6.33	6.44	6.33	6.44	0.32	7.36	7.47	7.36	7.47	XXX
78205	26	A	Liver imaging (3D)	0.71	0.20	0.32	0.20	0.32	0.04	0.95	1.07	0.95	1.07	XXX
78205	TC	A	Liver imaging (3D)	0.00	6.13	6.12	6.13	6.12	0.28	6.41	6.40	6.41	6.40	XXX

3 +Indicates RVUs are not used for Medicare payment.

ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
78206		A	Liver image (3-d) w/flow	0.96	6.41	6.41	6.41	6.41	0.12	7.49	7.49	7.49	7.49	XXX
78206	26	A	Liver image (3-d) w/flow	0.96	0.28	0.28	0.28	0.28	0.03	1.27	1.27	1.27	1.27	XXX
78206	TC	A	Liver image (3-d) w/flow	0.00	6.13	6.13	6.13	6.13	0.09	6.22	6.22	6.22	6.22	XXX
78215		A	Liver and spleen imaging	0.49	3.18	3.25	3.18	3.25	0.15	3.82	3.89	3.82	3.89	XXX
78215	26	A	Liver and spleen imaging	0.49	0.13	0.21	0.13	0.21	0.02	0.64	0.72	0.64	0.72	XXX
78215	TC	A	Liver and spleen imaging	0.00	3.05	3.04	3.05	3.04	0.13	3.18	3.17	3.18	3.17	XXX
78216		A	Liver & spleen image, flow	0.57	3.77	3.86	3.77	3.86	0.19	4.53	4.62	4.53	4.62	XXX
78216	26	A	Liver & spleen image, flow	0.57	0.15	0.25	0.15	0.25	0.03	0.75	0.85	0.75	0.85	XXX
78216	TC	A	Liver & spleen image, flow	0.00	3.62	3.61	3.62	3.61	0.16	3.78	3.77	3.78	3.77	XXX
78220		A	Liver function study	0.49	3.99	4.06	3.99	4.06	0.19	4.67	4.74	4.67	4.74	XXX
78220	26	A	Liver function study	0.49	0.13	0.21	0.13	0.21	0.02	0.64	0.72	0.64	0.72	XXX
78220	TC	A	Liver function study	0.00	3.86	3.85	3.86	3.85	0.17	4.03	4.02	4.03	4.02	XXX
78223		A	Hepatobiliary imaging	0.84	4.03	4.16	4.03	4.16	0.22	5.09	5.22	5.09	5.22	XXX
78223	26	A	Hepatobiliary imaging	0.84	0.23	0.37	0.23	0.37	0.05	1.12	1.26	1.12	1.26	XXX
78223	TC	A	Hepatobiliary imaging	0.00	3.80	3.79	3.80	3.79	0.17	3.97	3.96	3.97	3.96	XXX
78230		A	Salivary gland imaging	0.45	2.37	2.45	2.37	2.45	0.13	2.95	3.03	2.95	3.03	XXX
78230	26	A	Salivary gland imaging	0.45	0.12	0.20	0.12	0.20	0.02	0.59	0.67	0.59	0.67	XXX
78230	TC	A	Salivary gland imaging	0.00	2.25	2.25	2.25	2.25	0.11	2.36	2.36	2.36	2.36	XXX
78231		A	Serial salivary imaging	0.52	3.42	3.51	3.42	3.51	0.18	4.12	4.21	4.12	4.21	XXX
78231	26	A	Serial salivary imaging	0.52	0.14	0.23	0.14	0.23	0.03	0.69	0.78	0.69	0.78	XXX
78231	TC	A	Serial salivary imaging	0.00	3.28	3.28	3.28	3.28	0.15	3.43	3.43	3.43	3.43	XXX
78232		A	Salivary gland function exam	0.47	3.81	3.88	3.81	3.88	0.18	4.46	4.53	4.46	4.53	XXX
78232	26	A	Salivary gland function exam	0.47	0.13	0.21	0.13	0.21	0.02	0.62	0.70	0.62	0.70	XXX
78232	TC	A	Salivary gland function exam	0.00	3.68	3.67	3.68	3.67	0.16	3.84	3.83	3.84	3.83	XXX
78258		A	Esophageal motility study	0.74	3.21	3.32	3.21	3.32	0.17	4.12	4.23	4.12	4.23	XXX
78258	26	A	Esophageal motility study	0.74	0.21	0.33	0.21	0.33	0.04	0.99	1.11	0.99	1.11	XXX
78258	TC	A	Esophageal motility study	0.00	3.00	2.99	3.00	2.99	0.13	3.13	3.12	3.13	3.12	XXX
78261		A	Gastric mucosa imaging	0.69	4.45	4.56	4.45	4.56	0.24	5.38	5.49	5.38	5.49	XXX
78261	26	A	Gastric mucosa imaging	0.69	0.19	0.31	0.19	0.31	0.04	0.92	1.04	0.92	1.04	XXX
78261	TC	A	Gastric mucosa imaging	0.00	4.26	4.25	4.26	4.25	0.20	4.46	4.45	4.46	4.45	XXX
78262		A	Gastroesophageal reflux exam	0.68	4.61	4.71	4.61	4.71	0.24	5.53	5.63	5.53	5.63	XXX
78262	26	A	Gastroesophageal reflux exam	0.68	0.20	0.31	0.20	0.31	0.04	0.92	1.03	0.92	1.03	XXX
78262	TC	A	Gastroesophageal reflux exam	0.00	4.41	4.40	4.41	4.40	0.20	4.61	4.60	4.61	4.60	XXX
78264		A	Gastric emptying study	0.78	4.51	4.63	4.51	4.63	0.24	5.53	5.65	5.53	5.65	XXX
78264	26	A	Gastric emptying study	0.78	0.22	0.35	0.22	0.35	0.04	1.04	1.17	1.04	1.17	XXX
78264	TC	A	Gastric emptying study	0.00	4.29	4.28	4.29	4.28	0.20	4.49	4.48	4.49	4.48	XXX
78270		A	Vit B-12 absorption exam	0.20	1.66	1.70	1.66	1.70	0.09	1.95	1.99	1.95	1.99	XXX
78270	26	A	Vit B-12 absorption exam	0.20	0.06	0.10	0.06	0.10	0.01	0.27	0.31	0.27	0.31	XXX
78270	TC	A	Vit B-12 absorption exam	0.00	1.60	1.60	1.60	1.60	0.08	1.68	1.68	1.68	1.68	XXX
78271		A	Vit B-12 absorp exam, IF	0.20	1.76	1.80	1.76	1.80	0.09	2.05	2.09	2.05	2.09	XXX

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
78271	26	A	Vit B-12 absorp exam, IF	0.20	0.06	0.10	0.06	0.10	0.01	0.27	0.31	0.27	0.31	XXX
78271	TC	A	Vit B-12 absorp exam, IF	0.00	1.70	1.70	1.70	1.70	0.08	1.78	1.78	1.78	1.78	XXX
78272		A	Vit B-12 absorp, combined	0.27	2.48	2.52	2.48	2.52	0.14	2.89	2.93	2.89	2.93	XXX
78272	26	A	Vit B-12 absorp, combined	0.27	0.07	0.12	0.07	0.12	0.02	0.36	0.41	0.36	0.41	XXX
78272	TC	A	Vit B-12 absorp, combined	0.00	2.41	2.40	2.41	2.40	0.12	2.53	2.52	2.53	2.52	XXX
78278		A	Acute GI blood loss imaging	0.99	5.32	5.48	5.32	5.48	0.28	6.59	6.75	6.59	6.75	XXX
78278	26	A	Acute GI blood loss imaging	0.99	0.27	0.44	0.27	0.44	0.05	1.31	1.48	1.31	1.48	XXX
78278	TC	A	Acute GI blood loss imaging	0.00	5.05	5.04	5.05	5.04	0.23	5.28	5.27	5.28	5.27	XXX
78282		C	GI protein loss exam	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78282	26	A	GI protein loss exam	0.38	0.11	0.16	0.11	0.16	0.02	0.51	0.56	0.51	0.56	XXX
78282	TC	C	GI protein loss exam	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78290		A	Meckel's divert exam	0.68	3.34	3.45	3.34	3.45	0.18	4.20	4.31	4.20	4.31	XXX
78290	26	A	Meckel's divert exam	0.68	0.19	0.30	0.19	0.30	0.04	0.91	1.02	0.91	1.02	XXX
78290	TC	A	Meckel's divert exam	0.00	3.15	3.15	3.15	3.15	0.14	3.29	3.29	3.29	3.29	XXX
78291		A	Leveen/shunt patency exam	0.88	3.41	3.55	3.41	3.55	0.19	4.48	4.62	4.48	4.62	XXX
78291	26	A	Leveen/shunt patency exam	0.88	0.24	0.38	0.24	0.38	0.05	1.17	1.31	1.17	1.31	XXX
78291	TC	A	Leveen/shunt patency exam	0.00	3.17	3.17	3.17	3.17	0.14	3.31	3.31	3.31	3.31	XXX
78299		C	GI nuclear procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78299	26	C	GI nuclear procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78299	TC	C	GI nuclear procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78300		A	Bone imaging, limited area	0.62	2.74	2.85	2.74	2.85	0.16	3.52	3.63	3.52	3.63	XXX
78300	26	A	Bone imaging, limited area	0.62	0.17	0.28	0.17	0.28	0.03	0.82	0.93	0.82	0.93	XXX
78300	TC	A	Bone imaging, limited area	0.00	2.57	2.57	2.57	2.57	0.13	2.70	2.70	2.70	2.70	XXX
78305		A	Bone imaging, multiple areas	0.83	4.03	4.16	4.03	4.16	0.22	5.08	5.21	5.08	5.21	XXX
78305	26	A	Bone imaging, multiple areas	0.83	0.23	0.37	0.23	0.37	0.05	1.11	1.25	1.11	1.25	XXX
78305	TC	A	Bone imaging, multiple areas	0.00	3.80	3.79	3.80	3.79	0.17	3.97	3.96	3.97	3.96	XXX
78306		A	Bone imaging, whole body	0.86	4.67	4.80	4.67	4.80	0.25	5.78	5.91	5.78	5.91	XXX
78306	26	A	Bone imaging, whole body	0.86	0.24	0.38	0.24	0.38	0.05	1.15	1.29	1.15	1.29	XXX
78306	TC	A	Bone imaging, whole body	0.00	4.43	4.42	4.43	4.42	0.20	4.63	4.62	4.63	4.62	XXX
78315		A	Bone imaging, 3 phase	1.02	5.23	5.38	5.23	5.38	0.28	6.53	6.68	6.53	6.68	XXX
78315	26	A	Bone imaging, 3 phase	1.02	0.28	0.44	0.28	0.44	0.05	1.35	1.51	1.35	1.51	XXX
78315	TC	A	Bone imaging, 3 phase	0.00	4.95	4.94	4.95	4.94	0.23	5.18	5.17	5.18	5.17	XXX
78320		A	Bone imaging (3D)	1.04	6.43	6.57	6.43	6.57	0.33	7.80	7.94	7.80	7.94	XXX
78320	26	A	Bone imaging (3D)	1.04	0.30	0.45	0.30	0.45	0.05	1.39	1.54	1.39	1.54	XXX
78320	TC	A	Bone imaging (3D)	0.00	6.13	6.12	6.13	6.12	0.28	6.41	6.40	6.41	6.40	XXX
78350		A	Bone mineral, single photon	0.22	0.87	0.88	0.87	0.88	0.06	1.15	1.16	1.15	1.16	XXX
78350	26	A	Bone mineral, single photon	0.22	0.08	0.10	0.08	0.10	0.02	0.32	0.34	0.32	0.34	XXX
78350	TC	A	Bone mineral, single photon	0.00	0.79	0.78	0.79	0.78	0.04	0.83	0.82	0.83	0.82	XXX
78351		N	Bone mineral, dual photon	+0.30	1.24	0.47	0.11	0.19	0.02	1.56	0.79	0.43	0.51	XXX
78399		C	Musculoskeletal nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
78399	26	C	Musculoskeletal nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78399	TC	C	Musculoskeletal nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78414		C	Non-imaging heart function	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78414	26	A	Non-imaging heart function	0.45	0.14	0.20	0.14	0.20	0.02	0.61	0.67	0.61	0.67	XXX
78414	TC	C	Non-imaging heart function	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78428		A	Cardiac shunt imaging	0.78	2.61	2.69	2.61	2.69	0.15	3.54	3.62	3.54	3.62	XXX
78428	26	A	Cardiac shunt imaging	0.78	0.28	0.36	0.28	0.36	0.04	1.10	1.18	1.10	1.18	XXX
78428	TC	A	Cardiac shunt imaging	0.00	2.33	2.33	2.33	2.33	0.11	2.44	2.44	2.44	2.44	XXX
78445		A	Vascular flow imaging	0.49	2.07	2.15	2.07	2.15	0.12	2.68	2.76	2.68	2.76	XXX
78445	26	A	Vascular flow imaging	0.49	0.14	0.23	0.14	0.23	0.03	0.66	0.75	0.66	0.75	XXX
78445	TC	A	Vascular flow imaging	0.00	1.93	1.92	1.93	1.92	0.09	2.02	2.01	2.02	2.01	XXX
78455		A	Venous thrombosis study	0.73	4.33	4.44	4.33	4.44	0.23	5.29	5.40	5.29	5.40	XXX
78455	26	A	Venous thrombosis study	0.73	0.20	0.32	0.20	0.32	0.04	0.97	1.09	0.97	1.09	XXX
78455	TC	A	Venous thrombosis study	0.00	4.13	4.12	4.13	4.12	0.19	4.32	4.31	4.32	4.31	XXX
78457		A	Venous thrombosis imaging	0.77	2.98	3.09	2.98	3.09	0.17	3.92	4.03	3.92	4.03	XXX
78457	26	A	Venous thrombosis imaging	0.77	0.22	0.34	0.22	0.34	0.04	1.03	1.15	1.03	1.15	XXX
78457	TC	A	Venous thrombosis imaging	0.00	2.76	2.75	2.76	2.75	0.13	2.89	2.88	2.89	2.88	XXX
78458		A	Ven thrombosis images, bilat	0.90	4.44	4.55	4.44	4.55	0.24	5.58	5.69	5.58	5.69	XXX
78458	26	A	Ven thrombosis images, bilat	0.90	0.27	0.39	0.27	0.39	0.05	1.22	1.34	1.22	1.34	XXX
78458	TC	A	Ven thrombosis images, bilat	0.00	4.17	4.16	4.17	4.16	0.19	4.36	4.35	4.36	4.35	XXX
78459		I	Heart muscle imaging (PET)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78459	26	I	Heart muscle imaging (PET)	+1.88	0.71	1.27	0.71	1.27	0.08	2.67	3.23	2.67	3.23	XXX
78459	TC	I	Heart muscle imaging (PET)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78460		A	Heart muscle blood single	0.86	2.71	2.82	2.71	2.82	0.17	3.74	3.85	3.74	3.85	XXX
78460	26	A	Heart muscle blood single	0.86	0.26	0.38	0.26	0.38	0.05	1.17	1.29	1.17	1.29	XXX
78460	TC	A	Heart muscle blood single	0.00	2.45	2.44	2.45	2.44	0.12	2.57	2.56	2.57	2.56	XXX
78461		A	Heart muscle blood multiple	1.23	5.29	5.43	5.29	5.43	0.29	6.81	6.95	6.81	6.95	XXX
78461	26	A	Heart muscle blood multiple	1.23	0.39	0.54	0.39	0.54	0.06	1.68	1.83	1.68	1.83	XXX
78461	TC	A	Heart muscle blood multiple	0.00	4.90	4.89	4.90	4.89	0.23	5.13	5.12	5.13	5.12	XXX
78464		A	Heart image (3D) single	1.09	7.66	7.79	7.66	7.79	0.39	9.14	9.27	9.14	9.27	XXX
78464	26	A	Heart image (3D) single	1.09	0.33	0.47	0.33	0.47	0.05	1.47	1.61	1.47	1.61	XXX
78464	TC	A	Heart image (3D) single	0.00	7.33	7.32	7.33	7.32	0.34	7.67	7.66	7.67	7.66	XXX
78465		A	Heart image (3D) multiple	1.46	12.72	12.86	12.72	12.86	0.63	14.81	14.95	14.81	14.95	XXX
78465	26	A	Heart image (3D) multiple	1.46	0.48	0.65	0.48	0.65	0.08	2.02	2.19	2.02	2.19	XXX
78465	TC	A	Heart image (3D) multiple	0.00	12.24	12.21	12.24	12.21	0.55	12.79	12.76	12.79	12.76	XXX
78466		A	Heart infarct image	0.69	2.93	3.03	2.93	3.03	0.17	3.79	3.89	3.79	3.89	XXX
78466	26	A	Heart infarct image	0.69	0.20	0.31	0.20	0.31	0.04	0.93	1.04	0.93	1.04	XXX
78466	TC	A	Heart infarct image	0.00	2.73	2.72	2.73	2.72	0.13	2.86	2.85	2.86	2.85	XXX
78468		A	Heart infarct image, EF	0.80	4.04	4.14	4.04	4.14	0.21	5.05	5.15	5.05	5.15	XXX
78468	26	A	Heart infarct image, EF	0.80	0.24	0.35	0.24	0.35	0.04	1.08	1.19	1.08	1.19	XXX

3 +Indicates RVUs are not used for Medicare payment.

ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
78468	TC	A	Heart infarct image, EF	0.00	3.80	3.79	3.80	3.79	0.17	3.97	3.96	3.97	3.96	XXX
78469		A	Heart infarct image (3D)	0.92	5.70	5.81	5.70	5.81	0.30	6.92	7.03	6.92	7.03	XXX
78469	26	A	Heart infarct image (3D)	0.92	0.28	0.40	0.28	0.40	0.05	1.25	1.37	1.25	1.37	XXX
78469	TC	A	Heart infarct image (3D)	0.00	5.42	5.41	5.42	5.41	0.25	5.67	5.66	5.67	5.66	XXX
78472		A	Gated heart, planar single	0.98	6.02	6.15	6.02	6.15	0.32	7.32	7.45	7.32	7.45	XXX
78472	26	A	Gated heart, planar single	0.98	0.30	0.44	0.30	0.44	0.05	1.33	1.47	1.33	1.47	XXX
78472	TC	A	Gated heart, planar single	0.00	5.72	5.71	5.72	5.71	0.27	5.99	5.98	5.99	5.98	XXX
78473		A	Gated heart, multiple	1.47	9.01	9.20	9.01	9.20	0.46	10.94	11.13	10.94	11.13	XXX
78473	26	A	Gated heart, multiple	1.47	0.45	0.65	0.45	0.65	0.08	2.00	2.20	2.00	2.20	XXX
78473	TC	A	Gated heart, multiple	0.00	8.56	8.55	8.56	8.55	0.38	8.94	8.93	8.94	8.93	XXX
78478		A	Heart wall motion add-on	0.62	1.82	1.89	1.82	1.89	0.11	2.55	2.62	2.55	2.62	ZZZ
78478	26	A	Heart wall motion add-on	0.62	0.21	0.28	0.21	0.28	0.03	0.86	0.93	0.86	0.93	ZZZ
78478	TC	A	Heart wall motion add-on	0.00	1.61	1.61	1.61	1.61	0.08	1.69	1.69	1.69	1.69	ZZZ
78480		A	Heart function add-on	0.62	1.82	1.89	1.82	1.89	0.11	2.55	2.62	2.55	2.62	ZZZ
78480	26	A	Heart function add-on	0.62	0.21	0.28	0.21	0.28	0.03	0.86	0.93	0.86	0.93	ZZZ
78480	TC	A	Heart function add-on	0.00	1.61	1.61	1.61	1.61	0.08	1.69	1.69	1.69	1.69	ZZZ
78481		A	Heart first pass single	0.98	5.75	5.85	5.75	5.85	0.30	7.03	7.13	7.03	7.13	XXX
78481	26	A	Heart first pass single	0.98	0.33	0.44	0.33	0.44	0.05	1.36	1.47	1.36	1.47	XXX
78481	TC	A	Heart first pass single	0.00	5.42	5.41	5.42	5.41	0.25	5.67	5.66	5.67	5.66	XXX
78483		A	Heart first pass multiple	1.47	8.69	8.82	8.69	8.82	0.45	10.61	10.74	10.61	10.74	XXX
78483	26	A	Heart first pass multiple	1.47	0.53	0.67	0.53	0.67	0.08	2.08	2.22	2.08	2.22	XXX
78483	TC	A	Heart first pass multiple	0.00	8.16	8.15	8.16	8.15	0.37	8.53	8.52	8.53	8.52	XXX
78491		I	Heart image (pet) single	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78491	26	I	Heart image (pet) single	+1.50	0.57	1.23	0.57	1.23	0.08	2.15	2.81	2.15	2.81	XXX
78491	TC	I	Heart image (pet) single	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78492		I	Heart image (pet) multiple	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78492	26	I	Heart image (pet) multiple	+1.87	0.70	1.26	0.70	1.26	0.08	2.65	3.21	2.65	3.21	XXX
78492	TC	I	Heart image (pet) multiple	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78494		A	Heart image, spect	1.19	6.07	6.07	6.07	6.07	0.32	7.58	7.58	7.58	7.58	XXX
78494	26	A	Heart image, spect	1.19	0.36	0.36	0.36	0.36	0.05	1.60	1.60	1.60	1.60	XXX
78494	TC	A	Heart image, spect	0.00	5.71	5.71	5.71	5.71	0.27	5.98	5.98	5.98	5.98	XXX
78496		A	Heart first pass add-on	0.50	1.80	1.80	1.80	1.80	0.32	2.62	2.62	2.62	2.62	ZZZ
78496	26	A	Heart first pass add-on	0.50	0.19	0.19	0.19	0.19	0.05	0.74	0.74	0.74	0.74	ZZZ
78496	TC	A	Heart first pass add-on	0.00	1.61	1.61	1.61	1.61	0.27	1.88	1.88	1.88	1.88	ZZZ
78499		C	Cardiovascular nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78499	26	C	Cardiovascular nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78499	TC	C	Cardiovascular nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78580		A	Lung perfusion imaging	0.74	3.77	3.88	3.77	3.88	0.20	4.71	4.82	4.71	4.82	XXX
78580	26	A	Lung perfusion imaging	0.74	0.21	0.33	0.21	0.33	0.04	0.99	1.11	0.99	1.11	XXX
78580	TC	A	Lung perfusion imaging	0.00	3.56	3.55	3.56	3.55	0.16	3.72	3.71	3.72	3.71	XXX

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
78584		A	Lung V/Q image single breath	0.99	3.60	3.76	3.60	3.76	0.20	4.79	4.95	4.79	4.95	XXX
78584	26	A	Lung V/Q image single breath	0.99	0.27	0.44	0.27	0.44	0.05	1.31	1.48	1.31	1.48	XXX
78584	TC	A	Lung V/Q image single breath	0.00	3.33	3.32	3.33	3.32	0.15	3.48	3.47	3.48	3.47	XXX
78585		A	Lung V/Q imaging	1.09	6.14	6.30	6.14	6.30	0.32	7.55	7.71	7.55	7.71	XXX
78585	26	A	Lung V/Q imaging	1.09	0.29	0.46	0.29	0.46	0.05	1.43	1.60	1.43	1.60	XXX
78585	TC	A	Lung V/Q imaging	0.00	5.85	5.84	5.85	5.84	0.27	6.12	6.11	6.12	6.11	XXX
78586		A	Aerosol lung image, single	0.40	2.79	2.86	2.79	2.86	0.15	3.34	3.41	3.34	3.41	XXX
78586	26	A	Aerosol lung image, single	0.40	0.10	0.18	0.10	0.18	0.02	0.52	0.60	0.52	0.60	XXX
78586	TC	A	Aerosol lung image, single	0.00	2.69	2.68	2.69	2.68	0.13	2.82	2.81	2.82	2.81	XXX
78587		A	Aerosol lung image, multiple	0.49	3.03	3.11	3.03	3.11	0.15	3.67	3.75	3.67	3.75	XXX
78587	26	A	Aerosol lung image, multiple	0.49	0.13	0.21	0.13	0.21	0.02	0.64	0.72	0.64	0.72	XXX
78587	TC	A	Aerosol lung image, multiple	0.00	2.90	2.90	2.90	2.90	0.13	3.03	3.03	3.03	3.03	XXX
78588		A	Perfusion lung image	1.09	3.86	3.86	3.86	3.86	0.20	5.15	5.15	5.15	5.15	XXX
78588	26	A	Perfusion lung image	1.09	0.30	0.30	0.30	0.30	0.04	1.43	1.43	1.43	1.43	XXX
78588	TC	A	Perfusion lung image	0.00	3.56	3.56	3.56	3.56	0.16	3.72	3.72	3.72	3.72	XXX
78591		A	Vent image, 1 breath, 1 proj	0.40	3.07	3.13	3.07	3.13	0.15	3.62	3.68	3.62	3.68	XXX
78591	26	A	Vent image, 1 breath, 1 proj	0.40	0.11	0.18	0.11	0.18	0.02	0.53	0.60	0.53	0.60	XXX
78591	TC	A	Vent image, 1 breath, 1 proj	0.00	2.96	2.95	2.96	2.95	0.13	3.09	3.08	3.09	3.08	XXX
78593		A	Vent image, 1 proj, gas	0.49	3.71	3.78	3.71	3.78	0.18	4.38	4.45	4.38	4.45	XXX
78593	26	A	Vent image, 1 proj, gas	0.49	0.13	0.21	0.13	0.21	0.02	0.64	0.72	0.64	0.72	XXX
78593	TC	A	Vent image, 1 proj, gas	0.00	3.58	3.57	3.58	3.57	0.16	3.74	3.73	3.74	3.73	XXX
78594		A	Vent image, mult proj, gas	0.53	5.32	5.40	5.32	5.40	0.26	6.11	6.19	6.11	6.19	XXX
78594	26	A	Vent image, mult proj, gas	0.53	0.14	0.24	0.14	0.24	0.03	0.70	0.80	0.70	0.80	XXX
78594	TC	A	Vent image, mult proj, gas	0.00	5.18	5.16	5.18	5.16	0.23	5.41	5.39	5.41	5.39	XXX
78596		A	Lung differential function	1.27	7.68	7.87	7.68	7.87	0.41	9.36	9.55	9.36	9.55	XXX
78596	26	A	Lung differential function	1.27	0.35	0.55	0.35	0.55	0.07	1.69	1.89	1.69	1.89	XXX
78596	TC	A	Lung differential function	0.00	7.33	7.32	7.33	7.32	0.34	7.67	7.66	7.67	7.66	XXX
78599		C	Respiratory nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78599	26	C	Respiratory nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78599	TC	C	Respiratory nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78600		A	Brain imaging, ltd static	0.44	3.12	3.19	3.12	3.19	0.15	3.71	3.78	3.71	3.78	XXX
78600	26	A	Brain imaging, ltd static	0.44	0.12	0.20	0.12	0.20	0.02	0.58	0.66	0.58	0.66	XXX
78600	TC	A	Brain imaging, ltd static	0.00	3.00	2.99	3.00	2.99	0.13	3.13	3.12	3.13	3.12	XXX
78601		A	Brain ltd imaging & flow	0.51	3.66	3.75	3.66	3.75	0.19	4.36	4.45	4.36	4.45	XXX
78601	26	A	Brain ltd imaging & flow	0.51	0.14	0.23	0.14	0.23	0.03	0.68	0.77	0.68	0.77	XXX
78601	TC	A	Brain ltd imaging & flow	0.00	3.52	3.52	3.52	3.52	0.16	3.68	3.68	3.68	3.68	XXX
78605		A	Brain imaging, complete	0.53	3.67	3.76	3.67	3.76	0.19	4.39	4.48	4.39	4.48	XXX
78605	26	A	Brain imaging, complete	0.53	0.15	0.24	0.15	0.24	0.03	0.71	0.80	0.71	0.80	XXX
78605	TC	A	Brain imaging, complete	0.00	3.52	3.52	3.52	3.52	0.16	3.68	3.68	3.68	3.68	XXX
78606		A	Brain imaging comp & flow	0.64	4.19	4.28	4.19	4.28	0.21	5.04	5.13	5.04	5.13	XXX

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work [3] RVUs	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
78606	26	A	Brain imaging comp & flow	0.64	0.18	0.28	0.18	0.28	0.03	0.85	0.95	0.85	0.95	XXX
78606	TC	A	Brain imaging comp & flow	0.00	4.01	4.00	4.01	4.00	0.18	4.19	4.18	4.19	4.18	XXX
78607		A	Brain imaging (3D)	1.23	7.16	7.32	7.16	7.32	0.37	8.76	8.92	8.76	8.92	XXX
78607	26	A	Brain imaging (3D)	1.23	0.35	0.53	0.35	0.53	0.06	1.64	1.82	1.64	1.82	XXX
78607	TC	A	Brain imaging (3D)	0.00	6.81	6.79	6.81	6.79	0.31	7.12	7.10	7.12	7.10	XXX
78608		N	Brain imaging (PET)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78609		N	Brain imaging (PET)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78610		A	Brain flow imaging only	0.30	1.72	1.77	1.72	1.77	0.10	2.12	2.17	2.12	2.17	XXX
78610	26	A	Brain flow imaging only	0.30	0.09	0.14	0.09	0.14	0.02	0.41	0.46	0.41	0.46	XXX
78610	TC	A	Brain flow imaging only	0.00	1.63	1.63	1.63	1.63	0.08	1.71	1.71	1.71	1.71	XXX
78615		A	Cerebral blood flow imaging	0.42	4.13	4.18	4.13	4.18	0.20	4.75	4.80	4.75	4.80	XXX
78615	26	A	Cerebral blood flow imaging	0.42	0.13	0.19	0.13	0.19	0.02	0.57	0.63	0.57	0.63	XXX
78615	TC	A	Cerebral blood flow imaging	0.00	4.00	3.99	4.00	3.99	0.18	4.18	4.17	4.18	4.17	XXX
78630		A	Cerebrospinal fluid scan	0.68	5.41	5.51	5.41	5.51	0.28	6.37	6.47	6.37	6.47	XXX
78630	26	A	Cerebrospinal fluid scan	0.68	0.19	0.30	0.19	0.30	0.04	0.91	1.02	0.91	1.02	XXX
78630	TC	A	Cerebrospinal fluid scan	0.00	5.22	5.21	5.22	5.21	0.24	5.46	5.45	5.46	5.45	XXX
78635		A	CSF ventriculography	0.61	2.86	2.91	2.86	2.91	0.16	3.63	3.68	3.63	3.68	XXX
78635	26	A	CSF ventriculography	0.61	0.23	0.28	0.23	0.28	0.03	0.87	0.92	0.87	0.92	XXX
78635	TC	A	CSF ventriculography	0.00	2.63	2.63	2.63	2.63	0.13	2.76	2.76	2.76	2.76	XXX
78645		A	CSF shunt evaluation	0.57	3.71	3.80	3.71	3.80	0.19	4.47	4.56	4.47	4.56	XXX
78645	26	A	CSF shunt evaluation	0.57	0.15	0.25	0.15	0.25	0.03	0.75	0.85	0.75	0.85	XXX
78645	TC	A	CSF shunt evaluation	0.00	3.56	3.55	3.56	3.55	0.16	3.72	3.71	3.72	3.71	XXX
78647		A	Cerebrospinal fluid scan	0.90	6.39	6.52	6.39	6.52	0.33	7.62	7.75	7.62	7.75	XXX
78647	26	A	Cerebrospinal fluid scan	0.90	0.26	0.40	0.26	0.40	0.05	1.21	1.35	1.21	1.35	XXX
78647	TC	A	Cerebrospinal fluid scan	0.00	6.13	6.12	6.13	6.12	0.28	6.41	6.40	6.41	6.40	XXX
78650		A	CSF leakage imaging	0.61	4.99	5.07	4.99	5.07	0.25	5.85	5.93	5.85	5.93	XXX
78650	26	A	CSF leakage imaging	0.61	0.18	0.27	0.18	0.27	0.03	0.82	0.91	0.82	0.91	XXX
78650	TC	A	CSF leakage imaging	0.00	4.81	4.80	4.81	4.80	0.22	5.03	5.02	5.03	5.02	XXX
78660		A	Nuclear exam of tear flow	0.53	2.34	2.43	2.34	2.43	0.13	3.00	3.09	3.00	3.09	XXX
78660	26	A	Nuclear exam of tear flow	0.53	0.14	0.24	0.14	0.24	0.03	0.70	0.80	0.70	0.80	XXX
78660	TC	A	Nuclear exam of tear flow	0.00	2.20	2.19	2.20	2.19	0.10	2.30	2.29	2.30	2.29	XXX
78699		C	Nervous system nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78699	26	C	Nervous system nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78699	TC	C	Nervous system nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78700		A	Kidney imaging, static	0.45	3.27	3.35	3.27	3.35	0.16	3.88	3.96	3.88	3.96	XXX
78700	26	A	Kidney imaging, static	0.45	0.12	0.20	0.12	0.20	0.02	0.59	0.67	0.59	0.67	XXX
78700	TC	A	Kidney imaging, static	0.00	3.15	3.15	3.15	3.15	0.14	3.29	3.29	3.29	3.29	XXX
78701		A	Kidney imaging with flow	0.49	3.83	3.90	3.83	3.90	0.18	4.50	4.57	4.50	4.57	XXX
78701	26	A	Kidney imaging with flow	0.49	0.13	0.21	0.13	0.21	0.02	0.64	0.72	0.64	0.72	XXX
78701	TC	A	Kidney imaging with flow	0.00	3.70	3.69	3.70	3.69	0.16	3.86	3.85	3.86	3.85	XXX

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
78704		A	Imaging renogram	0.74	4.30	4.42	4.30	4.42	0.23	5.27	5.39	5.27	5.39	XXX
78704	26	A	Imaging renogram	0.74	0.20	0.33	0.20	0.33	0.04	0.98	1.11	0.98	1.11	XXX
78704	TC	A	Imaging renogram	0.00	4.10	4.09	4.10	4.09	0.19	4.29	4.28	4.29	4.28	XXX
78707		A	Kidney flow & function image	0.96	4.90	5.04	4.90	5.04	0.26	6.12	6.26	6.12	6.26	XXX
78707	26	A	Kidney flow & function image	0.96	0.26	0.41	0.26	0.41	0.05	1.27	1.42	1.27	1.42	XXX
78707	TC	A	Kidney flow & function image	0.00	4.64	4.63	4.64	4.63	0.21	4.85	4.84	4.85	4.84	XXX
78708		A	Kidney flow & function image	1.21	4.97	5.06	4.97	5.06	0.26	6.44	6.53	6.44	6.53	XXX
78708	26	A	Kidney flow & function image	1.21	0.33	0.43	0.33	0.43	0.05	1.59	1.69	1.59	1.69	XXX
78708	TC	A	Kidney flow & function image	0.00	4.64	4.63	4.64	4.63	0.21	4.85	4.84	4.85	4.84	XXX
78709		A	Kidney flow & function image	1.41	5.02	5.07	5.02	5.07	0.26	6.69	6.74	6.69	6.74	XXX
78709	26	A	Kidney flow & function image	1.41	0.38	0.44	0.38	0.44	0.05	1.84	1.90	1.84	1.90	XXX
78709	TC	A	Kidney flow & function image	0.00	4.64	4.63	4.64	4.63	0.21	4.85	4.84	4.85	4.84	XXX
78710		A	Kidney imaging (3D)	0.66	6.32	6.42	6.32	6.42	0.32	7.30	7.40	7.30	7.40	XXX
78710	26	A	Kidney imaging (3D)	0.66	0.19	0.30	0.19	0.30	0.04	0.89	1.00	0.89	1.00	XXX
78710	TC	A	Kidney imaging (3D)	0.00	6.13	6.12	6.13	6.12	0.28	6.41	6.40	6.41	6.40	XXX
78715		A	Renal vascular flow exam	0.30	1.72	1.77	1.72	1.77	0.10	2.12	2.17	2.12	2.17	XXX
78715	26	A	Renal vascular flow exam	0.30	0.09	0.14	0.09	0.14	0.02	0.41	0.46	0.41	0.46	XXX
78715	TC	A	Renal vascular flow exam	0.00	1.63	1.63	1.63	1.63	0.08	1.71	1.71	1.71	1.71	XXX
78725		A	Kidney function study	0.38	1.95	2.00	1.95	2.00	0.11	2.44	2.49	2.44	2.49	XXX
78725	26	A	Kidney function study	0.38	0.10	0.16	0.10	0.16	0.02	0.50	0.56	0.50	0.56	XXX
78725	TC	A	Kidney function study	0.00	1.85	1.84	1.85	1.84	0.09	1.94	1.93	1.94	1.93	XXX
78730		A	Urinary bladder retention	0.36	1.63	1.67	1.63	1.67	0.09	2.08	2.12	2.08	2.12	XXX
78730	26	A	Urinary bladder retention	0.36	0.11	0.16	0.11	0.16	0.02	0.49	0.54	0.49	0.54	XXX
78730	TC	A	Urinary bladder retention	0.00	1.52	1.51	1.52	1.51	0.07	1.59	1.58	1.59	1.58	XXX
78740		A	Ureteral reflux study	0.57	2.35	2.44	2.35	2.44	0.13	3.05	3.14	3.05	3.14	XXX
78740	26	A	Ureteral reflux study	0.57	0.15	0.25	0.15	0.25	0.03	0.75	0.85	0.75	0.85	XXX
78740	TC	A	Ureteral reflux study	0.00	2.20	2.19	2.20	2.19	0.10	2.30	2.29	2.30	2.29	XXX
78760		A	Testicular imaging	0.66	2.96	3.06	2.96	3.06	0.16	3.78	3.88	3.78	3.88	XXX
78760	26	A	Testicular imaging	0.66	0.18	0.29	0.18	0.29	0.03	0.87	0.98	0.87	0.98	XXX
78760	TC	A	Testicular imaging	0.00	2.78	2.77	2.78	2.77	0.13	2.91	2.90	2.91	2.90	XXX
78761		A	Testicular imaging & flow	0.71	3.53	3.64	3.53	3.64	0.19	4.43	4.54	4.43	4.54	XXX
78761	26	A	Testicular imaging & flow	0.71	0.20	0.32	0.20	0.32	0.04	0.95	1.07	0.95	1.07	XXX
78761	TC	A	Testicular imaging & flow	0.00	3.33	3.32	3.33	3.32	0.15	3.48	3.47	3.48	3.47	XXX
78799		C	Genitourinary nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78799	26	C	Genitourinary nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78799	TC	C	Genitourinary nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78800		A	Tumor imaging, limited area	0.66	3.71	3.82	3.71	3.82	0.19	4.56	4.67	4.56	4.67	XXX
78800	26	A	Tumor imaging, limited area	0.66	0.19	0.30	0.19	0.30	0.03	0.88	0.99	0.88	0.99	XXX
78800	TC	A	Tumor imaging, limited area	0.00	3.52	3.52	3.52	3.52	0.16	3.68	3.68	3.68	3.68	XXX
78801		A	Tumor imaging, mult areas	0.79	4.60	4.72	4.60	4.72	0.24	5.63	5.75	5.63	5.75	XXX

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
78801	26	A	Tumor imaging, mult areas	0.79	0.22	0.35	0.22	0.35	0.04	1.05	1.18	1.05	1.18	XXX
78801	TC	A	Tumor imaging, mult areas	0.00	4.38	4.37	4.38	4.37	0.20	4.58	4.57	4.58	4.57	XXX
78802		A	Tumor imaging, whole body	0.86	5.98	6.11	5.98	6.11	0.32	7.16	7.29	7.16	7.29	XXX
78802	26	A	Tumor imaging, whole body	0.86	0.24	0.38	0.24	0.38	0.05	1.15	1.29	1.15	1.29	XXX
78802	TC	A	Tumor imaging, whole body	0.00	5.74	5.73	5.74	5.73	0.27	6.01	6.00	6.01	6.00	XXX
78803		A	Tumor imaging (3D)	1.09	7.13	7.26	7.13	7.26	0.36	8.58	8.71	8.58	8.71	XXX
78803	26	A	Tumor imaging (3D)	1.09	0.32	0.47	0.32	0.47	0.05	1.46	1.61	1.46	1.61	XXX
78803	TC	A	Tumor imaging (3D)	0.00	6.81	6.79	6.81	6.79	0.31	7.12	7.10	7.12	7.10	XXX
78805		A	Abscess imaging, ltd area	0.73	3.73	3.84	3.73	3.84	0.20	4.66	4.77	4.66	4.77	XXX
78805	26	A	Abscess imaging, ltd area	0.73	0.21	0.32	0.21	0.32	0.04	0.98	1.09	0.98	1.09	XXX
78805	TC	A	Abscess imaging, ltd area	0.00	3.52	3.52	3.52	3.52	0.16	3.68	3.68	3.68	3.68	XXX
78806		A	Abscess imaging, whole body	0.86	6.91	7.03	6.91	7.03	0.36	8.13	8.25	8.13	8.25	XXX
78806	26	A	Abscess imaging, whole body	0.86	0.24	0.37	0.24	0.37	0.05	1.15	1.28	1.15	1.28	XXX
78806	TC	A	Abscess imaging, whole body	0.00	6.67	6.66	6.67	6.66	0.31	6.98	6.97	6.98	6.97	XXX
78807		A	Nuclear localization/abscess	1.09	7.12	7.26	7.12	7.26	0.36	8.57	8.71	8.57	8.71	XXX
78807	26	A	Nuclear localization/abscess	1.09	0.31	0.47	0.31	0.47	0.05	1.45	1.61	1.45	1.61	XXX
78807	TC	A	Nuclear localization/abscess	0.00	6.81	6.79	6.81	6.79	0.31	7.12	7.10	7.12	7.10	XXX
78810		N	Tumor imaging (PET)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78810	26	N	Tumor imaging (PET)	+1.93	0.73	1.30	0.73	1.30	0.08	2.74	3.31	2.74	3.31	XXX
78810	TC	N	Tumor imaging (PET)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78890		B	Nuclear medicine data proc	+0.05	1.36	1.37	1.36	1.37	0.06	1.47	1.48	1.47	1.48	XXX
78890	26	B	Nuclear medicine data proc	+0.05	0.02	0.02	0.02	0.02	0.00	0.07	0.07	0.07	0.07	XXX
78890	TC	B	Nuclear medicine data proc	+0.00	1.34	1.35	1.34	1.35	0.06	1.40	1.41	1.40	1.41	XXX
78891		B	Nuclear med data proc	+0.10	2.77	2.77	2.77	2.77	0.14	3.01	3.01	3.01	3.01	XXX
78891	26	B	Nuclear med data proc	+0.10	0.04	0.05	0.04	0.05	0.01	0.15	0.16	0.15	0.16	XXX
78891	TC	B	Nuclear med data proc	+0.00	2.73	2.72	2.73	2.72	0.13	2.86	2.85	2.86	2.85	XXX
78990		I	Provide diag radionuclide(s)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78999		C	Nuclear diagnostic exam	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78999	26	C	Nuclear diagnostic exam	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78999	TC	C	Nuclear diagnostic exam	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
79000		A	Intial hyperthyroid therapy	1.80	3.24	3.51	3.24	3.51	0.22	5.26	5.53	5.26	5.53	XXX
79000	26	A	Intial hyperthyroid therapy	1.80	0.51	0.79	0.51	0.79	0.09	2.40	2.68	2.40	2.68	XXX
79000	TC	A	Intial hyperthyroid therapy	0.00	2.73	2.72	2.73	2.72	0.13	2.86	2.85	2.86	2.85	XXX
79001		A	Repeat hyperthyroid therapy	1.05	1.64	1.80	1.64	1.80	0.11	2.80	2.96	2.80	2.96	XXX
79001	26	A	Repeat hyperthyroid therapy	1.05	0.30	0.45	0.30	0.45	0.05	1.40	1.55	1.40	1.55	XXX
79001	TC	A	Repeat hyperthyroid therapy	0.00	1.34	1.35	1.34	1.35	0.06	1.40	1.41	1.40	1.41	XXX
79020		A	Thyroid ablation	1.81	3.22	3.50	3.22	3.50	0.22	5.25	5.53	5.25	5.53	XXX
79020	26	A	Thyroid ablation	1.81	0.49	0.78	0.49	0.78	0.09	2.39	2.68	2.39	2.68	XXX
79020	TC	A	Thyroid ablation	0.00	2.73	2.72	2.73	2.72	0.13	2.86	2.85	2.86	2.85	XXX
79030		A	Thyroid ablation, carcinoma	2.10	3.32	3.63	3.32	3.63	0.24	5.66	5.97	5.66	5.97	XXX

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
79030	26	A	Thyroid ablation, carcinoma	2.10	0.59	0.91	0.59	0.91	0.11	2.80	3.12	2.80	3.12	XXX
79030	TC	A	Thyroid ablation, carcinoma	0.00	2.73	2.72	2.73	2.72	0.13	2.86	2.85	2.86	2.85	XXX
79035		A	Thyroid metastatic therapy	2.52	3.45	3.82	3.45	3.82	0.26	6.23	6.60	6.23	6.60	XXX
79035	26	A	Thyroid metastatic therapy	2.52	0.72	1.10	0.72	1.10	0.13	3.37	3.75	3.37	3.75	XXX
79035	TC	A	Thyroid metastatic therapy	0.00	2.73	2.72	2.73	2.72	0.13	2.86	2.85	2.86	2.85	XXX
79100		A	Hematopoetic nuclear therapy	1.32	3.11	3.29	3.11	3.29	0.20	4.63	4.81	4.63	4.81	XXX
79100	26	A	Hematopoetic nuclear therapy	1.32	0.38	0.57	0.38	0.57	0.07	1.77	1.96	1.77	1.96	XXX
79100	TC	A	Hematopoetic nuclear therapy	0.00	2.73	2.72	2.73	2.72	0.13	2.86	2.85	2.86	2.85	XXX
79200		A	Intracavitary nuc treatment	1.99	3.33	3.60	3.33	3.60	0.24	5.56	5.83	5.56	5.83	XXX
79200	26	A	Intracavitary nuc treatment	1.99	0.60	0.88	0.60	0.88	0.11	2.70	2.98	2.70	2.98	XXX
79200	TC	A	Intracavitary nuc treatment	0.00	2.73	2.72	2.73	2.72	0.13	2.86	2.85	2.86	2.85	XXX
79300		C	Interstitial nuclear therapy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
79300	26	A	Interstitial nuclear therapy	1.60	0.42	0.68	0.42	0.68	0.09	2.11	2.37	2.11	2.37	XXX
79300	TC	C	Interstitial nuclear therapy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
79400		A	Nonhemato nuclear therapy	1.96	3.29	3.57	3.29	3.57	0.23	5.48	5.76	5.48	5.76	XXX
79400	26	A	Nonhemato nuclear therapy	1.96	0.56	0.85	0.56	0.85	0.10	2.62	2.91	2.62	2.91	XXX
79400	TC	A	Nonhemato nuclear therapy	0.00	2.73	2.72	2.73	2.72	0.13	2.86	2.85	2.86	2.85	XXX
79420		C	Intravascular nuc therapy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
79420	26	A	Intravascular nuc therapy	1.51	0.41	0.65	0.41	0.65	0.08	2.00	2.24	2.00	2.24	XXX
79420	TC	C	Intravascular nuc therapy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
79440		A	Nuclear joint therapy	1.99	3.29	3.59	3.29	3.59	0.24	5.52	5.82	5.52	5.82	XXX
79440	26	A	Nuclear joint therapy	1.99	0.56	0.87	0.56	0.87	0.11	2.66	2.97	2.66	2.97	XXX
79440	TC	A	Nuclear joint therapy	0.00	2.73	2.72	2.73	2.72	0.13	2.86	2.85	2.86	2.85	XXX
79900		C	Provide ther radiopharm(s)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
79999		C	Nuclear medicine therapy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
79999	26	C	Nuclear medicine therapy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
79999	TC	C	Nuclear medicine therapy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80049		X	Metabolic panel, basic	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80050		N	General health panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80051		X	Electrolyte panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80054		X	Comprehen metabolic panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80055		I	Obstetric panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80058		X	Hepatic function panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80059		X	Hepatitis panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80061		X	Lipid panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80072		X	Arthritis panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80090		X	Torch antibody panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80091		X	Thyroid panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80092		X	Thyroid panel w/TSH	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80100		X	Drug screen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
80101		X	Drug screen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80102		X	Drug confirmation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80103		X	Drug analysis, tissue prep	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80150		X	Assay of amikacin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80152		X	Assay of amitriptyline	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80154		X	Assay of benzodiazepines	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80156		X	Assay carbamazepine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80158		X	Assay of cyclosporine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80160		X	Assay of desipramine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80162		X	Assay for digoxin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80164		X	Assay, dipropylacetic acid	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80166		X	Assay of doxepin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80168		X	Assay of ethosuximide	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80170		X	Gentamicin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80172		X	Assay for gold	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80174		X	Assay of imipramine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80176		X	Assay for lidocaine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80178		X	Assay for lithium	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80182		X	Assay for nortriptyline	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80184		X	Assay for phenobarbital	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80185		X	Assay for phenytoin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80186		X	Assay for phenytoin, free	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80188		X	Assay for primidone	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80190		X	Assay for procainamide	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80192		X	Assay for procainamide	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80194		X	Assay for quinidine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80196		X	Assay for salicylate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80197		X	Assay for tacrolimus	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80198		X	Assay for theophylline	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80200		X	Assay for tobramycin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80201		X	Assay for topiramate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80202		X	Assay for vancomycin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80299		X	Quantitative assay, drug	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80400		X	Acth stimulation panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80402		X	Acth stimulation panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80406		X	Acth stimulation panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80408		X	Aldosterone suppression eval	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80410		X	Calcitonin stimul panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80412		X	CRH stimulation panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80414		X	Testosterone response	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
80415		X	Estradiol response panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80416		X	Renin stimulation panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80417		X	Renin stimulation panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80418		X	Pituitary evaluation panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80420		X	Dexamethasone panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80422		X	Glucagon tolerance panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80424		X	Glucagon tolerance panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80426		X	Gonadotropin hormone panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80428		X	Growth hormone panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80430		X	Growth hormone panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80432		X	Insulin suppression panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80434		X	Insulin tolerance panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80435		X	Insulin tolerance panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80436		X	Metyrapone panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80438		X	TRH stimulation panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80439		X	TRH stimulation panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80440		X	TRH stimulation panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80500		A	Lab pathology consultation	0.37	0.20	0.22	0.15	0.20	0.01	0.58	0.60	0.53	0.58	XXX
80502		A	Lab pathology consultation	1.33	0.58	0.42	0.55	0.41	0.02	1.93	1.77	1.90	1.76	XXX
81000		X	Urinalysis, nonauto, w/scope	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
81001		X	Urinalysis, auto, w/scope	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
81002		X	Urinalysis nonauto w/o scope	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
81003		X	Urinalysis, auto, w/o scope	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
81005		X	Urinalysis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
81007		X	Urine screen for bacteria	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
81015		X	Microscopic exam of urine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
81020		X	Urinalysis, glass test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
81025		X	Urine pregnancy test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
81050		X	Urinalysis, volume measure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
81099		X	Urinalysis test procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82000		X	Assay blood acetaldehyde	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82003		X	Assay acetaminophen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82009		X	Test for acetone/ketones	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82010		X	Acetone assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82013		X	Acetylcholinesterase assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82016		X	Acylcarnitines, qual	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82017		X	Acylcarnitines, quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82024		X	ACTH	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82030		X	ADP & AMP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82040		X	Assay serum albumin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
82042		X	Assay urine albumin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82043		X	Microalbumin, quantitative	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82044		X	Microalbumin, semiquant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82055		X	Assay ethanol	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82075		X	Assay breath ethanol	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82085		X	Assay of aldolase	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82088		X	Aldosterone	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82101		X	Assay of urine alkaloids	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82103		X	Alpha-1-antitrypsin, total	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82104		X	Alpha-1-antitrypsin, pheno	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82105		X	Alpha-fetoprotein, serum	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82106		X	Alpha-fetoprotein; amniotic	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82108		X	Assay, aluminum	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82127		X	Amino acid, single qual	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82128		X	Amino acids, mult qual	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82130		D	Amino acids analysis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82131		X	Amino acids, single quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82135		X	Assay, aminolevulinic acid	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82136		X	Amino acids, 2-5 quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82139		X	Amino acids, 6+ quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82140		X	Assay of ammonia	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82143		X	Amniotic fluid scan	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82145		X	Assay of amphetamines	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82150		X	Assay of amylase	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82154		X	Androstanediol glucuronide	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82157		X	Assay of androstenedione	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82160		X	Androsterone assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82163		X	Assay of angiotensin II	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82164		X	Angiotensin I enzyme test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82172		X	Apolipoprotein	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82175		X	Assay of arsenic	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82180		X	Assay of ascorbic acid	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82190		X	Atomic absorption	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82205		X	Assay of barbiturates	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82232		X	Beta-2 protein	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82239		X	Bile acids, total	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82240		X	Bile acids, cholylglycine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82247		X	Bilirubin total	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82248		X	Bilirubin direct	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82250		D	Assay bilirubin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
82251		I	Assay bilirubin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82252		X	Fecal bilirubin test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82261		X	Assay biotinidase	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82270		X	Test feces for blood	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82273		X	Test for blood, other source	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82286		X	Assay of bradykinin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82300		X	Assay cadmium	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82306		X	Assay of vitamin D	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82307		X	Assay of vitamin D	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82308		X	Assay of calcitonin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82310		X	Assay calcium	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82330		X	Assay calcium	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82331		X	Calcium infusion test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82340		X	Assay calcium in urine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82355		X	Calculus (stone) analysis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82360		X	Calculus (stone) assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82365		X	Calculus (stone) assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82370		X	X-ray assay,calculus (stone)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82374		X	Assay blood carbon dioxide	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82375		X	Assay blood carbon monoxide	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82376		X	Test for carbon monoxide	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82378		X	Carcinoembryonic antigen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82379		X	Assay carnitine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82380		X	Assay carotene	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82382		X	Assay urine catecholamines	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82383		X	Assay blood catecholamines	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82384		X	Assay three catecholamines	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82387		X	Cathepsin-D	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82390		X	Assay ceruloplasmin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82397		X	Chemiluminescent assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82415		X	Assay chloramphenicol	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82435		X	Assay blood chloride	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82436		X	Assay urine chloride	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82438		X	Assay other fluid chlorides	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82441		X	Test for chlorohydrocarbons	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82465		X	Assay serum cholesterol	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82480		X	Assay serum cholinesterase	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82482		X	Assay rbc cholinesterase	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82485		X	Assay chondroitin sulfate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82486		X	Gas/liquid chromatography	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
82487		X	Paper chromatography	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82488		X	Paper chromatography	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82489		X	Thin layer chromatography	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82491		X	Chromotography, quantitative	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82492		X	Chromotography, quant, mult	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82495		X	Assay chromium	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82507		X	Assay citrate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82520		X	Assay for cocaine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82523		X	Collagen crosslinks	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82525		X	Assay copper	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82528		X	Assay corticosterone	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82530		X	Cortisol, free	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82533		X	Total cortisol	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82540		X	Assay creatine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82541		X	Column chromotography qual	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82542		X	Column chromotography quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82543		X	Column chromotograph/isotope	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82544		X	Column chromotography quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82550		X	Assay CK (CPK)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82552		X	Assay CPK in blood	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82553		X	Creatine, MB fraction	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82554		X	Creatine, isoforms	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82565		X	Assay creatinine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82570		X	Assay urine creatinine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82575		X	Creatinine clearance test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82585		X	Assay cryofibrinogen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82595		X	Assay cryoglobulin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82600		X	Assay cyanide	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82607		X	Vitamin B-12	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82608		X	B-12 binding capacity	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82615		X	Test for urine cystines	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82626		X	Dehydroepiandrosterone	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82627		X	Dehydroepiandrosterone	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82633		X	Desoxycorticosterone	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82634		X	Deoxycortisol	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82638		X	Assay dibucaine number	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82646		X	Assay of dihydrocodeinone	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82649		X	Assay of dihydromorphinone	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82651		X	Dihydrotestosterone assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82652		X	Assay, dihydroxyvitamin D	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
82654		X	Assay of dimethadione	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82657		X	Enzyme cell activity	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82658		X	Enzyme cell activity ra	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82664		X	Electrophoretic test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82666		X	Epiandrosterone assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82668		X	Erythropoietin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82670		X	Estradiol	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82671		X	Estrogens assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82672		X	Estrogen assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82677		X	Estriol	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82679		X	Estrone	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82690		X	Ethchlorvynol	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82693		X	Ethylene glycol	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82696		X	Etiocholanolone	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82705		X	Fats/lipids,feces,qualitativ	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82710		X	Fats/lipids,feces,quantitati	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82715		X	Fecal fat assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82725		X	Assay blood fatty acids	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82726		X	Long chain fatty acids	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82728		X	Assay ferritin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82731		X	Fetal fibronectin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82735		X	Assay fluoride	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82742		X	Assay of flurazepam	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82746		X	Blood folic acid serum	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82747		X	Folic acid, RBC	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82757		X	Assay semen fructose	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82759		X	RBC galactokinase assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82760		X	Assay galactose	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82775		X	Assay galactose transferase	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82776		X	Galactose transferase test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82784		X	Assay gammaglobulin IgM	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82785		X	Assay, gammaglobulin IgE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82787		X	IgG1, 2, 3 and 4	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82800		X	Blood pH	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82803		X	Blood gases: pH, pO2 & pCO2	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82805		X	Blood gases W/02 saturation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82810		X	Blood gases, O2 sat only	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82820		X	Hemoglobin-oxygen affinity	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82926		X	Assay gastric acid	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82928		X	Assay gastric acid	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
82938		X	Gastrin test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82941		X	Assay of gastrin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82943		X	Assay of glucagon	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82946		X	Glucagon tolerance test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82947		X	Assay quantitative, glucose	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82948		X	Reagent strip/blood glucose	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82950		X	Glucose test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82951		X	Glucose tolerance test (GTT)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82952		X	GTT-added samples	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82953		X	Glucose-tolbutamide test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82955		X	Assay G6PD enzyme	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82960		X	Test for G6PD enzyme	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82962		X	Glucose blood test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82963		X	Glucosidase assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82965		X	Assay GDH enzyme	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82975		X	Assay glutamine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82977		X	Assay of GGT	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82978		X	Glutathione assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82979		X	Assay RBC glutathione enzyme	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82980		X	Assay of glutethimide	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82985		X	Glycated protein	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83001		X	Gonadotropin (FSH)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83002		X	Gonadotropin (LH)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83003		X	Assay growth hormone (HGH)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83008		X	Assay guanosine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83010		X	Quant assay haptoglobin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83012		X	Assay haptoglobins	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83013		X	H pylori breath test anal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83014		X	H pylori drug admin/collect	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83015		X	Heavy metal screen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83018		X	Quantitative screen, metals	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83019		D	Breath isotope test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83020		X	Hemoglobin electrophoresis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83020	26	A	Hemoglobin electrophoresis	0.37	0.15	0.20	0.15	0.20	0.01	0.53	0.58	0.53	0.58	XXX
83021		X	Hemoglobin chromotography	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83026		X	Hemoglobin, copper sulfate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83030		X	Fetal hemoglobin assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83033		X	Fetal fecal hemoglobin assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83036		X	Glycated hemoglobin test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83045		X	Blood methemoglobin test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
83050		X	Blood methemoglobin assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83051		X	Assay plasma hemoglobin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83055		X	Blood sulfhemoglobin test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83060		X	Blood sulfhemoglobin assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83065		X	Hemoglobin heat assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83068		X	Hemoglobin stability screen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83069		X	Assay urine hemoglobin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83070		X	Qualt assay hemosiderin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83071		X	Quant assay of hemosiderin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83080		X	B hexosaminidase assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83088		X	Assay histamine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83150		X	Assay for HVA	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83491		X	Assay of corticosteroids	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83497		X	Assay 5-HIAA	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83498		X	Assay of progesterone	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83499		X	Assay of progesterone	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83500		X	Assay free hydroxyproline	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83505		X	Assay total hydroxyproline	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83516		X	Immunoassay, non antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83518		X	Immunoassay, dipstick	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83519		X	Immunoassay nonantibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83520		X	Immunoassay, RIA	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83525		X	Assay of insulin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83527		X	Assay of insulin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83528		X	Assay intrinsic factor	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83540		X	Assay iron	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83550		X	Iron binding test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83570		X	Assay IDH enzyme	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83582		X	Assay ketogenic steroids	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83586		X	Assay 17-(17-KS)ketosteroids	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83593		X	Fractionation ketosteroids	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83605		X	Lactic acid assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83615		X	Lactate (LD) (LDH) enzyme	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83625		X	Assay LDH enzymes	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83632		X	Placental lactogen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83633		X	Test urine for lactose	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83634		X	Assay urine for lactose	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83655		X	Assay for lead	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83661		X	Assay L/S ratio	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83662		X	L/S ratio, foam stability	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

3 +Indicates RVUs are not used for Medicare payment.

ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
83670		X	Assay LAP enzyme	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83690		X	Assay lipase	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83715		X	Assay blood lipoproteins	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83716		X	Assay blood lipoproteins	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83717		D	Assay blood lipoproteins	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83718		X	Blood lipoprotein assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83719		X	Blood lipoprotein assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83721		X	Blood lipoprotein assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83727		X	LRH hormone assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83735		X	Assay magnesium	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83775		X	Assay of md enzyme	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83785		X	Assay of manganese	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83788		X	Mass spectrometry qual	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83789		X	Mass spectrometry quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83805		X	Assay of meprobamate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83825		X	Assay mercury	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83835		X	Assay metanephrines	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83840		X	Assay methadone	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83857		X	Assay methemalbumin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83858		X	Assay methsuximide	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83864		X	Mucopolysaccharides	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83866		X	Mucopolysaccharides screen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83872		X	Assay synovial fluid mucin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83873		X	Assay, CSF protein	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83874		X	Myoglobin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83883		X	Nephelometry, not specified	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83885		X	Assay for nickel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83887		X	Assay nicotine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83890		X	Molecule isolate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83891		X	Molecule isolate nucleic	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83892		X	Molecular diagnostics	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83893		X	Molecule dot/slot/blot	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83894		X	Molecule gel electrophor	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83896		X	Molecular diagnostics	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83897		X	Molecule nucleic transfer	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83898		X	Molecule nucleic amp	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83901		X	Molecule nucleic amp	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83902		X	Molecular diagnostics	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83903		X	Molecule mutation scan	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83904		X	Molecule mutation identify	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
83905		X	Molecule mutation identify	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83906		X	Molecule mutation identify	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83912		X	Genetic examination	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83912	26	A	Genetic examination	0.37	0.13	0.20	0.15	0.20	0.01	0.51	0.58	0.53	0.58	XXX
83915		X	Assay nucleotidase	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83916		X	Oligoclonal bands	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83918		X	Assay organic acids quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83919		X	Assay organic acids qual	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83925		X	Opiates	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83930		X	Assay blood osmolality	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83935		X	Assay urine osmolality	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83937		X	Assay for osteocalcin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83945		X	Assay oxalate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83970		X	Assay of parathormone	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83986		X	Assay body fluid acidity	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83992		X	Assay for phencyclidine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84022		X	Assay of phenothiazine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84030		X	Assay blood PKU	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84035		X	Assay phenylketones	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84060		X	Assay acid phosphatase	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84061		X	Phosphatase, forensic exam	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84066		X	Assay prostate phosphatase	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84075		X	Assay alkaline phosphatase	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84078		X	Assay alkaline phosphatase	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84080		X	Assay alkaline phosphatases	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84081		X	Amniotic fluid enzyme test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84085		X	Assay RBC PG6D enzyme	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84087		X	Assay phosphohexose enzymes	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84100		X	Assay phosphorus	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84105		X	Assay urine phosphorus	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84106		X	Test for porphobilinogen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84110		X	Assay porphobilinogen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84119		X	Test urine for porphyrins	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84120		X	Assay urine porphyrins	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84126		X	Assay feces porphyrins	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84127		X	Porphyrins, feces	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84132		X	Assay serum potassium	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84133		X	Assay urine potassium	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84134		X	Prealbumin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84135		X	Assay pregnanediol	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
84138		X	Assay pregnanetriol	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84140		X	Assay for pregnenolone	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84143		X	Assay/17-hydroxypregnenolone	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84144		X	Assay progesterone	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84146		X	Assay for prolactin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84150		X	Assay of prostaglandin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84153		X	Psa total	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84154		X	Psa free	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84155		X	Assay protein	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84160		X	Assay serum protein	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84165		X	Assay serum proteins	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84165	26	A	Assay serum proteins	0.37	0.15	0.20	0.15	0.20	0.01	0.53	0.58	0.53	0.58	XXX
84181		X	Western blot test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84181	26	A	Western blot test	0.37	0.14	0.20	0.15	0.20	0.01	0.52	0.58	0.53	0.58	XXX
84182		X	Protein, western blot test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84182	26	A	Protein, western blot test	0.37	0.14	0.20	0.15	0.20	0.01	0.52	0.58	0.53	0.58	XXX
84202		X	Assay RBC protoporphyrin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84203		X	Test RBC protoporphyrin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84206		X	Assay of proinsulin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84207		X	Assay vitamin B-6	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84210		X	Assay pyruvate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84220		X	Assay pyruvate kinase	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84228		X	Assay quinine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84233		X	Assay estrogen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84234		X	Assay progesterone	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84235		X	Assay endocrine hormone	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84238		X	Assay non-endocrine receptor	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84244		X	Assay of renin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84252		X	Assay vitamin B-2	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84255		X	Assay selenium	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84260		X	Assay serotonin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84270		X	Sex hormone globulin (SHBG)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84275		X	Assay sialic acid	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84285		X	Assay silica	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84295		X	Assay serum sodium	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84300		X	Assay urine sodium	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84305		X	Somatomedin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84307		X	Somatostatin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84311		X	Spectrophotometry	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84315		X	Body fluid specific gravity	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
84375		X	Chromatogram assay, sugars	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84376		X	Sugars single qual	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84377		X	Sugars multiple qual	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84378		X	Sugars single quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84379		X	Sugars multiple quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84392		X	Assay urine sulfate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84402		X	Testosterone	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84403		X	Assay total testosterone	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84425		X	Assay vitamin B-1	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84430		X	Assay thiocyanate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84432		X	Thyroglobulin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84436		X	Assay, total thyroxine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84437		X	Assay neonatal thyroxine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84439		X	Assay, free thyroxine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84442		X	Thyroid activity (TBG) assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84443		X	Assay thyroid stim hormone	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84445		X	Thyroid immunoglobulins TSI	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84446		X	Assay vitamin E	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84449		X	Assay for transcortin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84450		X	Transferase (AST) (SGOT)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84460		X	Alanine amino (ALT) (SGPT)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84466		X	Transferrin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84478		X	Assay triglycerides	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84479		X	Assay thyroid (t-3 or t-4)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84480		X	Assay triiodothyronine (t-3)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84481		X	Free assay (FT-3)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84482		X	T3 reverse	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84484		X	Troponin, quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84485		X	Assay duodenal fluid trypsin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84488		X	Test feces for trypsin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84490		X	Assay feces for trypsin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84510		X	Assay tyrosine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84512		X	Troponin, qual	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84520		X	Assay urea nitrogen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84525		X	Urea nitrogen semi-quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84540		X	Assay urine urea-N	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84545		X	Urea-N clearance test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84550		X	Assay blood uric acid	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84560		X	Assay urine uric acid	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84577		X	Assay feces urobilinogen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
84578		X	Test urine urobilinogen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84580		X	Assay urine urobilinogen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84583		X	Assay urine urobilinogen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84585		X	Assay urine VMA	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84586		X	VIP assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84588		X	Assay vasopressin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84590		X	Assay vitamin-A	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84597		X	Assay vitamin-K	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84600		X	Assay for volatiles	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84620		X	Xylose tolerance test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84630		X	Assay zinc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84681		X	Assay C-peptide	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84702		X	Chorionic gonadotropin test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84703		X	Chorionic gonadotropin assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84830		X	Ovulation tests	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84999		X	Clinical chemistry test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85002		X	Bleeding time test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85007		X	Differential WBC count	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85008		X	Nondifferential WBC count	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85009		X	Differential WBC count	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85013		X	Hematocrit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85014		X	Hematocrit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85018		X	Hemoglobin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85021		X	Automated hemogram	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85022		X	Automated hemogram	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85023		X	Automated hemogram	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85024		X	Automated hemogram	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85025		X	Automated hemogram	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85027		X	Automated hemogram	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85029		D	Automated hemogram	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85030		D	Automated hemogram	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85031		X	Manual hemogram,complete cbc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85041		X	Red blood cell (RBC) count	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85044		X	Reticulocyte count	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85045		X	Reticulocyte count	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85046		X	Reticyte, hgb concentrate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85048		X	White blood cell (WBC) count	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85060		A	Blood smear interpretation	0.45	0.67	0.35	0.19	0.23	0.02	1.14	0.82	0.66	0.70	XXX
85095		A	Bone marrow aspiration	1.08	4.16	1.59	0.49	0.67	0.04	5.28	2.71	1.61	1.79	XXX
85097		A	Bone marrow interpretation	0.94	2.61	1.04	0.38	0.49	0.03	3.58	2.01	1.35	1.46	XXX

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
85102		A	Bone marrow biopsy	1.37	4.28	1.72	0.60	0.80	0.04	5.69	3.13	2.01	2.21	XXX
85130		X	Chromogenic substrate assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85170		X	Blood clot retraction	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85175		X	Blood clot lysis time	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85210		X	Blood clot factor II test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85220		X	Blood clot factor V test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85230		X	Blood clot factor VII test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85240		X	Blood clot factor VIII test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85244		X	Blood clot factor VIII test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85245		X	Blood clot factor VIII test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85246		X	Blood clot factor VIII test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85247		X	Blood clot factor VIII test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85250		X	Blood clot factor IX test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85260		X	Blood clot factor X test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85270		X	Blood clot factor XI test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85280		X	Blood clot factor XII test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85290		X	Blood clot factor XIII test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85291		X	Blood clot factor XIII test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85292		X	Blood clot factor assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85293		X	Blood clot factor assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85300		X	Antithrombin III test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85301		X	Antithrombin III test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85302		X	Blood clot inhibitor antigen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85303		X	Blood clot inhibitor test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85305		X	Blood clot inhibitor assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85306		X	Blood clot inhibitor test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85335		X	Factor inhibitor test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85337		X	Thrombomodulin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85345		X	Coagulation time	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85347		X	Coagulation time	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85348		X	Coagulation time	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85360		X	Euglobulin lysis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85362		X	Fibrin degradation products	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85366		X	Fibrinogen test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85370		X	Fibrinogen test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85378		X	Fibrin degradation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85379		X	Fibrin degradation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85384		X	Fibrinogen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85385		X	Fibrinogen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85390		X	Fibrinolysins screen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
85390	26	A	Fibrinolysins screen	0.37	0.14	0.20	0.14	0.20	0.01	0.52	0.58	0.52	0.58	XXX
85400		X	Fibrinolytic plasmin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85410		X	Fibrinolytic antiplasmin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85415		X	Fibrinolytic plasminogen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85420		X	Fibrinolytic plasminogen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85421		X	Fibrinolytic plasminogen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85441		X	Heinz bodies; direct	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85445		X	Heinz bodies; induced	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85460		X	Hemoglobin, fetal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85461		X	Hemoglobin, fetal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85475		X	Hemolysin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85520		X	Heparin assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85525		X	Heparin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85530		X	Heparin-protamine tolerance	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85535		X	Iron stain, blood cells	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85540		X	Wbc alkaline phosphatase	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85547		X	RBC mechanical fragility	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85549		X	Muramidase	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85555		X	RBC osmotic fragility	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85557		X	RBC osmotic fragility	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85576		X	Blood platelet aggregation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85576	26	A	Blood platelet aggregation	0.37	0.15	0.20	0.15	0.20	0.01	0.53	0.58	0.53	0.58	XXX
85585		X	Blood platelet estimation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85590		X	Platelet manual count	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85595		X	Platelet count, automated	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85597		X	Platelet neutralization	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85610		X	Prothrombin time	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85611		X	Prothrombin test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85612		X	Viper venom prothrombin time	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85613		X	Russell viper venom, diluted	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85635		X	Reptilase test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85651		X	Rbc sed rate, nonauto	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85652		X	Rbc sed rate, auto	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85660		X	RBC sickle cell test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85670		X	Thrombin time, plasma	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85675		X	Thrombin time, titer	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85705		X	Thromboplastin inhibition	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85730		X	Thromboplastin time, partial	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85732		X	Thromboplastin time, partial	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85810		X	Blood viscosity examination	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

3 +Indicates RVUs are not used for Medicare payment.

ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
85999		X	Hematology procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86000		X	Agglutinins; febrile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86003		X	Allergen specific IgE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86005		X	Allergen specific IgE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86021		X	WBC antibody identification	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86022		X	Platelet antibodies	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86023		X	Immunoglobulin assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86038		X	Antinuclear antibodies	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86039		X	Antinuclear antibodies (ANA)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86060		X	Antistreptolysin O titer	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86063		X	Antistreptolysin O screen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86077		A	Physician blood bank service	0.94	0.46	0.36	0.38	0.34	0.02	1.42	1.32	1.34	1.30	XXX
86078		A	Physician blood bank service	0.94	0.51	0.41	0.39	0.38	0.02	1.47	1.37	1.35	1.34	XXX
86079		A	Physician blood bank service	0.94	0.50	0.40	0.39	0.37	0.02	1.46	1.36	1.35	1.33	XXX
86140		X	C-reactive protein	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86147		X	Cardiolipin antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86148		X	Phospholipid antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86155		X	Chemotaxis assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86156		X	Cold agglutinin screen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86157		X	Cold agglutinin, titer	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86160		X	Complement, antigen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86161		X	Complement/function activity	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86162		X	Complement, total (CH50)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86171		X	Complement fixation, each	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86185		X	Counterimmunoelectrophoresis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86215		X	Deoxyribonuclease, antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86225		X	DNA antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86226		X	DNA antibody, single strand	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86235		X	Nuclear antigen antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86243		X	Fc receptor	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86255		X	Fluorescent antibody; screen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86255	26	A	Fluorescent antibody; screen	0.37	0.17	0.21	0.15	0.20	0.01	0.55	0.59	0.53	0.58	XXX
86256		X	Fluorescent antibody; titer	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86256	26	A	Fluorescent antibody; titer	0.37	0.15	0.20	0.15	0.20	0.01	0.53	0.58	0.53	0.58	XXX
86277		X	Growth hormone antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86280		X	Hemagglutination inhibition	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86308		X	Heterophile antibodies	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86309		X	Heterophile antibodies	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86310		X	Heterophile antibodies	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86316		X	Immunoassay, tumor antigen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
86317		X	Immunoassay,infectious agent	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86318		X	Immunoassay,infectious agent	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86320		X	Serum immunoelectrophoresis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86320	26	A	Serum immunoelectrophoresis	0.37	0.17	0.21	0.15	0.20	0.01	0.55	0.59	0.53	0.58	XXX
86325		X	Other immunoelectrophoresis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86325	26	A	Other immunoelectrophoresis	0.37	0.15	0.20	0.15	0.20	0.01	0.53	0.58	0.53	0.58	XXX
86327		X	Immunoelectrophoresis assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86327	26	A	Immunoelectrophoresis assay	0.42	0.15	0.20	0.18	0.21	0.01	0.58	0.63	0.61	0.64	XXX
86329		X	Immunodiffusion	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86331		X	Immunodiffusion ouchterlony	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86332		X	Immune complex assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86334		X	Immunofixation procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86334	26	A	Immunofixation procedure	0.37	0.14	0.20	0.15	0.20	0.01	0.52	0.58	0.53	0.58	XXX
86337		X	Insulin antibodies	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86340		X	Intrinsic factor antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86341		X	Islet cell antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86343		X	Leukocyte histamine release	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86344		X	Leukocyte phagocytosis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86353		X	Lymphocyte transformation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86359		X	T cells, total count	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86360		X	T cell absolute count/ratio	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86361		X	T cell absolute count	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86376		X	Microsomal antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86378		X	Migration inhibitory factor	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86382		X	Neutralization test, viral	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86384		X	Nitroblue tetrazolium dye	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86403		X	Particle agglutination test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86406		X	Particle agglutination test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86430		X	Rheumatoid factor test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86431		X	Rheumatoid factor, quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86485		C	Skin test, candida	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86490		A	Coccidioidomycosis skin test	0.00	0.31	0.30	0.31	0.30	0.02	0.33	0.32	0.33	0.32	XXX
86510		A	Histoplasmosis skin test	0.00	0.33	0.33	0.33	0.33	0.02	0.35	0.35	0.35	0.35	XXX
86580		A	TB intradermal test	0.00	0.26	0.26	0.26	0.26	0.02	0.28	0.28	0.28	0.28	XXX
86585		A	TB tine test	0.00	0.21	0.21	0.21	0.21	0.01	0.22	0.22	0.22	0.22	XXX
86586		C	Skin test, unlisted	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86588		X	Streptocollus, direct screen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86590		X	Streptokinase, antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86592		X	Blood serology, qualitative	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86593		X	Blood serology, quantitative	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
86602		X	Antinomyces antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86603		X	Adenovirus, antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86606		X	Aspergillus antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86609		X	Bacterium, antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86612		X	Blastomyces, antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86615		X	Bordetella antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86617		X	Lyme disease antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86618		X	Lyme disease antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86619		X	Borrelia antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86622		X	Brucella, antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86625		X	Campylobacter, antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86628		X	Candida, antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86631		X	Chlamydia, antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86632		X	Chlamydia, IgM, antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86635		X	Coccidioides, antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86638		X	Q fever antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86641		X	Cryptococcus antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86644		X	CMV antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86645		X	CMV antibody, IgM	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86648		X	Diphtheria antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86651		X	Encephalitis antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86652		X	Encephalitis antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86653		X	Encephalitis, antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86654		X	Encephalitis, antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86658		X	Enterovirus, antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86663		X	Epstein-barr antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86664		X	Epstein-barr antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86665		X	Epstein-barr, antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86668		X	Francisella tularensis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86671		X	Fungus, antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86674		X	Giardia lamblia	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86677		X	Helicobacter pylori	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86682		X	Helminth, antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86684		X	Hemophilus influenza	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86687		X	HTLV I	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86688		X	HTLV-II	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86689		X	HTLV/HIV confirmatory test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86692		X	Hepatitis, delta agent	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86694		X	Herpes simplex test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86695		X	Herpes simplex test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
86698		X	Histoplasma	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86701		X	HIV-1	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86702		X	HIV-2	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86703		X	HIV-1/HIV-2, single assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86704		X	Hep b core ab test, igg & m	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86705		X	Hep b core ab test, igm	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86706		X	Hepatitis b surface ab test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86707		X	Hepatitis be ab test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86708		X	Hep a ab test, igg & m	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86709		X	Hep a ab test, igm	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86710		X	Influenza virus	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86713		X	Legionella	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86717		X	Leishmania	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86720		X	Leptospira	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86723		X	Listeria monocytogenes	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86727		X	Lymph choriomeningitis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86729		X	Lympho venereum	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86732		X	Mucormycosis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86735		X	Mumps	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86738		X	Mycoplasma	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86741		X	Neisseria meningitidis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86744		X	Nocardia	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86747		X	Parvovirus	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86750		X	Malaria	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86753		X	Protozoa, not elsewhere	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86756		X	Respiratory virus	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86759		X	Rotavirus	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86762		X	Rubella	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86765		X	Rubeola	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86768		X	Salmonella	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86771		X	Shigella	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86774		X	Tetanus	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86777		X	Toxoplasma	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86778		X	Toxoplasma, IgM	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86781		X	Treponema pallidum confirm	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86784		X	Trichinella	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86787		X	Varicella-zoster	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86790		X	Virus, not specified	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86793		X	Yersinia	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86800		X	Thyroglobulin antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
86803		X	Hepatitis c ab test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86804		X	Hep c ab test, confirm	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86805		X	Lymphocytotoxicity assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86806		X	Lymphocytotoxicity assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86807		X	Cytotoxic antibody screening	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86808		X	Cytotoxic antibody screening	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86812		X	HLA typing, A, B, or C	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86813		X	HLA typing, A, B, or C	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86816		X	HLA typing, DR/DQ	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86817		X	HLA typing, DR/DQ	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86821		X	Lymphocyte culture, mixed	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86822		X	Lymphocyte culture, primed	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86849		X	Immunology procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86850		X	RBC antibody screen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86860		X	RBC antibody elution	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86870		X	RBC antibody identification	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86880		X	Coombs test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86885		X	Coombs test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86886		X	Coombs test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86890		X	Autologous blood process	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86891		X	Autologous blood, op salvage	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86900		X	Blood typing, ABO	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86901		X	Blood typing, Rh (D)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86903		X	Blood typing, antigen screen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86904		X	Blood typing, patient serum	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86905		X	Blood typing, RBC antigens	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86906		X	Blood typing, Rh phenotype	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86910		N	Blood typing, paternity test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86911		N	Blood typing, antigen system	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86915		X	Bone marrow	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86920		X	Compatibility test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86921		X	Compatibility test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86922		X	Compatibility test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86927		X	Plasma, fresh frozen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86930		X	Frozen blood prep	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86931		X	Frozen blood thaw	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86932		X	Frozen blood, freeze/thaw	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86940		X	Hemolysins/agglutinins auto	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86941		X	Hemolysins/agglutinins	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86945		X	Blood product/irradiation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
86950		X	Leukacyte transfusion	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86965		X	Pooling blood platelets	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86970		X	RBC pretreatment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86971		X	RBC pretreatment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86972		X	RBC pretreatment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86975		X	RBC pretreatment, serum	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86976		X	RBC pretreatment, serum	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86977		X	RBC pretreatment, serum	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86978		X	RBC pretreatment, serum	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86985		X	Split blood or products	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86999		X	Transfusion procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87001		X	Small animal inoculation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87003		X	Small animal inoculation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87015		X	Specimen concentration	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87040		X	Blood culture for bacteria	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87045		X	Stool culture for bacteria	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87060		X	Nose/throat culture,bacteria	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87070		X	Culture specimen, bacteria	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87072		X	Culture of specimen by kit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87075		X	Culture specimen, bacteria	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87076		X	Bacteria identification	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87081		X	Bacteria culture screen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87082		X	Culture of specimen by kit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87083		X	Culture of specimen by kit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87084		X	Culture of specimen by kit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87085		X	Culture of specimen by kit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87086		X	Urine culture, colony count	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87087		X	Urine bacteria culture	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87088		X	Urine bacteria culture	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87101		X	Skin fungus culture	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87102		X	Fungus isolation culture	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87103		X	Blood fungus culture	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87106		X	Fungus identification	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87109		X	Mycoplasma culture	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87110		X	Culture, chlamydia	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87116		X	Mycobacteria culture	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87117		X	Mycobacteria culture	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87118		X	Mycobacteria identification	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87140		X	Culture typing, fluorescent	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87143		X	Culture typing, GLC method	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

3 +Indicates RVUs are not used for Medicare payment.

ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
87145		X	Culture typing, phage method	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87147		X	Culture typing, serologic	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87151		X	Culture typing, serologic	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87155		X	Culture typing, precipitin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87158		X	Culture typing, added method	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87163		X	Special microbiology culture	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87164		X	Dark field examination	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87164	26	A	Dark field examination	0.37	0.11	0.19	0.14	0.20	0.01	0.49	0.57	0.52	0.58	XXX
87166		X	Dark field examination	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87174		X	Endotoxin, bacterial	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87175		X	Assay, endotoxin, bacterial	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87176		X	Endotoxin, bacterial	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87177		X	Ova and parasites smears	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87181		X	Antibiotic sensitivity, each	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87184		X	Antibiotic sensitivity, each	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87186		X	Antibiotic sensitivity, MIC	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87187		X	Antibiotic sensitivity, MBC	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87188		X	Antibiotic sensitivity, each	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87190		X	TB antibiotic sensitivity	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87192		X	Antibiotic sensitivity, each	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87197		X	Bactericidal level, serum	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87205		X	Smear, stain & interpret	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87206		X	Smear, stain & interpret	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87207		X	Smear, stain & interpret	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87207	26	A	Smear, stain & interpret	0.37	0.17	0.21	0.15	0.20	0.01	0.55	0.59	0.53	0.58	XXX
87208		X	Smear, stain & interpret	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87210		X	Smear, stain & interpret	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87211		X	Smear, stain & interpret	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87220		X	Tissue exam for fungi	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87230		X	Assay, toxin or antitoxin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87250		X	Virus inoculation for test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87252		X	Virus inoculation for test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87253		X	Virus inoculation for test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87260		X	Adenovirus ag, dfa	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87265		X	Pertussis ag, dfa	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87270		X	Chylmd trach ag, dfa	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87272		X	Cryptosporidum ag, dfa	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87274		X	Herpes simplex ag, dfa	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87276		X	Influenza ag, dfa	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87278		X	Legion pneumo ag, dfa	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

3 +Indicates RVUs are not used for Medicare payment.

ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
87280		X	Resp syncytial ag, dfa	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87285		X	Trepon pallidum ag, dfa	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87290		X	Varicella ag, dfa	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87299		X	Ag detection nos, dfa	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87301		X	Adenovirus ag, eia	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87320		X	Chylmd trach ag, eia	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87324		X	Clostridium ag, eia	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87328		X	Cryptospor ag, eia	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87332		X	Cytomegalovirus ag, eia	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87335		X	E coli 0157 ag, eia	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87340		X	Hepatitis b surface ag, eia	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87350		X	Hepatitis b ag, eia	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87380		X	Hepatitis delta ag, eia	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87385		X	Histoplasma capsul ag, eia	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87390		X	Hiv-1 ag, eia	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87391		X	Hiv-2 ag, eia	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87420		X	Resp syncytial ag, eia	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87425		X	Rotavirus ag, eia	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87430		X	Strep a ag, eia	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87449		X	Ag detect nos, eia, mult	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87450		X	Ag detect nos, eia, single	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87470		X	Bartonella, dna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87471		X	Bartonella, dna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87472		X	Bartonella, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87475		X	Lyme dis, dna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87476		X	Lyme dis, dna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87477		X	Lyme dis, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87480		X	Candida, dna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87481		X	Candida, dna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87482		X	Candida, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87485		X	Chylmd pneum, dna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87486		X	Chylmd pneum, dna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87487		X	Chylmd pneum, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87490		X	Chylmd trach, dna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87491		X	Chylmd trach, dna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87492		X	Chylmd trach, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87495		X	Cytomeg, dna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87496		X	Cytomeg, dna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87497		X	Cytomeg, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87510		X	Gardner vag, dna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
87511		X	Gardner vag, dna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87512		X	Gardner vag, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87515		X	Hepatitis b, dna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87516		X	Hepatitis b , dna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87517		X	Hepatitis b , dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87520		X	Hepatitis c , rna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87521		X	Hepatitis c , rna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87522		X	Hepatitis c, rna, quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87525		X	Hepatitis g , dna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87526		X	Hepatitis g, dna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87527		X	Hepatitis g, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87528		X	Hsv, dna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87529		X	Hsv, dna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87530		X	Hsv, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87531		X	Hhv-6, dna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87532		X	Hhv-6, dna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87533		X	Hhv-6, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87534		X	Hiv-1, dna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87535		X	Hiv-1, dna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87536		X	Hiv-1, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87537		X	Hiv-2, dna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87538		X	Hiv-2, dna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87539		X	Hiv-2, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87540		X	Legion pneumo, dna, dir prob	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87541		X	Legion pneumo, dna, amp prob	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87542		X	Legion pneumo, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87550		X	Mycobacteria, dna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87551		X	Mycobacteria, dna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87552		X	Mycobacteria, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87555		X	M.tuberculo, dna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87556		X	M.tuberculo, dna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87557		X	M.tuberculo, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87560		X	M.avium-intra, dna, dir prob	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87561		X	M.avium-intra, dna, amp prob	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87562		X	M.avium-intra, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87580		X	M.pneumon, dna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87581		X	M.pneumon, dna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87582		X	M.pneumon, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87590		X	N.gonorrhoeae, dna, dir prob	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87591		X	N.gonorrhoeae, dna, amp prob	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

3 +Indicates RVUs are not used for Medicare payment.

ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1]/ HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
87592		X	N.gonorrhoeae, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87620		X	Hpv, dna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87621		X	Hpv, dna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87622		X	Hpv, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87650		X	Strep a, dna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87651		X	Strep a, dna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87652		X	Strep a, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87797		X	Detect agent nos, dna, dir	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87798		X	Detect agent nos, dna, amp	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87799		X	Detect agent nos, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87810		X	Chylmd trach assay w/optic	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87850		X	N. gonorrhoeae assay w/optic	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87880		X	Strep a assay w/optic	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87899		X	Agent nos assay w/optic	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87999		X	Microbiology procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88000		N	Autopsy (necropsy), gross	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88005		N	Autopsy (necropsy), gross	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88007		N	Autopsy (necropsy), gross	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88012		N	Autopsy (necropsy), gross	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88014		N	Autopsy (necropsy), gross	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88016		N	Autopsy (necropsy), gross	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88020		N	Autopsy (necropsy), complete	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88025		N	Autopsy (necropsy), complete	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88027		N	Autopsy (necropsy), complete	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88028		N	Autopsy (necropsy), complete	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88029		N	Autopsy (necropsy), complete	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88036		N	Limited autopsy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88037		N	Limited autopsy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88040		N	Forensic autopsy (necropsy)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88045		N	Coroner's autopsy (necropsy)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88099		N	Necropsy (autopsy) procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88104		A	Cytopathology, fluids	0.56	0.46	0.48	0.46	0.48	0.04	1.06	1.08	1.06	1.08	XXX
88104	26	A	Cytopathology, fluids	0.56	0.23	0.25	0.23	0.25	0.02	0.81	0.83	0.81	0.83	XXX
88104	TC	A	Cytopathology, fluids	0.00	0.23	0.23	0.23	0.23	0.02	0.25	0.25	0.25	0.25	XXX
88106		A	Cytopathology, fluids	0.56	0.43	0.41	0.43	0.41	0.03	1.02	1.00	1.02	1.00	XXX
88106	26	A	Cytopathology, fluids	0.56	0.24	0.23	0.24	0.23	0.01	0.81	0.80	0.81	0.80	XXX
88106	TC	A	Cytopathology, fluids	0.00	0.19	0.18	0.19	0.18	0.02	0.21	0.20	0.21	0.20	XXX
88107		A	Cytopathology, fluids	0.76	0.57	0.53	0.57	0.53	0.04	1.37	1.33	1.37	1.33	XXX
88107	26	A	Cytopathology, fluids	0.76	0.32	0.28	0.32	0.28	0.02	1.10	1.06	1.10	1.06	XXX
88107	TC	A	Cytopathology, fluids	0.00	0.25	0.25	0.25	0.25	0.02	0.27	0.27	0.27	0.27	XXX

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
88108		A	Cytopath, concentrate tech	0.56	0.49	0.51	0.49	0.51	0.04	1.09	1.11	1.09	1.11	XXX
88108	26	A	Cytopath, concentrate tech	0.56	0.24	0.26	0.24	0.26	0.02	0.82	0.84	0.82	0.84	XXX
88108	TC	A	Cytopath, concentrate tech	0.00	0.25	0.25	0.25	0.25	0.02	0.27	0.27	0.27	0.27	XXX
88125		A	Forensic cytopathology	0.26	0.14	0.13	0.14	0.13	0.00	0.40	0.39	0.40	0.39	XXX
88125	26	A	Forensic cytopathology	0.26	0.10	0.09	0.10	0.09	0.00	0.36	0.35	0.36	0.35	XXX
88125	TC	A	Forensic cytopathology	0.00	0.04	0.04	0.04	0.04	0.00	0.04	0.04	0.04	0.04	XXX
88130		X	Sex chromatin identification	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88140		X	Sex chromatin identification	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88141		A	Cytpath c/vag interpret	0.42	1.17	0.56	0.18	0.31	0.03	1.62	1.01	0.63	0.76	ZZZ
88142		X	Cytpath c/vag t/layer	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88143		X	Cytpath c/vag t/layer redo	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88144		X	Cytpathc/vagt/layerauto redo	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88145		X	Cytpath c/vag t/layer select	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88147		X	Cytpath c/vag automated	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88148		X	Cytpath c/vag auto rescreen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88150		X	Cytpath c/vag manual	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88152		X	Cytpath c/vag auto redo	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88153		X	Cytpath c/vag redo	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88154		X	Cytpath c/vag select	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88155		X	Cytpath c/vag index add-on	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
88156		D	Cytopath cerv/vag tbs	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88158		D	Cytopath cerv/vag tbs auto	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88160		A	Cytopath smear, other source	0.50	0.38	0.36	0.38	0.36	0.03	0.91	0.89	0.91	0.89	XXX
88160	26	A	Cytopath smear, other source	0.50	0.21	0.19	0.21	0.19	0.01	0.72	0.70	0.72	0.70	XXX
88160	TC	A	Cytopath smear, other source	0.00	0.17	0.17	0.17	0.17	0.02	0.19	0.19	0.19	0.19	XXX
88161		A	Cytopath smear, other source	0.50	0.42	0.43	0.42	0.43	0.03	0.95	0.96	0.95	0.96	XXX
88161	26	A	Cytopath smear, other source	0.50	0.21	0.22	0.21	0.22	0.01	0.72	0.73	0.72	0.73	XXX
88161	TC	A	Cytopath smear, other source	0.00	0.21	0.21	0.21	0.21	0.02	0.23	0.23	0.23	0.23	XXX
88162		A	Cytopath smear, other source	0.76	0.73	0.82	0.73	0.82	0.04	1.53	1.62	1.53	1.62	XXX
88162	26	A	Cytopath smear, other source	0.76	0.32	0.41	0.32	0.41	0.02	1.10	1.19	1.10	1.19	XXX
88162	TC	A	Cytopath smear, other source	0.00	0.41	0.41	0.41	0.41	0.02	0.43	0.43	0.43	0.43	XXX
88164		X	Cytpath tbs c/vag manual	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88165		X	Cytpath tbs c/vag redo	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88166		X	Cytpath tbs c/vag auto redo	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88167		X	Cytpath tbs c/vag select	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88170		A	Fine needle aspiration	1.27	1.03	1.06	1.03	1.06	0.07	2.37	2.40	2.37	2.40	XXX
88170	26	A	Fine needle aspiration	1.27	0.52	0.55	0.52	0.55	0.04	1.83	1.86	1.83	1.86	XXX
88170	TC	A	Fine needle aspiration	0.00	0.51	0.51	0.51	0.51	0.03	0.54	0.54	0.54	0.54	XXX
88171		A	Fine needle aspiration	1.27	1.13	1.38	1.13	1.38	0.07	2.47	2.72	2.47	2.72	XXX
88171	26	A	Fine needle aspiration	1.27	0.43	0.69	0.43	0.69	0.04	1.74	2.00	1.74	2.00	XXX

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
88171	TC	A	Fine needle aspiration	0.00	0.70	0.69	0.70	0.69	0.03	0.73	0.72	0.73	0.72	XXX
88172		A	Evaluation of smear	0.60	0.63	0.74	0.63	0.74	0.04	1.27	1.38	1.27	1.38	XXX
88172	26	A	Evaluation of smear	0.60	0.25	0.36	0.25	0.36	0.02	0.87	0.98	0.87	0.98	XXX
88172	TC	A	Evaluation of smear	0.00	0.38	0.38	0.38	0.38	0.02	0.40	0.40	0.40	0.40	XXX
88173		A	Interpretation of smear	1.39	1.03	0.97	1.03	0.97	0.04	2.46	2.40	2.46	2.40	XXX
88173	26	A	Interpretation of smear	1.39	0.58	0.51	0.58	0.51	0.02	1.99	1.92	1.99	1.92	XXX
88173	TC	A	Interpretation of smear	0.00	0.45	0.46	0.45	0.46	0.02	0.47	0.48	0.47	0.48	XXX
88180		A	Cell marker study	0.36	0.31	0.34	0.31	0.34	0.03	0.70	0.73	0.70	0.73	XXX
88180	26	A	Cell marker study	0.36	0.14	0.17	0.14	0.17	0.01	0.51	0.54	0.51	0.54	XXX
88180	TC	A	Cell marker study	0.00	0.17	0.17	0.17	0.17	0.02	0.19	0.19	0.19	0.19	XXX
88182		A	Cell marker study	0.77	0.80	0.93	0.80	0.93	0.05	1.62	1.75	1.62	1.75	XXX
88182	26	A	Cell marker study	0.77	0.32	0.45	0.32	0.45	0.02	1.11	1.24	1.11	1.24	XXX
88182	TC	A	Cell marker study	0.00	0.48	0.48	0.48	0.48	0.03	0.51	0.51	0.51	0.51	XXX
88199		C	Cytopathology procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88199	26	C	Cytopathology procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88199	TC	C	Cytopathology procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88230		X	Tissue culture, lymphocyte	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88233		X	Tissue culture, skin/biopsy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88235		X	Tissue culture, placenta	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88237		X	Tissue culture, bone marrow	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88239		X	Tissue culture, tumor	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88240		X	Cell cryopreserve/storage	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88241		X	Frozen cell preparation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88245		X	Chromosome analysis, 20-25	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88248		X	Chromosome analysis, 50-100	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88249		X	Chromosome analysis, 100	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88250		D	Chromosome analysis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88260		D	Chromosome analysis: 5 cells	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88261		X	Chromosome analysis, 5	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88262		X	Chromosome analysis, 15-20	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88263		X	Chromosome analysis, 45	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88264		X	Chromosome analysis, 20-25	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88267		X	Chromosome analysis:placenta	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88269		X	Chromosome analysis:amniotic	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88271		X	Cytogenetics, dna probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88272		X	Cytogenetics, 3-5	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88273		X	Cytogenetics, 10-30	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88274		X	Cytogenetics, 25-99	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88275		X	Cytogenetics, 100-300	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88280		X	Chromosome karyotype study	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
88283		X	Chromosome banding study	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88285		X	Chromosome count: additional	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88289		X	Chromosome study: additional	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88291		A	Cyto/molecular report	0.52	0.21	0.21	0.21	0.21	0.01	0.74	0.74	0.74	0.74	XXX
88299		C	Cytogenetic study	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88300		A	Surg path, gross	0.08	0.14	0.20	0.14	0.20	0.01	0.23	0.29	0.23	0.29	XXX
88300	26	A	Surg path, gross	0.08	0.03	0.09	0.03	0.09	0.01	0.12	0.18	0.12	0.18	XXX
88300	TC	A	Surg path, gross	0.00	0.11	0.11	0.11	0.11	0.00	0.11	0.11	0.11	0.11	XXX
88302		A	Tissue exam by pathologist	0.13	0.30	0.40	0.30	0.40	0.04	0.47	0.57	0.47	0.57	XXX
88302	26	A	Tissue exam by pathologist	0.13	0.05	0.15	0.05	0.15	0.02	0.20	0.30	0.20	0.30	XXX
88302	TC	A	Tissue exam by pathologist	0.00	0.25	0.25	0.25	0.25	0.02	0.27	0.27	0.27	0.27	XXX
88304		A	Tissue exam by pathologist	0.22	0.45	0.58	0.45	0.58	0.04	0.71	0.84	0.71	0.84	XXX
88304	26	A	Tissue exam by pathologist	0.22	0.09	0.22	0.09	0.22	0.02	0.33	0.46	0.33	0.46	XXX
88304	TC	A	Tissue exam by pathologist	0.00	0.36	0.36	0.36	0.36	0.02	0.38	0.38	0.38	0.38	XXX
88305		A	Tissue exam by pathologist	0.75	0.87	1.06	0.87	1.06	0.06	1.68	1.87	1.68	1.87	XXX
88305	26	A	Tissue exam by pathologist	0.75	0.32	0.52	0.32	0.52	0.03	1.10	1.30	1.10	1.30	XXX
88305	TC	A	Tissue exam by pathologist	0.00	0.55	0.54	0.55	0.54	0.03	0.58	0.57	0.58	0.57	XXX
88307		A	Tissue exam by pathologist	1.59	1.47	1.60	1.47	1.60	0.10	3.16	3.29	3.16	3.29	XXX
88307	26	A	Tissue exam by pathologist	1.59	0.66	0.80	0.66	0.80	0.05	2.30	2.44	2.30	2.44	XXX
88307	TC	A	Tissue exam by pathologist	0.00	0.81	0.80	0.81	0.80	0.05	0.86	0.85	0.86	0.85	XXX
88309		A	Tissue exam by pathologist	2.28	1.95	2.05	1.95	2.05	0.10	4.33	4.43	4.33	4.43	XXX
88309	26	A	Tissue exam by pathologist	2.28	0.94	1.04	0.94	1.04	0.05	3.27	3.37	3.27	3.37	XXX
88309	TC	A	Tissue exam by pathologist	0.00	1.01	1.01	1.01	1.01	0.05	1.06	1.06	1.06	1.06	XXX
88311		A	Decalcify tissue	0.24	0.21	0.23	0.21	0.23	0.01	0.46	0.48	0.46	0.48	XXX
88311	26	A	Decalcify tissue	0.24	0.10	0.12	0.10	0.12	0.01	0.35	0.37	0.35	0.37	XXX
88311	TC	A	Decalcify tissue	0.00	0.11	0.11	0.11	0.11	0.00	0.11	0.11	0.11	0.11	XXX
88312		A	Special stains	0.54	0.36	0.30	0.36	0.30	0.01	0.91	0.85	0.91	0.85	XXX
88312	26	A	Special stains	0.54	0.23	0.17	0.23	0.17	0.01	0.78	0.72	0.78	0.72	XXX
88312	TC	A	Special stains	0.00	0.13	0.13	0.13	0.13	0.00	0.13	0.13	0.13	0.13	XXX
88313		A	Special stains	0.24	0.21	0.23	0.21	0.23	0.01	0.46	0.48	0.46	0.48	XXX
88313	26	A	Special stains	0.24	0.10	0.12	0.10	0.12	0.01	0.35	0.37	0.35	0.37	XXX
88313	TC	A	Special stains	0.00	0.11	0.11	0.11	0.11	0.00	0.11	0.11	0.11	0.11	XXX
88314		A	Histochemical stain	0.45	0.48	0.62	0.48	0.62	0.04	0.97	1.11	0.97	1.11	XXX
88314	26	A	Histochemical stain	0.45	0.19	0.33	0.19	0.33	0.02	0.66	0.80	0.66	0.80	XXX
88314	TC	A	Histochemical stain	0.00	0.29	0.29	0.29	0.29	0.02	0.31	0.31	0.31	0.31	XXX
88318		A	Chemical histochemistry	0.42	0.31	0.27	0.31	0.27	0.01	0.74	0.70	0.74	0.70	XXX
88318	26	A	Chemical histochemistry	0.42	0.18	0.14	0.18	0.14	0.01	0.61	0.57	0.61	0.57	XXX
88318	TC	A	Chemical histochemistry	0.00	0.13	0.13	0.13	0.13	0.00	0.13	0.13	0.13	0.13	XXX
88319		A	Enzyme histochemistry	0.53	0.47	0.52	0.47	0.52	0.04	1.04	1.09	1.04	1.09	XXX
88319	26	A	Enzyme histochemistry	0.53	0.22	0.27	0.22	0.27	0.02	0.77	0.82	0.77	0.82	XXX

3 +Indicates RVUs are not used for Medicare payment.

ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
88319	TC	A	Enzyme histochemistry	0.00	0.25	0.25	0.25	0.25	0.02	0.27	0.27	0.27	0.27	XXX
88321		A	Microslide consultation	1.30	0.95	0.57	0.54	0.47	0.02	2.27	1.89	1.86	1.79	XXX
88323		A	Microslide consultation	1.35	0.93	0.82	0.93	0.82	0.04	2.32	2.21	2.32	2.21	XXX
88323	26	A	Microslide consultation	1.35	0.57	0.46	0.57	0.46	0.02	1.94	1.83	1.94	1.83	XXX
88323	TC	A	Microslide consultation	0.00	0.36	0.36	0.36	0.36	0.02	0.38	0.38	0.38	0.38	XXX
88325		A	Comprehensive review of data	2.22	1.21	0.69	0.91	0.61	0.03	3.46	2.94	3.16	2.86	XXX
88329		A	Pathology consult in surgery	0.67	0.37	0.39	0.28	0.37	0.02	1.06	1.08	0.97	1.06	XXX
88331		A	Pathology consult in surgery	1.19	1.09	1.17	1.09	1.17	0.06	2.34	2.42	2.34	2.42	XXX
88331	26	A	Pathology consult in surgery	1.19	0.50	0.58	0.50	0.58	0.03	1.72	1.80	1.72	1.80	XXX
88331	TC	A	Pathology consult in surgery	0.00	0.59	0.59	0.59	0.59	0.03	0.62	0.62	0.62	0.62	XXX
88332		A	Pathology consult in surgery	0.59	0.54	0.59	0.54	0.59	0.04	1.17	1.22	1.17	1.22	XXX
88332	26	A	Pathology consult in surgery	0.59	0.25	0.30	0.25	0.30	0.02	0.86	0.91	0.86	0.91	XXX
88332	TC	A	Pathology consult in surgery	0.00	0.29	0.29	0.29	0.29	0.02	0.31	0.31	0.31	0.31	XXX
88342		A	Immunocytochemistry	0.85	0.69	0.70	0.69	0.70	0.04	1.58	1.59	1.58	1.59	XXX
88342	26	A	Immunocytochemistry	0.85	0.35	0.36	0.35	0.36	0.02	1.22	1.23	1.22	1.23	XXX
88342	TC	A	Immunocytochemistry	0.00	0.34	0.34	0.34	0.34	0.02	0.36	0.36	0.36	0.36	XXX
88346		A	Immunofluorescent study	0.86	0.64	0.63	0.64	0.63	0.04	1.54	1.53	1.54	1.53	XXX
88346	26	A	Immunofluorescent study	0.86	0.35	0.34	0.35	0.34	0.02	1.23	1.22	1.23	1.22	XXX
88346	TC	A	Immunofluorescent study	0.00	0.29	0.29	0.29	0.29	0.02	0.31	0.31	0.31	0.31	XXX
88347		A	Immunofluorescent study	0.86	0.63	0.50	0.63	0.50	0.04	1.53	1.40	1.53	1.40	XXX
88347	26	A	Immunofluorescent study	0.86	0.34	0.21	0.34	0.21	0.02	1.22	1.09	1.22	1.09	XXX
88347	TC	A	Immunofluorescent study	0.00	0.29	0.29	0.29	0.29	0.02	0.31	0.31	0.31	0.31	XXX
88348		A	Electron microscopy	1.51	1.81	2.30	1.81	2.30	0.12	3.44	3.93	3.44	3.93	XXX
88348	26	A	Electron microscopy	1.51	0.62	1.12	0.62	1.12	0.06	2.19	2.69	2.19	2.69	XXX
88348	TC	A	Electron microscopy	0.00	1.19	1.18	1.19	1.18	0.06	1.25	1.24	1.25	1.24	XXX
88349		A	Scanning electron microscopy	0.76	1.15	1.55	1.15	1.55	0.10	2.01	2.41	2.01	2.41	XXX
88349	26	A	Scanning electron microscopy	0.76	0.32	0.73	0.32	0.73	0.05	1.13	1.54	1.13	1.54	XXX
88349	TC	A	Scanning electron microscopy	0.00	0.83	0.82	0.83	0.82	0.05	0.88	0.87	0.88	0.87	XXX
88355		A	Analysis, skeletal muscle	1.85	1.62	1.82	1.62	1.82	0.10	3.57	3.77	3.57	3.77	XXX
88355	26	A	Analysis, skeletal muscle	1.85	0.73	0.93	0.73	0.93	0.05	2.63	2.83	2.63	2.83	XXX
88355	TC	A	Analysis, skeletal muscle	0.00	0.89	0.89	0.89	0.89	0.05	0.94	0.94	0.94	0.94	XXX
88356		A	Analysis, nerve	3.02	2.56	2.81	2.56	2.81	0.14	5.72	5.97	5.72	5.97	XXX
88356	26	A	Analysis, nerve	3.02	1.19	1.43	1.19	1.43	0.08	4.29	4.53	4.29	4.53	XXX
88356	TC	A	Analysis, nerve	0.00	1.37	1.38	1.37	1.38	0.06	1.43	1.44	1.43	1.44	XXX
88358		A	Analysis, tumor	2.82	2.43	2.50	2.43	2.50	0.12	5.37	5.44	5.37	5.44	XXX
88358	26	A	Analysis, tumor	2.82	1.17	1.24	1.17	1.24	0.06	4.05	4.12	4.05	4.12	XXX
88358	TC	A	Analysis, tumor	0.00	1.26	1.26	1.26	1.26	0.06	1.32	1.32	1.32	1.32	XXX
88362		A	Nerve teasing preparations	2.17	1.92	2.09	1.92	2.09	0.10	4.19	4.36	4.19	4.36	XXX
88362	26	A	Nerve teasing preparations	2.17	0.87	1.04	0.87	1.04	0.05	3.09	3.26	3.09	3.26	XXX
88362	TC	A	Nerve teasing preparations	0.00	1.05	1.05	1.05	1.05	0.05	1.10	1.10	1.10	1.10	XXX

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
88365		A	Tissue hybridization	0.93	0.78	0.80	0.78	0.80	0.04	1.75	1.77	1.75	1.77	XXX
88365	26	A	Tissue hybridization	0.93	0.38	0.40	0.38	0.40	0.02	1.33	1.35	1.33	1.35	XXX
88365	TC	A	Tissue hybridization	0.00	0.40	0.40	0.40	0.40	0.02	0.42	0.42	0.42	0.42	XXX
88371		X	Protein, western blot tissue	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88371	26	A	Protein, western blot tissue	0.37	0.11	0.19	0.14	0.20	0.01	0.49	0.57	0.52	0.58	XXX
88372		X	Protein analysis w/probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88372	26	A	Protein analysis w/probe	0.37	0.14	0.20	0.15	0.20	0.01	0.52	0.58	0.53	0.58	XXX
88399		C	Surgical pathology procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88399	26	C	Surgical pathology procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88399	TC	C	Surgical pathology procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89050		X	Body fluid cell count	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89051		X	Body fluid cell count	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89060		X	Exam,synovial fluid crystals	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89060	26	A	Exam,synovial fluid crystals	0.37	0.17	0.21	0.15	0.20	0.01	0.55	0.59	0.53	0.58	XXX
89100		A	Sample intestinal contents	0.60	0.97	0.59	0.28	0.42	0.02	1.59	1.21	0.90	1.04	XXX
89105		A	Sample intestinal contents	0.50	2.79	1.01	0.23	0.37	0.02	3.31	1.53	0.75	0.89	XXX
89125		X	Specimen fat stain	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89130		A	Sample stomach contents	0.45	1.37	0.67	0.25	0.39	0.02	1.84	1.14	0.72	0.86	XXX
89132		A	Sample stomach contents	0.19	1.43	0.52	0.12	0.19	0.02	1.64	0.73	0.33	0.40	XXX
89135		A	Sample stomach contents	0.79	0.80	0.67	0.31	0.55	0.03	1.62	1.49	1.13	1.37	XXX
89136		A	Sample stomach contents	0.21	1.51	0.56	0.15	0.22	0.02	1.74	0.79	0.38	0.45	XXX
89140		A	Sample stomach contents	0.94	1.32	0.99	0.37	0.75	0.05	2.31	1.98	1.36	1.74	XXX
89141		A	Sample stomach contents	0.85	1.78	1.04	0.35	0.68	0.05	2.68	1.94	1.25	1.58	XXX
89160		X	Exam feces for meat fibers	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89190		X	Nasal smear for eosinophils	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89250		X	Fertilization of oocyte	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89251		X	Culture oocyte w/embryos	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89252		X	Assist oocyte fertilization	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89253		X	Embryo hatching	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89254		X	Oocyte identification	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89255		X	Prepare embryo for transfer	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89256		X	Prepare cryopreserved embryo	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89257		X	Sperm identification	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89258		X	Cryopreservation, embryo	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89259		X	Cryopreservation, sperm	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89260		X	Sperm isolation, simple	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89261		X	Sperm isolation, complex	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89264		X	Sperm tissue identify	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89300		X	Semen analysis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89310		X	Semen analysis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
89320		X	Semen analysis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89325		X	Sperm antibody test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89329		X	Sperm evaluation test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89330		X	Evaluation, cervical mucus	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89350		A	Sputum specimen collection	0.00	0.43	0.42	0.43	0.42	0.02	0.45	0.44	0.45	0.44	XXX
89355		X	Exam feces for starch	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89360		A	Collect sweat for test	0.00	0.46	0.47	0.46	0.47	0.02	0.48	0.49	0.48	0.49	XXX
89365		X	Water load test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89399		C	Pathology lab procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89399	26	C	Pathology lab procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89399	TC	C	Pathology lab procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90281		I	Human ig, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90283		I	Human ig, iv	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90287		I	Botulinum antitoxin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90288		I	Botulism ig, iv	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90291		I	Cmv ig, iv	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90296		E	Diphtheria antitoxin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90371		X	Hepb ig, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90375		E	Rabies ig, im/sc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90376		E	Rabies ig, heat treated	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90379		E	Rsv ig, iv	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90384		I	Rh ig, full-dose, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90385		E	Rh ig, minidose, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90386		I	Rh ig, iv	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90389		E	Tetanus ig, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90393		E	Vaccina ig, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90396		E	Varicella-zoster ig, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90399		I	Immune globulin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90471		E	Immunization admin, single	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90472		E	Immunization admin, 2+	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90476		E	Adenovirus vaccine, type 4	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90477		E	Adenovirus vaccine, type 7	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90581		E	Anthrax vaccine, sc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90585		E	Bcg vaccine, percut	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90586		E	Bcg vaccine, intravesical	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90592		E	Cholera vaccine, oral	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90632		E	Hepa vaccine adult im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90633		E	Hepa vaccine ped/adol-2 dose	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90634		E	Hepa vaccine ped/adol-3 dose	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90636		E	Hepa/hepb vaccine adult im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
90645		E	Hib vaccine, hboc, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90646		E	Hib vaccine, prp-d, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90647		E	Hib vaccine, prp-omp, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90648		E	Hib vaccine, prp-t, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90657		X	Flu vaccine, 6-35 mo, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90658		X	Flu vaccine, 3 yrs, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90659		X	Flu vaccine, whole, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90660		X	Flu vaccine, nasal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90665		E	Lyme disease vaccine, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90669		X	Pneumococcal vaccine, ped	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90675		E	Rabies vaccine, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90676		E	Rabies vaccine, id	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90680		E	Rotovirus vaccine, oral	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90690		E	Typhoid vaccine, oral	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90691		E	Typhoid vaccine, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90692		E	Typhoid vaccine, h-p, sc/id	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90693		E	Typhoid vaccine, akd, sc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90700		E	Dtap vaccine, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90701		E	Dtp vaccine, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90702		E	Dt vaccine, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90703		E	Tetanus vaccine, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90704		E	Mumps vaccine, sc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90705		E	Measles vaccine, sc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90706		E	Rubella vaccine, sc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90707		E	Mmr vaccine, sc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90708		E	Measles-rubella vaccine sc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90709		E	Rubella & mumps vaccine sc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90710		E	Mmrv vaccine, sc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90711		D	Combined vaccine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90712		E	Oral poliovirus vaccine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90713		E	Poliovirus, ipv, sc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90714		D	Typhoid immunization	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90716		E	Chicken pox vaccine, sc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90717		E	Yellow fever vaccine, sc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90718		E	Td vaccine, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90719		E	Diphtheria vaccine, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90720		E	Dtp/hib vaccine, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90721		E	Dtap/hib vaccine, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90724		D	Influenza immunization	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90725		E	Cholera vaccine, injectable	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
90726		D	Rabies immunization	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90727		E	Plague vaccine, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90728		D	BCG immunization	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90730		D	Hepatitis A vaccine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90732		X	Pneumococcal vaccine, adult	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90733		E	Meningococcal vaccine, sc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90735		E	Encephalitis vaccine, sc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90737		D	Influenza B immunization	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90741		D	Passive immunization, ISG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90742		D	Special passive immunization	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90744		X	Hepb vaccine, ped/adol, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90745		X	Hepb vaccine, adol/risk, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90746		X	Hepb vaccine, adult, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90747		X	Hepb vaccine, ill pat, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90748		E	Hepb/hib vaccine, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90749		E	Vaccine toxoid	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90780		A	IV infusion therapy, 1 hour	0.00	1.16	1.15	1.16	1.15	0.06	1.22	1.21	1.22	1.21	XXX
90781		A	IV infusion, additional hour	0.00	0.58	0.58	0.58	0.58	0.03	0.61	0.61	0.61	0.61	ZZZ
90782		T	Injection (SC)/(IM)	0.00	0.11	0.11	0.11	0.11	0.01	0.12	0.12	0.12	0.12	XXX
90783		T	Injection (IA)	0.00	0.43	0.42	0.43	0.42	0.02	0.45	0.44	0.45	0.44	XXX
90784		T	Injection (IV)	0.00	0.49	0.49	0.49	0.49	0.03	0.52	0.52	0.52	0.52	XXX
90788		T	Injection of antibiotic	0.00	0.12	0.12	0.12	0.12	0.01	0.13	0.13	0.13	0.13	XXX
90799		C	Therapeutic/diag injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90801		A	Psy dx interview	2.80	1.05	0.81	1.03	0.81	0.07	3.92	3.68	3.90	3.68	XXX
90802		A	Intac psy dx interview	3.01	1.17	0.60	1.12	0.59	0.04	4.22	3.65	4.17	3.64	XXX
90804		A	Psytx, office (20-30)	1.21	0.50	0.41	0.45	0.40	0.04	1.75	1.66	1.70	1.65	XXX
90805		A	Psytx, office (20-30) w/e&m	1.37	0.51	0.41	0.51	0.41	0.04	1.92	1.82	1.92	1.82	XXX
90806		A	Psytx, office (45-50)	1.86	0.75	0.63	0.70	0.62	0.06	2.67	2.55	2.62	2.54	XXX
90807		A	Psytx, office (45-50) w/e&m	2.02	0.70	0.62	0.73	0.63	0.06	2.78	2.70	2.81	2.71	XXX
90808		A	Psytx, office (75-80)	2.79	1.09	1.13	0.99	1.10	0.12	4.00	4.04	3.90	4.01	XXX
90809		A	Psytx, office (75-80) w/e&m	2.95	1.01	1.11	1.03	1.11	0.12	4.08	4.18	4.10	4.18	XXX
90810		A	Intac psytx, office (20-30)	1.32	0.53	0.61	0.50	0.61	0.07	1.92	2.00	1.89	2.00	XXX
90811		A	Intac psytx, off 20-30 w/e&m	1.48	0.54	0.62	0.52	0.61	0.07	2.09	2.17	2.07	2.16	XXX
90812		A	Intac psytx, office (45-50)	1.97	0.83	0.69	0.71	0.66	0.07	2.87	2.73	2.75	2.70	XXX
90813		A	Intac psytx, off 45-50 w/e&m	2.13	0.74	0.67	0.73	0.66	0.07	2.94	2.87	2.93	2.86	XXX
90814		A	Intac psytx, office (75-80)	2.90	1.17	0.77	1.14	0.77	0.07	4.14	3.74	4.11	3.74	XXX
90815		A	Intac psytx, off 75-80 w/e&m	3.06	1.08	0.75	1.11	0.76	0.07	4.21	3.88	4.24	3.89	XXX
90816		A	Psytx, hosp (20-30)	1.25	0.56	0.43	0.52	0.42	0.04	1.85	1.72	1.81	1.71	XXX
90817		A	Psytx, hosp (20-30) w/e&m	1.41	0.54	0.42	0.51	0.41	0.04	1.99	1.87	1.96	1.86	XXX
90818		A	Psytx, hosp (45-50)	1.89	0.79	0.64	0.73	0.63	0.06	2.74	2.59	2.68	2.58	XXX

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
90819		A	Psytx, hosp (45-50) w/e&m	2.05	0.77	0.64	0.69	0.62	0.06	2.88	2.75	2.80	2.73	XXX
90821		A	Psytx, hosp (75-80)	2.83	1.14	1.14	1.02	1.11	0.12	4.09	4.09	3.97	4.06	XXX
90822		A	Psytx, hosp (75-80) w/e&m	2.99	1.07	1.12	0.99	1.10	0.12	4.18	4.23	4.10	4.21	XXX
90823		A	Intac psytx, hosp (20-30)	1.36	0.64	0.64	0.56	0.62	0.07	2.07	2.07	1.99	2.05	XXX
90824		A	Intac psytx, hsp 20-30 w/e&m	1.52	0.59	0.63	0.56	0.62	0.07	2.18	2.22	2.15	2.21	XXX
90826		A	Intac psytx, hosp (45-50)	2.01	0.88	0.70	0.80	0.68	0.07	2.96	2.78	2.88	2.76	XXX
90827		A	Intac psytx, hsp 45-50 w/e&m	2.16	0.80	0.68	0.75	0.67	0.07	3.03	2.91	2.98	2.90	XXX
90828		A	Intac psytx, hosp (75-80)	2.94	1.26	0.80	1.09	0.75	0.07	4.27	3.81	4.10	3.76	XXX
90829		A	Intac psytx, hsp 75-80 w/e&m	3.10	1.08	0.75	1.05	0.74	0.07	4.25	3.92	4.22	3.91	XXX
90845		A	Psychoanalysis	1.79	0.64	0.49	0.58	0.48	0.04	2.47	2.32	2.41	2.31	XXX
90846		R	Family psytx w/o patient	1.83	0.72	0.68	0.66	0.67	0.06	2.61	2.57	2.55	2.56	XXX
90847		R	Family psytx w/patient	2.21	0.83	0.68	0.79	0.67	0.06	3.10	2.95	3.06	2.94	XXX
90849		R	Multiple family group psytx	0.59	0.33	0.29	0.31	0.29	0.02	0.94	0.90	0.92	0.90	XXX
90853		A	Group psychotherapy	0.59	0.31	0.29	0.29	0.28	0.02	0.92	0.90	0.90	0.89	XXX
90857		A	Intac group psytx	0.63	0.32	0.20	0.32	0.20	0.02	0.97	0.85	0.97	0.85	XXX
90862		A	Medication management	0.95	0.37	0.39	0.35	0.39	0.04	1.36	1.38	1.34	1.38	XXX
90865		A	Narcosynthesis	2.84	4.43	1.51	0.86	0.62	0.05	7.32	4.40	3.75	3.51	XXX
90870		A	Electroconvulsive therapy	1.88	0.65	0.61	0.64	0.61	0.06	2.59	2.55	2.58	2.55	000
90871		A	Electroconvulsive therapy	2.72	NA	NA	0.90	0.90	0.10	NA	NA	3.72	3.72	000
90875		N	Psychophysiological therapy	+1.20	0.70	0.70	0.63	0.63	0.04	1.94	1.94	1.87	1.87	XXX
90876		N	Psychophysiological therapy	+1.90	0.97	0.97	0.90	0.90	0.06	2.93	2.93	2.86	2.86	XXX
90880		A	Hypnotherapy	2.19	0.84	0.73	0.73	0.70	0.05	3.08	2.97	2.97	2.94	XXX
90882		N	Environmental manipulation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90885		B	Psy evaluation of records	+0.97	0.37	0.35	0.37	0.35	0.03	1.37	1.35	1.37	1.35	XXX
90887		B	Consultation with family	+1.48	0.70	0.45	0.66	0.44	0.03	2.21	1.96	2.17	1.95	XXX
90889		B	Preparation of report	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90899		C	Psychiatric service/therapy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90901		A	Biofeedback, any method	0.41	0.63	0.95	0.65	0.95	0.05	1.09	1.41	1.11	1.41	000
90911		A	Biofeedback peri/uro/rectal	0.89	0.65	1.09	0.68	1.09	0.21	1.75	2.19	1.78	2.19	000
90918		A	ESRD related services, month	11.18	4.65	2.95	4.65	2.95	0.11	15.94	14.24	15.94	14.24	XXX
90919		A	ESRD related services, month	8.54	3.69	2.71	3.69	2.71	0.11	12.34	11.36	12.34	11.36	XXX
90920		A	ESRD related services, month	7.27	3.12	2.57	3.12	2.57	0.11	10.50	9.95	10.50	9.95	XXX
90921		A	ESRD related services, month	4.47	2.12	2.32	2.12	2.32	0.11	6.70	6.90	6.70	6.90	XXX
90922		A	ESRD related services, day	0.37	0.13	0.09	0.13	0.09	0.01	0.51	0.47	0.51	0.47	XXX
90923		A	Esrd related services, day	0.28	0.12	0.09	0.12	0.09	0.01	0.41	0.38	0.41	0.38	XXX
90924		A	Esrd related services, day	0.24	0.10	0.09	0.10	0.09	0.01	0.35	0.34	0.35	0.34	XXX
90925		A	Esrd related services, day	0.15	0.07	0.08	0.07	0.08	0.01	0.23	0.24	0.23	0.24	XXX
90935		A	Hemodialysis, one evaluation	1.22	NA	NA	0.61	1.24	0.08	NA	NA	1.91	2.54	000
90937		A	Hemodialysis, repeated eval.	2.11	NA	NA	0.88	2.11	0.14	NA	NA	3.13	4.36	000
90945		A	Dialysis, one evaluation	1.28	NA	NA	0.63	1.19	0.06	NA	NA	1.97	2.53	000

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
90947		A	Dialysis, repeated eval.	2.16	NA	NA	0.90	1.93	0.11	NA	NA	3.17	4.20	000
90989		X	Dialysis training/complete	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90993		X	Dialysis training/incomplete	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90997		A	Hemoperfusion	1.84	NA	NA	0.85	1.86	0.13	NA	NA	2.82	3.83	000
90999		C	Dialysis procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
91000		A	Esophageal intubation	0.73	0.33	0.62	0.33	0.62	0.05	1.11	1.40	1.11	1.40	000
91000	26	A	Esophageal intubation	0.73	0.25	0.54	0.25	0.54	0.04	1.02	1.31	1.02	1.31	000
91000	TC	A	Esophageal intubation	0.00	0.08	0.08	0.08	0.08	0.01	0.09	0.09	0.09	0.09	000
91010		A	Esophagus motility study	1.25	1.27	2.08	1.27	2.08	0.14	2.66	3.47	2.66	3.47	000
91010	26	A	Esophagus motility study	1.25	0.42	1.23	0.42	1.23	0.09	1.76	2.57	1.76	2.57	000
91010	TC	A	Esophagus motility study	0.00	0.85	0.85	0.85	0.85	0.05	0.90	0.90	0.90	0.90	000
91011		A	Esophagus motility study	1.50	1.58	2.53	1.58	2.53	0.14	3.22	4.17	3.22	4.17	000
91011	26	A	Esophagus motility study	1.50	0.52	1.47	0.52	1.47	0.09	2.11	3.06	2.11	3.06	000
91011	TC	A	Esophagus motility study	0.00	1.06	1.06	1.06	1.06	0.05	1.11	1.11	1.11	1.11	000
91012		A	Esophagus motility study	1.46	1.71	2.63	1.71	2.63	0.18	3.35	4.27	3.35	4.27	000
91012	26	A	Esophagus motility study	1.46	0.51	1.44	0.51	1.44	0.12	2.09	3.02	2.09	3.02	000
91012	TC	A	Esophagus motility study	0.00	1.20	1.19	1.20	1.19	0.06	1.26	1.25	1.26	1.25	000
91020		A	Gastric motility	1.44	1.28	2.19	1.28	2.19	0.14	2.86	3.77	2.86	3.77	000
91020	26	A	Gastric motility	1.44	0.48	1.40	0.48	1.40	0.09	2.01	2.93	2.01	2.93	000
91020	TC	A	Gastric motility	0.00	0.80	0.79	0.80	0.79	0.05	0.85	0.84	0.85	0.84	000
91030		A	Acid perfusion of esophagus	0.91	0.54	0.59	0.54	0.59	0.04	1.49	1.54	1.49	1.54	000
91030	26	A	Acid perfusion of esophagus	0.91	0.31	0.36	0.31	0.36	0.02	1.24	1.29	1.24	1.29	000
91030	TC	A	Acid perfusion of esophagus	0.00	0.23	0.23	0.23	0.23	0.02	0.25	0.25	0.25	0.25	000
91032		A	Esophagus, acid reflux test	1.21	1.17	1.89	1.17	1.89	0.13	2.51	3.23	2.51	3.23	000
91032	26	A	Esophagus, acid reflux test	1.21	0.41	1.12	0.41	1.12	0.08	1.70	2.41	1.70	2.41	000
91032	TC	A	Esophagus, acid reflux test	0.00	0.76	0.77	0.76	0.77	0.05	0.81	0.82	0.81	0.82	000
91033		A	Prolonged acid reflux test	1.30	1.83	2.66	1.83	2.66	0.20	3.33	4.16	3.33	4.16	000
91033	26	A	Prolonged acid reflux test	1.30	0.44	1.27	0.44	1.27	0.11	1.85	2.68	1.85	2.68	000
91033	TC	A	Prolonged acid reflux test	0.00	1.39	1.39	1.39	1.39	0.09	1.48	1.48	1.48	1.48	000
91052		A	Gastric analysis test	0.79	0.62	0.82	0.62	0.82	0.05	1.46	1.66	1.46	1.66	000
91052	26	A	Gastric analysis test	0.79	0.27	0.47	0.27	0.47	0.03	1.09	1.29	1.09	1.29	000
91052	TC	A	Gastric analysis test	0.00	0.35	0.35	0.35	0.35	0.02	0.37	0.37	0.37	0.37	000
91055		A	Gastric intubation for smear	0.94	0.59	0.79	0.59	0.79	0.05	1.58	1.78	1.58	1.78	000
91055	26	A	Gastric intubation for smear	0.94	0.27	0.48	0.27	0.48	0.03	1.24	1.45	1.24	1.45	000
91055	TC	A	Gastric intubation for smear	0.00	0.32	0.31	0.32	0.31	0.02	0.34	0.33	0.34	0.33	000
91060		A	Gastric saline load test	0.45	0.36	0.67	0.36	0.67	0.05	0.86	1.17	0.86	1.17	000
91060	26	A	Gastric saline load test	0.45	0.13	0.44	0.13	0.44	0.03	0.61	0.92	0.61	0.92	000
91060	TC	A	Gastric saline load test	0.00	0.23	0.23	0.23	0.23	0.02	0.25	0.25	0.25	0.25	000
91065		A	Breath hydrogen test	0.20	0.44	0.57	0.44	0.57	0.04	0.68	0.81	0.68	0.81	000
91065	26	A	Breath hydrogen test	0.20	0.07	0.20	0.07	0.20	0.02	0.29	0.42	0.29	0.42	000

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1]/ HCPCS [2]	Mod	Status	Description	Physician work [3] RVUs	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
91065	TC	A	Breath hydrogen test	0.00	0.37	0.37	0.37	0.37	0.02	0.39	0.39	0.39	0.39	000
91100		A	Pass intestine bleeding tube	1.08	NA	NA	0.34	0.54	0.04	NA	NA	1.46	1.66	000
91105		A	Gastric intubation treatment	0.37	NA	NA	0.13	0.36	0.03	NA	NA	0.53	0.76	000
91122		A	Anal pressure record	1.77	1.35	1.75	1.35	1.75	0.17	3.29	3.69	3.29	3.69	000
91122	26	A	Anal pressure record	1.77	0.62	1.02	0.62	1.02	0.10	2.49	2.89	2.49	2.89	000
91122	TC	A	Anal pressure record	0.00	0.73	0.73	0.73	0.73	0.07	0.80	0.80	0.80	0.80	000
91299		C	Gastroenterology procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
91299	26	C	Gastroenterology procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
91299	TC	C	Gastroenterology procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92002		A	Eye exam, new patient	0.88	1.02	0.65	0.34	0.29	0.02	1.92	1.55	1.24	1.19	XXX
92004		A	Eye exam, new patient	1.67	1.61	0.87	0.68	0.40	0.02	3.30	2.56	2.37	2.09	XXX
92012		A	Eye exam established pt	0.67	1.38	0.71	0.30	0.26	0.02	2.07	1.40	0.99	0.95	XXX
92014		A	Eye exam & treatment	1.10	1.28	0.76	0.49	0.35	0.02	2.40	1.88	1.61	1.47	XXX
92015		N	Refraction	+0.38	1.23	0.57	0.14	0.30	0.02	1.63	0.97	0.54	0.70	XXX
92018		A	New eye exam & treatment	1.51	NA	NA	1.11	0.66	0.02	NA	NA	2.64	2.19	XXX
92019		A	Eye exam & treatment	1.31	NA	NA	0.86	0.41	0.02	NA	NA	2.19	1.74	XXX
92020		A	Special eye evaluation	0.37	0.54	0.37	0.18	0.17	0.01	0.92	0.75	0.56	0.55	XXX
92060		A	Special eye evaluation	0.69	0.50	0.45	0.50	0.45	0.02	1.21	1.16	1.21	1.16	XXX
92060	26	A	Special eye evaluation	0.69	0.30	0.25	0.30	0.25	0.01	1.00	0.95	1.00	0.95	XXX
92060	TC	A	Special eye evaluation	0.00	0.20	0.20	0.20	0.20	0.01	0.21	0.21	0.21	0.21	XXX
92065		A	Orthoptic/pleoptic training	0.37	0.36	0.38	0.36	0.38	0.01	0.74	0.76	0.74	0.76	XXX
92065	26	A	Orthoptic/pleoptic training	0.37	0.19	0.21	0.19	0.21	0.01	0.57	0.59	0.57	0.59	XXX
92065	TC	A	Orthoptic/pleoptic training	0.00	0.17	0.17	0.17	0.17	0.00	0.17	0.17	0.17	0.17	XXX
92070		A	Fitting of contact lens	0.70	0.90	1.20	0.35	0.58	0.05	1.65	1.95	1.10	1.33	XXX
92081		A	Visual field examination(s)	0.36	0.32	0.34	0.32	0.34	0.01	0.69	0.71	0.69	0.71	XXX
92081	26	A	Visual field examination(s)	0.36	0.17	0.18	0.17	0.18	0.01	0.54	0.55	0.54	0.55	XXX
92081	TC	A	Visual field examination(s)	0.00	0.15	0.16	0.15	0.16	0.00	0.15	0.16	0.15	0.16	XXX
92082		A	Visual field examination(s)	0.44	0.42	0.51	0.42	0.51	0.02	0.88	0.97	0.88	0.97	XXX
92082	26	A	Visual field examination(s)	0.44	0.21	0.30	0.21	0.30	0.01	0.66	0.75	0.66	0.75	XXX
92082	TC	A	Visual field examination(s)	0.00	0.21	0.21	0.21	0.21	0.01	0.22	0.22	0.22	0.22	XXX
92083		A	Visual field examination(s)	0.50	0.56	0.81	0.56	0.81	0.03	1.09	1.34	1.09	1.34	XXX
92083	26	A	Visual field examination(s)	0.50	0.25	0.51	0.25	0.51	0.02	0.77	1.03	0.77	1.03	XXX
92083	TC	A	Visual field examination(s)	0.00	0.31	0.30	0.31	0.30	0.01	0.32	0.31	0.32	0.31	XXX
92100		A	Serial tonometry exam(s)	0.92	0.71	0.38	0.33	0.19	0.01	1.64	1.31	1.26	1.12	XXX
92120		A	Tonography & eye evaluation	0.81	0.71	0.43	0.35	0.22	0.02	1.54	1.26	1.18	1.05	XXX
92130		A	Water provocation tonography	0.81	0.81	0.60	0.41	0.31	0.02	1.64	1.43	1.24	1.14	XXX
92135		A	Opthalmic dx imaging	0.35	0.49	0.49	0.49	0.49	0.03	0.87	0.87	0.87	0.87	XXX
92135	26	A	Opthalmic dx imaging	0.35	0.18	0.18	0.18	0.18	0.02	0.55	0.55	0.55	0.55	XXX
92135	TC	A	Opthalmic dx imaging	0.00	0.31	0.31	0.31	0.31	0.01	0.32	0.32	0.32	0.32	XXX
92140		A	Glaucoma provocative tests	0.50	0.81	0.45	0.24	0.19	0.01	1.32	0.96	0.75	0.70	XXX

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
92225		A	Special eye exam, initial	0.38	1.12	0.65	0.15	0.23	0.02	1.52	1.05	0.55	0.63	XXX
92226		A	Special eye exam, subsequent	0.33	1.17	0.62	0.15	0.20	0.02	1.52	0.97	0.50	0.55	XXX
92230		A	Eye exam with photos	0.60	2.10	1.09	0.22	0.34	0.03	2.73	1.72	0.85	0.97	XXX
92235		A	Eye exam with photos	0.81	1.47	1.65	1.47	1.65	0.07	2.35	2.53	2.35	2.53	XXX
92235	26	A	Eye exam with photos	0.81	0.40	0.58	0.40	0.58	0.02	1.23	1.41	1.23	1.41	XXX
92235	TC	A	Eye exam with photos	0.00	1.07	1.07	1.07	1.07	0.05	1.12	1.12	1.12	1.12	XXX
92240		A	Icg angiography	1.10	1.62	1.69	1.62	1.69	0.07	2.79	2.86	2.79	2.86	XXX
92240	26	A	Icg angiography	1.10	0.55	0.62	0.55	0.62	0.02	1.67	1.74	1.67	1.74	XXX
92240	TC	A	Icg angiography	0.00	1.07	1.07	1.07	1.07	0.05	1.12	1.12	1.12	1.12	XXX
92250		A	Eye exam with photos	0.44	0.41	0.44	0.41	0.44	0.02	0.87	0.90	0.87	0.90	XXX
92250	26	A	Eye exam with photos	0.44	0.22	0.26	0.22	0.26	0.01	0.67	0.71	0.67	0.71	XXX
92250	TC	A	Eye exam with photos	0.00	0.19	0.18	0.19	0.18	0.01	0.20	0.19	0.20	0.19	XXX
92260		A	Ophthalmoscopy/dynamometry	0.20	0.19	0.49	0.08	0.25	0.02	0.41	0.71	0.30	0.47	XXX
92265		A	Eye muscle evaluation	0.81	0.49	0.36	0.49	0.36	0.02	1.32	1.19	1.32	1.19	XXX
92265	26	A	Eye muscle evaluation	0.81	0.25	0.12	0.25	0.12	0.00	1.06	0.93	1.06	0.93	XXX
92265	TC	A	Eye muscle evaluation	0.00	0.24	0.24	0.24	0.24	0.02	0.26	0.26	0.26	0.26	XXX
92270		A	Electro-oculography	0.81	0.65	0.71	0.65	0.71	0.04	1.50	1.56	1.50	1.56	XXX
92270	26	A	Electro-oculography	0.81	0.32	0.38	0.32	0.38	0.02	1.15	1.21	1.15	1.21	XXX
92270	TC	A	Electro-oculography	0.00	0.33	0.33	0.33	0.33	0.02	0.35	0.35	0.35	0.35	XXX
92275		A	Electroretinography	1.01	0.86	0.94	0.86	0.94	0.04	1.91	1.99	1.91	1.99	XXX
92275	26	A	Electroretinography	1.01	0.43	0.52	0.43	0.52	0.02	1.46	1.55	1.46	1.55	XXX
92275	TC	A	Electroretinography	0.00	0.43	0.42	0.43	0.42	0.02	0.45	0.44	0.45	0.44	XXX
92283		A	Color vision examination	0.17	0.20	0.28	0.20	0.28	0.01	0.38	0.46	0.38	0.46	XXX
92283	26	A	Color vision examination	0.17	0.07	0.15	0.07	0.15	0.01	0.25	0.33	0.25	0.33	XXX
92283	TC	A	Color vision examination	0.00	0.13	0.13	0.13	0.13	0.00	0.13	0.13	0.13	0.13	XXX
92284		A	Dark adaptation eye exam	0.24	0.26	0.42	0.26	0.42	0.02	0.52	0.68	0.52	0.68	XXX
92284	26	A	Dark adaptation eye exam	0.24	0.07	0.24	0.07	0.24	0.01	0.32	0.49	0.32	0.49	XXX
92284	TC	A	Dark adaptation eye exam	0.00	0.19	0.18	0.19	0.18	0.01	0.20	0.19	0.20	0.19	XXX
92285		A	Eye photography	0.20	0.21	0.29	0.21	0.29	0.01	0.42	0.50	0.42	0.50	XXX
92285	26	A	Eye photography	0.20	0.09	0.17	0.09	0.17	0.01	0.30	0.38	0.30	0.38	XXX
92285	TC	A	Eye photography	0.00	0.12	0.12	0.12	0.12	0.00	0.12	0.12	0.12	0.12	XXX
92286		A	Internal eye photography	0.66	0.74	1.17	0.74	1.17	0.06	1.46	1.89	1.46	1.89	XXX
92286	26	A	Internal eye photography	0.66	0.31	0.75	0.31	0.75	0.04	1.01	1.45	1.01	1.45	XXX
92286	TC	A	Internal eye photography	0.00	0.43	0.42	0.43	0.42	0.02	0.45	0.44	0.45	0.44	XXX
92287		A	Internal eye photography	0.81	3.03	2.00	0.32	0.70	0.06	3.90	2.87	1.19	1.57	XXX
92310		N	Contact lens fitting	+1.17	0.86	1.27	0.44	1.16	0.00	2.03	2.44	1.61	2.33	XXX
92311		A	Contact lens fitting	1.08	0.95	0.97	0.40	0.47	0.02	2.05	2.07	1.50	1.57	XXX
92312		A	Contact lens fitting	1.26	0.93	1.18	0.58	0.62	0.02	2.21	2.46	1.86	1.90	XXX
92313		A	Contact lens fitting	0.92	0.85	0.93	0.27	0.43	0.02	1.79	1.87	1.21	1.37	XXX
92314		N	Prescription of contact lens	+0.69	0.68	0.79	0.26	0.68	0.00	1.37	1.48	0.95	1.37	XXX

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CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work [3] RVUs	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
92315		A	Prescription of contact lens	0.45	0.66	0.71	0.15	0.31	0.02	1.13	1.18	0.62	0.78	XXX
92316		A	Prescription of contact lens	0.68	0.74	0.96	0.34	0.48	0.03	1.45	1.67	1.05	1.19	XXX
92317		A	Prescription of contact lens	0.45	0.80	0.52	0.17	0.20	0.02	1.27	0.99	0.64	0.67	XXX
92325		A	Modification of contact lens	0.00	0.41	0.41	0.41	0.41	0.01	0.42	0.42	0.42	0.42	XXX
92326		A	Replacement of contact lens	0.00	1.69	1.69	1.69	1.69	0.05	1.74	1.74	1.74	1.74	XXX
92330		A	Fitting of artificial eye	1.08	0.82	1.13	0.37	0.56	0.07	1.97	2.28	1.52	1.71	XXX
92335		A	Fitting of artificial eye	0.45	0.74	1.79	0.15	0.84	0.09	1.28	2.33	0.69	1.38	XXX
92340		N	Fitting of spectacles	+0.37	0.50	0.47	0.14	0.37	0.00	0.87	0.84	0.51	0.74	XXX
92341		N	Fitting of spectacles	+0.47	0.54	0.57	0.18	0.47	0.00	1.01	1.04	0.65	0.94	XXX
92342		N	Fitting of spectacles	+0.53	0.56	0.63	0.20	0.52	0.00	1.09	1.16	0.73	1.05	XXX
92352		B	Special spectacles fitting	+0.37	0.50	0.37	0.14	0.28	0.01	0.88	0.75	0.52	0.66	XXX
92353		B	Special spectacles fitting	+0.50	0.55	0.46	0.19	0.37	0.01	1.06	0.97	0.70	0.88	XXX
92354		B	Special spectacles fitting	+0.00	9.18	9.17	9.18	9.17	0.08	9.26	9.25	9.26	9.25	XXX
92355		B	Special spectacles fitting	+0.00	4.49	4.48	4.49	4.48	0.01	4.50	4.49	4.50	4.49	XXX
92358		B	Eye prosthesis service	+0.00	1.00	1.00	1.00	1.00	0.04	1.04	1.04	1.04	1.04	XXX
92370		N	Repair & adjust spectacles	+0.32	0.37	0.39	0.12	0.32	0.00	0.69	0.71	0.44	0.64	XXX
92371		B	Repair & adjust spectacles	+0.00	0.64	0.64	0.64	0.64	0.02	0.66	0.66	0.66	0.66	XXX
92390		N	Supply of spectacles	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92391		N	Supply of contact lenses	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92392		I	Supply of low vision aids	+0.00	4.19	4.18	4.19	4.18	0.02	4.21	4.20	4.21	4.20	XXX
92393		I	Supply of artificial eye	+0.00	13.02	12.99	13.02	12.99	0.52	13.54	13.51	13.54	13.51	XXX
92395		I	Supply of spectacles	+0.00	1.43	1.42	1.43	1.42	0.08	1.51	1.50	1.51	1.50	XXX
92396		I	Supply of contact lenses	+0.00	2.39	2.38	2.39	2.38	0.06	2.45	2.44	2.45	2.44	XXX
92499		C	Eye service or procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92499	26	C	Eye service or procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92499	TC	C	Eye service or procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92502		A	Ear and throat examination	1.51	NA	NA	1.17	1.21	0.09	NA	NA	2.77	2.81	000
92504		A	Ear microscopy examination	0.18	0.74	0.40	0.09	0.13	0.02	0.94	0.60	0.29	0.33	XXX
92506		A	Speech & hearing evaluation	0.86	1.00	0.67	0.83	0.42	0.04	1.90	1.57	1.73	1.32	XXX
92507		A	Speech/hearing therapy	0.52	0.87	0.49	0.80	0.34	0.02	1.41	1.03	1.34	0.88	XXX
92508		A	Speech/hearing therapy	0.26	0.62	0.31	0.85	0.29	0.02	0.90	0.59	1.13	0.57	XXX
92510		A	Rehab for ear implant	1.50	1.49	1.48	1.51	0.93	0.12	3.11	3.10	3.13	2.55	XXX
92511		A	Nasopharyngoscopy	0.84	0.93	0.92	0.43	0.45	0.07	1.84	1.83	1.34	1.36	000
92512		A	Nasal function studies	0.55	0.86	0.60	0.17	0.24	0.04	1.45	1.19	0.76	0.83	XXX
92516		A	Facial nerve function test	0.43	0.69	0.49	0.20	0.21	0.03	1.15	0.95	0.66	0.67	XXX
92520		A	Laryngeal function studies	0.76	0.54	0.57	0.48	0.34	0.04	1.34	1.37	1.28	1.14	XXX
92525		A	Oral function evaluation	1.50	1.24	1.14	1.32	0.75	0.09	2.83	2.73	2.91	2.34	XXX
92526		A	Oral function therapy	0.55	1.01	0.64	0.69	0.37	0.04	1.60	1.23	1.28	0.96	XXX
92531		B	Spontaneous nystagmus study	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92532		B	Positional nystagmus study	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1]/ HCPCS [2]	Mod	Status	Description	Physician work [3] RVUs	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
92533		B	Caloric vestibular test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92534		B	Optokinetic nystagmus	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92541		A	Spontaneous nystagmus test	0.40	0.43	0.66	0.43	0.66	0.06	0.89	1.12	0.89	1.12	XXX
92541	26	A	Spontaneous nystagmus test	0.40	0.19	0.42	0.19	0.42	0.04	0.63	0.86	0.63	0.86	XXX
92541	TC	A	Spontaneous nystagmus test	0.00	0.24	0.24	0.24	0.24	0.02	0.26	0.26	0.26	0.26	XXX
92542		A	Positional nystagmus test	0.33	0.42	0.60	0.42	0.60	0.05	0.80	0.98	0.80	0.98	XXX
92542	26	A	Positional nystagmus test	0.33	0.15	0.33	0.15	0.33	0.03	0.51	0.69	0.51	0.69	XXX
92542	TC	A	Positional nystagmus test	0.00	0.27	0.27	0.27	0.27	0.02	0.29	0.29	0.29	0.29	XXX
92543		A	Caloric vestibular test	0.10	0.16	0.21	0.16	0.21	0.02	0.28	0.33	0.28	0.33	XXX
92543	26	A	Caloric vestibular test	0.10	0.05	0.10	0.05	0.10	0.01	0.16	0.21	0.16	0.21	XXX
92543	TC	A	Caloric vestibular test	0.00	0.11	0.11	0.11	0.11	0.01	0.12	0.12	0.12	0.12	XXX
92544		A	Optokinetic nystagmus test	0.26	0.34	0.47	0.34	0.47	0.04	0.64	0.77	0.64	0.77	XXX
92544	26	A	Optokinetic nystagmus test	0.26	0.12	0.25	0.12	0.25	0.02	0.40	0.53	0.40	0.53	XXX
92544	TC	A	Optokinetic nystagmus test	0.00	0.22	0.22	0.22	0.22	0.02	0.24	0.24	0.24	0.24	XXX
92545		A	Oscillating tracking test	0.23	0.33	0.41	0.33	0.41	0.04	0.60	0.68	0.60	0.68	XXX
92545	26	A	Oscillating tracking test	0.23	0.11	0.19	0.11	0.19	0.02	0.36	0.44	0.36	0.44	XXX
92545	TC	A	Oscillating tracking test	0.00	0.22	0.22	0.22	0.22	0.02	0.24	0.24	0.24	0.24	XXX
92546		A	Sinusoidal rotational test	0.29	0.37	0.53	0.37	0.53	0.04	0.70	0.86	0.70	0.86	XXX
92546	26	A	Sinusoidal rotational test	0.29	0.12	0.28	0.12	0.28	0.02	0.43	0.59	0.43	0.59	XXX
92546	TC	A	Sinusoidal rotational test	0.00	0.25	0.25	0.25	0.25	0.02	0.27	0.27	0.27	0.27	XXX
92547		A	Supplemental electrical test	0.00	0.58	0.58	0.58	0.58	0.05	0.63	0.63	0.63	0.63	ZZZ
92548		A	Posturography	0.50	1.80	1.96	1.80	1.96	0.15	2.45	2.61	2.45	2.61	XXX
92548	26	A	Posturography	0.50	0.27	0.44	0.27	0.44	0.04	0.81	0.98	0.81	0.98	XXX
92548	TC	A	Posturography	0.00	1.53	1.52	1.53	1.52	0.11	1.64	1.63	1.64	1.63	XXX
92551		N	Pure tone hearing test, air	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92552		A	Pure tone audiometry, air	0.00	0.45	0.46	0.45	0.46	0.03	0.48	0.49	0.48	0.49	XXX
92553		A	Audiometry, air & bone	0.00	0.69	0.68	0.69	0.68	0.05	0.74	0.73	0.74	0.73	XXX
92555		A	Speech threshold audiometry	0.00	0.39	0.39	0.39	0.39	0.03	0.42	0.42	0.42	0.42	XXX
92556		A	Speech audiometry, complete	0.00	0.59	0.59	0.59	0.59	0.05	0.64	0.64	0.64	0.64	XXX
92557		A	Comprehensive hearing test	0.00	1.23	1.23	1.23	1.23	0.10	1.33	1.33	1.33	1.33	XXX
92559		N	Group audiometric testing	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92560		N	Bekesy audiometry, screen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92561		A	Bekesy audiometry, diagnosis	0.00	0.74	0.74	0.74	0.74	0.05	0.79	0.79	0.79	0.79	XXX
92562		A	Loudness balance test	0.00	0.43	0.42	0.43	0.42	0.03	0.46	0.45	0.46	0.45	XXX
92563		A	Tone decay hearing test	0.00	0.39	0.39	0.39	0.39	0.03	0.42	0.42	0.42	0.42	XXX
92564		A	Sisi hearing test	0.00	0.49	0.49	0.49	0.49	0.04	0.53	0.53	0.53	0.53	XXX
92565		A	Stenger test, pure tone	0.00	0.41	0.41	0.41	0.26	0.03	0.44	0.44	0.44	0.29	XXX
92567		A	Tympanometry	0.00	0.55	0.54	0.55	0.54	0.05	0.60	0.59	0.60	0.59	XXX
92568		A	Acoustic reflex testing	0.00	0.39	0.39	0.39	0.39	0.03	0.42	0.42	0.42	0.42	XXX
92569		A	Acoustic reflex decay test	0.00	0.43	0.42	0.43	0.42	0.03	0.46	0.45	0.46	0.45	XXX

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
92571		A	Filtered speech hearing test	0.00	0.40	0.40	0.40	0.25	0.03	0.43	0.43	0.43	0.28	XXX
92572		A	Staggered spondaic word test	0.00	0.09	0.09	0.09	0.09	0.01	0.10	0.10	0.10	0.10	XXX
92573		A	Lombard test	0.00	0.36	0.36	0.36	0.36	0.03	0.39	0.39	0.39	0.39	XXX
92575		A	Sensorineural acuity test	0.00	0.32	0.31	0.32	0.20	0.02	0.34	0.33	0.34	0.22	XXX
92576		A	Synthetic sentence test	0.00	0.45	0.46	0.45	0.29	0.04	0.49	0.50	0.49	0.33	XXX
92577		A	Stenger test, speech	0.00	0.73	0.74	0.73	0.46	0.06	0.79	0.80	0.79	0.52	XXX
92579		A	Visual audiometry (vra)	0.00	0.74	0.75	0.74	0.75	0.05	0.79	0.80	0.79	0.80	XXX
92582		A	Conditioning play audiometry	0.00	0.73	0.75	0.73	0.47	0.05	0.78	0.80	0.78	0.52	XXX
92583		A	Select picture audiometry	0.00	0.93	0.92	0.93	0.92	0.07	1.00	0.99	1.00	0.99	XXX
92584		A	Electrocochleography	0.00	2.56	2.56	2.56	2.56	0.20	2.76	2.76	2.76	2.76	XXX
92585		A	Auditory evoked potential	0.50	2.13	3.18	2.13	3.18	0.24	2.87	3.92	2.87	3.92	XXX
92585	26	A	Auditory evoked potential	0.50	0.21	1.27	0.21	1.27	0.11	0.82	1.88	0.82	1.88	XXX
92585	TC	A	Auditory evoked potential	0.00	1.92	1.91	1.92	1.91	0.13	2.05	2.04	2.05	2.04	XXX
92587		A	Evoked auditory test	0.13	1.41	1.46	1.41	1.46	0.10	1.64	1.69	1.64	1.69	XXX
92587	26	A	Evoked auditory test	0.13	0.07	0.11	0.07	0.11	0.01	0.21	0.25	0.21	0.25	XXX
92587	TC	A	Evoked auditory test	0.00	1.34	1.35	1.34	1.35	0.09	1.43	1.44	1.43	1.44	XXX
92588		A	Evoked auditory test	0.36	1.70	1.81	1.70	1.81	0.13	2.19	2.30	2.19	2.30	XXX
92588	26	A	Evoked auditory test	0.36	0.17	0.29	0.17	0.29	0.02	0.55	0.67	0.55	0.67	XXX
92588	TC	A	Evoked auditory test	0.00	1.53	1.52	1.53	1.52	0.11	1.64	1.63	1.64	1.63	XXX
92589		A	Auditory function test(s)	0.00	0.56	0.55	0.56	0.55	0.05	0.61	0.60	0.61	0.60	XXX
92590		N	Hearing aid exam, one ear	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92591		N	Hearing aid exam, both ears	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92592		N	Hearing aid check, one ear	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92593		N	Hearing aid check, both ears	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92594		N	Electro hearing aid test,one	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92595		N	Electro hearingaid test,both	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92596		A	Ear protector evaluation	0.00	0.61	0.61	0.61	0.61	0.05	0.66	0.66	0.66	0.66	XXX
92597		A	Oral speech device eval	1.35	1.39	1.17	1.40	1.18	0.09	2.83	2.61	2.84	2.62	XXX
92598		A	Modify oral speech device	0.99	0.97	0.78	0.56	0.68	0.05	2.01	1.82	1.60	1.72	XXX
92599		C	ENT procedure/service	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92599	26	C	ENT procedure/service	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92599	TC	C	ENT procedure/service	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92950		A	Heart/lung resuscitation(CPR	3.80	1.53	2.23	1.12	2.13	0.13	5.46	6.16	5.05	6.06	000
92953		A	Temporary external pacing	0.23	NA	NA	0.21	0.26	0.12	NA	NA	0.56	0.61	000
92960		A	Heart electroconversion	2.25	1.70	1.96	1.61	1.93	0.13	4.08	4.34	3.99	4.31	000
92970		A	Cardioassist, internal	3.52	NA	NA	2.90	3.55	0.32	NA	NA	6.74	7.39	000
92971		A	Cardioassist, external	1.77	NA	NA	0.94	1.14	0.06	NA	NA	2.77	2.97	000
92975		A	Dissolve clot, heart vessel	7.25	NA	NA	8.11	6.68	0.33	NA	NA	15.69	14.26	000
92977		A	Dissolve clot, heart vessel	0.00	NA	NA	8.37	8.34	0.42	NA	NA	8.79	8.76	XXX
92978		A	Intravas us, heart add-on	1.80	NA	NA	5.48	5.77	0.28	NA	NA	7.56	7.85	ZZZ

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CPT [1]/ HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
92978	26	A	Intravas us, heart add-on	1.80	NA	NA	0.75	1.05	0.06	NA	NA	2.61	2.91	ZZZ
92978	TC	A	Intravas us, heart add-on	0.00	NA	NA	4.73	4.72	0.22	NA	NA	4.95	4.94	ZZZ
92979		A	Intravas us, heart (add-on)	1.44	NA	NA	2.99	3.21	0.16	NA	NA	4.59	4.81	ZZZ
92979	26	A	Intravas us, heart (add-on)	1.44	NA	NA	0.61	0.84	0.05	NA	NA	2.10	2.33	ZZZ
92979	TC	A	Intravas us, heart (add-on)	0.00	NA	NA	2.38	2.37	0.11	NA	NA	2.49	2.48	ZZZ
92980		A	Insert intracoronary stent	14.84	NA	NA	10.12	15.81	0.95	NA	NA	25.91	31.60	000
92981		A	Insert intracoronary stent	4.17	NA	NA	1.94	4.22	0.34	NA	NA	6.45	8.73	ZZZ
92982		A	Coronary artery dilation	10.98	NA	NA	7.62	11.74	0.95	NA	NA	19.55	23.67	000
92984		A	Coronary artery dilation	2.97	NA	NA	1.45	3.03	0.34	NA	NA	4.76	6.34	ZZZ
92986		A	Revision of aortic valve	21.80	NA	NA	11.28	12.62	0.70	NA	NA	33.78	35.12	090
92987		A	Revision of mitral valve	22.70	NA	NA	11.59	12.83	0.71	NA	NA	35.00	36.24	090
92990		A	Revision of pulmonary valve	17.34	NA	NA	9.06	10.07	0.56	NA	NA	26.96	27.97	090
92992		C	Revision of heart chamber	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	090
92993		C	Revision of heart chamber	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	090
92995		A	Coronary atherectomy	12.09	NA	NA	8.23	12.88	0.95	NA	NA	21.27	25.92	000
92996		A	Coronary atherectomy add-on	3.26	NA	NA	1.47	3.29	0.34	NA	NA	5.07	6.89	ZZZ
92997		A	Pul art balloon repair, perc	12.00	NA	NA	6.77	12.44	0.95	NA	NA	19.72	25.39	000
92998		A	Pul art balloon repair, perc	6.00	NA	NA	2.34	3.68	0.34	NA	NA	8.68	10.02	ZZZ
93000		A	Electrocardiogram, complete	0.17	0.52	0.61	0.52	0.61	0.03	0.72	0.81	0.72	0.81	XXX
93005		A	Electrocardiogram, tracing	0.00	0.46	0.47	0.46	0.47	0.02	0.48	0.49	0.48	0.49	XXX
93010		A	Electrocardiogram report	0.17	0.06	0.14	0.06	0.14	0.01	0.24	0.32	0.24	0.32	XXX
93012		A	Transmission of ecg	0.00	2.45	2.44	2.45	2.44	0.17	2.62	2.61	2.62	2.61	XXX
93014		A	Report on transmitted ecg	0.52	0.20	0.37	0.20	0.37	0.04	0.76	0.93	0.76	0.93	XXX
93015		A	Cardiovascular stress test	0.75	2.03	2.40	2.03	2.40	0.13	2.91	3.28	2.91	3.28	XXX
93016		A	Cardiovascular stress test	0.45	0.18	0.36	0.18	0.36	0.02	0.65	0.83	0.65	0.83	XXX
93017		A	Cardiovascular stress test	0.00	1.74	1.74	1.74	1.74	0.09	1.83	1.83	1.83	1.83	XXX
93018		A	Cardiovascular stress test	0.30	0.11	0.30	0.11	0.30	0.02	0.43	0.62	0.43	0.62	XXX
93024		A	Cardiac drug stress test	1.17	1.65	2.33	1.65	2.33	0.18	3.00	3.68	3.00	3.68	XXX
93024	26	A	Cardiac drug stress test	1.17	0.48	1.17	0.48	1.17	0.11	1.76	2.45	1.76	2.45	XXX
93024	TC	A	Cardiac drug stress test	0.00	1.17	1.16	1.17	1.16	0.07	1.24	1.23	1.24	1.23	XXX
93040		A	Rhythm ECG with report	0.16	0.19	0.26	0.19	0.26	0.02	0.37	0.44	0.37	0.44	XXX
93041		A	Rhythm ECG, tracing	0.00	0.14	0.15	0.14	0.15	0.01	0.15	0.16	0.15	0.16	XXX
93042		A	Rhythm ECG, report	0.16	0.05	0.11	0.05	0.11	0.01	0.22	0.28	0.22	0.28	XXX
93224		A	ECG monitor/report, 24 hrs	0.52	3.75	4.06	3.75	4.06	0.25	4.52	4.83	4.52	4.83	XXX
93225		A	ECG monitor/record, 24 hrs	0.00	1.29	1.28	1.29	1.28	0.07	1.36	1.35	1.36	1.35	XXX
93226		A	ECG monitor/report, 24 hrs	0.00	2.26	2.26	2.26	2.26	0.13	2.39	2.39	2.39	2.39	XXX
93227		A	ECG monitor/review, 24 hrs	0.52	0.20	0.52	0.20	0.52	0.05	0.77	1.09	0.77	1.09	XXX
93230		A	ECG monitor/report, 24 hrs	0.52	4.03	4.34	4.03	4.34	0.27	4.82	5.13	4.82	5.13	XXX
93231		A	Ecg monitor/record, 24 hrs	0.00	1.58	1.57	1.58	1.57	0.09	1.67	1.66	1.67	1.66	XXX
93232		A	ECG monitor/report, 24 hrs	0.00	2.25	2.25	2.25	2.25	0.12	2.37	2.37	2.37	2.37	XXX

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

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93233		A	ECG monitor/review, 24 hrs	0.52	0.20	0.52	0.20	0.52	0.06	0.78	1.10	0.78	1.10	XXX
93235		A	ECG monitor/report, 24 hrs	0.45	2.91	3.17	2.91	3.17	0.18	3.54	3.80	3.54	3.80	XXX
93236		A	ECG monitor/report, 24 hrs	0.00	2.73	2.72	2.73	2.72	0.13	2.86	2.85	2.86	2.85	XXX
93237		A	ECG monitor/review, 24 hrs	0.45	0.18	0.45	0.18	0.45	0.05	0.68	0.95	0.68	0.95	XXX
93268		A	ECG record/review	0.52	0.70	3.30	0.70	3.30	0.28	1.50	4.10	1.50	4.10	XXX
93270		A	ECG recording	0.00	1.29	1.28	1.29	1.28	0.07	1.36	1.35	1.36	1.35	XXX
93271		A	Ecg/monitoring and anaylysis	0.00	2.45	2.44	2.45	2.44	0.17	2.62	2.61	2.62	2.61	XXX
93272		A	Ecg/review,interpret only	0.52	0.20	0.37	0.20	0.37	0.04	0.76	0.93	0.76	0.93	XXX
93278		A	ECG/signal-averaged	0.25	1.30	1.44	1.30	1.44	0.14	1.69	1.83	1.69	1.83	XXX
93278	26	A	ECG/signal-averaged	0.25	0.10	0.25	0.10	0.25	0.05	0.40	0.55	0.40	0.55	XXX
93278	TC	A	ECG/signal-averaged	0.00	1.20	1.19	1.20	1.19	0.09	1.29	1.28	1.29	1.28	XXX
93303		A	Echo transthoracic	1.30	4.53	4.95	4.53	4.95	0.28	6.11	6.53	6.11	6.53	XXX
93303	26	A	Echo transthoracic	1.30	0.52	0.95	0.52	0.95	0.07	1.89	2.32	1.89	2.32	XXX
93303	TC	A	Echo transthoracic	0.00	4.01	4.00	4.01	4.00	0.21	4.22	4.21	4.22	4.21	XXX
93304		A	Echo transthoracic	0.75	2.31	2.64	2.31	2.64	0.15	3.21	3.54	3.21	3.54	XXX
93304	26	A	Echo transthoracic	0.75	0.30	0.63	0.30	0.63	0.04	1.09	1.42	1.09	1.42	XXX
93304	TC	A	Echo transthoracic	0.00	2.01	2.01	2.01	2.01	0.11	2.12	2.12	2.12	2.12	XXX
93307		A	Echo exam of heart	0.92	4.38	4.91	4.38	4.91	0.28	5.58	6.11	5.58	6.11	XXX
93307	26	A	Echo exam of heart	0.92	0.37	0.91	0.37	0.91	0.07	1.36	1.90	1.36	1.90	XXX
93307	TC	A	Echo exam of heart	0.00	4.01	4.00	4.01	4.00	0.21	4.22	4.21	4.22	4.21	XXX
93308		A	Echo exam of heart	0.53	2.22	2.54	2.22	2.54	0.15	2.90	3.22	2.90	3.22	XXX
93308	26	A	Echo exam of heart	0.53	0.21	0.53	0.21	0.53	0.04	0.78	1.10	0.78	1.10	XXX
93308	TC	A	Echo exam of heart	0.00	2.01	2.01	2.01	2.01	0.11	2.12	2.12	2.12	2.12	XXX
93312		A	Echo transesophageal	2.20	4.68	5.21	4.68	5.21	0.35	7.23	7.76	7.23	7.76	XXX
93312	26	A	Echo transesophageal	2.20	0.75	1.29	0.75	1.29	0.09	3.04	3.58	3.04	3.58	XXX
93312	TC	A	Echo transesophageal	0.00	3.93	3.92	3.93	3.92	0.26	4.19	4.18	4.19	4.18	XXX
93313		A	Echo transesophageal	0.95	5.72	1.98	0.36	0.64	0.05	6.72	2.98	1.36	1.64	XXX
93314		A	Echo transesophageal	1.25	4.42	4.59	4.42	4.59	0.31	5.98	6.15	5.98	6.15	XXX
93314	26	A	Echo transesophageal	1.25	0.49	0.67	0.49	0.67	0.05	1.79	1.97	1.79	1.97	XXX
93314	TC	A	Echo transesophageal	0.00	3.93	3.92	3.93	3.92	0.26	4.19	4.18	4.19	4.18	XXX
93315		A	Echo transesophageal	2.78	4.93	5.27	4.93	5.27	0.35	8.06	8.40	8.06	8.40	XXX
93315	26	A	Echo transesophageal	2.78	1.00	1.35	1.00	1.35	0.09	3.87	4.22	3.87	4.22	XXX
93315	TC	A	Echo transesophageal	0.00	3.93	3.92	3.93	3.92	0.26	4.19	4.18	4.19	4.18	XXX
93316		A	Echo transesophageal	0.95	0.94	0.78	0.35	0.64	0.05	1.94	1.78	1.35	1.64	XXX
93317		A	Echo transesophageal	1.83	4.56	4.63	4.56	4.63	0.31	6.70	6.77	6.70	6.77	XXX
93317	26	A	Echo transesophageal	1.83	0.63	0.71	0.63	0.71	0.05	2.51	2.59	2.51	2.59	XXX
93317	TC	A	Echo transesophageal	0.00	3.93	3.92	3.93	3.92	0.26	4.19	4.18	4.19	4.18	XXX
93320		A	Doppler echo exam, heart	0.38	1.93	2.15	1.93	2.15	0.14	2.45	2.67	2.45	2.67	ZZZ
93320	26	A	Doppler echo exam, heart	0.38	0.15	0.38	0.15	0.38	0.04	0.57	0.80	0.57	0.80	ZZZ
93320	TC	A	Doppler echo exam, heart	0.00	1.78	1.77	1.78	1.77	0.10	1.88	1.87	1.88	1.87	ZZZ

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work [3] RVUs	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
93321		A	Doppler echo exam, heart	0.15	1.22	1.30	1.22	1.30	0.09	1.46	1.54	1.46	1.54	ZZZ
93321	26	A	Doppler echo exam, heart	0.15	0.06	0.15	0.06	0.15	0.02	0.23	0.32	0.23	0.32	ZZZ
93321	TC	A	Doppler echo exam, heart	0.00	1.16	1.15	1.16	1.15	0.07	1.23	1.22	1.23	1.22	ZZZ
93325		A	Doppler color flow add-on	0.07	3.04	3.04	3.04	3.04	0.20	3.31	3.31	3.31	3.31	ZZZ
93325	26	A	Doppler color flow add-on	0.07	0.03	0.04	0.03	0.04	0.01	0.11	0.12	0.11	0.12	ZZZ
93325	TC	A	Doppler color flow add-on	0.00	3.01	3.00	3.01	3.00	0.19	3.20	3.19	3.20	3.19	ZZZ
93350		A	Echo transthoracic	0.78	2.14	2.60	2.14	2.60	0.19	3.11	3.57	3.11	3.57	XXX
93350	26	A	Echo transthoracic	0.78	0.31	0.78	0.31	0.78	0.08	1.17	1.64	1.17	1.64	XXX
93350	TC	A	Echo transthoracic	0.00	1.83	1.82	1.83	1.82	0.11	1.94	1.93	1.94	1.93	XXX
93501		A	Right heart catheterization	3.02	18.30	20.39	18.30	20.39	1.21	22.53	24.62	22.53	24.62	000
93501	26	A	Right heart catheterization	3.02	1.20	3.00	1.20	3.00	0.27	4.49	6.29	4.49	6.29	000
93501	TC	A	Right heart catheterization	0.00	17.10	17.39	17.10	17.39	0.94	18.04	18.33	18.04	18.33	000
93503		A	Insert/place heart catheter	2.91	1.06	2.19	0.67	2.10	0.28	4.25	5.38	3.86	5.29	000
93505		A	Biopsy of heart lining	4.38	3.80	4.96	3.80	4.96	0.36	8.54	9.70	8.54	9.70	000
93505	26	A	Biopsy of heart lining	4.38	1.80	2.92	1.80	2.92	0.22	6.40	7.52	6.40	7.52	000
93505	TC	A	Biopsy of heart lining	0.00	2.00	2.04	2.00	2.04	0.14	2.14	2.18	2.14	2.18	000
93508		A	Cath placement, angiography	4.10	14.30	15.61	14.30	15.61	0.77	19.17	20.48	19.17	20.48	000
93508	26	A	Cath placement, angiography	4.10	1.55	2.65	1.55	2.65	0.18	5.83	6.93	5.83	6.93	000
93508	TC	A	Cath placement, angiography	0.00	12.75	12.96	12.75	12.96	0.59	13.34	13.55	13.34	13.55	000
93510		A	Left heart catheterization	4.33	39.16	40.95	39.16	40.95	2.24	45.73	47.52	45.73	47.52	000
93510	26	A	Left heart catheterization	4.33	1.80	2.94	1.80	2.94	0.18	6.31	7.45	6.31	7.45	000
93510	TC	A	Left heart catheterization	0.00	37.36	38.01	37.36	38.01	2.06	39.42	40.07	39.42	40.07	000
93511		A	Left heart catheterization	5.03	38.46	39.65	38.46	39.65	2.16	45.65	46.84	45.65	46.84	000
93511	26	A	Left heart catheterization	5.03	2.09	2.65	2.09	2.65	0.16	7.28	7.84	7.28	7.84	000
93511	TC	A	Left heart catheterization	0.00	36.37	37.00	36.37	37.00	2.00	38.37	39.00	38.37	39.00	000
93514		A	Left heart catheterization	7.05	39.33	41.45	39.33	41.45	2.30	48.68	50.80	48.68	50.80	000
93514	26	A	Left heart catheterization	7.05	2.96	4.45	2.96	4.45	0.30	10.31	11.80	10.31	11.80	000
93514	TC	A	Left heart catheterization	0.00	36.37	37.00	36.37	37.00	2.00	38.37	39.00	38.37	39.00	000
93524		A	Left heart catheterization	6.95	50.42	52.86	50.42	52.86	2.89	60.26	62.70	60.26	62.70	000
93524	26	A	Left heart catheterization	6.95	2.90	4.51	2.90	4.51	0.27	10.12	11.73	10.12	11.73	000
93524	TC	A	Left heart catheterization	0.00	47.52	48.35	47.52	48.35	2.62	50.14	50.97	50.14	50.97	000
93526		A	Rt & Lt heart catheters	5.99	51.30	54.72	51.30	54.72	3.00	60.29	63.71	60.29	63.71	000
93526	26	A	Rt & Lt heart catheters	5.99	2.47	5.05	2.47	5.05	0.31	8.77	11.35	8.77	11.35	000
93526	TC	A	Rt & Lt heart catheters	0.00	48.83	49.67	48.83	49.67	2.69	51.52	52.36	51.52	52.36	000
93527		A	Rt & Lt heart catheters	7.28	50.53	54.92	50.53	54.92	3.01	60.82	65.21	60.82	65.21	000
93527	26	A	Rt & Lt heart catheters	7.28	3.01	6.57	3.01	6.57	0.39	10.68	14.24	10.68	14.24	000
93527	TC	A	Rt & Lt heart catheters	0.00	47.52	48.35	47.52	48.35	2.62	50.14	50.97	50.14	50.97	000
93528		A	Rt & Lt heart catheters	9.00	51.28	52.90	51.28	52.90	2.88	63.16	64.78	63.16	64.78	000
93528	26	A	Rt & Lt heart catheters	9.00	3.76	4.55	3.76	4.55	0.26	13.02	13.81	13.02	13.81	000
93528	TC	A	Rt & Lt heart catheters	0.00	47.52	48.35	47.52	48.35	2.62	50.14	50.97	50.14	50.97	000

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
93529		A	Rt, Lt heart catheterization	4.80	49.44	51.22	49.44	51.22	2.79	57.03	58.81	57.03	58.81	000
93529	26	A	Rt, Lt heart catheterization	4.80	1.92	2.87	1.92	2.87	0.17	6.89	7.84	6.89	7.84	000
93529	TC	A	Rt, Lt heart catheterization	0.00	47.52	48.35	47.52	48.35	2.62	50.14	50.97	50.14	50.97	000
93530		A	Rt heart cath, congenital	4.23	18.78	20.75	18.78	20.75	1.21	24.22	26.19	24.22	26.19	000
93530	26	A	Rt heart cath, congenital	4.23	1.68	3.36	1.68	3.36	0.27	6.18	7.86	6.18	7.86	000
93530	TC	A	Rt heart cath, congenital	0.00	17.10	17.39	17.10	17.39	0.94	18.04	18.33	18.04	18.33	000
93531		A	R & I heart cath, congenital	8.35	52.27	54.96	52.27	54.96	3.00	63.62	66.31	63.62	66.31	000
93531	26	A	R & I heart cath, congenital	8.35	3.44	5.29	3.44	5.29	0.31	12.10	13.95	12.10	13.95	000
93531	TC	A	R & I heart cath, congenital	0.00	48.83	49.67	48.83	49.67	2.69	51.52	52.36	51.52	52.36	000
93532		A	R & I heart cath, congenital	10.00	51.49	55.16	51.49	55.16	3.01	64.50	68.17	64.50	68.17	000
93532	26	A	R & I heart cath, congenital	10.00	3.97	6.81	3.97	6.81	0.39	14.36	17.20	14.36	17.20	000
93532	TC	A	R & I heart cath, congenital	0.00	47.52	48.35	47.52	48.35	2.62	50.14	50.97	50.14	50.97	000
93533		A	R & I heart cath, congenital	6.70	50.07	51.37	50.07	51.37	2.79	59.56	60.86	59.56	60.86	000
93533	26	A	R & I heart cath, congenital	6.70	2.55	3.02	2.55	3.02	0.17	9.42	9.89	9.42	9.89	000
93533	TC	A	R & I heart cath, congenital	0.00	47.52	48.35	47.52	48.35	2.62	50.14	50.97	50.14	50.97	000
93536		A	Insert circulation assi	4.85	NA	NA	3.20	5.15	0.56	NA	NA	8.61	10.56	000
93539		A	Injection, cardiac cath	0.40	0.58	0.87	0.57	0.50	0.16	1.14	1.43	1.13	1.06	000
93540		A	Injection, cardiac cath	0.43	0.59	0.87	0.59	0.53	0.16	1.18	1.46	1.18	1.12	000
93541		A	Injection for lung angiogram	0.29	NA	NA	0.22	0.32	0.13	NA	NA	0.64	0.74	000
93542		A	Injection for heart x-rays	0.29	NA	NA	0.37	0.36	0.13	NA	NA	0.79	0.78	000
93543		A	Injection for heart x-rays	0.29	0.38	0.56	0.37	0.36	0.09	0.76	0.94	0.75	0.74	000
93544		A	Injection for aortography	0.25	0.36	0.56	0.35	0.31	0.09	0.70	0.90	0.69	0.65	000
93545		A	Injection for coronary xrays	0.40	0.58	0.51	0.57	0.50	0.19	1.17	1.10	1.16	1.09	000
93555		A	Imaging, cardiac cath	0.81	6.67	6.75	6.67	6.75	0.33	7.81	7.89	7.81	7.89	XXX
93555	26	A	Imaging, cardiac cath	0.81	0.33	0.30	0.33	0.30	0.03	1.17	1.14	1.17	1.14	XXX
93555	TC	A	Imaging, cardiac cath	0.00	6.34	6.45	6.34	6.45	0.30	6.64	6.75	6.64	6.75	XXX
93556		A	Imaging, cardiac cath	0.83	10.34	10.62	10.34	10.62	0.50	11.67	11.95	11.67	11.95	XXX
93556	26	A	Imaging, cardiac cath	0.83	0.34	0.45	0.34	0.45	0.05	1.22	1.33	1.22	1.33	XXX
93556	TC	A	Imaging, cardiac cath	0.00	10.00	10.17	10.00	10.17	0.45	10.45	10.62	10.45	10.62	XXX
93561		A	Cardiac output measurement	0.50	0.71	1.03	0.71	1.03	0.12	1.33	1.65	1.33	1.65	000
93561	26	A	Cardiac output measurement	0.50	0.17	0.49	0.17	0.49	0.07	0.74	1.06	0.74	1.06	000
93561	TC	A	Cardiac output measurement	0.00	0.54	0.54	0.54	0.54	0.05	0.59	0.59	0.59	0.59	000
93562		A	Cardiac output measurement	0.16	0.37	0.49	0.37	0.49	0.08	0.61	0.73	0.61	0.73	000
93562	26	A	Cardiac output measurement	0.16	0.05	0.16	0.05	0.16	0.05	0.26	0.37	0.26	0.37	000
93562	TC	A	Cardiac output measurement	0.00	0.32	0.33	0.32	0.33	0.03	0.35	0.36	0.35	0.36	000
93571		A	Heart flow reserve measure	1.80	5.41	5.41	5.41	5.41	0.28	7.49	7.49	7.49	7.49	ZZZ
93571	26	A	Heart flow reserve measure	1.80	0.68	0.68	0.68	0.68	0.06	2.54	2.54	2.54	2.54	ZZZ
93571	TC	A	Heart flow reserve measure	0.00	4.73	4.73	4.73	4.73	0.22	4.95	4.95	4.95	4.95	ZZZ
93572		A	Heart flow reserve measure	1.44	5.28	5.28	5.28	5.28	0.16	6.88	6.88	6.88	6.88	ZZZ
93572	26	A	Heart flow reserve measure	1.44	0.55	0.55	0.55	0.55	0.05	2.04	2.04	2.04	2.04	ZZZ

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work [3] RVUs	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
93572	TC	A	Heart flow reserve measure	0.00	4.73	4.73	4.73	4.73	0.11	4.84	4.84	4.84	4.84	ZZZ
93600		A	Bundle of His recording	2.12	2.90	4.14	2.90	4.14	0.30	5.32	6.56	5.32	6.56	000
93600	26	A	Bundle of His recording	2.12	0.88	2.12	0.88	2.12	0.19	3.19	4.43	3.19	4.43	000
93600	TC	A	Bundle of His recording	0.00	2.02	2.02	2.02	2.02	0.11	2.13	2.13	2.13	2.13	000
93602		A	Intra-atrial recording	2.12	2.04	2.81	2.04	2.81	0.17	4.33	5.10	4.33	5.10	000
93602	26	A	Intra-atrial recording	2.12	0.88	1.66	0.88	1.66	0.11	3.11	3.89	3.11	3.89	000
93602	TC	A	Intra-atrial recording	0.00	1.16	1.15	1.16	1.15	0.06	1.22	1.21	1.22	1.21	000
93603		A	Right ventricular recording	2.12	2.62	3.75	2.62	3.75	0.22	4.96	6.09	4.96	6.09	000
93603	26	A	Right ventricular recording	2.12	0.88	2.01	0.88	2.01	0.13	3.13	4.26	3.13	4.26	000
93603	TC	A	Right ventricular recording	0.00	1.74	1.74	1.74	1.74	0.09	1.83	1.83	1.83	1.83	000
93607		A	Right ventricular recording	3.26	2.92	3.68	2.92	3.68	0.22	6.40	7.16	6.40	7.16	000
93607	26	A	Right ventricular recording	3.26	1.37	2.14	1.37	2.14	0.13	4.76	5.53	4.76	5.53	000
93607	TC	A	Right ventricular recording	0.00	1.55	1.54	1.55	1.54	0.09	1.64	1.63	1.64	1.63	000
93609		A	Mapping of tachycardia	10.07	6.98	6.98	6.98	6.98	0.37	17.42	17.42	17.42	17.42	000
93609	26	A	Mapping of tachycardia	10.07	4.16	4.17	4.16	4.17	0.22	14.45	14.46	14.45	14.46	000
93609	TC	A	Mapping of tachycardia	0.00	2.82	2.81	2.82	2.81	0.15	2.97	2.96	2.97	2.96	000
93610		A	Intra-atrial pacing	3.02	2.64	3.59	2.64	3.59	0.21	5.87	6.82	5.87	6.82	000
93610	26	A	Intra-atrial pacing	3.02	1.24	2.19	1.24	2.19	0.13	4.39	5.34	4.39	5.34	000
93610	TC	A	Intra-atrial pacing	0.00	1.40	1.40	1.40	1.40	0.08	1.48	1.48	1.48	1.48	000
93612		A	Intraventricular pacing	3.02	2.91	3.89	2.91	3.89	0.22	6.15	7.13	6.15	7.13	000
93612	26	A	Intraventricular pacing	3.02	1.24	2.22	1.24	2.22	0.13	4.39	5.37	4.39	5.37	000
93612	TC	A	Intraventricular pacing	0.00	1.67	1.67	1.67	1.67	0.09	1.76	1.76	1.76	1.76	000
93615		A	Esophageal recording	0.99	0.54	0.67	0.54	0.67	0.04	1.57	1.70	1.57	1.70	000
93615	26	A	Esophageal recording	0.99	0.21	0.34	0.21	0.34	0.02	1.22	1.35	1.22	1.35	000
93615	TC	A	Esophageal recording	0.00	0.33	0.33	0.33	0.33	0.02	0.35	0.35	0.35	0.35	000
93616		A	Esophageal recording	1.49	0.72	1.54	0.72	1.54	0.08	2.29	3.11	2.29	3.11	000
93616	26	A	Esophageal recording	1.49	0.39	1.21	0.39	1.21	0.06	1.94	2.76	1.94	2.76	000
93616	TC	A	Esophageal recording	0.00	0.33	0.33	0.33	0.33	0.02	0.35	0.35	0.35	0.35	000
93618		A	Heart rhythm pacing	4.26	5.89	8.36	5.89	8.36	0.56	10.71	13.18	10.71	13.18	000
93618	26	A	Heart rhythm pacing	4.26	1.78	4.26	1.78	4.26	0.34	6.38	8.86	6.38	8.86	000
93618	TC	A	Heart rhythm pacing	0.00	4.11	4.10	4.11	4.10	0.22	4.33	4.32	4.33	4.32	000
93619		A	Electrophysiology evaluation	7.32	11.01	15.29	11.01	15.29	1.09	19.42	23.70	19.42	23.70	000
93619	26	A	Electrophysiology evaluation	7.32	3.02	7.31	3.02	7.31	0.67	11.01	15.30	11.01	15.30	000
93619	TC	A	Electrophysiology evaluation	0.00	7.99	7.98	7.99	7.98	0.42	8.41	8.40	8.41	8.40	000
93620		A	Electrophysiology evaluation	11.59	14.08	20.86	14.08	20.86	1.21	26.88	33.66	26.88	33.66	000
93620	26	A	Electrophysiology evaluation	11.59	4.78	11.58	4.78	11.58	0.74	17.11	23.91	17.11	23.91	000
93620	TC	A	Electrophysiology evaluation	0.00	9.30	9.28	9.30	9.28	0.47	9.77	9.75	9.77	9.75	000
93621		C	Electrophysiology evaluation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	000
93621	26	A	Electrophysiology evaluation	12.66	5.26	12.66	5.26	12.66	0.87	18.79	26.19	18.79	26.19	000
93621	TC	C	Electrophysiology evaluation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	000

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
93622		C	Electrophysiology evaluation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	000
93622	26	A	Electrophysiology evaluation	12.74	5.25	12.71	5.25	12.71	0.84	18.83	26.29	18.83	26.29	000
93622	TC	C	Electrophysiology evaluation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	000
93623		C	Stimulation, pacing heart	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
93623	26	A	Stimulation, pacing heart	2.85	1.18	2.56	1.18	2.56	0.16	4.19	5.57	4.19	5.57	ZZZ
93623	TC	C	Stimulation, pacing heart	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
93624		A	Electrophysiologic study	4.81	3.99	4.96	3.99	4.96	0.27	9.07	10.04	9.07	10.04	000
93624	26	A	Electrophysiologic study	4.81	1.93	2.91	1.93	2.91	0.16	6.90	7.88	6.90	7.88	000
93624	TC	A	Electrophysiologic study	0.00	2.06	2.05	2.06	2.05	0.11	2.17	2.16	2.17	2.16	000
93631		A	Heart pacing, mapping	7.60	9.55	11.84	9.55	11.84	1.07	18.22	20.51	18.22	20.51	000
93631	26	A	Heart pacing, mapping	7.60	3.18	5.48	3.18	5.48	0.52	11.30	13.60	11.30	13.60	000
93631	TC	A	Heart pacing, mapping	0.00	6.37	6.36	6.37	6.36	0.55	6.92	6.91	6.92	6.91	000
93640		A	Evaluation heart device	3.52	8.93	10.95	8.93	10.95	0.86	13.31	15.33	13.31	15.33	000
93640	26	A	Evaluation heart device	3.52	1.48	3.52	1.48	3.52	0.48	5.48	7.52	5.48	7.52	000
93640	TC	A	Evaluation heart device	0.00	7.45	7.43	7.45	7.43	0.38	7.83	7.81	7.83	7.81	000
93641		A	Electrophysiology evaluation	5.93	9.90	13.35	9.90	13.35	0.86	16.69	20.14	16.69	20.14	000
93641	26	A	Electrophysiology evaluation	5.93	2.45	5.92	2.45	5.92	0.48	8.86	12.33	8.86	12.33	000
93641	TC	A	Electrophysiology evaluation	0.00	7.45	7.43	7.45	7.43	0.38	7.83	7.81	7.83	7.81	000
93642		A	Electrophysiology evaluation	4.89	9.47	12.32	9.47	12.32	0.86	15.22	18.07	15.22	18.07	000
93642	26	A	Electrophysiology evaluation	4.89	2.02	4.89	2.02	4.89	0.48	7.39	10.26	7.39	10.26	000
93642	TC	A	Electrophysiology evaluation	0.00	7.45	7.43	7.45	7.43	0.38	7.83	7.81	7.83	7.81	000
93650		A	Ablate heart dysrhythm focus	10.51	NA	NA	6.25	10.98	1.05	NA	NA	17.81	22.54	000
93651		A	Ablate heart dysrhythm focus	16.25	NA	NA	10.57	17.16	1.05	NA	NA	27.87	34.46	000
93652		A	Ablate heart dysrhythm focus	17.68	NA	NA	11.09	17.29	1.05	NA	NA	29.82	36.02	000
93660		C	Tilt table evaluation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	000
93660	26	A	Tilt table evaluation	1.89	0.77	1.36	0.77	1.36	0.13	2.79	3.38	2.79	3.38	000
93660	TC	C	Tilt table evaluation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	000
93720		A	Total body plethysmography	0.17	0.77	0.92	0.77	0.63	0.07	1.01	1.16	1.01	0.87	XXX
93721		A	Plethysmography tracing	0.00	0.72	0.73	0.72	0.46	0.05	0.77	0.78	0.77	0.51	XXX
93722		A	Plethysmography report	0.17	0.05	0.19	0.05	0.17	0.02	0.24	0.38	0.24	0.36	XXX
93724		A	Analyze pacemaker system	4.89	6.15	6.96	6.15	6.96	0.39	11.43	12.24	11.43	12.24	000
93724	26	A	Analyze pacemaker system	4.89	2.04	2.86	2.04	2.86	0.17	7.10	7.92	7.10	7.92	000
93724	TC	A	Analyze pacemaker system	0.00	4.11	4.10	4.11	4.10	0.22	4.33	4.32	4.33	4.32	000
93731		A	Analyze pacemaker system	0.45	0.70	0.82	0.70	0.82	0.05	1.20	1.32	1.20	1.32	XXX
93731	26	A	Analyze pacemaker system	0.45	0.19	0.31	0.19	0.31	0.02	0.66	0.78	0.66	0.78	XXX
93731	TC	A	Analyze pacemaker system	0.00	0.51	0.51	0.51	0.51	0.03	0.54	0.54	0.54	0.54	XXX
93732		A	Analyze pacemaker system	0.92	0.90	0.97	0.90	0.97	0.06	1.88	1.95	1.88	1.95	XXX
93732	26	A	Analyze pacemaker system	0.92	0.37	0.44	0.37	0.44	0.03	1.32	1.39	1.32	1.39	XXX
93732	TC	A	Analyze pacemaker system	0.00	0.53	0.53	0.53	0.53	0.03	0.56	0.56	0.56	0.56	XXX
93733		A	Telephone analysis,pacemaker	0.17	0.81	0.93	0.81	0.93	0.07	1.05	1.17	1.05	1.17	XXX

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work [3] RVUs	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
93733	26	A	Telephone analysis,pacemaker	0.17	0.07	0.18	0.07	0.18	0.02	0.26	0.37	0.26	0.37	XXX
93733	TC	A	Telephone analysis,pacemaker	0.00	0.74	0.75	0.74	0.75	0.05	0.79	0.80	0.79	0.80	XXX
93734		A	Analyze pacemaker system	0.38	0.51	0.65	0.51	0.65	0.04	0.93	1.07	0.93	1.07	XXX
93734	26	A	Analyze pacemaker system	0.38	0.15	0.29	0.15	0.29	0.02	0.55	0.69	0.55	0.69	XXX
93734	TC	A	Analyze pacemaker system	0.00	0.36	0.36	0.36	0.36	0.02	0.38	0.38	0.38	0.38	XXX
93735		A	Analyze pacemaker system	0.74	0.75	0.89	0.75	0.89	0.06	1.55	1.69	1.55	1.69	XXX
93735	26	A	Analyze pacemaker system	0.74	0.30	0.43	0.30	0.43	0.03	1.07	1.20	1.07	1.20	XXX
93735	TC	A	Analyze pacemaker system	0.00	0.45	0.46	0.45	0.46	0.03	0.48	0.49	0.48	0.49	XXX
93736		A	Telephone analysis,pacemaker	0.15	0.71	0.80	0.71	0.80	0.07	0.93	1.02	0.93	1.02	XXX
93736	26	A	Telephone analysis,pacemaker	0.15	0.06	0.15	0.06	0.15	0.02	0.23	0.32	0.23	0.32	XXX
93736	TC	A	Telephone analysis,pacemaker	0.00	0.65	0.65	0.65	0.65	0.05	0.70	0.70	0.70	0.70	XXX
93737		A	Analyze cardio/defibrillator	0.45	0.70	0.78	0.70	0.78	0.05	1.20	1.28	1.20	1.28	XXX
93737	26	A	Analyze cardio/defibrillator	0.45	0.19	0.27	0.19	0.27	0.02	0.66	0.74	0.66	0.74	XXX
93737	TC	A	Analyze cardio/defibrillator	0.00	0.51	0.51	0.51	0.51	0.03	0.54	0.54	0.54	0.54	XXX
93738		A	Analyze cardio/defibrillator	0.92	0.90	0.94	0.90	0.94	0.05	1.87	1.91	1.87	1.91	XXX
93738	26	A	Analyze cardio/defibrillator	0.92	0.37	0.41	0.37	0.41	0.02	1.31	1.35	1.31	1.35	XXX
93738	TC	A	Analyze cardio/defibrillator	0.00	0.53	0.53	0.53	0.53	0.03	0.56	0.56	0.56	0.56	XXX
93740		A	Temperature gradient studies	0.16	0.19	0.42	0.19	0.42	0.03	0.38	0.61	0.38	0.61	XXX
93740	26	A	Temperature gradient studies	0.16	0.04	0.26	0.04	0.26	0.02	0.22	0.44	0.22	0.44	XXX
93740	TC	A	Temperature gradient studies	0.00	0.15	0.16	0.15	0.16	0.01	0.16	0.17	0.16	0.17	XXX
93760		N	Cephalic thermogram	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
93762		N	Peripheral thermogram	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
93770		A	Measure venous pressure	0.16	0.08	0.18	0.08	0.18	0.02	0.26	0.36	0.26	0.36	XXX
93770	26	A	Measure venous pressure	0.16	0.05	0.15	0.05	0.15	0.02	0.23	0.33	0.23	0.33	XXX
93770	TC	A	Measure venous pressure	0.00	0.03	0.03	0.03	0.03	0.00	0.03	0.03	0.03	0.03	XXX
93784		N	Ambulatory BP monitoring	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
93786		N	Ambulatory BP recording	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
93788		N	Ambulatory BP analysis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
93790		N	Review/report BP recording	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
93797		A	Cardiac rehab	0.18	0.30	0.24	0.07	0.10	0.02	0.50	0.44	0.27	0.30	000
93798		A	Cardiac rehab/monitor	0.28	0.35	0.47	0.11	0.22	0.03	0.66	0.78	0.42	0.53	000
93799		C	Cardiovascular procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
93799	26	C	Cardiovascular procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
93799	TC	C	Cardiovascular procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
93875		A	Extracranial study	0.22	1.22	1.35	1.22	1.35	0.14	1.58	1.71	1.58	1.71	XXX
93875	26	A	Extracranial study	0.22	0.07	0.21	0.07	0.21	0.05	0.34	0.48	0.34	0.48	XXX
93875	TC	A	Extracranial study	0.00	1.15	1.14	1.15	1.14	0.09	1.24	1.23	1.24	1.23	XXX
93880		A	Extracranial study	0.60	4.05	4.21	4.05	4.21	0.34	4.99	5.15	4.99	5.15	XXX
93880	26	A	Extracranial study	0.60	0.19	0.36	0.19	0.36	0.03	0.82	0.99	0.82	0.99	XXX
93880	TC	A	Extracranial study	0.00	3.86	3.85	3.86	3.85	0.31	4.17	4.16	4.17	4.16	XXX

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
93882		A	Extracranial study	0.40	2.69	2.80	2.69	2.80	0.22	3.31	3.42	3.31	3.42	XXX
93882	26	A	Extracranial study	0.40	0.13	0.24	0.13	0.24	0.02	0.55	0.66	0.55	0.66	XXX
93882	TC	A	Extracranial study	0.00	2.56	2.56	2.56	2.56	0.20	2.76	2.76	2.76	2.76	XXX
93886		A	Intracranial study	0.94	4.72	4.79	4.72	4.79	0.39	6.05	6.12	6.05	6.12	XXX
93886	26	A	Intracranial study	0.94	0.35	0.43	0.35	0.43	0.04	1.33	1.41	1.33	1.41	XXX
93886	TC	A	Intracranial study	0.00	4.37	4.36	4.37	4.36	0.35	4.72	4.71	4.72	4.71	XXX
93888		A	Intracranial study	0.62	3.14	3.19	3.14	3.19	0.26	4.02	4.07	4.02	4.07	XXX
93888	26	A	Intracranial study	0.62	0.23	0.28	0.23	0.28	0.02	0.87	0.92	0.87	0.92	XXX
93888	TC	A	Intracranial study	0.00	2.91	2.91	2.91	2.91	0.24	3.15	3.15	3.15	3.15	XXX
93922		A	Extremity study	0.25	1.29	1.44	1.29	1.44	0.15	1.69	1.84	1.69	1.84	XXX
93922	26	A	Extremity study	0.25	0.09	0.25	0.09	0.25	0.04	0.38	0.54	0.38	0.54	XXX
93922	TC	A	Extremity study	0.00	1.20	1.19	1.20	1.19	0.11	1.31	1.30	1.31	1.30	XXX
93923		A	Extremity study	0.45	2.41	2.70	2.41	2.70	0.27	3.13	3.42	3.13	3.42	XXX
93923	26	A	Extremity study	0.45	0.15	0.44	0.15	0.44	0.07	0.67	0.96	0.67	0.96	XXX
93923	TC	A	Extremity study	0.00	2.26	2.26	2.26	2.26	0.20	2.46	2.46	2.46	2.46	XXX
93924		A	Extremity study	0.50	2.64	2.95	2.64	2.95	0.31	3.45	3.76	3.45	3.76	XXX
93924	26	A	Extremity study	0.50	0.18	0.50	0.18	0.50	0.08	0.76	1.08	0.76	1.08	XXX
93924	TC	A	Extremity study	0.00	2.46	2.45	2.46	2.45	0.23	2.69	2.68	2.69	2.68	XXX
93925		A	Lower extremity study	0.58	4.07	4.23	4.07	4.23	0.34	4.99	5.15	4.99	5.15	XXX
93925	26	A	Lower extremity study	0.58	0.19	0.36	0.19	0.36	0.03	0.80	0.97	0.80	0.97	XXX
93925	TC	A	Lower extremity study	0.00	3.88	3.87	3.88	3.87	0.31	4.19	4.18	4.19	4.18	XXX
93926		A	Lower extremity study	0.39	2.71	2.82	2.71	2.82	0.23	3.33	3.44	3.33	3.44	XXX
93926	26	A	Lower extremity study	0.39	0.12	0.24	0.12	0.24	0.02	0.53	0.65	0.53	0.65	XXX
93926	TC	A	Lower extremity study	0.00	2.59	2.58	2.59	2.58	0.21	2.80	2.79	2.80	2.79	XXX
93930		A	Upper extremity study	0.46	4.27	4.46	4.27	4.46	0.37	5.10	5.29	5.10	5.29	XXX
93930	26	A	Upper extremity study	0.46	0.15	0.35	0.15	0.35	0.04	0.65	0.85	0.65	0.85	XXX
93930	TC	A	Upper extremity study	0.00	4.12	4.11	4.12	4.11	0.33	4.45	4.44	4.45	4.44	XXX
93931		A	Upper extremity study	0.31	2.85	2.98	2.85	2.98	0.24	3.40	3.53	3.40	3.53	XXX
93931	26	A	Upper extremity study	0.31	0.10	0.24	0.10	0.24	0.02	0.43	0.57	0.43	0.57	XXX
93931	TC	A	Upper extremity study	0.00	2.75	2.74	2.75	2.74	0.22	2.97	2.96	2.97	2.96	XXX
93965		A	Extremity study	0.35	1.24	1.47	1.24	1.47	0.15	1.74	1.97	1.74	1.97	XXX
93965	26	A	Extremity study	0.35	0.11	0.34	0.11	0.34	0.05	0.51	0.74	0.51	0.74	XXX
93965	TC	A	Extremity study	0.00	1.13	1.13	1.13	1.13	0.10	1.23	1.23	1.23	1.23	XXX
93970		A	Extremity study	0.68	4.51	4.66	4.51	4.66	0.40	5.59	5.74	5.59	5.74	XXX
93970	26	A	Extremity study	0.68	0.22	0.38	0.22	0.38	0.04	0.94	1.10	0.94	1.10	XXX
93970	TC	A	Extremity study	0.00	4.29	4.28	4.29	4.28	0.36	4.65	4.64	4.65	4.64	XXX
93971		A	Extremity study	0.45	2.98	3.09	2.98	3.09	0.26	3.69	3.80	3.69	3.80	XXX
93971	26	A	Extremity study	0.45	0.13	0.25	0.13	0.25	0.02	0.60	0.72	0.60	0.72	XXX
93971	TC	A	Extremity study	0.00	2.85	2.84	2.85	2.84	0.24	3.09	3.08	3.09	3.08	XXX
93975		A	Vascular study	1.80	5.42	5.35	5.42	5.35	0.43	7.65	7.58	7.65	7.58	XXX

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1]/ HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
93975	26	A	Vascular study	1.80	0.53	0.48	0.53	0.48	0.04	2.37	2.32	2.37	2.32	XXX
93975	TC	A	Vascular study	0.00	4.89	4.87	4.89	4.87	0.39	5.28	5.26	5.28	5.26	XXX
93976		A	Vascular study	1.21	3.59	3.55	3.59	3.55	0.29	5.09	5.05	5.09	5.05	XXX
93976	26	A	Vascular study	1.21	0.34	0.31	0.34	0.31	0.02	1.57	1.54	1.57	1.54	XXX
93976	TC	A	Vascular study	0.00	3.25	3.24	3.25	3.24	0.27	3.52	3.51	3.52	3.51	XXX
93978		A	Vascular study	0.65	4.22	4.36	4.22	4.36	0.37	5.24	5.38	5.24	5.38	XXX
93978	26	A	Vascular study	0.65	0.22	0.37	0.22	0.37	0.04	0.91	1.06	0.91	1.06	XXX
93978	TC	A	Vascular study	0.00	4.00	3.99	4.00	3.99	0.33	4.33	4.32	4.33	4.32	XXX
93979		A	Vascular study	0.44	2.80	2.90	2.80	2.90	0.24	3.48	3.58	3.48	3.58	XXX
93979	26	A	Vascular study	0.44	0.15	0.25	0.15	0.25	0.02	0.61	0.71	0.61	0.71	XXX
93979	TC	A	Vascular study	0.00	2.65	2.65	2.65	2.65	0.22	2.87	2.87	2.87	2.87	XXX
93980		A	Penile vascular study	1.25	4.03	4.39	4.03	4.39	0.35	5.63	5.99	5.63	5.99	XXX
93980	26	A	Penile vascular study	1.25	0.40	0.77	0.40	0.77	0.05	1.70	2.07	1.70	2.07	XXX
93980	TC	A	Penile vascular study	0.00	3.63	3.62	3.63	3.62	0.30	3.93	3.92	3.93	3.92	XXX
93981		A	Penile vascular study	0.44	3.48	3.70	3.48	3.70	0.30	4.22	4.44	4.22	4.44	XXX
93981	26	A	Penile vascular study	0.44	0.13	0.36	0.13	0.36	0.02	0.59	0.82	0.59	0.82	XXX
93981	TC	A	Penile vascular study	0.00	3.35	3.34	3.35	3.34	0.28	3.63	3.62	3.63	3.62	XXX
93990		A	Doppler flow testing	0.25	2.69	2.76	2.69	2.76	0.23	3.17	3.24	3.17	3.24	XXX
93990	26	A	Doppler flow testing	0.25	0.10	0.18	0.10	0.18	0.02	0.37	0.45	0.37	0.45	XXX
93990	TC	A	Doppler flow testing	0.00	2.59	2.58	2.59	2.58	0.21	2.80	2.79	2.80	2.79	XXX
94010		A	Breathing capacity test	0.17	0.49	0.67	0.49	0.67	0.04	0.70	0.88	0.70	0.88	XXX
94010	26	A	Breathing capacity test	0.17	0.05	0.24	0.05	0.24	0.02	0.24	0.43	0.24	0.43	XXX
94010	TC	A	Breathing capacity test	0.00	0.44	0.43	0.44	0.43	0.02	0.46	0.45	0.46	0.45	XXX
94014		A	Patient recorded spirometry	0.52	0.63	0.63	0.63	0.63	0.04	1.19	1.19	1.19	1.19	XXX
94014	26	A	Patient recorded spirometry	0.52	0.20	0.20	0.20	0.20	0.02	0.74	0.74	0.74	0.74	XXX
94014	TC	A	Patient recorded spirometry	0.00	0.43	0.43	0.43	0.43	0.02	0.45	0.45	0.45	0.45	XXX
94015		B	Patient recorded spirometry	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
94015	26	B	Patient recorded spirometry	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
94015	TC	B	Patient recorded spirometry	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
94016		A	Review patient spirometry	0.52	0.20	0.20	0.20	0.20	0.04	0.76	0.76	0.76	0.76	XXX
94060		A	Evaluation of wheezing	0.31	1.06	1.27	1.06	1.27	0.07	1.44	1.65	1.44	1.65	XXX
94060	26	A	Evaluation of wheezing	0.31	0.09	0.30	0.09	0.30	0.02	0.42	0.63	0.42	0.63	XXX
94060	TC	A	Evaluation of wheezing	0.00	0.97	0.97	0.97	0.97	0.05	1.02	1.02	1.02	1.02	XXX
94070		A	Evaluation of wheezing	0.60	1.70	1.86	1.70	1.86	0.10	2.40	2.56	2.40	2.56	XXX
94070	26	A	Evaluation of wheezing	0.60	0.18	0.35	0.18	0.35	0.02	0.80	0.97	0.80	0.97	XXX
94070	TC	A	Evaluation of wheezing	0.00	1.52	1.51	1.52	1.51	0.08	1.60	1.59	1.60	1.59	XXX
94150		B	Vital capacity test	+0.07	0.12	0.17	0.12	0.17	0.02	0.21	0.26	0.21	0.26	XXX
94150	26	B	Vital capacity test	+0.07	0.03	0.08	0.03	0.08	0.01	0.11	0.16	0.11	0.16	XXX
94150	TC	B	Vital capacity test	+0.00	0.09	0.09	0.09	0.09	0.01	0.10	0.10	0.10	0.10	XXX
94200		A	Lung function test (MBC/MVV)	0.11	0.29	0.37	0.29	0.37	0.03	0.43	0.51	0.43	0.51	XXX

3 +Indicates RVUs are not used for Medicare payment.

ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1]/ HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
94200	26	A	Lung function test (MBC/MVV)	0.11	0.03	0.11	0.03	0.11	0.01	0.15	0.23	0.15	0.23	XXX
94200	TC	A	Lung function test (MBC/MVV)	0.00	0.26	0.26	0.26	0.26	0.02	0.28	0.28	0.28	0.28	XXX
94240		A	Residual lung capacity	0.26	0.78	0.92	0.78	0.92	0.06	1.10	1.24	1.10	1.24	XXX
94240	26	A	Residual lung capacity	0.26	0.07	0.21	0.07	0.21	0.02	0.35	0.49	0.35	0.49	XXX
94240	TC	A	Residual lung capacity	0.00	0.71	0.71	0.71	0.71	0.04	0.75	0.75	0.75	0.75	XXX
94250		A	Expired gas collection	0.11	0.17	0.25	0.17	0.25	0.02	0.30	0.38	0.30	0.38	XXX
94250	26	A	Expired gas collection	0.11	0.03	0.11	0.03	0.11	0.01	0.15	0.23	0.15	0.23	XXX
94250	TC	A	Expired gas collection	0.00	0.14	0.14	0.14	0.14	0.01	0.15	0.15	0.15	0.15	XXX
94260		A	Thoracic gas volume	0.13	0.61	0.68	0.61	0.68	0.05	0.79	0.86	0.79	0.86	XXX
94260	26	A	Thoracic gas volume	0.13	0.04	0.12	0.04	0.12	0.02	0.19	0.27	0.19	0.27	XXX
94260	TC	A	Thoracic gas volume	0.00	0.57	0.56	0.57	0.56	0.03	0.60	0.59	0.60	0.59	XXX
94350		A	Lung nitrogen washout curve	0.26	0.64	0.75	0.64	0.75	0.04	0.94	1.05	0.94	1.05	XXX
94350	26	A	Lung nitrogen washout curve	0.26	0.07	0.19	0.07	0.19	0.01	0.34	0.46	0.34	0.46	XXX
94350	TC	A	Lung nitrogen washout curve	0.00	0.57	0.56	0.57	0.56	0.03	0.60	0.59	0.60	0.59	XXX
94360		A	Measure airflow resistance	0.26	1.07	1.18	1.07	1.18	0.06	1.39	1.50	1.39	1.50	XXX
94360	26	A	Measure airflow resistance	0.26	0.07	0.18	0.07	0.18	0.01	0.34	0.45	0.34	0.45	XXX
94360	TC	A	Measure airflow resistance	0.00	1.00	1.00	1.00	1.00	0.05	1.05	1.05	1.05	1.05	XXX
94370		A	Breath airway closing volume	0.26	0.35	0.41	0.35	0.41	0.03	0.64	0.70	0.64	0.70	XXX
94370	26	A	Breath airway closing volume	0.26	0.07	0.13	0.07	0.13	0.01	0.34	0.40	0.34	0.40	XXX
94370	TC	A	Breath airway closing volume	0.00	0.28	0.28	0.28	0.28	0.02	0.30	0.30	0.30	0.30	XXX
94375		A	Respiratory flow volume loop	0.31	0.59	0.70	0.59	0.70	0.03	0.93	1.04	0.93	1.04	XXX
94375	26	A	Respiratory flow volume loop	0.31	0.09	0.20	0.09	0.20	0.01	0.41	0.52	0.41	0.52	XXX
94375	TC	A	Respiratory flow volume loop	0.00	0.50	0.50	0.50	0.50	0.02	0.52	0.52	0.52	0.52	XXX
94400		A	CO2 breathing response curve	0.40	0.44	0.74	0.44	0.74	0.15	0.99	1.29	0.99	1.29	XXX
94400	26	A	CO2 breathing response curve	0.40	0.11	0.41	0.11	0.41	0.10	0.61	0.91	0.61	0.91	XXX
94400	TC	A	CO2 breathing response curve	0.00	0.33	0.33	0.33	0.33	0.05	0.38	0.38	0.38	0.38	XXX
94450		A	Hypoxia response curve	0.40	0.52	0.63	0.52	0.63	0.04	0.96	1.07	0.96	1.07	XXX
94450	26	A	Hypoxia response curve	0.40	0.12	0.23	0.12	0.23	0.02	0.54	0.65	0.54	0.65	XXX
94450	TC	A	Hypoxia response curve	0.00	0.40	0.40	0.40	0.40	0.02	0.42	0.42	0.42	0.42	XXX
94620		A	Pulmonary stress test/simple	0.88	1.74	2.11	1.74	2.11	0.12	2.74	3.11	2.74	3.11	XXX
94620	26	A	Pulmonary stress test/simple	0.88	0.27	0.64	0.27	0.64	0.04	1.19	1.56	1.19	1.56	XXX
94620	TC	A	Pulmonary stress test/simple	0.00	1.47	1.47	1.47	1.47	0.08	1.55	1.55	1.55	1.55	XXX
94621		A	Pulm stress test/complex	0.88	1.74	1.74	1.74	1.74	0.12	2.74	2.74	2.74	2.74	XXX
94621	26	A	Pulm stress test/complex	0.88	0.27	0.27	0.27	0.27	0.04	1.19	1.19	1.19	1.19	XXX
94621	TC	A	Pulm stress test/complex	0.00	1.47	1.47	1.47	1.47	0.08	1.55	1.55	1.55	1.55	XXX
94640		A	Airway inhalation treatment	0.00	0.43	0.42	0.43	0.42	0.02	0.45	0.44	0.45	0.44	XXX
94642		C	Aerosol inhalation treatment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
94650		A	Pressure breathing (IPPB)	0.00	0.40	0.40	0.40	0.40	0.02	0.42	0.42	0.42	0.42	XXX
94651		A	Pressure breathing (IPPB)	0.00	0.39	0.39	0.39	0.39	0.02	0.41	0.41	0.41	0.41	XXX
94652		A	Pressure breathing (IPPB)	0.00	NA	NA	0.44	0.44	0.06	NA	NA	0.50	0.50	XXX

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work [3] RVUs	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
94656		A	Initial ventilator mgmt	1.22	NA	NA	0.36	1.01	0.09	NA	NA	1.67	2.32	XXX
94657		A	Cont. ventilator	0.83	NA	NA	0.30	0.58	0.04	NA	NA	1.17	1.45	XXX
94660		A	Pos airway pressure, CPAP	0.76	0.48	0.70	0.28	0.65	0.05	1.29	1.51	1.09	1.46	XXX
94662		A	Neg pressure ventilation,cnp	0.76	NA	NA	0.28	0.32	0.02	NA	NA	1.06	1.10	XXX
94664		A	Aerosol or vapor inhalations	0.00	0.55	0.54	0.55	0.54	0.03	0.58	0.57	0.58	0.57	XXX
94665		A	Aerosol or vapor inhalations	0.00	0.50	0.50	0.50	0.50	0.04	0.54	0.54	0.54	0.54	XXX
94667		A	Chest wall manipulation	0.00	0.60	0.60	0.60	0.60	0.04	0.64	0.64	0.64	0.64	XXX
94668		A	Chest wall manipulation	0.00	0.37	0.37	0.37	0.37	0.02	0.39	0.39	0.39	0.39	XXX
94680		A	Exhaled air analysis: O2	0.26	0.61	0.78	0.61	0.78	0.07	0.94	1.11	0.94	1.11	XXX
94680	26	A	Exhaled air analysis: O2	0.26	0.08	0.25	0.08	0.25	0.02	0.36	0.53	0.36	0.53	XXX
94680	TC	A	Exhaled air analysis: O2	0.00	0.53	0.53	0.53	0.53	0.05	0.58	0.58	0.58	0.58	XXX
94681		A	Exhaled air analysis: O2,CO2	0.20	1.50	1.63	1.50	1.63	0.13	1.83	1.96	1.83	1.96	XXX
94681	26	A	Exhaled air analysis: O2,CO2	0.20	0.06	0.20	0.06	0.20	0.03	0.29	0.43	0.29	0.43	XXX
94681	TC	A	Exhaled air analysis: O2,CO2	0.00	1.44	1.43	1.44	1.43	0.10	1.54	1.53	1.54	1.53	XXX
94690		A	Exhaled air analysis	0.07	0.58	0.59	0.58	0.59	0.03	0.68	0.69	0.68	0.69	XXX
94690	26	A	Exhaled air analysis	0.07	0.02	0.04	0.02	0.04	0.00	0.09	0.11	0.09	0.11	XXX
94690	TC	A	Exhaled air analysis	0.00	0.56	0.55	0.56	0.55	0.03	0.59	0.58	0.59	0.58	XXX
94720		A	Monoxide diffusing capacity	0.26	0.94	1.08	0.94	1.08	0.07	1.27	1.41	1.27	1.41	XXX
94720	26	A	Monoxide diffusing capacity	0.26	0.07	0.21	0.07	0.21	0.02	0.35	0.49	0.35	0.49	XXX
94720	TC	A	Monoxide diffusing capacity	0.00	0.87	0.87	0.87	0.87	0.05	0.92	0.92	0.92	0.92	XXX
94725		A	Membrane diffusion capacity	0.26	1.89	1.97	1.89	1.97	0.11	2.26	2.34	2.26	2.34	XXX
94725	26	A	Membrane diffusion capacity	0.26	0.08	0.17	0.08	0.17	0.01	0.35	0.44	0.35	0.44	XXX
94725	TC	A	Membrane diffusion capacity	0.00	1.81	1.80	1.81	1.80	0.10	1.91	1.90	1.91	1.90	XXX
94750		A	Pulmonary compliance study	0.23	0.67	0.82	0.67	0.82	0.05	0.95	1.10	0.95	1.10	XXX
94750	26	A	Pulmonary compliance study	0.23	0.07	0.22	0.07	0.22	0.02	0.32	0.47	0.32	0.47	XXX
94750	TC	A	Pulmonary compliance study	0.00	0.60	0.60	0.60	0.60	0.03	0.63	0.63	0.63	0.63	XXX
94760		A	Measure blood oxygen level	0.00	0.27	0.27	0.27	0.27	0.02	0.29	0.29	0.29	0.29	XXX
94761		A	Measure blood oxygen level	0.00	0.70	0.69	0.70	0.69	0.05	0.75	0.74	0.75	0.74	XXX
94762		A	Measure blood oxygen level	0.00	1.18	1.17	1.18	1.17	0.08	1.26	1.25	1.26	1.25	XXX
94770		A	Exhaled carbon dioxide test	0.15	0.36	0.41	0.36	0.41	0.08	0.59	0.64	0.59	0.64	XXX
94770	26	A	Exhaled carbon dioxide test	0.15	0.04	0.10	0.04	0.10	0.02	0.21	0.27	0.21	0.27	XXX
94770	TC	A	Exhaled carbon dioxide test	0.00	0.32	0.31	0.32	0.31	0.06	0.38	0.37	0.38	0.37	XXX
94772		C	Breath recording, infant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
94772	26	C	Breath recording, infant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
94772	TC	C	Breath recording, infant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
94799		C	Pulmonary service/procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
94799	26	C	Pulmonary service/procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
94799	TC	C	Pulmonary service/procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
95004		A	Allergy skin tests	0.00	0.10	0.10	0.10	0.10	0.01	0.11	0.11	0.11	0.11	XXX
95010		A	Sensitivity skin tests	0.15	0.33	0.17	0.06	0.06	0.01	0.49	0.33	0.22	0.22	XXX

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work [3] RVUs	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
95015		A	Sensitivity skin tests	0.15	0.39	0.19	0.06	0.06	0.01	0.55	0.35	0.22	0.22	XXX
95024		A	Allergy skin tests	0.00	0.14	0.15	0.14	0.15	0.01	0.15	0.16	0.15	0.16	XXX
95027		A	Skin end point titration	0.00	0.14	0.15	0.14	0.15	0.01	0.15	0.16	0.15	0.16	XXX
95028		A	Allergy skin tests	0.00	0.24	0.24	0.24	0.24	0.01	0.25	0.25	0.25	0.25	XXX
95044		A	Allergy patch tests	0.00	0.21	0.21	0.21	0.21	0.01	0.22	0.22	0.22	0.22	XXX
95052		A	Photo patch test	0.00	0.26	0.26	0.26	0.26	0.01	0.27	0.27	0.27	0.27	XXX
95056		A	Photosensitivity tests	0.00	0.19	0.18	0.10	0.09	0.01	0.20	0.19	0.11	0.10	XXX
95060		A	Eye allergy tests	0.00	0.36	0.36	0.36	0.36	0.02	0.38	0.38	0.38	0.38	XXX
95065		A	Nose allergy test	0.00	0.21	0.21	0.21	0.14	0.01	0.22	0.22	0.22	0.15	XXX
95070		A	Bronchial allergy tests	0.00	2.37	2.36	2.37	2.36	0.02	2.39	2.38	2.39	2.38	XXX
95071		A	Bronchial allergy tests	0.00	3.03	3.02	3.03	3.02	0.02	3.05	3.04	3.05	3.04	XXX
95075		A	Ingestion challenge test	0.95	0.68	1.78	0.38	0.90	0.02	1.65	2.75	1.35	1.87	XXX
95078		A	Provocative testing	0.00	0.26	0.26	0.26	0.26	0.02	0.28	0.28	0.28	0.28	XXX
95115		A	Immunotherapy, one injection	0.00	0.40	0.40	0.40	0.40	0.02	0.42	0.42	0.42	0.42	000
95117		A	Immunotherapy injections	0.00	0.52	0.52	0.52	0.52	0.02	0.54	0.54	0.54	0.54	000
95120		I	Immunotherapy, one injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
95125		I	Immunotherapy, many antigens	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
95130		I	Immunotherapy, insect venom	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
95131		I	Immunotherapy, insect venoms	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
95132		I	Immunotherapy, insect venoms	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
95133		I	Immunotherapy, insect venoms	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
95134		I	Immunotherapy, insect venoms	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
95144		A	Antigen therapy services	0.06	0.23	0.16	0.02	0.06	0.01	0.30	0.23	0.09	0.13	000
95145		A	Antigen therapy services	0.06	0.40	0.38	0.02	0.15	0.02	0.48	0.46	0.10	0.23	000
95146		A	Antigen therapy services	0.06	0.27	0.56	0.02	0.25	0.02	0.35	0.64	0.10	0.33	000
95147		A	Antigen therapy services	0.06	0.30	0.82	0.02	0.38	0.02	0.38	0.90	0.10	0.46	000
95148		A	Antigen therapy services	0.06	0.33	0.83	0.02	0.38	0.02	0.41	0.91	0.10	0.46	000
95149		A	Antigen therapy services	0.06	0.48	1.05	0.02	0.47	0.02	0.56	1.13	0.10	0.55	000
95165		A	Antigen therapy services	0.06	0.22	0.14	0.02	0.05	0.01	0.29	0.21	0.09	0.12	000
95170		A	Antigen therapy services	0.06	0.23	0.34	0.02	0.15	0.02	0.31	0.42	0.10	0.23	000
95180		A	Rapid desensitization	2.01	1.51	0.49	0.83	0.27	0.01	3.53	2.51	2.85	2.29	000
95199		C	Allergy immunology services	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	000
95805		A	Multiple sleep latency test	1.88	6.02	6.00	6.02	6.00	0.35	8.25	8.23	8.25	8.23	XXX
95805	26	A	Multiple sleep latency test	1.88	0.63	0.62	0.63	0.62	0.05	2.56	2.55	2.56	2.55	XXX
95805	TC	A	Multiple sleep latency test	0.00	5.39	5.38	5.39	5.38	0.30	5.69	5.68	5.69	5.68	XXX
95806		A	Sleep study, unattended	1.66	5.78	7.29	5.78	6.79	0.43	7.87	9.38	7.87	8.88	XXX
95806	26	A	Sleep study, unattended	1.66	0.63	2.15	0.63	1.65	0.15	2.44	3.96	2.44	3.46	XXX
95806	TC	A	Sleep study, unattended	0.00	5.15	5.14	5.15	5.14	0.28	5.43	5.42	5.43	5.42	XXX
95807		A	Sleep study, attended	1.66	7.37	8.47	7.37	8.47	0.53	9.56	10.66	9.56	10.66	XXX
95807	26	A	Sleep study, attended	1.66	0.51	1.62	0.51	1.62	0.15	2.32	3.43	2.32	3.43	XXX

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
95807	TC	A	Sleep study, attended	0.00	6.86	6.85	6.86	6.85	0.38	7.24	7.23	7.24	7.23	XXX
95808		A	Polysomnography, 1-3	2.65	7.74	9.07	7.74	9.07	0.53	10.92	12.25	10.92	12.25	XXX
95808	26	A	Polysomnography, 1-3	2.65	0.88	2.22	0.88	2.22	0.15	3.68	5.02	3.68	5.02	XXX
95808	TC	A	Polysomnography, 1-3	0.00	6.86	6.85	6.86	6.85	0.38	7.24	7.23	7.24	7.23	XXX
95810		A	Polysomnography, 4 or more	3.53	8.00	9.13	8.00	9.13	0.53	12.06	13.19	12.06	13.19	XXX
95810	26	A	Polysomnography, 4 or more	3.53	1.14	2.28	1.14	2.28	0.15	4.82	5.96	4.82	5.96	XXX
95810	TC	A	Polysomnography, 4 or more	0.00	6.86	6.85	6.86	6.85	0.38	7.24	7.23	7.24	7.23	XXX
95811		A	Polysomnography w/cpap	3.80	8.43	9.59	8.43	9.59	0.55	12.78	13.94	12.78	13.94	XXX
95811	26	A	Polysomnography w/cpap	3.80	1.22	2.40	1.22	2.40	0.16	5.18	6.36	5.18	6.36	XXX
95811	TC	A	Polysomnography w/cpap	0.00	7.21	7.19	7.21	7.19	0.39	7.60	7.58	7.60	7.58	XXX
95812		A	Electroencephalogram (EEG)	1.08	1.89	1.98	1.89	1.98	0.12	3.09	3.18	3.09	3.18	XXX
95812	26	A	Electroencephalogram (EEG)	1.08	0.42	0.51	0.42	0.51	0.03	1.53	1.62	1.53	1.62	XXX
95812	TC	A	Electroencephalogram (EEG)	0.00	1.47	1.47	1.47	1.47	0.09	1.56	1.56	1.56	1.56	XXX
95813		A	Electroencephalogram (EEG)	1.73	2.13	2.04	2.13	2.04	0.12	3.98	3.89	3.98	3.89	XXX
95813	26	A	Electroencephalogram (EEG)	1.73	0.66	0.57	0.66	0.57	0.03	2.42	2.33	2.42	2.33	XXX
95813	TC	A	Electroencephalogram (EEG)	0.00	1.47	1.47	1.47	1.47	0.09	1.56	1.56	1.56	1.56	XXX
95816		A	Electroencephalogram (EEG)	1.08	1.78	1.70	1.78	1.70	0.10	2.96	2.88	2.96	2.88	XXX
95816	26	A	Electroencephalogram (EEG)	1.08	0.42	0.33	0.42	0.33	0.02	1.52	1.43	1.52	1.43	XXX
95816	TC	A	Electroencephalogram (EEG)	0.00	1.36	1.37	1.36	1.37	0.08	1.44	1.45	1.44	1.45	XXX
95819		A	Electroencephalogram (EEG)	1.08	1.84	1.92	1.84	1.92	0.11	3.03	3.11	3.03	3.11	XXX
95819	26	A	Electroencephalogram (EEG)	1.08	0.42	0.51	0.42	0.51	0.03	1.53	1.62	1.53	1.62	XXX
95819	TC	A	Electroencephalogram (EEG)	0.00	1.42	1.41	1.42	1.41	0.08	1.50	1.49	1.50	1.49	XXX
95822		A	Sleep electroencephalogram	1.08	2.30	2.43	2.30	2.43	0.14	3.52	3.65	3.52	3.65	XXX
95822	26	A	Sleep electroencephalogram	1.08	0.42	0.56	0.42	0.56	0.03	1.53	1.67	1.53	1.67	XXX
95822	TC	A	Sleep electroencephalogram	0.00	1.88	1.87	1.88	1.87	0.11	1.99	1.98	1.99	1.98	XXX
95824		A	Electroencephalography	0.74	0.73	0.98	0.73	0.98	0.05	1.52	1.77	1.52	1.77	XXX
95824	26	A	Electroencephalography	0.74	0.29	0.55	0.29	0.55	0.03	1.06	1.32	1.06	1.32	XXX
95824	TC	A	Electroencephalography	0.00	0.44	0.43	0.44	0.43	0.02	0.46	0.45	0.46	0.45	XXX
95827		A	Night electroencephalogram	1.08	2.77	3.19	2.77	3.19	0.18	4.03	4.45	4.03	4.45	XXX
95827	26	A	Night electroencephalogram	1.08	0.39	0.82	0.39	0.82	0.05	1.52	1.95	1.52	1.95	XXX
95827	TC	A	Night electroencephalogram	0.00	2.38	2.37	2.38	2.37	0.13	2.51	2.50	2.51	2.50	XXX
95829		A	Surgery electrocorticogram	6.21	2.68	1.15	2.68	1.15	0.04	8.93	7.40	8.93	7.40	XXX
95829	26	A	Surgery electrocorticogram	6.21	2.54	1.00	2.54	1.00	0.02	8.77	7.23	8.77	7.23	XXX
95829	TC	A	Surgery electrocorticogram	0.00	0.14	0.15	0.14	0.15	0.02	0.16	0.17	0.16	0.17	XXX
95830		A	Insert electrodes for EEG	1.70	2.94	1.37	0.68	0.81	0.05	4.69	3.12	2.43	2.56	XXX
95831		A	Limb muscle testing, manual	0.28	0.40	0.33	0.13	0.15	0.02	0.70	0.63	0.43	0.45	XXX
95832		A	Hand muscle testing, manual	0.29	0.30	0.28	0.12	0.14	0.02	0.61	0.59	0.43	0.45	XXX
95833		A	Body muscle testing, manual	0.47	0.44	0.42	0.23	0.22	0.04	0.95	0.93	0.74	0.73	XXX
95834		A	Body muscle testing, manual	0.60	0.50	0.62	0.27	0.32	0.05	1.15	1.27	0.92	0.97	XXX
95851		A	Range of motion measurements	0.16	0.35	0.28	0.08	0.12	0.02	0.53	0.46	0.26	0.30	XXX

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1]/ HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
95852		A	Range of motion measurements	0.11	0.30	0.20	0.05	0.07	0.02	0.43	0.33	0.18	0.20	XXX
95857		A	Tensilon test	0.53	0.54	0.54	0.22	0.26	0.03	1.10	1.10	0.78	0.82	XXX
95858		A	Tensilon test & myogram	1.56	1.05	1.09	1.05	1.09	0.07	2.68	2.72	2.68	2.72	XXX
95858	26	A	Tensilon test & myogram	1.56	0.64	0.68	0.64	0.68	0.04	2.24	2.28	2.24	2.28	XXX
95858	TC	A	Tensilon test & myogram	0.00	0.41	0.41	0.41	0.41	0.03	0.44	0.44	0.44	0.44	XXX
95860		A	Muscle test, one limb	0.96	0.79	1.08	0.79	1.08	0.07	1.82	2.11	1.82	2.11	XXX
95860	26	A	Muscle test, one limb	0.96	0.40	0.69	0.40	0.69	0.05	1.41	1.70	1.41	1.70	XXX
95860	TC	A	Muscle test, one limb	0.00	0.39	0.39	0.39	0.39	0.02	0.41	0.41	0.41	0.41	XXX
95861		A	Muscle test, two limbs	1.54	1.39	1.96	1.39	1.96	0.13	3.06	3.63	3.06	3.63	XXX
95861	26	A	Muscle test, two limbs	1.54	0.64	1.20	0.64	1.20	0.08	2.26	2.82	2.26	2.82	XXX
95861	TC	A	Muscle test, two limbs	0.00	0.75	0.76	0.75	0.76	0.05	0.80	0.81	0.80	0.81	XXX
95863		A	Muscle test, 3 limbs	1.87	1.73	2.31	1.73	2.31	0.14	3.74	4.32	3.74	4.32	XXX
95863	26	A	Muscle test, 3 limbs	1.87	0.76	1.34	0.76	1.34	0.09	2.72	3.30	2.72	3.30	XXX
95863	TC	A	Muscle test, 3 limbs	0.00	0.97	0.97	0.97	0.97	0.05	1.02	1.02	1.02	1.02	XXX
95864		A	Muscle test, 4 limbs	1.99	2.68	3.47	2.68	3.47	0.21	4.88	5.67	4.88	5.67	XXX
95864	26	A	Muscle test, 4 limbs	1.99	0.83	1.63	0.83	1.63	0.11	2.93	3.73	2.93	3.73	XXX
95864	TC	A	Muscle test, 4 limbs	0.00	1.85	1.84	1.85	1.84	0.10	1.95	1.94	1.95	1.94	XXX
95867		A	Muscle test, head or neck	0.79	0.94	1.16	0.94	1.16	0.07	1.80	2.02	1.80	2.02	XXX
95867	26	A	Muscle test, head or neck	0.79	0.34	0.56	0.34	0.56	0.04	1.17	1.39	1.17	1.39	XXX
95867	TC	A	Muscle test, head or neck	0.00	0.60	0.60	0.60	0.60	0.03	0.63	0.63	0.63	0.63	XXX
95868		A	Muscle test, head or neck	1.18	1.18	1.86	1.18	1.86	0.12	2.48	3.16	2.48	3.16	XXX
95868	26	A	Muscle test, head or neck	1.18	0.46	1.14	0.46	1.14	0.08	1.72	2.40	1.72	2.40	XXX
95868	TC	A	Muscle test, head or neck	0.00	0.72	0.72	0.72	0.72	0.04	0.76	0.76	0.76	0.76	XXX
95869		A	Muscle test, thor paraspinal	0.37	0.37	0.53	0.37	0.53	0.04	0.78	0.94	0.78	0.94	XXX
95869	26	A	Muscle test, thor paraspinal	0.37	0.15	0.31	0.15	0.31	0.02	0.54	0.70	0.54	0.70	XXX
95869	TC	A	Muscle test, thor paraspinal	0.00	0.22	0.22	0.22	0.22	0.02	0.24	0.24	0.24	0.24	XXX
95870		A	Muscle test, non-paraspinal	0.37	0.36	0.53	0.36	0.53	0.04	0.77	0.94	0.77	0.94	XXX
95870	26	A	Muscle test, non-paraspinal	0.37	0.14	0.31	0.14	0.31	0.02	0.53	0.70	0.53	0.70	XXX
95870	TC	A	Muscle test, non-paraspinal	0.00	0.22	0.22	0.22	0.22	0.02	0.24	0.24	0.24	0.24	XXX
95872		A	Muscle test, one fiber	1.50	1.21	1.32	1.21	1.32	0.09	2.80	2.91	2.80	2.91	XXX
95872	26	A	Muscle test, one fiber	1.50	0.59	0.70	0.59	0.70	0.05	2.14	2.25	2.14	2.25	XXX
95872	TC	A	Muscle test, one fiber	0.00	0.62	0.62	0.62	0.62	0.04	0.66	0.66	0.66	0.66	XXX
95875		A	Limb exercise test	1.34	0.95	0.73	0.95	0.73	0.08	2.37	2.15	2.37	2.15	XXX
95875	26	A	Limb exercise test	1.34	0.54	0.32	0.54	0.32	0.03	1.91	1.69	1.91	1.69	XXX
95875	TC	A	Limb exercise test	0.00	0.41	0.41	0.41	0.41	0.05	0.46	0.46	0.46	0.46	XXX
95900		A	Motor nerve conduction test	0.42	0.47	0.62	0.47	0.62	0.04	0.93	1.08	0.93	1.08	XXX
95900	26	A	Motor nerve conduction test	0.42	0.18	0.33	0.18	0.33	0.02	0.62	0.77	0.62	0.77	XXX
95900	TC	A	Motor nerve conduction test	0.00	0.29	0.29	0.29	0.29	0.02	0.31	0.31	0.31	0.31	XXX
95903		A	Motor nerve conduction test	0.60	0.51	0.61	0.51	0.61	0.04	1.15	1.25	1.15	1.25	XXX
95903	26	A	Motor nerve conduction test	0.60	0.25	0.35	0.25	0.35	0.02	0.87	0.97	0.87	0.97	XXX

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
95903	TC	A	Motor nerve conduction test	0.00	0.26	0.26	0.26	0.26	0.02	0.28	0.28	0.28	0.28	XXX
95904		A	Sense nerve conduction test	0.34	0.36	0.54	0.36	0.54	0.04	0.74	0.92	0.74	0.92	XXX
95904	26	A	Sense nerve conduction test	0.34	0.13	0.31	0.13	0.31	0.02	0.49	0.67	0.49	0.67	XXX
95904	TC	A	Sense nerve conduction test	0.00	0.23	0.23	0.23	0.23	0.02	0.25	0.25	0.25	0.25	XXX
95920		A	Intraop nerve test add-on	2.11	NA	NA	2.24	2.74	0.15	NA	NA	4.50	5.00	ZZZ
95920	26	A	Intraop nerve test add-on	2.11	NA	NA	0.90	1.39	0.09	NA	NA	3.10	3.59	ZZZ
95920	TC	A	Intraop nerve test add-on	0.00	NA	NA	1.34	1.35	0.06	NA	NA	1.40	1.41	ZZZ
95921		A	Autonomic nervous func test	0.90	0.73	0.74	0.73	0.74	0.04	1.67	1.68	1.67	1.68	XXX
95921	26	A	Autonomic nervous func test	0.90	0.34	0.35	0.34	0.35	0.02	1.26	1.27	1.26	1.27	XXX
95921	TC	A	Autonomic nervous func test	0.00	0.39	0.39	0.39	0.39	0.02	0.41	0.41	0.41	0.41	XXX
95922		A	Autonomic nervous func test	0.96	0.77	0.76	0.77	0.76	0.04	1.77	1.76	1.77	1.76	XXX
95922	26	A	Autonomic nervous func test	0.96	0.38	0.37	0.38	0.37	0.02	1.36	1.35	1.36	1.35	XXX
95922	TC	A	Autonomic nervous func test	0.00	0.39	0.39	0.39	0.39	0.02	0.41	0.41	0.41	0.41	XXX
95923		A	Autonomic nervous func test	0.90	0.74	0.74	0.74	0.74	0.04	1.68	1.68	1.68	1.68	XXX
95923	26	A	Autonomic nervous func test	0.90	0.35	0.35	0.35	0.35	0.02	1.27	1.27	1.27	1.27	XXX
95923	TC	A	Autonomic nervous func test	0.00	0.39	0.39	0.39	0.39	0.02	0.41	0.41	0.41	0.41	XXX
95925		A	Somatosensory testing	0.54	1.17	1.51	1.17	1.51	0.09	1.80	2.14	1.80	2.14	XXX
95925	26	A	Somatosensory testing	0.54	0.22	0.57	0.22	0.57	0.04	0.80	1.15	0.80	1.15	XXX
95925	TC	A	Somatosensory testing	0.00	0.95	0.94	0.95	0.94	0.05	1.00	0.99	1.00	0.99	XXX
95926		A	Somatosensory testing	0.54	1.18	1.52	1.18	1.52	0.09	1.81	2.15	1.81	2.15	XXX
95926	26	A	Somatosensory testing	0.54	0.23	0.58	0.23	0.58	0.04	0.81	1.16	0.81	1.16	XXX
95926	TC	A	Somatosensory testing	0.00	0.95	0.94	0.95	0.94	0.05	1.00	0.99	1.00	0.99	XXX
95927		A	Somatosensory testing	0.54	1.18	1.52	1.18	1.52	0.09	1.81	2.15	1.81	2.15	XXX
95927	26	A	Somatosensory testing	0.54	0.23	0.58	0.23	0.58	0.04	0.81	1.16	0.81	1.16	XXX
95927	TC	A	Somatosensory testing	0.00	0.95	0.94	0.95	0.94	0.05	1.00	0.99	1.00	0.99	XXX
95930		A	Visual evoked potential test	0.35	0.40	0.78	0.40	0.78	0.04	0.79	1.17	0.79	1.17	XXX
95930	26	A	Visual evoked potential test	0.35	0.13	0.51	0.13	0.51	0.03	0.51	0.89	0.51	0.89	XXX
95930	TC	A	Visual evoked potential test	0.00	0.27	0.27	0.27	0.27	0.01	0.28	0.28	0.28	0.28	XXX
95933		A	Blink reflex test	0.59	1.05	1.27	1.05	1.27	0.08	1.72	1.94	1.72	1.94	XXX
95933	26	A	Blink reflex test	0.59	0.23	0.46	0.23	0.46	0.03	0.85	1.08	0.85	1.08	XXX
95933	TC	A	Blink reflex test	0.00	0.82	0.81	0.82	0.81	0.05	0.87	0.86	0.87	0.86	XXX
95934		A	'h' reflex test	0.51	0.44	0.55	0.44	0.55	0.04	0.99	1.10	0.99	1.10	XXX
95934	26	A	'h' reflex test	0.51	0.22	0.33	0.22	0.33	0.02	0.75	0.86	0.75	0.86	XXX
95934	TC	A	'h' reflex test	0.00	0.22	0.22	0.22	0.22	0.02	0.24	0.24	0.24	0.24	XXX
95936		A	'h' reflex test	0.55	0.46	0.56	0.46	0.56	0.04	1.05	1.15	1.05	1.15	XXX
95936	26	A	'h' reflex test	0.55	0.24	0.34	0.24	0.34	0.02	0.81	0.91	0.81	0.91	XXX
95936	TC	A	'h' reflex test	0.00	0.22	0.22	0.22	0.22	0.02	0.24	0.24	0.24	0.24	XXX
95937		A	Neuromuscular junction test	0.65	0.61	0.78	0.61	0.78	0.05	1.31	1.48	1.31	1.48	XXX
95937	26	A	Neuromuscular junction test	0.65	0.26	0.43	0.26	0.43	0.03	0.94	1.11	0.94	1.11	XXX
95937	TC	A	Neuromuscular junction test	0.00	0.35	0.35	0.35	0.35	0.02	0.37	0.37	0.37	0.37	XXX

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
95950		A	Ambulatory eeg monitoring	1.51	7.17	7.69	7.17	7.69	0.47	9.15	9.67	9.15	9.67	XXX
95950	26	A	Ambulatory eeg monitoring	1.51	0.59	1.13	0.59	1.13	0.08	2.18	2.72	2.18	2.72	XXX
95950	TC	A	Ambulatory eeg monitoring	0.00	6.58	6.56	6.58	6.56	0.39	6.97	6.95	6.97	6.95	XXX
95951		A	EEG monitoring/videorecord	6.00	10.36	9.78	10.36	9.78	0.50	16.86	16.28	16.86	16.28	XXX
95951	26	A	EEG monitoring/videorecord	6.00	2.39	1.82	2.39	1.82	0.09	8.48	7.91	8.48	7.91	XXX
95951	TC	A	EEG monitoring/videorecord	0.00	7.97	7.96	7.97	7.96	0.41	8.38	8.37	8.38	8.37	XXX
95953		A	EEG monitoring/computer	3.08	7.79	7.85	7.79	7.85	0.47	11.34	11.40	11.34	11.40	XXX
95953	26	A	EEG monitoring/computer	3.08	1.21	1.29	1.21	1.29	0.08	4.37	4.45	4.37	4.45	XXX
95953	TC	A	EEG monitoring/computer	0.00	6.58	6.56	6.58	6.56	0.39	6.97	6.95	6.97	6.95	XXX
95954		A	EEG monitoring/giving drugs	2.45	1.47	2.26	1.47	2.26	0.22	4.14	4.93	4.14	4.93	XXX
95954	26	A	EEG monitoring/giving drugs	2.45	0.98	1.77	0.98	1.77	0.17	3.60	4.39	3.60	4.39	XXX
95954	TC	A	EEG monitoring/giving drugs	0.00	0.49	0.49	0.49	0.49	0.05	0.54	0.54	0.54	0.54	XXX
95955		A	EEG during surgery	1.01	2.38	2.96	2.38	2.96	0.24	3.63	4.21	3.63	4.21	XXX
95955	26	A	EEG during surgery	1.01	0.34	0.93	0.34	0.93	0.09	1.44	2.03	1.44	2.03	XXX
95955	TC	A	EEG during surgery	0.00	2.04	2.03	2.04	2.03	0.15	2.19	2.18	2.19	2.18	XXX
95956		A	EEG monitoring/cable/radio	3.08	7.81	8.09	7.81	8.09	0.48	11.37	11.65	11.37	11.65	XXX
95956	26	A	EEG monitoring/cable/radio	3.08	1.23	1.53	1.23	1.53	0.09	4.40	4.70	4.40	4.70	XXX
95956	TC	A	EEG monitoring/cable/radio	0.00	6.58	6.56	6.58	6.56	0.39	6.97	6.95	6.97	6.95	XXX
95957		A	EEG digital analysis	1.98	2.56	2.47	2.56	2.47	0.14	4.68	4.59	4.68	4.59	XXX
95957	26	A	EEG digital analysis	1.98	0.79	0.71	0.79	0.71	0.04	2.81	2.73	2.81	2.73	XXX
95957	TC	A	EEG digital analysis	0.00	1.77	1.76	1.77	1.76	0.10	1.87	1.86	1.87	1.86	XXX
95958		A	EEG monitoring/function test	4.25	3.41	4.83	3.41	4.83	0.41	8.07	9.49	8.07	9.49	XXX
95958	26	A	EEG monitoring/function test	4.25	1.60	3.03	1.60	3.03	0.30	6.15	7.58	6.15	7.58	XXX
95958	TC	A	EEG monitoring/function test	0.00	1.81	1.80	1.81	1.80	0.11	1.92	1.91	1.92	1.91	XXX
95961		A	Electrode stimulation, brain	2.97	2.59	2.83	2.59	2.83	0.15	5.71	5.95	5.71	5.95	XXX
95961	26	A	Electrode stimulation, brain	2.97	1.25	1.48	1.25	1.48	0.09	4.31	4.54	4.31	4.54	XXX
95961	TC	A	Electrode stimulation, brain	0.00	1.34	1.35	1.34	1.35	0.06	1.40	1.41	1.40	1.41	XXX
95962		A	Electrode stimulation, brain	3.21	2.66	2.84	2.66	2.84	0.15	6.02	6.20	6.02	6.20	ZZZ
95962	26	A	Electrode stimulation, brain	3.21	1.32	1.49	1.32	1.49	0.09	4.62	4.79	4.62	4.79	ZZZ
95962	TC	A	Electrode stimulation, brain	0.00	1.34	1.35	1.34	1.35	0.06	1.40	1.41	1.40	1.41	ZZZ
95970		A	Neurostim analyze,no program	0.45	0.12	0.12	0.10	0.10	0.09	0.66	0.66	0.64	0.64	XXX
95971		A	Simple neurostim analyze	0.78	0.21	0.21	0.18	0.18	0.09	1.08	1.08	1.05	1.05	XXX
95972		A	Complex neurostim analyze	1.50	0.40	0.40	0.35	0.35	0.09	1.99	1.99	1.94	1.94	XXX
95973		A	Complex neurostim analyze	0.92	0.25	0.25	0.22	0.22	0.09	1.26	1.26	1.23	1.23	ZZZ
95974		A	Complex cranial neurostim	3.00	0.96	0.96	0.74	0.74	0.09	4.05	4.05	3.83	3.83	XXX
95975		A	Complex cranial neurostim	1.70	0.62	0.62	0.49	0.49	0.09	2.41	2.41	2.28	2.28	ZZZ
95999		C	Neurological procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
96100		A	Psychological testing	0.00	1.83	1.82	1.83	1.82	0.16	1.99	1.98	1.99	1.98	XXX
96105		A	Assessment of aphasia	0.00	1.83	1.82	1.83	1.82	0.16	1.99	1.98	1.99	1.98	XXX
96110		C	Developmental test, lim	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work [3] RVUs	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
96111		A	Developmental test, extend	0.00	1.83	1.82	1.83	1.82	0.16	1.99	1.98	1.99	1.98	XXX
96115		A	Neurobehavior status exam	0.00	1.83	1.82	1.83	1.82	0.16	1.99	1.98	1.99	1.98	XXX
96117		A	Neuropsych test battery	0.00	1.83	1.82	1.83	1.82	0.16	1.99	1.98	1.99	1.98	XXX
96400		A	Chemotherapy, (SC)/(IM)	0.00	0.14	0.14	0.14	0.14	0.01	0.15	0.15	0.15	0.15	XXX
96405		A	Intralesional chemo admin	0.52	1.43	0.67	0.23	0.22	0.02	1.97	1.21	0.77	0.76	000
96406		A	Intralesional chemo admin	0.80	1.71	0.89	0.28	0.30	0.03	2.54	1.72	1.11	1.13	000
96408		A	Chemotherapy, push technique	0.00	1.00	1.00	1.00	1.00	0.05	1.05	1.05	1.05	1.05	XXX
96410		A	Chemotherapy,infusion method	0.00	1.60	1.60	1.60	1.60	0.07	1.67	1.67	1.67	1.67	XXX
96412		A	Chemotx infuse method add-on	0.00	1.20	1.19	1.20	1.19	0.06	1.26	1.25	1.26	1.25	ZZZ
96414		A	Chemotx infuse method add-on	0.00	1.37	1.38	1.37	1.38	0.07	1.44	1.45	1.44	1.45	XXX
96420		A	Chemotherapy, push technique	0.00	1.30	1.29	1.30	1.29	0.07	1.37	1.36	1.37	1.36	XXX
96422		A	Chemotherapy,infusion method	0.00	1.28	1.27	1.28	1.27	0.07	1.35	1.34	1.35	1.34	XXX
96423		A	Chemotx infuse method add-on	0.00	0.50	0.50	0.50	0.50	0.02	0.52	0.52	0.52	0.52	ZZZ
96425		A	Chemotherapy,infusion method	0.00	1.48	1.48	1.48	1.48	0.07	1.55	1.55	1.55	1.55	XXX
96440		A	Chemotherapy, intracavitary	2.37	6.22	2.22	1.01	0.91	0.05	8.64	4.64	3.43	3.33	000
96445		A	Chemotherapy, intracavitary	2.20	5.94	2.28	0.91	0.63	0.07	8.21	4.55	3.18	2.90	000
96450		A	Chemotherapy, into CNS	1.89	4.57	1.85	0.84	0.56	0.05	6.51	3.79	2.78	2.50	000
96520		A	Pump refilling, maintenance	0.00	0.93	0.92	0.93	0.92	0.05	0.98	0.97	0.98	0.97	XXX
96530		A	Pump refilling, maintenance	0.00	1.09	1.10	1.09	1.10	0.05	1.14	1.15	1.14	1.15	XXX
96542		A	Chemotherapy injection	1.42	2.93	1.62	0.67	0.61	0.10	4.45	3.14	2.19	2.13	XXX
96545		B	Provide chemotherapy agent	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
96549		C	Chemotherapy, unspecified	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
96900		A	Ultraviolet light therapy	0.00	0.41	0.41	0.41	0.41	0.02	0.43	0.43	0.43	0.43	XXX
96902		B	Trichogram	+0.41	0.22	0.29	0.15	0.27	0.02	0.65	0.72	0.58	0.70	XXX
96910		A	Photochemotherapy with UV-B	0.00	0.60	0.60	0.60	0.60	0.03	0.63	0.63	0.63	0.63	XXX
96912		A	Photochemotherapy with UV-A	0.00	0.69	0.68	0.69	0.68	0.04	0.73	0.72	0.73	0.72	XXX
96913		A	Photochemotherapy, UV-A or B	0.00	1.40	1.40	1.40	1.40	0.08	1.48	1.48	1.48	1.48	XXX
96999		C	Dermatological procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
97001		A	Pt evaluation	1.20	0.34	0.37	0.41	0.39	0.09	1.63	1.66	1.70	1.68	XXX
97002		A	Pt re-evaluation	0.60	0.25	0.09	0.21	0.08	0.01	0.86	0.70	0.82	0.69	XXX
97003		A	Ot evaluation	1.20	0.54	0.42	0.45	0.40	0.09	1.83	1.71	1.74	1.69	XXX
97004		A	Ot re-evaluation	0.60	0.28	0.10	0.19	0.08	0.01	0.89	0.71	0.80	0.69	XXX
97010		B	Hot or cold packs therapy	+0.06	0.12	0.20	0.01	0.18	0.02	0.20	0.28	0.09	0.26	XXX
97012		A	Mechanical traction therapy	0.25	0.14	0.19	0.02	0.16	0.02	0.41	0.46	0.29	0.43	XXX
97014		A	Electric stimulation therapy	0.18	0.13	0.20	0.02	0.17	0.02	0.33	0.40	0.22	0.37	XXX
97016		A	Vasopneumatic device therapy	0.18	0.13	0.24	0.02	0.21	0.02	0.33	0.44	0.22	0.41	XXX
97018		A	Paraffin bath therapy	0.06	0.11	0.22	0.01	0.20	0.02	0.19	0.30	0.09	0.28	XXX
97020		A	Microwave therapy	0.06	0.12	0.20	0.01	0.17	0.02	0.20	0.28	0.09	0.25	XXX
97022		A	Whirlpool therapy	0.17	0.13	0.19	0.02	0.16	0.02	0.32	0.38	0.21	0.35	XXX
97024		A	Diathermy treatment	0.06	0.12	0.20	0.01	0.18	0.02	0.20	0.28	0.09	0.26	XXX

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
97026		A	Infrared therapy	0.06	0.11	0.19	0.01	0.16	0.02	0.19	0.27	0.09	0.24	XXX
97028		A	Ultraviolet therapy	0.08	0.11	0.19	0.01	0.16	0.01	0.20	0.28	0.10	0.25	XXX
97032		A	Electrical stimulation	0.25	0.14	0.15	0.02	0.12	0.01	0.40	0.41	0.28	0.38	XXX
97033		A	Electric current therapy	0.26	0.17	0.16	0.03	0.12	0.02	0.45	0.44	0.31	0.40	XXX
97034		A	Contrast bath therapy	0.21	0.14	0.12	0.02	0.09	0.01	0.36	0.34	0.24	0.31	XXX
97035		A	Ultrasound therapy	0.21	0.14	0.13	0.02	0.10	0.01	0.36	0.35	0.24	0.32	XXX
97036		A	Hydrotherapy	0.28	0.18	0.22	0.03	0.18	0.02	0.48	0.52	0.33	0.48	XXX
97039		A	Physical therapy treatment	0.20	0.14	0.23	0.02	0.20	0.02	0.36	0.45	0.24	0.42	XXX
97110		A	Therapeutic exercises	0.45	0.19	0.15	0.04	0.12	0.02	0.66	0.62	0.51	0.59	XXX
97112		A	Neuromuscular reeducation	0.45	0.15	0.14	0.04	0.12	0.01	0.61	0.60	0.50	0.58	XXX
97113		A	Aquatic therapy/exercises	0.44	0.17	0.21	0.04	0.18	0.02	0.63	0.67	0.50	0.64	XXX
97116		A	Gait training therapy	0.40	0.15	0.13	0.04	0.10	0.01	0.56	0.54	0.45	0.51	XXX
97122		D	Manual traction therapy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
97124		A	Massage therapy	0.35	0.14	0.13	0.03	0.10	0.01	0.50	0.49	0.39	0.46	XXX
97139		A	Physical medicine procedure	0.21	0.13	0.16	0.02	0.13	0.02	0.36	0.39	0.25	0.36	XXX
97140		A	Manual therapy	0.43	0.18	0.18	0.04	0.04	0.02	0.63	0.63	0.49	0.49	XXX
97150		A	Group therapeutic procedures	0.27	0.14	0.20	0.03	0.17	0.02	0.43	0.49	0.32	0.46	XXX
97250		D	Myofascial release	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	000
97260		D	Regional manipulation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	000
97261		D	Supplemental manipulations	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	000
97265		D	Joint mobilization	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
97504		A	Orthotic training	0.45	0.13	0.15	0.04	0.12	0.02	0.60	0.62	0.51	0.59	XXX
97520		A	Prosthetic training	0.45	0.17	0.16	0.04	0.13	0.02	0.64	0.63	0.51	0.60	XXX
97530		A	Therapeutic activities	0.44	0.15	0.17	0.04	0.15	0.02	0.61	0.63	0.50	0.61	XXX
97535		A	Self care mngment training	0.45	0.15	0.17	0.04	0.15	0.02	0.62	0.64	0.51	0.62	XXX
97537		A	Community/work reintegration	0.45	0.15	0.17	0.04	0.15	0.02	0.62	0.64	0.51	0.62	XXX
97542		A	Wheelchair mngement training	0.25	0.13	0.17	0.02	0.14	0.02	0.40	0.44	0.29	0.41	XXX
97545		R	Work hardening	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
97546		R	Work hardening add-on	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
97703		A	Prosthetic checkout	0.25	0.06	0.17	0.02	0.16	0.02	0.33	0.44	0.29	0.43	XXX
97750		A	Physical performance test	0.45	0.15	0.23	0.04	0.21	0.02	0.62	0.70	0.51	0.68	XXX
97770		A	Cognitive skills development	0.44	0.14	0.26	0.04	0.24	0.02	0.60	0.72	0.50	0.70	XXX
97780		N	Acupuncture w/o stim	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
97781		N	Acupuncture w/stim	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
97799		C	Physical medicine procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
98925		A	Osteopathic manipulation	0.45	0.31	0.28	0.14	0.24	0.02	0.78	0.75	0.61	0.71	000
98926		A	Osteopathic manipulation	0.65	0.40	0.42	0.27	0.39	0.02	1.07	1.09	0.94	1.06	000
98927		A	Osteopathic manipulation	0.87	0.46	0.42	0.30	0.38	0.02	1.35	1.31	1.19	1.27	000
98928		A	Osteopathic manipulation	1.03	0.53	0.48	0.34	0.43	0.03	1.59	1.54	1.40	1.49	000
98929		A	Osteopathic manipulation	1.19	0.60	0.47	0.37	0.41	0.02	1.81	1.68	1.58	1.62	000

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
98940		A	Chiropractic manipulation	0.45	0.23	0.29	0.11	0.15	0.01	0.69	0.75	0.57	0.61	000
98941		A	Chiropractic manipulation	0.65	0.29	0.31	0.17	0.16	0.01	0.95	0.97	0.83	0.82	000
98942		A	Chiropractic manipulation	0.87	0.34	0.32	0.23	0.18	0.01	1.22	1.20	1.11	1.06	000
98943		N	Chiropractic manipulation	+0.40	0.30	0.31	0.15	0.27	0.01	0.71	0.72	0.56	0.68	XXX
99000		B	Specimen handling	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99001		B	Specimen handling	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99002		B	Device handling	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99024		B	Post-op follow-up visit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99025		B	Initial surgical evaluation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99050		B	Medical services after hrs	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99052		B	Medical services at night	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99054		B	Medical services,unusual hrs	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99056		B	Non-office medical services	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99058		B	Office emergency care	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99070		B	Special supplies	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99071		B	Patient education materials	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99075		N	Medical testimony	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99078		B	Group health education	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99080		B	Special reports or forms	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99082		C	Unusual physician travel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99090		B	Computer data analysis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99100		B	Special anesthesia service	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
99116		B	Anesthesia with hypothermia	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
99135		B	Special anesthesia procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
99140		B	Emergency anesthesia	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
99141		B	Sedation, iv/im or inhalant	+0.80	1.47	1.04	0.37	0.77	0.04	2.31	1.88	1.21	1.61	XXX
99142		B	Sedation, oral/rectal/nasal	+0.60	1.38	0.85	0.30	0.58	0.03	2.01	1.48	0.93	1.21	XXX
99175		A	Induction of vomiting	0.00	1.45	1.44	1.45	1.44	0.08	1.53	1.52	1.53	1.52	XXX
99183		A	Hyperbaric oxygen therapy	2.34	0.73	1.54	0.74	1.54	0.09	3.16	3.97	3.17	3.97	XXX
99185		A	Regional hypothermia	0.00	NA	NA	0.67	0.66	0.03	NA	NA	0.70	0.69	XXX
99186		A	Total body hypothermia	0.00	NA	NA	1.85	1.84	0.41	NA	NA	2.26	2.25	XXX
99190		X	Special pump services	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99191		X	Special pump services	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99192		X	Special pump services	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99195		A	Phlebotomy	0.00	0.45	0.46	0.45	0.46	0.02	0.47	0.48	0.47	0.48	XXX
99199		C	Special service or report	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99201		A	Office/outpatient visit, new	0.45	0.70	0.52	0.36	0.24	0.03	1.18	1.00	0.84	0.72	XXX
99202		A	Office/outpatient visit, new	0.88	0.95	0.65	0.54	0.32	0.04	1.87	1.57	1.46	1.24	XXX
99203		A	Office/outpatient visit, new	1.34	1.26	0.80	0.74	0.40	0.05	2.65	2.19	2.13	1.79	XXX
99204		A	Office/outpatient visit, new	2.00	1.68	1.14	1.00	0.57	0.06	3.74	3.20	3.06	2.63	XXX

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work [3] RVUs	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
99205		A	Office/outpatient visit, new	2.67	1.90	1.26	1.23	0.65	0.07	4.64	4.00	3.97	3.39	XXX
99211		A	Office/outpatient visit, est	0.17	0.44	0.28	0.20	0.13	0.02	0.63	0.47	0.39	0.32	XXX
99212		A	Office/outpatient visit, est	0.45	0.53	0.40	0.30	0.19	0.02	1.00	0.87	0.77	0.66	XXX
99213		A	Office/outpatient visit, est	0.67	0.63	0.51	0.36	0.25	0.02	1.32	1.20	1.05	0.94	XXX
99214		A	Office/outpatient visit, est	1.10	0.95	0.70	0.57	0.35	0.03	2.08	1.83	1.70	1.48	XXX
99215		A	Office/outpatient visit, est	1.77	1.21	1.00	0.82	0.51	0.05	3.03	2.82	2.64	2.33	XXX
99217		A	Observation care discharge	1.28	NA	NA	0.56	0.56	0.03	NA	NA	1.87	1.87	XXX
99218		A	Observation care	1.28	NA	NA	0.64	0.72	0.05	NA	NA	1.97	2.05	XXX
99219		A	Observation care	2.14	NA	NA	0.92	1.09	0.07	NA	NA	3.13	3.30	XXX
99220		A	Observation care	2.99	NA	NA	1.26	1.25	0.07	NA	NA	4.32	4.31	XXX
99221		A	Initial hospital care	1.28	NA	NA	0.65	0.71	0.05	NA	NA	1.98	2.04	XXX
99222		A	Initial hospital care	2.14	NA	NA	0.93	1.08	0.07	NA	NA	3.14	3.29	XXX
99223		A	Initial hospital care	2.99	NA	NA	1.25	1.24	0.06	NA	NA	4.30	4.29	XXX
99231		A	Subsequent hospital care	0.64	NA	NA	0.27	0.38	0.02	NA	NA	0.93	1.04	XXX
99232		A	Subsequent hospital care	1.06	NA	NA	0.41	0.47	0.03	NA	NA	1.50	1.56	XXX
99233		A	Subsequent hospital care	1.51	NA	NA	0.59	0.64	0.04	NA	NA	2.14	2.19	XXX
99234		A	Observ/hosp same date	2.56	NA	NA	1.07	0.82	0.05	NA	NA	3.68	3.43	XXX
99235		A	Observ/hosp same date	3.42	NA	NA	1.35	1.19	0.07	NA	NA	4.84	4.68	XXX
99236		A	Observ/hosp same date	4.27	NA	NA	1.68	1.35	0.07	NA	NA	6.02	5.69	XXX
99238		A	Hospital discharge day	1.28	NA	NA	0.57	0.56	0.03	NA	NA	1.88	1.87	XXX
99239		A	Hospital discharge day	1.75	NA	NA	0.72	0.59	0.03	NA	NA	2.50	2.37	XXX
99241		A	Office consultation	0.64	0.86	0.73	0.41	0.37	0.06	1.56	1.43	1.11	1.07	XXX
99242		A	Office consultation	1.29	1.26	0.95	0.67	0.48	0.07	2.62	2.31	2.03	1.84	XXX
99243		A	Office consultation	1.72	1.53	1.17	0.89	0.62	0.08	3.33	2.97	2.69	2.42	XXX
99244		A	Office consultation	2.58	1.92	1.48	1.21	0.81	0.09	4.59	4.15	3.88	3.48	XXX
99245		A	Office consultation	3.43	2.26	1.94	1.52	1.07	0.13	5.82	5.50	5.08	4.63	XXX
99251		A	Initial inpatient consult	0.66	NA	NA	0.43	0.66	0.06	NA	NA	1.15	1.38	XXX
99252		A	Initial inpatient consult	1.32	NA	NA	0.72	0.80	0.07	NA	NA	2.11	2.19	XXX
99253		A	Initial inpatient consult	1.82	NA	NA	0.95	1.01	0.08	NA	NA	2.85	2.91	XXX
99254		A	Initial inpatient consult	2.64	NA	NA	1.26	1.29	0.09	NA	NA	3.99	4.02	XXX
99255		A	Initial inpatient consult	3.65	NA	NA	1.65	1.69	0.11	NA	NA	5.41	5.45	XXX
99261		A	Follow-up inpatient consult	0.42	NA	NA	0.33	0.35	0.02	NA	NA	0.77	0.79	XXX
99262		A	Follow-up inpatient consult	0.85	NA	NA	0.51	0.50	0.03	NA	NA	1.39	1.38	XXX
99263		A	Follow-up inpatient consult	1.27	NA	NA	0.67	0.72	0.03	NA	NA	1.97	2.02	XXX
99271		A	Confirmatory consultation	0.45	0.51	0.60	0.34	0.33	0.05	1.01	1.10	0.84	0.83	XXX
99272		A	Confirmatory consultation	0.84	0.70	0.75	0.53	0.43	0.07	1.61	1.66	1.44	1.34	XXX
99273		A	Confirmatory consultation	1.19	0.93	1.07	0.65	0.58	0.09	2.21	2.35	1.93	1.86	XXX
99274		A	Confirmatory consultation	1.73	1.22	1.30	0.88	0.72	0.09	3.04	3.12	2.70	2.54	XXX
99275		A	Confirmatory consultation	2.31	1.42	1.77	1.04	1.68	0.13	3.86	4.21	3.48	4.12	XXX
99281		A	Emergency dept visit	0.33	NA	NA	0.12	0.26	0.01	NA	NA	0.46	0.60	XXX

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
99282		A	Emergency dept visit	0.55	NA	NA	0.19	0.36	0.02	NA	NA	0.76	0.93	XXX
99283		A	Emergency dept visit	1.24	NA	NA	0.35	0.49	0.03	NA	NA	1.62	1.76	XXX
99284		A	Emergency dept visit	1.95	NA	NA	0.52	0.70	0.05	NA	NA	2.52	2.70	XXX
99285		A	Emergency dept visit	3.06	NA	NA	0.77	1.12	0.06	NA	NA	3.89	4.24	XXX
99288		B	Direct advanced life support	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99291		A	Critical care, first hour	4.00	1.42	1.52	1.38	1.51	0.09	5.51	5.61	5.47	5.60	XXX
99292		A	Critical care, addl 30 min	2.00	0.75	0.70	0.72	0.69	0.03	2.78	2.73	2.75	2.72	ZZZ
99295		A	Neonatal critical care	16.00	NA	NA	5.71	5.56	1.21	NA	NA	22.92	22.77	XXX
99296		A	Neonatal critical care	8.00	NA	NA	4.41	3.11	0.60	NA	NA	13.01	11.71	XXX
99297		A	Neonatal critical care	4.00	NA	NA	4.25	2.06	0.30	NA	NA	8.55	6.36	XXX
99298		A	Neonatal critical care	2.75	0.94	0.94	0.88	0.88	0.30	3.99	3.99	3.93	3.93	XXX
99301		A	Nursing facility care	1.20	NA	NA	0.57	0.51	0.02	NA	NA	1.79	1.73	XXX
99302		A	Nursing facility care	1.61	NA	NA	0.73	0.59	0.03	NA	NA	2.37	2.23	XXX
99303		A	Nursing facility care	2.01	NA	NA	0.88	0.99	0.05	NA	NA	2.94	3.05	XXX
99311		A	Nursing facility care,subseq	0.60	NA	NA	0.30	0.35	0.02	NA	NA	0.92	0.97	XXX
99312		A	Nursing facility care,subseq	1.00	NA	NA	0.43	0.44	0.02	NA	NA	1.45	1.46	XXX
99313		A	Nursing facility care,subseq	1.42	NA	NA	0.59	0.52	0.03	NA	NA	2.04	1.97	XXX
99315		A	Nursing fac discharge day	1.13	NA	NA	0.58	0.56	0.03	NA	NA	1.74	1.72	XXX
99316		A	Nursing fac discharge day	1.50	NA	NA	0.71	0.59	0.03	NA	NA	2.24	2.12	XXX
99321		A	Rest home visit, new patient	0.71	0.38	0.40	0.40	0.40	0.02	1.11	1.13	1.13	1.13	XXX
99322		A	Rest home visit, new patient	1.01	0.59	0.56	0.58	0.56	0.04	1.64	1.61	1.63	1.61	XXX
99323		A	Rest home visit, new patient	1.28	0.74	0.78	0.74	0.78	0.05	2.07	2.11	2.07	2.11	XXX
99331		A	Rest home visit, estab pat	0.60	0.38	0.32	0.39	0.32	0.02	1.00	0.94	1.01	0.94	XXX
99332		A	Rest home visit, estab pat	0.80	0.48	0.41	0.49	0.42	0.02	1.30	1.23	1.31	1.24	XXX
99333		A	Rest home visit, estab pat	1.00	0.58	0.51	0.58	0.51	0.02	1.60	1.53	1.60	1.53	XXX
99341		A	Home visit, new patient	1.01	0.49	0.56	0.51	0.56	0.04	1.54	1.61	1.56	1.61	XXX
99342		A	Home visit, new patient	1.52	0.74	0.67	0.81	0.69	0.04	2.30	2.23	2.37	2.25	XXX
99343		A	Home visit, new patient	2.27	1.09	0.90	1.24	0.94	0.05	3.41	3.22	3.56	3.26	XXX
99344		A	Home visit, new patient	3.03	1.35	1.03	1.51	1.07	0.07	4.45	4.13	4.61	4.17	XXX
99345		A	Home visit, new patient	3.79	1.61	1.09	1.78	1.14	0.07	5.47	4.95	5.64	5.00	XXX
99347		A	Home visit, estab patient	0.76	0.41	0.47	0.43	0.48	0.03	1.20	1.26	1.22	1.27	XXX
99348		A	Home visit, estab patient	1.26	0.63	0.59	0.64	0.60	0.03	1.92	1.88	1.93	1.89	XXX
99349		A	Home visit, estab patient	2.02	0.91	0.72	0.86	0.71	0.04	2.97	2.78	2.92	2.77	XXX
99350		A	Home visit, estab patient	3.03	1.24	0.93	1.15	0.90	0.05	4.32	4.01	4.23	3.98	XXX
99354		A	Prolonged service, office	1.77	1.13	0.90	0.77	0.50	0.05	2.95	2.72	2.59	2.32	ZZZ
99355		A	Prolonged service, office	1.77	0.96	0.86	0.66	0.47	0.05	2.78	2.68	2.48	2.29	ZZZ
99356		A	Prolonged service, inpatient	1.71	NA	NA	0.61	0.84	0.06	NA	NA	2.38	2.61	ZZZ
99357		A	Prolonged service, inpatient	1.71	NA	NA	0.64	0.85	0.06	NA	NA	2.41	2.62	ZZZ
99358		B	Prolonged serv, w/o contact	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
99359		B	Prolonged serv, w/o contact	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
99360		X	Physician standby services	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99361		B	Physician/team conference	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99362		B	Physician/team conference	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99371		B	Physician phone consultation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99372		B	Physician phone consultation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99373		B	Physician phone consultation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99374		B	Home health care supervision	+1.10	1.03	0.67	0.80	0.61	0.03	2.16	1.80	1.93	1.74	XXX
99375		A	Home health care supervision	1.73	1.11	0.69	0.92	0.64	0.03	2.87	2.45	2.68	2.40	XXX
99377		B	Hospice care supervision	+1.10	1.03	0.67	0.80	0.61	0.03	2.16	1.80	1.93	1.74	XXX
99378		A	Hospice care supervision	1.73	1.16	0.70	0.88	0.63	0.03	2.92	2.46	2.64	2.39	XXX
99379		B	Nursing fac care supervision	+1.10	1.03	0.67	0.80	0.61	0.03	2.16	1.80	1.93	1.74	XXX
99380		B	Nursing fac care supervision	+1.73	1.27	0.73	1.03	0.67	0.03	3.03	2.49	2.79	2.43	XXX
99381		N	Preventive visit, new,infant	+1.19	1.08	1.27	0.45	1.11	0.06	2.33	2.52	1.70	2.36	XXX
99382		N	Preventive visit,new,age 1-4	+1.36	1.13	1.43	0.52	1.28	0.07	2.56	2.86	1.95	2.71	XXX
99383		N	Preventive visit,new,age5-11	+1.36	1.11	1.43	0.52	1.28	0.07	2.54	2.86	1.95	2.71	XXX
99384		N	Preventive visit, new, 12-17	+1.53	1.18	1.59	0.58	1.44	0.08	2.79	3.20	2.19	3.05	XXX
99385		N	Preventive visit, new, 18-39	+1.53	1.18	1.44	0.58	1.29	0.07	2.78	3.04	2.18	2.89	XXX
99386		N	Preventive visit, new, 40-64	+1.88	1.34	1.74	0.71	1.58	0.08	3.30	3.70	2.67	3.54	XXX
99387		N	Preventive visit,new,65&over	+2.06	1.45	1.89	0.77	1.72	0.09	3.60	4.04	2.92	3.87	XXX
99391		N	Preventive visit, est,infant	+1.02	0.76	1.05	0.38	0.96	0.05	1.83	2.12	1.45	2.03	XXX
99392		N	Preventive visit,est,age 1-4	+1.19	0.83	1.21	0.45	1.11	0.06	2.08	2.46	1.70	2.36	XXX
99393		N	Preventive visit,est,age5-11	+1.19	0.83	1.21	0.45	1.11	0.06	2.08	2.46	1.70	2.36	XXX
99394		N	Preventive visit, est, 12-17	+1.36	0.90	1.37	0.52	1.28	0.07	2.33	2.80	1.95	2.71	XXX
99395		N	Preventive visit, est, 18-39	+1.36	0.92	1.25	0.77	1.21	0.06	2.34	2.67	2.19	2.63	XXX
99396		N	Preventive visit, est, 40-64	+1.53	1.00	1.39	0.84	1.35	0.07	2.60	2.99	2.44	2.95	XXX
99397		N	Preventive visit,est,65&over	+1.71	1.08	1.54	0.91	1.50	0.08	2.87	3.33	2.70	3.29	XXX
99401		N	Preventive counseling, indiv	+0.48	0.44	0.48	0.34	0.45	0.02	0.94	0.98	0.84	0.95	XXX
99402		N	Preventive counseling, indiv	+0.98	0.66	0.89	0.54	0.86	0.04	1.68	1.91	1.56	1.88	XXX
99403		N	Preventive counseling, indiv	+1.46	0.88	1.31	0.71	1.27	0.06	2.40	2.83	2.23	2.79	XXX
99404		N	Preventive counseling, indiv	+1.95	1.08	1.72	0.90	1.67	0.09	3.12	3.76	2.94	3.71	XXX
99411		N	Preventive counseling, group	+0.15	0.13	0.15	0.09	0.14	0.01	0.29	0.31	0.25	0.30	XXX
99412		N	Preventive counseling, group	+0.25	0.19	0.24	0.13	0.22	0.01	0.45	0.50	0.39	0.48	XXX
99420		N	Health risk assessment test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99429		N	Unlisted preventive service	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99431		A	Initial care, normal newborn	1.17	NA	NA	0.57	1.13	0.06	NA	NA	1.80	2.36	XXX
99432		A	Newborn care not in hospital	1.26	0.90	1.29	0.36	1.16	0.06	2.22	2.61	1.68	2.48	XXX
99433		A	Normal newborn care,hospital	0.62	NA	NA	0.23	0.58	0.03	NA	NA	0.88	1.23	XXX
99435		A	Hospital NB discharge day	1.50	NA	NA	0.57	1.40	0.08	NA	NA	2.15	2.98	XXX
99436		A	Attendance, birth	1.50	0.65	1.42	3.24	2.07	0.08	2.23	3.00	4.82	3.65	XXX
99440		A	Newborn resuscitation	2.93	NA	NA	3.92	3.46	0.15	NA	NA	7.00	6.54	XXX

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
99450		N	Life/disability evaluation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99455		R	Disability examination	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99456		R	Disability examination	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99499		C	Unlisted E/M service	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0021		I	Outside state ambulance serv	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0030		X	Air ambulance service	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0040		X	Helicopter ambulance service	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0050		X	Water amb service emergency	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0080		I	Noninterest escort in non er	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0090		I	Interest escort in non er	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0100		I	Nonemergency transport taxi	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0110		I	Nonemergency transport bus	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0120		I	Noner transport mini-bus	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0130		I	Noner transport wheelch van	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0140		I	Nonemergency transport air	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0160		I	Noner transport case worker	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0170		I	Noner transport parking fees	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0180		I	Noner transport lodgng recip	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0190		I	Noner transport meals recip	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0200		I	Noner transport lodgng escrt	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0210		I	Noner transport meals escort	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0225		X	Neonatal emergency transport	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0300		X	Ambulance basic non-emer all	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0302		X	Ambulance basic emergeny all	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0304		X	Amb adv non-er no serv all	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0306		X	Amb adv non-er spec serv all	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0308		X	Amb adv er no spec serv all	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0310		X	Amb adv er spec serv all	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0320		X	Amb basic non-er + supplies	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0322		X	Amb basic emerg + supplies	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0324		X	Adv non-er serv sep mileage	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0326		X	Adv non-er no serv sep mile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0328		X	Adv er no serv sep mileage	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0330		X	Adv er spec serv sep mile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0340		X	Amb basic non-er + mileage	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0342		X	Ambul basic emer + mileage	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0344		X	Amb adv non-er no serv +mile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0346		X	Amb adv non-er serv + mile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0348		X	Adv emer no spec serv + mile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0350		X	Adv emer spec serv + mileage	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
A0360		X	Basic non-er sep mile & supp	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0362		X	Basic emer sep mile & supply	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0364		X	Adv non-er no serv sep mi&su	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0366		X	Adv non-er serv sep mil&supp	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0368		X	Adv er no serv sep mile&supp	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0370		X	Adv er spec serv sep mi&supp	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0380		X	Basic life support mileage	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0382		X	Basic support routine suppls	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0384		X	Bls defibrillation supplies	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0390		X	Advanced life support mileag	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0392		X	Als defibrillation supplies	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0394		X	Als IV drug therapy supplies	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0396		X	Als esophageal intub suppls	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0398		X	Als routine disposble suppls	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0420		X	Ambulance waiting 1/2 hr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0422		X	Ambulance 02 life sustaining	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0424		X	Extra ambulance attendant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0888		N	Noncovered ambulance mileage	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0999		X	Unlisted ambulance service	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4206		I	1 CC sterile syringe&needle	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4207		I	2 CC sterile syringe&needle	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4208		I	3 CC sterile syringe&needle	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4209		I	5+ CC sterile syringe&needle	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4210		N	Nonneedle injection device	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4211		P	Supp for self-adm injections	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4212		P	Non coring needle or stylet	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4213		I	20+ CC syringe only	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4214		P	30 CC sterile water/saline	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4215		I	Sterile needle	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4220		P	Infusion pump refill kit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4221		X	Maint drug infus cath per wk	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4222		X	Drug infusion pump supplies	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4230		N	Infus insulin pump non needl	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4231		N	Infusion insulin pump needle	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4232		N	Syringe w/needle insulin 3cc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4244		I	Alcohol or peroxide per pint	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4245		I	Alcohol wipes per box	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4246		I	Betadine/phisohex solution	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4247		I	Betadine/iodine swabs/wipes	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4250		N	Urine reagent strips/tablets	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
A4253		P	Blood glucose/reagent strips	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4254		X	Battery for glucose monitor	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4255		X	Glucose monitor platforms	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4256		P	Calibrator solution/chips	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4258		P	Lancet device each	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4259		P	Lancets per box	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4260		N	Levonorgestrel implant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4261		N	Cervical cap contraceptive	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4262		B	Temporary tear duct plug	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4263		A	Permanent tear duct plug	0.00	0.00	0.77	0.00	0.77	0.00	0.00	0.77	0.00	0.77	XXX
A4265		P	Paraffin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4270		B	Disposable endoscope sheath	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4300		A	Cath impl vasc access portal	0.00	0.00	0.77	0.00	0.77	0.00	0.00	0.77	0.00	0.77	XXX
A4301		P	Implantable access syst perc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4305		P	Drug delivery system >=50 ML	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4306		P	Drug delivery system <=5 ML	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4310		P	Insert tray w/o bag/cath	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4311		P	Catheter w/o bag 2-way latex	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4312		P	Cath w/o bag 2-way silicone	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4313		P	Catheter w/bag 3-way	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4314		P	Cath w/drainage 2-way latex	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4315		P	Cath w/drainage 2-way silcne	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4316		P	Cath w/drainage 3-way	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4320		P	Irrigation tray	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4321		X	Cath therapeutic irrig agent	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4322		P	Irrigation syringe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4323		P	Saline irrigation solution	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4326		P	Male external catheter	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4327		P	Fem urinary collect dev cup	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4328		P	Fem urinary collect pouch	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4329		P	External catheter start set	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4330		P	Stool collection pouch	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4335		P	Incontinence supply	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4338		P	Indwelling catheter latex	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4340		P	Indwelling catheter special	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4344		P	Cath indw foley 2 way silicn	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4346		P	Cath indw foley 3 way	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4347		P	Male external catheter	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4351		P	Straight tip urine catheter	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4352		P	Coude tip urinary catheter	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work [3] RVUs	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
A4353		X	Intermittent urinary cath	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4354		P	Cath insertion tray w/bag	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4355		P	Bladder irrigation tubing	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4356		P	Ext ureth clmp or compr dvc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4357		P	Bedside drainage bag	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4358		P	Urinary leg bag	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4359		P	Urinary suspensory w/o leg b	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4361		P	Ostomy face plate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4362		P	Solid skin barrier	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4363		P	Liquid skin barrier	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4364		P	Ostomy/cath adhesive	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4365		X	Ostomy adhesive remover wipe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4367		P	Ostomy belt	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4368		X	Ostomy filter	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4397		P	Irrigation supply sleeve	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4398		P	Ostomy irrigation bag	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4399		P	Ostomy irrig cone/cath w brs	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4400		P	Ostomy irrigation set	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4402		P	Lubricant per ounce	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4404		P	Ostomy ring each	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4421		P	Ostomy supply misc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4454		P	Tape all types all sizes	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4455		P	Adhesive remover per ounce	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4460		P	Elastic compression bandage	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4462		X	Abdmnl drssng holder/binder	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4465		P	Non-elastic extremity binder	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4470		P	Gravlee jet washer	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4480		P	Vabra aspirator	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4481		X	Tracheostoma filter	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4483		X	Moisture exchanger	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4490		N	Above knee surgical stocking	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4495		N	Thigh length surg stocking	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4500		N	Below knee surgical stocking	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4510		N	Full length surg stocking	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4550		A	Surgical trays	0.00	0.00	0.77	0.00	0.77	0.00	0.00	0.77	0.00	0.77	XXX
A4554		N	Disposable underpads	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4556		P	Electrodes	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4557		P	Lead wires	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4558		P	Conductive paste or gel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4560		X	Pessary	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
A4565		X	Slings	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4570		X	Splint	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4572		X	Rib belt	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4575		N	Hyperbaric o2 chamber disps	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4580		X	Cast supplies (plaster)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4590		X	Special casting material	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4595		X	TENS suppl 2 lead per month	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4611		X	Heavy duty battery	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4612		X	Battery cables	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4613		X	Battery charger	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4614		X	Hand-held PEFR meter	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4615		X	Cannula nasal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4616		X	Tubing (oxygen) per foot	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4617		X	Mouth piece	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4618		X	Breathing circuits	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4619		X	Face tent	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4620		X	Variable concentration mask	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4621		X	Tracheotomy mask or collar	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4622		X	Tracheostomy or larngectomy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4623		X	Tracheostomy inner cannula	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4624		X	Tracheal suction tube	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4625		X	Trach care kit for new trach	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4626		X	Tracheostomy cleaning brush	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4627		N	Spacer bag/reservoir	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4628		X	Oropharyngeal suction cath	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4629		X	Tracheostomy care kit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4630		X	Repl bat t.e.n.s. own by pt	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4631		X	Wheelchair battery	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4635		X	Underarm crutch pad	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4636		X	Handgrip for cane etc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4637		X	Repl tip cane/crutch/walker	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4640		X	Alternating pressure pad	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4641		E	Diagnostic imaging agent	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4642		E	Satumomab pendetide per dose	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4643		E	High dose contrast MRI	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4644		E	Contrast 100-199 MGs iodine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4645		E	Contrast 200-299 MGs iodine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4646		E	Contrast 300-399 MGs iodine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4647		B	Supp- paramagnetic contr mat	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4649		P	Surgical supplies	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
A4650		X	Supp esrd centrifuge	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4655		X	Esrd syringe/needle	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4660		X	Esrd blood pressure device	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4663		X	Esrd blood pressure cuff	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4670		N	Auto blood pressure monitor	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4680		X	Activated carbon filters	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4690		X	Dialyzers	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4700		X	Standard dialysate solution	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4705		X	Bicarb dialysate solution	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4712		X	Sterile water	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4714		X	Treated water for dialysis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4730		X	Fistula cannulation set dial	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4735		X	Local/topical anesthetics	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4740		X	Esrd shunt accessory	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4750		X	Arterial or venous tubing	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4755		X	Arterial and venous tubing	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4760		X	Standard testing solution	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4765		X	Dialysate concentrate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4770		X	Blood testing supplies	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4771		X	Blood clotting time tube	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4772		X	Dextrostick/glucose strips	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4773		X	Hemostix	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4774		X	Ammonia test paper	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4780		X	Esrd sterilizing agent	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4790		X	Esrd cleansing agents	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4800		X	Heparin/antidote dialysis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4820		X	Supplies hemodialysis kit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4850		X	Rubber tipped hemostats	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4860		X	Disposable catheter caps	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4870		X	Plumbing/electrical work	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4880		X	Water storage tanks	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4890		R	Contracts/repair/maintenance	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4900		X	Capd supply kit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4901		X	Ccpd supply kit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4905		X	Ipd supply kit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4910		X	Esrd nonmedical supplies	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4912		X	Gomco drain bottle	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4913		X	Esrd supply	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4914		X	Preparation kit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4918		X	Venous pressure clamp	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
A4919		X	Supp dialysis dialyzer holde	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4920		X	Harvard pressure clamp	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4921		X	Measuring cylinder	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4927		X	Gloves	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5051		P	Pouch clsd w barr attached	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5052		P	Clsd ostomy pouch w/o barr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5053		P	Clsd ostomy pouch faceplate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5054		P	Clsd ostomy pouch w/flange	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5055		P	Stoma cap	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5061		P	Pouch drainable w barrier at	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5062		P	Drnble ostomy pouch w/o barr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5063		P	Drain ostomy pouch w/flange	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5064		I	Drain ostomy pouch w/fceplte	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5065		I	Drain ostomy pouch on fcplte	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5071		P	Urinary pouch w/barrier	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5072		P	Urinary pouch w/o barrier	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5073		P	Urinary pouch on barr w/flng	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5074		I	Urinary pouch w/faceplate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5075		I	Urinary pouch on faceplate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5081		P	Continent stoma plug	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5082		P	Continent stoma catheter	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5093		P	Ostomy accessory convex inse	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5102		P	Bedside drain btl w/wo tube	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5105		P	Urinary suspensory	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5112		P	Urinary leg bag	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5113		P	Latex leg strap	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5114		P	Foam/fabric leg strap	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5119		P	Skin barrier wipes box pr 50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5121		P	Solid skin barrier 6x6	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5122		P	Solid skin barrier 8x8	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5123		P	Skin barrier with flange	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5126		P	Adhesive disc/foam pad	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5131		P	Appliance cleaner	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5149		P	Incontinence/ostomy supply	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5200		X	Percutaneous catheter anchor	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5500		X	Diab shoe for density insert	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5501		X	Diabetic custom molded shoe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5502		X	Diabetic shoe density insert	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5503		X	Diabetic shoe w/roller/rockr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5504		X	Diabetic shoe with wedge	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
A5505		X	Diab shoe w/metatarsal bar	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5506		X	Diabetic shoe w/off set heel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5507		X	Modification diabetic shoe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6020		P	Collagen wound dressing	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6025		I	Silicone gel sheet, each	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6154		P	Wound pouch each	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6196		P	Alginate dressing <=16 sq in	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6197		P	Alginate drsg >16 <=48 sq in	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6198		P	alginate dressing > 48 sq in	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6199		P	Alginate drsg wound filler	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6200		X	Compos drsg <=16 no border	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6201		X	Compos drsg >16<=48 no bdr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6202		X	Compos drsg >48 no border	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6203		P	Composite drsg <= 16 sq in	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6204		P	Composite drsg >16<=48 sq in	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6205		P	Composite drsg > 48 sq in	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6206		P	Contact layer <= 16 sq in	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6207		P	Contact layer >16<= 48 sq in	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6208		P	Contact layer > 48 sq in	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6209		P	Foam drsg <=16 sq in w/o bdr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6210		P	Foam drg >16<=48 sq in w/o b	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6211		P	Foam drg > 48 sq in w/o brdr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6212		P	Foam drg <=16 sq in w/border	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6213		P	Foam drg >16<=48 sq in w/bdr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6214		P	Foam drg > 48 sq in w/border	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6215		P	Foam dressing wound filler	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6216		P	Non-sterile gauze<=16 sq in	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6217		P	Non-sterile gauze>16<=48 sq	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6218		P	Non-sterile gauze > 48 sq in	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6219		P	Gauze <= 16 sq in w/border	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6220		P	Gauze >16 <=48 sq in w/bordr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6221		P	Gauze > 48 sq in w/border	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6222		P	Gauze <=16 in no w/sal w/o b	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6223		P	Gauze >16<=48 no w/sal w/o b	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6224		P	Gauze > 48 in no w/sal w/o b	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6228		P	Gauze <= 16 sq in water/sal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6229		P	Gauze >16<=48 sq in watr/sal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6230		P	Gauze > 48 sq in water/salne	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6234		P	Hydrocolld drg <=16 w/o bdr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6235		P	Hydrocolld drg >16<=48 w/o b	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
A6236		P	Hydrocolld drg > 48 in w/o b	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6237		P	Hydrocolld drg <=16 in w/bdr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6238		P	Hydrocolld drg >16<=48 w/bdr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6239		P	Hydrocolld drg > 48 in w/bdr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6240		P	Hydrocolld drg filler paste	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6241		P	Hydrocolloid drg filler dry	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6242		P	Hydrogel drg <=16 in w/o bdr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6243		P	Hydrogel drg >16<=48 w/o bdr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6244		P	Hydrogel drg >48 in w/o bdr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6245		P	Hydrogel drg <= 16 in w/bdr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6246		P	Hydrogel drg >16<=48 in w/b	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6247		P	Hydrogel drg > 48 sq in w/b	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6248		P	Hydrogel drsg gel filler	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6250		P	Skin seal protect moisturizr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6251		P	Absorpt drg <=16 sq in w/o b	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6252		P	Absorpt drg >16 <=48 w/o bdr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6253		P	Absorpt drg > 48 sq in w/o b	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6254		P	Absorpt drg <=16 sq in w/bdr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6255		P	Absorpt drg >16<=48 in w/bdr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6256		P	Absorpt drg > 48 sq in w/bdr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6257		P	Transparent film <= 16 sq in	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6258		P	Transparent film >16<=48 in	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6259		P	Transparent film > 48 sq in	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6260		P	Wound cleanser any type/size	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6261		P	Wound filler gel/paste /oz	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6262		P	Wound filler dry form / gram	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6263		P	Non-sterile elastic gauze/yd	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6264		P	Non-sterile no elastic gauze	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6265		P	Tape per 18 sq inches	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6266		P	Impreg gauze no h20/sal/yard	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6402		P	Sterile gauze <= 16 sq in	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6403		P	Sterile gauze>16 <= 48 sq in	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6404		P	Sterile gauze > 48 sq in	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6405		P	Sterile elastic gauze /yd	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6406		P	Sterile non-elastic gauze/yd	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9150		E	Misc/exper non-prescript dru	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9160		N	Podiatrist non-covered servi	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9170		N	Chiropractor non-covered ser	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9190		N	Misc/expe personal comfort i	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9270		N	Non-covered item or service	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
A9300		N	Exercise equipment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9500		E	Technetium TC 99m sestamibi	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9502		X	Technetium TC99M tetrofosmin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9503		E	Technetium TC 99m medronate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9505		E	Thallous chloride TL 201/mci	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9507		X	Indium/111 capromab pendetid	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9600		X	Strontium-89 chloride	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9605		X	Samarium sm153 lexidronamm	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0120		N	Periodic oral evaluation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0140		N	Limit oral eval problm focus	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0150		R	Comprehensve oral evaluation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D0160		N	Extensv oral eval prob focus	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0210		I	Intraor complete film series	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0220		I	Intraoral periapical first f	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0230		I	Intraoral periapical ea add	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0240		R	Intraoral occlusal film	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D0250		R	Extraoral first film	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D0260		R	Extraoral ea additional film	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D0270		R	Dental bitewing single film	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D0272		R	Dental bitewings two films	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D0274		R	Dental bitewings four films	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D0290		I	Dental film skull/facial bon	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0310		I	Dental saliography	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0320		I	Dental tmj arthrogram incl i	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0321		I	Dental other tmj films	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0322		I	Dental tomographic survey	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0330		I	Dental panoramic film	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0340		I	Dental cephalometric film	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0415		N	Bacteriologic study	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0425		N	Caries susceptibility test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0460		R	Pulp vitality test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D0470		N	Diagnostic casts	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0471		R	Diagnostic photographs	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D0501		R	Histopathologic examinations	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D0502		R	Other oral pathology procedu	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D0999		R	Unspecified diagnostic proce	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D1110		N	Dental prophylaxis adult	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D1120		N	Dental prophylaxis child	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D1201		N	Topical fluor w prophy child	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D1203		N	Topical fluor w/o prophy chi	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
D1204		N	Topical fluor w/o prophy adu	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D1205		N	Topical fluoride w/ prophy a	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D1310		N	Nutri counsel-control caries	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D1320		N	Tobacco counseling	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D1330		N	Oral hygiene instruction	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D1351		N	Dental sealant per tooth	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D1510		R	Space maintainer fxd unilat	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D1515		R	Fixed bilat space maintainer	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D1520		R	Remove unilat space maintain	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D1525		R	Remove bilat space maintain	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D1550		R	Recement space maintainer	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D2110		N	Amalgam one surface primary	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2120		N	Amalgam two surfaces primary	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2130		N	Amalgam three surfaces prima	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2131		N	Amalgam four/more surf prima	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2140		N	Amalgam one surface permanen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2150		N	Amalgam two surfaces permane	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2160		N	Amalgam three surfaces perma	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2161		N	Amalgam 4 or > surfaces perm	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2210		N	Silcate cement per restorat	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2330		N	Resin one surface-anterior	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2331		N	Resin two surfaces-anterior	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2332		N	Resin three surfaces-anterio	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2335		N	Resin 4/> surf or w incis an	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2336		N	Composite resin crown	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2380		N	Resin one surf poster primar	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2381		N	Resin two surf poster primar	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2382		N	Resin three/more surf post p	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2385		N	Resin one surf poster perman	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2386		N	Resin two surf poster perman	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2387		N	Resin three/more surf post p	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2410		N	Dental gold foil one surface	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2420		N	Dental gold foil two surface	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2430		N	Dental gold foil three surfa	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2510		N	Dental inlay metalic 1 surf	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2520		N	Dental inlay metallic 2 surf	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2530		N	Dental inlay metl 3/more sur	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2543		N	Dental onlay metallic 3 surf	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2544		N	Dental onlay metl 4/more sur	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2610		N	Inlay porcelain/ceramic 1 su	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
D2620		N	Inlay porcelain/ceramic 2 su	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2630		N	Dental onlay porc 3/more sur	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2642		N	Dental onlay porcelin 2 surf	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2643		N	Dental onlay porcelin 3 surf	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2644		N	Dental onlay porc 4/more sur	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2650		N	Inlay composite/resin one su	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2651		N	Inlay composite/resin two su	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2652		N	Dental inlay resin 3/mre sur	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2662		N	Dental onlay resin 2 surface	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2663		N	Dental onlay resin 3 surface	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2664		N	Dental onlay resin 4/mre sur	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2710		N	Crown resin laboratory	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2720		N	Crown resin w/ high noble me	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2721		N	Crown resin w/ base metal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2722		N	Crown resin w/ noble metal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2740		N	Crown porcelain/ceramic subs	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2750		N	Crown porcelain w/ h noble m	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2751		N	Crown porcelain fused base m	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2752		N	Crown porcelain w/ noble met	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2790		N	Crown full cast high noble m	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2791		N	Crown full cast base metal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2792		N	Crown full cast noble metal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2810		N	Crown 3/4 cast metallic	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2910		N	Dental recement inlay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2920		N	Dental recement crown	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2930		N	Prefab stnlss steel crwn pri	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2931		N	Prefab stnlss steel crown pe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2932		N	Prefabricated resin crown	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2933		N	Prefab stainless steel crown	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2940		N	Dental sedative filling	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2950		N	Core build-up incl any pins	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2951		N	Tooth pin retention	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2952		N	Post and core cast + crown	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2954		N	Prefab post/core + crown	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2955		N	Post removal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2960		N	Laminate labial veneer	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2961		N	Lab labial veneer resin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2962		N	Lab labial veneer porcelain	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2970		R	Temporary- fractured tooth	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D2980		N	Crown repair	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work [3] RVUs	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
D2999		R	Dental unspec restorative pr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D3110		N	Pulp cap direct	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3120		N	Pulp cap indirect	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3220		N	Therapeutic pulpotomy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3230		N	Pulpal therapy anterior prim	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3240		N	Pulpal therapy posterior pri	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3310		N	Anterior	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3320		N	Root canal therapy 2 canals	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3330		N	Root canal therapy 3 canals	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3346		N	Retreat root canal anterior	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3347		N	Retreat root canal bicuspid	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3348		N	Retreat root canal molar	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3351		N	Apexification/recalc initial	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3352		N	Apexification/recalc interim	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3353		N	Apexification/recalc final	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3410		N	Apicoect/perirad surg anter	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3421		N	Root surgery bicuspid	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3425		N	Root surgery molar	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3426		N	Root surgery ea add root	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3430		N	Retrograde filling	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3450		N	Root amputation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3460		R	Endodontic endosseous implan	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D3470		N	Intentional replantation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3910		N	Isolation- tooth w rubb dam	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3920		N	Tooth splitting	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3950		N	Canal prep/fitting of dowel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3960		N	Bleaching of discolored toot	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3999		R	Endodontic procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D4210		I	Gingivectomy/plasty per quad	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D4211		I	Gingivectomy/plasty per toot	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D4220		N	Gingival curettage per quadr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D4240		N	Gingival flap proc w/ planin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D4249		N	Crown lengthen hard tissue	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D4250		R	Mucogingival surg per quadra	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D4260		R	Osseous surgery per quadrant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D4263		R	Bone replce graft first site	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D4264		R	Bone replce graft each add	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D4266		N	Guided tiss regen resorble	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D4267		N	Guided tiss regen nonresorb	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D4270		R	Pedicle soft tissue graft pr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
D4271		R	Free soft tissue graft proc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D4273		R	Subepithelial tissue graft	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D4274		N	Distal/proximal wedge proc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D4320		N	Provision splnt intracoronal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D4321		N	Provisional splint extracoro	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D4341		N	Periodontal scaling & root	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D4355		R	Full mouth debridement	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D4381		R	Localized chemo delivery	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D4910		N	Periodontal maint procedures	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D4920		N	Unscheduled dressing change	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D4999		N	Unspecified periodontal proc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5110		N	Dentures complete maxillary	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5120		N	Dentures complete mandible	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5130		N	Dentures immediat maxillary	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5140		N	Dentures immediat mandible	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5211		N	Dentures maxill part resin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5212		N	Dentures mand part resin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5213		N	Dentures maxill part metal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5214		N	Dentures mandibl part metal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5281		N	Removable partial denture	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5410		N	Dentures adjust cmplt maxil	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5411		N	Dentures adjust cmplt mand	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5421		N	Dentures adjust part maxill	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5422		N	Dentures adjust part mandbl	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5510		N	Dentur repr broken compl bas	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5520		N	Replace denture teeth complt	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5610		N	Dentures repair resin base	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5620		N	Rep part denture cast frame	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5630		N	Rep partial denture clasp	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5640		N	Replace part denture teeth	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5650		N	Add tooth to partial denture	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5660		N	Add clasp to partial denture	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5710		N	Dentures rebase cmplt maxil	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5711		N	Dentures rebase cmplt mand	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5720		N	Dentures rebase part maxill	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5721		N	Dentures rebase part mandbl	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5730		N	Denture reln cmplt maxil ch	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5731		N	Denture reln cmplt mand chr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5740		N	Denture reln part maxil chr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5741		N	Denture reln part mand chr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
D5750		N	Denture reln cmplt max lab	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5751		N	Denture reln cmplt mand lab	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5760		N	Denture reln part maxil lab	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5761		N	Denture reln part mand lab	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5810		N	Denture interm cmplt maxill	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5811		N	Denture interm cmplt mandbl	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5820		N	Denture interm part maxill	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5821		N	Denture interm part mandbl	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5850		N	Denture tiss conditn maxill	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5851		N	Denture tiss condtin mandbl	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5860		N	Overdenture complete	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5861		N	Overdenture partial	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5862		N	Precision attachment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5899		N	Removable prosthodontic proc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5911		R	Facial moulage sectional	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D5912		R	Facial moulage complete	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D5913		I	Nasal prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5914		I	Auricular prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5915		I	Orbital prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5916		I	Ocular prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5919		I	Facial prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5922		I	Nasal septal prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5923		I	Ocular prosthesis interim	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5924		I	Cranial prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5925		I	Facial augmentation implant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5926		I	Replacement nasal prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5927		I	Auricular replacement	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5928		I	Orbital replacement	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5929		I	Facial replacement	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5931		I	Surgical obturator	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5932		I	Postsurgical obturator	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5933		I	Refitting of obturator	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5934		I	Mandibular flange prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5935		I	Mandibular denture prosth	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5936		I	Temp obturator prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5937		I	Trismus appliance	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5951		R	Feeding aid	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D5952		I	Pediatric speech aid	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5953		I	Adult speech aid	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5954		I	Superimposed prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
D5955		I	Palatal lift prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5958		I	Intraoral con def inter plt	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5959		I	Intraoral con def mod palat	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5960		I	Modify speech aid prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5982		I	Surgical stent	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5983		R	Radiation applicator	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D5984		R	Radiation shield	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D5985		R	Radiation cone locator	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D5986		N	Fluoride applicator	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5987		R	Commissure splint	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D5988		I	Surgical splint	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5999		I	Maxillofacial prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6010		I	Odontics endosteal implant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6020		I	Odontics abutment placement	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6040		I	Odontics eposteal implant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6050		I	Odontics transosteal implnt	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6055		I	Implant connecting bar	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6080		I	Implant maintenance	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6090		I	Repair implant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6095		I	Odontics repr abutment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6100		I	Removal of implant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6199		I	Implant procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6210		N	Prosthodont high noble metal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6211		N	Bridge base metal cast	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6212		N	Bridge noble metal cast	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6240		N	Bridge porcelain high noble	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6241		N	Bridge porcelain base metal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6242		N	Bridge porcelain nobel metal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6250		N	Bridge resin w/high noble	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6251		N	Bridge resin base metal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6252		N	Bridge resin w/noble metal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6520		N	Dental retainer two surfaces	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6530		N	Retainer metallic 3+ surface	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6543		N	Dental retainr onlay 3 surf	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6544		N	Dental retainr onlay 4/more	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6545		N	Dental retainr cast metl	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6720		N	Retain crown resin w hi nble	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6721		N	Crown resin w/base metal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6722		N	Crown resin w/noble metal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6750		N	Crown porcelain high noble	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
D6751		N	Crown porcelain base metal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6752		N	Crown porcelain noble metal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6780		N	Crown 3/4 high noble metal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6790		N	Crown full high noble metal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6791		N	Crown full base metal cast	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6792		N	Crown full noble metal cast	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6920		R	Dental connector bar	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D6930		N	Dental recement bridge	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6940		N	Stress breaker	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6950		N	Precision attachment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6970		N	Post & core plus retainer	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6971		N	Cast post bridge retainer	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6972		N	Prefab post & core plus reta	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6973		N	Core build up for retainer	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6975		N	Coping metal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6980		N	Bridge repair	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6999		N	Fixed prosthodontic proc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7110		R	Oral surgery single tooth	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D7120		R	Each add tooth extraction	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D7130		R	Tooth root removal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D7210		R	Rem imp tooth w mucoper flp	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D7220		R	Impact tooth remov soft tiss	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D7230		R	Impact tooth remov part bony	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D7240		R	Impact tooth remov comp bony	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D7241		R	Impact tooth rem bony w/comp	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D7250		R	Tooth root removal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D7260		R	Oral antral fistula closure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D7270		N	Tooth reimplantation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7272		N	Tooth transplantation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7280		N	Exposure impact tooth orthod	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7281		N	Exposure tooth aid eruption	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7285		I	Biopsy of oral tissue hard	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7286		I	Biopsy of oral tissue soft	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7290		N	Repositioning of teeth	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7291		R	Transseptal fiberotomy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D7310		I	Alveoplasty w/ extraction	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7320		I	Alveoplasty w/o extraction	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7340		I	Vestibuloplasty ridge extens	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7350		I	Vestibuloplasty exten graft	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7410		I	Rad exc lesion up to 1.25 cm	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
D7420		I	Lesion > 1.25 cm	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7430		I	Exc benign tumor to 1.25 cm	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7431		I	Benign tumor exc > 1.25 cm	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7440		I	Malig tumor exc to 1.25 cm	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7441		I	Malig tumor > 1.25 cm	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7450		I	Rem odontogen cyst to 1.25cm	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7451		I	Rem odontogen cyst > 1.25 cm	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7460		I	Rem nonodonto cyst to 1.25cm	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7461		I	Rem nonodonto cyst > 1.25 cm	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7465		I	Lesion destruction	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7470		I	Rem exostosis maxilla/mandib	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7480		I	Partial ostectomy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7490		I	Mandible resection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7510		I	I&d absc intraoral soft tiss	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7520		I	I&d abscess extraoral	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7530		I	Removal fb skin/areolar tiss	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7540		I	Removal of fb reaction	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7550		I	Removal of sloughed off bone	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7560		I	Maxillary sinusotomy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7610		I	Maxilla open reduct simple	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7620		I	Clsd reduct simpl maxilla fx	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7630		I	Open red simpl mandible fx	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7640		I	Clsd red simpl mandible fx	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7650		I	Open red simp malar/zygom fx	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7660		I	Clsd red simp malar/zygom fx	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7670		I	Open red simple alveolus fx	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7680		I	Reduct simple facial bone fx	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7710		I	Maxilla open reduct compound	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7720		I	Clsd reduct compd maxilla fx	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7730		I	Open reduct compd mandble fx	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7740		I	Clsd reduct compd mandble fx	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7750		I	Open red comp malar/zygma fx	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7760		I	Clsd red comp malar/zygma fx	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7770		I	Open reduc compd alveolus fx	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7780		I	Reduct compnd facial bone fx	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7810		I	Tmj open reduct-dislocation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7820		I	Closed tmp manipulation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7830		I	Tmj manipulation under anest	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7840		I	Removal of tmj condyle	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7850		I	Tmj meniscectomy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
D7852		I	Tmj repair of joint disc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7854		I	Tmj excisn of joint membrane	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7856		I	Tmj cutting of a muscle	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7858		I	Tmj reconstruction	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7860		I	Tmj cutting into joint	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7865		I	Tmj reshaping components	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7870		I	Tmj aspiration joint fluid	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7872		I	Tmj diagnostic arthroscopy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7873		I	Tmj arthroscopy lysis adhesn	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7874		I	Tmj arthroscopy disc reposit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7875		I	Tmj arthroscopy synovectomy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7876		I	Tmj arthroscopy discectomy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7877		I	Tmj arthroscopy debridement	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7880		I	Occlusal orthotic appliance	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7899		I	Tmj unspecified therapy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7910		I	Dent sutur recent wnd to 5cm	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7911		I	Dental suture wound to 5 cm	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7912		I	Suture complicate wnd > 5 cm	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7920		I	Dental skin graft	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7940		R	Reshaping bone orthognathic	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D7941		I	Bone cutting ramus closed	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7942		I	Bone cutting ramus open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7943		I	Cutting ramus open w/graft	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7944		I	Bone cutting segmented	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7945		I	Bone cutting body mandible	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7946		I	Reconstruction maxilla total	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7947		I	Reconstruct maxilla segment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7948		I	Reconstruct midface no graft	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7949		I	Reconstruct midface w/graft	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7950		I	Mandible graft	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7955		I	Repair maxillofacial defects	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7960		I	Frenulectomy/frenulotomy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7970		I	Excision hyperplastic tissue	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7971		I	Excision pericoronal gingiva	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7980		I	Sialolithotomy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7981		I	Excision of salivary gland	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7982		I	Sialodochoplasty	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7983		I	Closure of salivary fistula	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7990		I	Emergency tracheotomy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7991		I	Dental coronoidectomy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work [3] RVUs	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
D7995		I	Synthetic graft facial bones	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7996		I	Implant mandible for augment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7999		I	Oral surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D8010		N	Limited dental tx primary	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D8020		N	Limited dental tx transition	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D8030		N	Limited dental tx adolescent	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D8040		N	Limited dental tx adult	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D8050		N	Intercep dental tx primary	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D8060		N	Intercep dental tx transitn	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D8070		N	Compre dental tx transition	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D8080		N	Compre dental tx adolescent	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D8090		N	Compre dental tx adult	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D8210		N	Orthodontic rem appliance tx	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D8220		N	Fixed appliance therapy habt	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D8660		N	Preorthodontic tx visit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D8670		N	Periodic orthodontc tx visit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D8680		N	Orthodontic retention	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D8690		N	Orthodontic treatment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D8999		N	Orthodontic procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9110		R	Tx dental pain minor proc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D9210		I	Dent anesthesia w/o surgery	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9211		I	Regional block anesthesia	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9212		I	Trigeminal block anesthesia	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9215		I	Local anesthesia	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9220		I	General anesthesia	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9221		I	General anesthesia ea ad 15m	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9230		R	Analgesia	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D9240		I	Intravenous sedation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9310		I	Dental consultation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9410		I	Dental house call	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9420		I	Hospital call	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9430		I	Office visit during hours	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9440		I	Office visit after hours	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9610		I	Dent therapeutic drug inject	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9630		R	Other drugs/medicaments	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D9910		N	Dent appl desensitizing med	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9920		N	Behavior management	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9930		R	Treatment of complications	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D9940		R	Dental occlusal guard	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D9941		N	Fabrication athletic guard	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work [3] RVUs	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
D9950		R	Occlusion analysis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D9951		R	Limited occlusal adjustment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D9952		R	Complete occlusal adjustment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D9970		N	Enamel microabrasion	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9999		I	Adjunctive procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0001		X	Drawing blood for specimen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0002		A	Temporary urinary catheter	0.50	2.86	1.29	0.17	0.61	0.02	3.38	1.81	0.69	1.13	000
G0004		A	ECG transm phys review & int	0.52	7.72	7.88	7.72	7.88	0.51	8.75	8.91	8.75	8.91	XXX
G0005		A	ECG 24 hour recording	0.00	1.29	1.28	1.29	1.28	0.07	1.36	1.35	1.36	1.35	XXX
G0006		A	ECG transmission & analysis	0.00	6.24	6.23	6.24	6.23	0.40	6.64	6.63	6.64	6.63	XXX
G0007		A	ECG phy review & interpret	0.52	0.19	0.37	0.19	0.37	0.04	0.75	0.93	0.75	0.93	XXX
G0008		X	Admin influenza virus vac	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0009		X	Admin pneumococcal vaccine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0010		X	Admin hepatitis b vaccine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0015		A	Post symptom ECG tracing	0.00	6.24	6.23	6.24	6.23	0.40	6.64	6.63	6.64	6.63	XXX
G0016		A	Post symptom ECG md review	0.52	0.24	0.38	0.24	0.38	0.04	0.80	0.94	0.80	0.94	XXX
G0025		A	Collagen skin test kit	0.00	0.00	0.77	0.00	0.77	0.00	0.00	0.77	0.00	0.77	XXX
G0026		X	Fecal leukocyte examination	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0027		X	Semen analysis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0030		C	PET imaging prev PET single	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0030	26	A	PET imaging prev PET single	1.50	0.52	0.52	0.52	0.52	0.05	2.07	2.07	2.07	2.07	XXX
G0030	TC	C	PET imaging prev PET single	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0031		C	PET imaging prev PET multple	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0031	26	A	PET imaging prev PET multple	1.87	0.70	0.71	0.70	0.71	0.08	2.65	2.66	2.65	2.66	XXX
G0031	TC	C	PET imaging prev PET multple	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0032		C	PET follow SPECT 78464 singl	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0032	26	A	PET follow SPECT 78464 singl	1.50	0.52	0.52	0.52	0.52	0.05	2.07	2.07	2.07	2.07	XXX
G0032	TC	C	PET follow SPECT 78464 singl	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0033		C	PET follow SPECT 78464 mult	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0033	26	A	PET follow SPECT 78464 mult	1.87	0.70	0.71	0.70	0.71	0.08	2.65	2.66	2.65	2.66	XXX
G0033	TC	C	PET follow SPECT 78464 mult	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0034		C	PET follow SPECT 76865 singl	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0034	26	A	PET follow SPECT 76865 singl	1.50	0.52	0.52	0.52	0.52	0.05	2.07	2.07	2.07	2.07	XXX
G0034	TC	C	PET follow SPECT 76865 singl	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0035		C	PET follow SPECT 78465 mult	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0035	26	A	PET follow SPECT 78465 mult	1.87	0.70	0.71	0.70	0.71	0.08	2.65	2.66	2.65	2.66	XXX
G0035	TC	C	PET follow SPECT 78465 mult	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0036		C	PET follow cornry angio sing	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0036	26	A	PET follow cornry angio sing	1.50	0.52	0.52	0.52	0.52	0.05	2.07	2.07	2.07	2.07	XXX
G0036	TC	C	PET follow cornry angio sing	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work [3] RVUs	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
G0037		C	PET follow cornry angio mult	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0037	26	A	PET follow cornry angio mult	1.87	0.70	0.71	0.70	0.71	0.08	2.65	2.66	2.65	2.66	XXX
G0037	TC	C	PET follow cornry angio mult	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0038		C	PET follow myocard perf sing	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0038	26	A	PET follow myocard perf sing	1.50	0.52	0.52	0.52	0.52	0.05	2.07	2.07	2.07	2.07	XXX
G0038	TC	C	PET follow myocard perf sing	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0039		C	PET follow myocard perf mult	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0039	26	A	PET follow myocard perf mult	1.87	0.70	0.71	0.70	0.71	0.08	2.65	2.66	2.65	2.66	XXX
G0039	TC	C	PET follow myocard perf mult	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0040		C	PET follow stress echo singl	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0040	26	A	PET follow stress echo singl	1.50	0.52	0.52	0.52	0.52	0.05	2.07	2.07	2.07	2.07	XXX
G0040	TC	C	PET follow stress echo singl	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0041		C	PET follow stress echo mult	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0041	26	A	PET follow stress echo mult	1.87	0.70	0.71	0.70	0.71	0.08	2.65	2.66	2.65	2.66	XXX
G0041	TC	C	PET follow stress echo mult	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0042		C	PET follow ventriculogm sing	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0042	26	A	PET follow ventriculogm sing	1.50	0.52	0.52	0.52	0.52	0.05	2.07	2.07	2.07	2.07	XXX
G0042	TC	C	PET follow ventriculogm sing	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0043		C	PET follow ventriculogm mult	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0043	26	A	PET follow ventriculogm mult	1.87	0.70	0.71	0.70	0.71	0.08	2.65	2.66	2.65	2.66	XXX
G0043	TC	C	PET follow ventriculogm mult	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0044		C	PET following rest ECG singl	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0044	26	A	PET following rest ECG singl	1.50	0.52	0.52	0.52	0.52	0.05	2.07	2.07	2.07	2.07	XXX
G0044	TC	C	PET following rest ECG singl	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0045		C	PET following rest ECG mult	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0045	26	A	PET following rest ECG mult	1.87	0.70	0.71	0.70	0.71	0.08	2.65	2.66	2.65	2.66	XXX
G0045	TC	C	PET following rest ECG mult	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0046		C	PET follow stress ECG singl	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0046	26	A	PET follow stress ECG singl	1.50	0.52	0.52	0.52	0.52	0.05	2.07	2.07	2.07	2.07	XXX
G0046	TC	C	PET follow stress ECG singl	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0047		C	PET follow stress ECG mult	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0047	26	A	PET follow stress ECG mult	1.87	0.70	0.71	0.70	0.71	0.08	2.65	2.66	2.65	2.66	XXX
G0047	TC	C	PET follow stress ECG mult	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0050		A	Residual urine by ultrasound	0.00	0.88	0.88	0.88	0.88	0.04	0.92	0.92	0.92	0.92	XXX
G0101		A	CA screen;pelvic/breast exam	0.45	0.51	0.35	0.32	0.31	0.02	0.98	0.82	0.79	0.78	XXX
G0104		A	CA screen;flexi sigmoidscope	0.96	4.27	2.07	0.44	0.55	0.09	5.32	3.12	1.49	1.60	000
G0105		A	Colorectal scrn; hi risk ind	3.70	5.65	4.77	1.95	3.80	0.31	9.66	8.78	5.96	7.81	000
G0106		A	Colon CA screen;barium enema	0.99	2.68	2.77	2.68	2.77	0.16	3.83	3.92	3.83	3.92	XXX
G0106	26	A	Colon CA screen;barium enema	0.99	0.37	0.46	0.37	0.46	0.05	1.41	1.50	1.41	1.50	XXX
G0106	TC	A	Colon CA screen;barium enema	0.00	2.31	2.31	2.31	2.31	0.11	2.42	2.42	2.42	2.42	XXX

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
G0107		X	CA screen; fecal blood test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0108		A	Diab manage trn per indiv	0.00	1.64	1.64	1.64	1.64	0.01	1.65	1.65	1.65	1.65	XXX
G0109		A	Diab manage trn ind/group	0.00	0.96	0.97	0.96	0.97	0.01	0.97	0.98	0.97	0.98	XXX
G0110		R	Nett pulm-rehab educ; ind	0.90	0.70	0.39	0.34	0.30	0.03	1.63	1.32	1.27	1.23	XXX
G0111		R	Nett pulm-rehab educ; group	0.27	0.26	0.23	0.10	0.19	0.02	0.55	0.52	0.39	0.48	XXX
G0112		R	Nett;nutrition guid, initial	1.72	1.35	1.13	0.92	1.02	0.08	3.15	2.93	2.72	2.82	XXX
G0113		R	Nett;nutrition guid,subseqnt	1.29	1.15	0.92	0.73	0.81	0.07	2.51	2.28	2.09	2.17	XXX
G0114		R	Nett; psychosocial consult	1.20	0.54	0.42	0.45	0.40	0.09	1.83	1.71	1.74	1.69	XXX
G0115		R	Nett; psychological testing	1.20	0.61	0.44	0.45	0.40	0.09	1.90	1.73	1.74	1.69	XXX
G0116		R	Nett; psychosocial counsel	1.11	0.67	0.45	0.60	0.44	0.04	1.82	1.60	1.75	1.59	XXX
G0120		A	Colon ca scrn; barium enema	0.99	2.68	2.77	2.68	2.77	0.16	3.83	3.92	3.83	3.92	XXX
G0120	26	A	Colon ca scrn; barium enema	0.99	0.37	0.46	0.37	0.46	0.05	1.41	1.50	1.41	1.50	XXX
G0120	TC	A	Colon ca scrn; barium enema	0.00	2.31	2.31	2.31	2.31	0.11	2.42	2.42	2.42	2.42	XXX
G0121		N	Colon ca scrn not hi rsk ind	+3.70	5.65	4.77	1.95	3.80	0.31	9.66	8.78	5.96	7.81	XXX
G0122		N	Colon ca scrn; barium enema	+0.99	2.68	2.77	2.68	2.77	0.16	3.83	3.92	3.83	3.92	XXX
G0122	26	N	Colon ca scrn; barium enema	+0.99	0.37	0.46	0.37	0.46	0.05	1.41	1.50	1.41	1.50	XXX
G0122	TC	N	Colon ca scrn; barium enema	+0.00	2.31	2.31	2.31	2.31	0.11	2.42	2.42	2.42	2.42	XXX
G0123		X	Screen cerv/vag thin layer	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0124		A	Screen c/v thin layer by MD	0.42	0.15	0.30	0.15	0.30	0.03	0.60	0.75	0.60	0.75	XXX
G0124	26	H	Screen c/v thin layer by MD	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0125		A	Lung image (PET)	1.50	56.15	56.15	56.15	56.15	2.16	59.81	59.81	59.81	59.81	XXX
G0125	26	A	Lung image (PET)	1.50	0.52	0.52	0.52	0.52	0.05	2.07	2.07	2.07	2.07	XXX
G0125	TC	A	Lung image (PET)	0.00	55.63	55.63	55.63	55.63	2.11	57.74	57.74	57.74	57.74	XXX
G0126		A	Lung image (PET) staging	1.87	56.33	56.34	56.33	56.34	2.19	60.39	60.40	60.39	60.40	XXX
G0126	26	A	Lung image (PET) staging	1.87	0.70	0.71	0.70	0.71	0.08	2.65	2.66	2.65	2.66	XXX
G0126	TC	A	Lung image (PET) staging	0.00	55.63	55.63	55.63	55.63	2.11	57.74	57.74	57.74	57.74	XXX
G0127		R	Trim nail(s)	0.11	0.41	0.30	0.04	0.11	0.02	0.54	0.43	0.17	0.24	000
G0128		R	CORF skilled nursing service	0.08	0.18	0.18	0.08	0.08	0.01	0.27	0.27	0.17	0.17	XXX
G0130		A	Single energy x-ray study	0.22	0.90	0.89	0.90	0.89	0.06	1.18	1.17	1.18	1.17	XXX
G0130	26	A	Single energy x-ray study	0.22	0.11	0.11	0.11	0.11	0.02	0.35	0.35	0.35	0.35	XXX
G0130	TC	A	Single energy x-ray study	0.00	0.79	0.78	0.79	0.78	0.04	0.83	0.82	0.83	0.82	XXX
G0131		A	CT scan, bone density study	0.25	3.18	3.18	3.18	3.18	0.16	3.59	3.59	3.59	3.59	XXX
G0131	26	A	CT scan, bone density study	0.25	0.13	0.13	0.13	0.13	0.02	0.40	0.40	0.40	0.40	XXX
G0131	TC	A	CT scan, bone density study	0.00	3.05	3.05	3.05	3.05	0.14	3.19	3.19	3.19	3.19	XXX
G0132		A	CT scan, bone density study	0.22	0.90	0.89	0.90	0.89	0.06	1.18	1.17	1.18	1.17	XXX
G0132	26	A	CT scan, bone density study	0.22	0.11	0.11	0.11	0.11	0.02	0.35	0.35	0.35	0.35	XXX
G0132	TC	A	CT scan, bone density study	0.00	0.79	0.78	0.79	0.78	0.04	0.83	0.82	0.83	0.82	XXX
G0133		D	Echo exam,bone density study	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0133	26	D	Echo exam,bone density study	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0133	TC	D	Echo exam,bone density study	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

3 +Indicates RVUs are not used for Medicare payment.

ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
G0141		A	Scr c/v cyto,autosys and md	0.42	0.15	0.15	0.15	0.15	0.03	0.60	0.60	0.60	0.60	XXX
G0143		X	Scr c/v cyto,thinlayer,rescr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0144		X	Scr c/v cyto,thinlayer,rescr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0145		X	Scr c/v cyto,thinlayer,rescr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0147		X	Scr c/v cyto, automated sys	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0148		X	Scr c/v cyto, autosys, rescr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0120		E	Tetracyclin injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0130		E	Abciximab injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0150		E	Injection adenosine 6 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0151		E	Adenosine injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0170		E	Adrenalin epinephrin inject	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0190		E	Inj biperiden lactate/5 mg	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0205		E	Alglucerase injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0207		E	Amifostine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0210		E	Methyldopate hcl injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0256		E	Alpha 1 proteinase inhibitor	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0270		E	Alprostadil for injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0275		E	Alprostadil urethral suppos	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0280		E	Aminophyllin 250 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0285		E	Amphotericin B	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0286		E	Amphotericin B lipid complex	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0290		E	Ampicillin 500 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0295		E	Ampicillin sodium per 1.5 gm	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0300		E	Amobarbital 125 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0330		E	Succinycholine chloride inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0340		E	Nandrolon phenpropionate inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0350		E	Injection anistreplase 30 u	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0360		E	Hydralazine hcl injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0380		E	Inj metaraminol bitartrate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0390		E	Chloroquine injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0395		E	Arbutamine HCl injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0400		E	Inj trimethaphan camsylate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0460		E	Atropine sulfate injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0470		E	Dimecaprol injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0475		E	Baclofen 10 MG injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0476		E	Baclofen intrathecal trial	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0500		E	Dicyclomine injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0510		E	Benzquinamide injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0515		E	Inj benztropine mesylate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0520		E	Bethanechol chloride inject	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
J0530		E	Penicillin g benzathine inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0540		E	Penicillin g benzathine inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0550		E	Penicillin g benzathine inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0560		E	Penicillin g benzathine inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0570		E	Penicillin g benzathine inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0580		E	Penicillin g benzathine inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0585		E	Botulinum toxin a per unit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0590		E	Ethylnorepinephrine hcl inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0600		E	Edetate calcium disodium inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0610		E	Calcium gluconate injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0620		E	Calcium glycer & lact/10 ML	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0630		E	Calcitonin salmon injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0635		E	Calcitriol injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0640		E	Leucovorin calcium injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0670		E	Inj mepivacaine HCL/10 ml	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0690		E	Cefazolin sodium injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0694		E	Cefoxitin sodium injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0695		E	Cefonocid sodium injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0696		E	Ceftriaxone sodium injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0697		E	Sterile cefuroxime injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0698		E	Cefotaxime sodium injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0702		E	Betamethasone acet&sod phosp	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0704		E	Betamethasone sod phosp/4 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0710		E	Cephapirin sodium injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0713		E	Inj ceftazidime per 500 mg	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0715		E	Ceftizoxime sodium / 500 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0720		E	Chloramphenicol sodium injec	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0725		E	Chorionic gonadotropin/1000u	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0730		E	Chlorpheniramin maleate inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0735		E	Clonidine hydrochloride	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0740		E	Cidofovir injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0743		E	Cilastatin sodium injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0745		E	Inj codeine phosphate /30 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0760		E	Colchicine injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0770		E	Colistimethate sodium inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0780		E	Prochlorperazine injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0800		E	Corticotropin injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0810		E	Cortisone injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0835		E	Inj cosyntropin per 0.25 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0850		E	Cytomegalovirus imm IV /vial	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
J0895		E	Deferoxamine mesylate inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0900		E	Testosterone enanthate inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0945		E	Brompheniramine maleate inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0970		E	Estradiol valerate injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1000		E	Depo-estradiol cypionate inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1020		E	Methylprednisolone 20 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1030		E	Methylprednisolone 40 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1040		E	Methylprednisolone 80 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1050		E	Medroxyprogesterone inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1055		N	Medrxyprogester acetate inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1060		E	Testosterone cypionate 1 ML	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1070		E	Testosterone cypionat 100 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1080		E	Testosterone cypionat 200 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1090		E	Testosterone cypionate 50 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1095		E	Inj dexamethasone acetate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1100		E	Dexamethosone sodium phos	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1110		E	Inj dihydroergotamine mesylt	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1120		E	Acetazolamid sodium injectio	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1160		E	Digoxin injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1165		E	Phenytoin sodium injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1170		E	Hydromorphone injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1180		E	Dyphylline injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1190		E	Dexrazoxane HCl injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1200		E	Diphenhydramine hcl injectio	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1205		E	Chlorothiazide sodium inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1212		E	Dimethyl sulfoxide 50% 50 ML	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1230		E	Methadone injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1240		E	Dimenhydrinate injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1245		E	Dipyridamole injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1250		E	Inj dobutamine HCL/250 mg	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1260		E	Dolasetron mesylate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1320		E	Amitriptyline injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1325		E	Epoprostenol injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1330		E	Ergonovine maleate injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1362		E	Erythromycin glucep / 250 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1364		E	Erythro lactobionate /500 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1380		E	Estradiol valerate 10 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1390		E	Estradiol valerate 20 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1410		E	Inj estrogen conjugate 25 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1435		E	Injection estrone per 1 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
J1436		E	Etidronate disodium inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1440		E	Filgrastim 300 mcg injeciton	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1441		E	Filgrastim 480 mcg injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1455		E	Foscarnet sodium injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1460		E	Gamma globulin 1 CC inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1470		E	Gamma globulin 2 CC inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1480		E	Gamma globulin 3 CC inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1490		E	Gamma globulin 4 CC inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1500		E	Gamma globulin 5 CC inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1510		E	Gamma globulin 6 CC inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1520		E	Gamma globulin 7 CC inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1530		E	Gamma globulin 8 CC inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1540		E	Gamma globulin 9 CC inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1550		E	Gamma globulin 10 CC inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1560		E	Gamma globulin > 10 CC inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1561		E	Immune globulin 500 mg	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1562		E	Immune globulin 5 gms	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1565		E	RSV-ivig	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1570		E	Ganciclovir sodium injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1580		E	Garamycin gentamicin inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1600		E	Gold sodium thiomaleate inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1610		E	Glucagon hydrochloride/1 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1620		E	Gonadorelin hydroch/ 100 mcg	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1626		E	Granisetron HCl injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1630		E	Haloperidol injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1631		E	Haloperidol decanoate inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1642		E	Inj heparin sodium per 10 u	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1644		E	Inj heparin sodium per 1000u	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1645		E	Dalteparin sodium	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1650		E	Inj enoxaparin sodium 30 mg	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1670		E	Tetanus immune globulin inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1690		E	Prednisolone tebutate inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1700		E	Hydrocortisone acetate inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1710		E	Hydrocortisone sodium ph inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1720		E	Hydrocortisone sodium succ i	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1730		E	Diazoxide injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1739		E	Hydroxyprogesterone cap 125	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1741		E	Hydroxyprogesterone cap 250	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1742		E	Ibutilide fumarate injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1760		E	Iron dextran 2 CC inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work [3] RVUs	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
J1770		E	Iron dextran 5 CC inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1780		E	Iron dextran 10 CC inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1785		E	Injection imiglucerase /unit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1790		E	Droperidol injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1800		E	Propranolol injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1810		E	Droperidol/fentanyl inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1820		E	Insulin injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1825		E	Interferon beta-1a	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1830		E	Interferon beta-1b / .25 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1840		E	Kanamycin sulfate 500 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1850		E	Kanamycin sulfate 75 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1885		E	Ketorolac tromethamine inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1890		E	Cephalothin sodium injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1910		E	Kutapressin injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1930		E	Propiomazine injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1940		E	Furosemide injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1950		E	Leuprolide acetate /3.75 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1955		E	Inj levocarnitine per 1 gm	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1956		E	Levofloxacin injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1960		E	Levorphanol tartrate inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1970		E	Methotrimeprazine injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1980		E	Hyoscyamine sulfate inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1990		E	Chlordiazepoxide injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2000		E	Lidocaine injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2010		E	Lincomycin injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2060		E	Lorazepam injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2150		E	Mannitol injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2175		E	Meperidine hydrochl /100 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2180		E	Meperidine/promethazine inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2210		E	Methylergonovin maleate inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2240		E	Metocurine iodide injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2250		E	Inj midazolam hydrochloride	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2260		E	Inj milrinone lactate / 5 ML	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2270		E	Morphine sulfate injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2271		E	Morphine so4 injection 100mg	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2275		E	Morphine sulfate injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2300		E	Inj nalbuphine hydrochloride	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2310		E	Inj naloxone hydrochloride	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2320		E	Nandrolone decanoate 50 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2321		E	Nandrolone decanoate 100 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work [3] RVUs	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
J2322		E	Nandrolone decanoate 200 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2330		E	Thiothixene injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2350		E	Niacinamide/niacin injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2355		E	Oprelvekin injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2360		E	Orphenadrine injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2370		E	Phenylephrine hcl injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2400		E	Chloroprocaine hcl injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2405		E	Ondansetron hcl injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2410		E	Oxymorphone hcl injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2430		E	Pamidronate disodium /30 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2440		E	Papaverin hcl injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2460		E	Oxytetracycline injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2480		E	Hydrochlorides of opium inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2510		E	Penicillin g procaine inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2512		E	Inj pentagastrin per 2 ML	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2515		E	Pentobarbital sodium inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2540		E	Penicillin g potassium inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2545		E	Pentamidine isethionte/300mg	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2550		E	Promethazine hcl injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2560		E	Phenobarbital sodium inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2590		E	Oxytocin injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2597		E	Inj desmopressin acetate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2640		E	Prednisolone sodium ph inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2650		E	Prednisolone acetate inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2670		E	Totazoline hcl injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2675		E	Inj progesterone per 50 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2680		E	Fluphenazine decanoate 25 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2690		E	Procainamide hcl injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2700		E	Oxacillin sodium injeciton	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2710		E	Neostigmine methylslfte inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2720		E	Inj protamine sulfate/10 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2725		E	Inj protirelin per 250 mcg	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2730		E	Pralidoxime chloride inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2760		E	Phentolaine mesylate inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2765		E	Metoclopramide hcl injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2790		E	Rho d immune globulin inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2792		E	Rho(D) immune globulin h, sd	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2800		E	Methocarbamol injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2810		E	Inj theophylline per 40 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2820		E	Sargramostim injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
J2860		E	Secobarbital sodium inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2910		E	Aurothioglucose injeciton	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2912		E	Sodium chloride injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2920		E	Methylprednisolone injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2930		E	Methylprednisolone injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2950		E	Promazine hcl injeciton	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2970		E	Methicillin sodium injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2994		E	Reteplase double bolus	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2995		E	Inj streptokinase /250000 IU	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2996		E	Alteplase recombinant inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3000		E	Streptomycin injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3010		E	Fentanyl citrate injeciton	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3030		E	Sumatriptan succinate / 6 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3070		E	Pentazocine hcl injeciton	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3080		E	Chlorprothixene injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3105		E	Terbutaline sulfate inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3120		E	Testosterone enanthate inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3130		E	Testosterone enanthate inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3140		E	Testosterone suspension inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3150		E	Testosteron propionate inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3230		E	Chlorpromazine hcl injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3240		E	Thyrotropin injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3250		E	Trimethobenzamide hcl inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3260		E	Tobramycin sulfate injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3265		E	Injection torsemide 10 mg/ml	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3270		E	Imipramine hcl injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3280		E	Thiethylperazine maleate inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3301		E	Triamcinolone acetonide inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3302		E	Triamcinolone diacetate inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3303		E	Triamcinolone hexacetonl inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3305		E	Inj trimetrexate glucoronate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3310		E	Perphenazine injeciton	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3320		E	Spectinomycn di-hcl inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3350		E	Urea injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3360		E	Diazepam injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3364		E	Urokinase 5000 IU injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3365		E	Urokinase 250,000 IU inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3370		R	Vancomycin hcl injeciton	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3390		E	Methoxamine injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3400		E	Triflupromazine hcl inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
J3410		E	Hydroxyzine hcl injeciton	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3420		E	Vitamin b12 injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3430		E	Vitamin k phytonadione inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3450		E	Mephentermine sulfate inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3470		E	Hyaluronidase injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3475		E	Inj magnesium sulfate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3480		E	Inj potassium chloride	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3490		E	Drugs unclassified injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3520		N	Edetate disodium per 150 mg	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3530		E	Nasal vaccine inhalation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3535		N	Metered dose inhaler drug	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3570		N	Laetrile amygdalin vit B17	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7030		E	Normal saline solution infus	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7040		E	Normal saline solution infus	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7042		E	5% dextrose/normal saline	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7050		E	Normal saline solution infus	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7051		E	Sterile saline/water	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7060		E	5% dextrose/water	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7070		E	D5w infusion	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7100		E	Dextran 40 infusion	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7110		E	Dextran 75 infusion	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7120		E	Ringers lactate infusion	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7130		E	Hypertonic saline solution	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7190		X	Factor viii	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7191		X	Factor VIII (porcine)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7192		X	Factor viii recombinant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7194		X	Factor ix complex	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7196		X	Othr hemophilia clot factors	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7197		X	Antithrombin iii injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7300		N	Intraut copper contraceptive	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7310		E	Ganciclovir long act implant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7315		E	Sodium hyaluronate injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7320		E	Hylan G-F 20 injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7500		X	Azathiop po tab 50mg 100s ea	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7501		X	Azathioprine parenteral	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7503		X	Cyclosporine parenteral	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7504		X	Lymphocyte immune globulin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7505		X	Monoclonal antibodies	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7506		X	Prednisone oral	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7507		E	Tacrolimus oral per 1 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
J7508		E	Tacrolimus oral per 5 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7509		X	Methylprednisolone oral	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7510		X	Prednisolone oral per 5 mg	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7513		E	Daclizumab, parenteral	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7599		X	Immunosuppressive drug noc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7610		E	Acetylcysteine 10% injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7615		E	Acetylcysteine 20% injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7620		E	Albuterol sulfate .083%/ml	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7625		E	Albuterol sulfate .5% inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7627		E	Bitolterolmesylate inhal sol	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7630		E	Cromolyn sodium injeciton	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7640		E	Epinephrine injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7645		E	Ipratropium bromide .02%/ml	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7650		E	Isoetharine hcl .1% inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7651		E	Isoetharine hcl .125% inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7652		E	Isoetharine hcl .167% inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7653		E	Isoetharine hcl .2%/ inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7654		E	Isoetharine hcl .25% inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7655		E	Isoetharine hcl 1% inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7660		E	Isoproterenol hcl .5% inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7665		E	Isoproterenol hcl 1% inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7670		E	Metaproterenol sulfate .4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7672		E	Metaproterenol sulfate .6%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7675		E	Metaproterenol sulfate 5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7699		E	Inhalation solution for DME	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7799		E	Non-inhalation drug for DME	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J8499		N	Oral prescrip drug non chemo	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J8530		E	Cyclophosphamide oral 25 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J8560		E	Etoposide oral 50 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J8600		E	Melphalan oral 2 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J8610		E	Methotrexate oral 2.5 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J8999		E	Oral prescription drug chemo	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9000		E	Doxorubic hcl 10 MG vl chemo	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9015		E	Aldesleukin/single use vial	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9020		E	Asparaginase injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9031		E	Bcg live intravesical vac	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9040		E	Bleomycin sulfate injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9045		E	Carboplatin injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9050		E	Carmus bischl nitro inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9060		E	Cisplatin 10 MG injeciton	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
J9062		E	Cisplatin 50 MG injeciton	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9065		E	Inj cladribine per 1 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9070		E	Cyclophosphamide 100 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9080		E	Cyclophosphamide 200 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9090		E	Cyclophosphamide 500 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9091		E	Cyclophosphamide 1.0 grm inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9092		E	Cyclophosphamide 2.0 grm inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9093		E	Cyclophosphamide lyophilized	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9094		E	Cyclophosphamide lyophilized	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9095		E	Cyclophosphamide lyophilized	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9096		E	Cyclophosphamide lyophilized	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9097		E	Cyclophosphamide lyophilized	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9100		E	Cytarabine hcl 100 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9110		E	Cytarabine hcl 500 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9120		E	Dactinomycin actinomycin d	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9130		E	Dacarbazine 10 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9140		E	Dacarbazine 200 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9150		E	Daunorubicin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9151		E	Daunorubicin citrate liposom	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9165		E	Diethylstilbestrol injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9170		E	Docetaxel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9181		E	Etoposide 10 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9182		E	Etoposide 100 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9185		E	Fludarabine phosphate inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9190		E	Fluorouracil injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9200		E	Floxuridine injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9201		E	Gemcitabine HCl	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9202		E	Goserelin acetate implant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9206		E	Irinotecan injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9208		E	Ifosfomide injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9209		E	Mesna injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9211		E	Idarubicin hcl injeciton	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9212		E	Interferon alfacon-1	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9213		E	Interferon alfa-2a inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9214		E	Interferon alfa-2b inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9215		E	Interferon alfa-n3 inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9216		E	Interferon gamma 1-b inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9217		E	Leuprolide acetate suspnsion	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9218		E	Leuprolide acetate injeciton	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9230		E	Mechlorethamine hcl inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
J9245		E	Inj melphalan hydrochl 50 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9250		E	Methotrexate sodium inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9260		E	Methotrexate sodium inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9265		E	Paclitaxel injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9266		E	Pegaspargase/singl dose vial	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9268		E	Pentostatin injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9270		E	Plicamycin (mithramycin) inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9280		E	Mitomycin 5 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9290		E	Mitomycin 20 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9291		E	Mitomycin 40 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9293		E	Mitoxantrone hydrochl / 5 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9310		E	Rituximab cancer treatment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9320		E	Streptozocin injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9340		E	Thiotepa injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9350		E	Topotecan	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9360		E	Vinblastine sulfate inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9370		E	Vincristine sulfate 1 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9375		E	Vincristine sulfate 2 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9380		E	Vincristine sulfate 5 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9390		E	Vinorelbine tartrate/10 mg	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9600		E	Porfimer sodium	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9999		E	Chemotherapy drug	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
M0064		A	Visit for drug monitoring	0.37	0.21	0.21	0.19	0.21	0.02	0.60	0.60	0.58	0.60	XXX
M0075		N	Cellular therapy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
M0076		N	Prolotherapy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
M0100		N	Intragastric hypothermia	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
M0101		D	Foot care hygienic/pm	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
M0300		N	IV chelationtherapy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
M0301		N	Fabric wrapping of aneurysm	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
M0302		N	Assessment of cardiac output	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P2028		X	Cephalin floculation test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P2029		X	Congo red blood test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P2031		N	Hair analysis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P2033		X	Blood thymol turbidity	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P2038		X	Blood mucoprotein	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P3000		X	Screen pap by tech w md supv	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P3001		A	Screening pap smear by phys	0.42	0.18	0.31	0.18	0.31	0.03	0.63	0.76	0.63	0.76	XXX
P3001	26	H	Screening pap smear by phys	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P7001		I	Culture bacterial urine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P9010		E	Whole blood for transfusion	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
P9011		E	Blood split unit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P9012		E	Cryoprecipitate each unit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P9013		E	Unit/s blood fibrinogen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P9014		D	Gamma globulin 1 ML	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P9015		D	Rh immune globulin 1 ML	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P9016		E	Leukocyte poor blood, unit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P9017		E	One donor fresh frozn plasma	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P9018		E	Plasma protein fract, unit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P9019		E	Platelet concentrate unit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P9020		E	Plaelet rich plasma unit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P9021		E	Red blood cells unit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P9022		E	Washed red blood cells unit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P9603		X	One-way allow prorated miles	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P9604		X	One-way allow prorated trip	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P9610		D	Urine specimen collect singl	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P9612		X	Catheterize for urine spec	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P9615		X	Urine specimen collect mult	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0034		X	Admin of influenza vaccine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0035		A	Cardiokymography	0.17	0.46	0.51	0.46	0.51	0.03	0.66	0.71	0.66	0.71	XXX
Q0035	26	A	Cardiokymography	0.17	0.06	0.11	0.06	0.11	0.01	0.24	0.29	0.24	0.29	XXX
Q0035	TC	A	Cardiokymography	0.00	0.40	0.40	0.40	0.40	0.02	0.42	0.42	0.42	0.42	XXX
Q0068		A	Extracorpeal plasmapheresis	1.67	4.00	2.04	0.65	1.20	0.13	5.80	3.84	2.45	3.00	000
Q0091		A	Obtaining screen pap smear	0.37	0.67	0.39	0.13	0.26	0.02	1.06	0.78	0.52	0.65	XXX
Q0092		A	Set up port xray equipment	0.00	0.33	0.33	0.33	0.33	0.01	0.34	0.34	0.34	0.34	XXX
Q0111		X	Wet mounts/ w preparations	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0112		X	Potassium hydroxide preps	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0113		X	Pinworm examinations	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0114		X	Fern test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0115		X	Post-coital mucous exam	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0132		X	Dispensing fee DME neb drug	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0136		X	Non esrd epoetin alpha inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0144		N	Azithromycin dihydrate, oral	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0156		X	Human albumin 5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0157		X	Human albumin 25%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0160		X	Factor IX non-recombinant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0161		X	Factor IX recombinant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0163		X	Diphenhydramine HCl 50mg	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0164		E	Prochlorperazine maleate 5mg	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0165		E	Prochlorperazine maleate10mg	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0166		E	Granisetron HCl 1 mg oral	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
Q0167		E	Dronabinol 2.5mg oral	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0168		E	Dronabinol 5mg oral	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0169		E	Promethazine HCl 12.5mg oral	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0170		E	Promethazine HCl 25 mg oral	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0171		E	Chlorpromazine HCl 10mg oral	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0172		E	Chlorpromazine HCl 25mg oral	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0173		E	Trimethobenzamide HCl 250mg	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0174		E	Thiethylperazine maleate10mg	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0175		E	Perphenazine 4mg oral	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0176		E	Perphenazine 8mg oral	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0177		E	Hydroxyzine pamoate 25mg	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0178		E	Hydroxyzine pamoate 50mg	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0179		E	Ondansetron HCl 8mg oral	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0180		E	Dolasetron mesylate oral	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0181		X	Unspecified oral anti-emetic	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0183		E	Nonmetabolic active tissue	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0184		E	Metabolically active tissue	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0185		E	Metabolic active D/E tissue	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q9920		E	Epoetin with hct <= 20	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q9921		E	Epoetin with hct = 21	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q9922		E	Epoetin with hct = 22	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q9923		E	Epoetin with hct = 23	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q9924		E	Epoetin with hct = 24	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q9925		E	Epoetin with hct = 25	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q9926		E	Epoetin with hct = 26	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q9927		E	Epoetin with hct = 27	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q9928		E	Epoetin with hct = 28	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q9929		E	Epoetin with hct = 29	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q9930		E	Epoetin with hct = 30	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q9931		E	Epoetin with hct = 31	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q9932		E	Epoetin with hct = 32	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q9933		E	Epoetin with hct = 33	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q9934		E	Epoetin with hct = 34	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q9935		E	Epoetin with hct = 35	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q9936		E	Epoetin with hct = 36	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q9937		E	Epoetin with hct = 37	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q9938		E	Epoetin with hct = 38	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q9939		E	Epoetin with hct = 39	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q9940		E	Epoetin with hct >= 40	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
R0070		A	Transport portable x-ray	0.00	1.64	1.64	1.64	1.64	0.01	1.65	1.65	1.65	1.65	XXX

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
R0075		A	Transport port x-ray multipl	0.00	0.69	0.69	0.69	0.69	0.01	0.70	0.70	0.70	0.70	XXX
R0076		B	Transport portable EKG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2020		X	Vision svcs frames purchases	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2025		N	Eyeglasses delux frames	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2100		X	Lens spher single plano 4.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2101		X	Single visn sphere 4.12-7.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2102		X	Singl visn sphere 7.12-20.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2103		X	Spherocylindr 4.00d/12-2.00d	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2104		X	Spherocylindr 4.00d/2.12-4d	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2105		X	Spherocylinder 4.00d/4.25-6d	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2106		X	Spherocylinder 4.00d/>6.00d	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2107		X	Spherocylinder 4.25d/12-2d	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2108		X	Spherocylinder 4.25d/2.12-4d	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2109		X	Spherocylinder 4.25d/4.25-6d	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2110		X	Spherocylinder 4.25d/over 6d	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2111		X	Spherocylindr 7.25d/.25-2.25	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2112		X	Spherocylindr 7.25d/2.25-4d	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2113		X	Spherocylindr 7.25d/4.25-6d	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2114		X	Spherocylinder over 12.00d	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2115		X	Lens lenticular bifocal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2116		X	Nonaspheric lens bifocal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2117		X	Aspheric lens bifocal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2118		X	Lens aniseikonic single	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2199		X	Lens single vision not oth c	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2200		X	Lens spher bifoc plano 4.00d	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2201		X	Lens sphere bifocal 4.12-7.0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2202		X	Lens sphere bifocal 7.12-20.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2203		X	Lens sphcyl bifocal 4.00d/.1	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2204		X	Lens sphcy bifocal 4.00d/2.1	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2205		X	Lens sphcy bifocal 4.00d/4.2	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2206		X	Lens sphcy bifocal 4.00d/ove	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2207		X	Lens sphcy bifocal 4.25-7d/.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2208		X	Lens sphcy bifocal 4.25-7/2.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2209		X	Lens sphcy bifocal 4.25-7/4.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2210		X	Lens sphcy bifocal 4.25-7/ov	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2211		X	Lens sphcy bifo 7.25-12/.25-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2212		X	Lens sphcyl bifo 7.25-12/2.2	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2213		X	Lens sphcyl bifo 7.25-12/4.2	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2214		X	Lens sphcyl bifocal over 12.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2215		X	Lens lenticular bifocal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
V2216		X	Lens lenticular nonaspheric	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2217		X	Lens lenticular aspheric bif	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2218		X	Lens aniseikonic bifocal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2219		X	Lens bifocal seg width over	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2220		X	Lens bifocal add over 3.25d	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2299		X	Lens bifocal speciality	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2300		X	Lens sphere trifocal 4.00d	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2301		X	Lens sphere trifocal 4.12-7.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2302		X	Lens sphere trifocal 7.12-20	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2303		X	Lens sphcy trifocal 4.0/.12-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2304		X	Lens sphcy trifocal 4.0/2.25	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2305		X	Lens sphcy trifocal 4.0/4.25	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2306		X	Lens sphcyl trifocal 4.00/>6	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2307		X	Lens sphcy trifocal 4.25-7/.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2308		X	Lens sphc trifocal 4.25-7/2.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2309		X	Lens sphc trifocal 4.25-7/4.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2310		X	Lens sphc trifocal 4.25-7/>6	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2311		X	Lens sphc trifo 7.25-12/.25-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2312		X	Lens sphc trifo 7.25-12/2.25	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2313		X	Lens sphc trifo 7.25-12/4.25	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2314		X	Lens sphcyl trifocal over 12	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2315		X	Lens lenticular trifocal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2316		X	Lens lenticular nonaspheric	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2317		X	Lens lenticular aspheric tri	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2318		X	Lens aniseikonic trifocal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2319		X	Lens trifocal seg width > 28	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2320		X	Lens trifocal add over 3.25d	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2399		X	Lens trifocal speciality	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2410		X	Lens variab asphericity sing	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2430		X	Lens variable asphericity bi	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2499		X	Variable asphericity lens	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2500		X	Contact lens pmma spherical	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2501		X	Cntct lens pmma-toric/prism	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2502		X	Contact lens pmma bifocal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2503		X	Cntct lens pmma color vision	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2510		X	Cntct gas permeable sphericl	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2511		X	Cntct toric prism ballast	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2512		X	Cntct lens gas permbl bifocl	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2513		X	Contact lens extended wear	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2520		P	Contact lens hydrophilic	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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ADDENDUM B. - RELATIVE VALUE UNITS(RVUs) AND RELATED INFORMATION -

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
V2521		X	Cntct lens hydrophilic toric	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2522		X	Cntct lens hydrophil bifocl	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2523		X	Cntct lens hydrophil extend	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2530		X	Contact lens gas impermeable	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2531		X	Contact lens gas permeable	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2599		X	Contact lens/es other type	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2600		X	Hand held low vision aids	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2610		X	Single lens spectacle mount	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2615		X	Telescop/othr compound lens	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2623		X	Plastic eye prosth custom	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2624		X	Polishing artifical eye	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2625		X	Enlargemnt of eye prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2626		X	Reduction of eye prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2627		X	Scleral cover shell	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2628		X	Fabrication & fitting	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2629		X	Prosthetic eye other type	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2630		X	Anter chamber intraocul lens	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2631		X	Iris support intraoclr lens	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2632		X	Post chmbr intraocular lens	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2700		X	Balance lens	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2710		X	Glass/plastic slab off prism	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2715		X	Prism lens/es	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2718		X	Fresnell prism press-on lens	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2730		X	Special base curve	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2740		X	Rose tint plastic	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2741		X	Non-rose tint plastic	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2742		X	Rose tint glass	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2743		X	Non-rose tint glass	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2744		X	Tint photochromatic lens/es	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2750		X	Anti-reflective coating	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2755		X	UV lens/es	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2760		X	Scratch resistant coating	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2770		X	Occluder lens/es	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2780		X	Oversize lens/es	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2781		X	Progressive lens per lens	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2785		X	Corneal tissue processing	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2799		X	Miscellaneous vision service	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5008		N	Hearing screening	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5010		N	Assessment for hearing aid	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5011		N	Hearing aid fitting/checking	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work [3] RVUs	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
V5014		N	Hearing aid repair/modifying	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5020		N	Conformity evaluation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5030		N	Body-worn hearing aid air	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5040		N	Body-worn hearing aid bone	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5050		N	Body-worn hearing aid in ear	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5060		N	Behind ear hearing aid	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5070		N	Glasses air conduction	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5080		N	Glasses bone conduction	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5090		N	Hearing aid dispensing fee	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5100		N	Body-worn bilat hearing aid	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5110		N	Hearing aid dispensing fee	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5120		N	Body-worn binaur hearing aid	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5130		N	In ear binaural hearing aid	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5140		N	Behind ear binaur hearing ai	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5150		N	Glasses binaural hearing aid	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5160		N	Dispensing fee binaural	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5170		N	Within ear cros hearing aid	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5180		N	Behind ear cros hearing aid	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5190		N	Glasses cros hearing aid	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5200		N	Cros hearing aid dispens fee	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5210		N	In ear bicros hearing aid	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5220		N	Behind ear bicros hearing ai	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5230		N	Glasses bicros hearing aid	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5240		N	Dispensing fee bicros	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5299		R	Hearing service	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5336		N	Repair communication device	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5362		R	Speech screening	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5363		R	Language screening	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5364		R	Dysphagia screening	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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ADDENDUM C. - CODES WITH INTERIM RVUs

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work [3] RVUs	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
15000		A	Skin graft	4.00	2.25	2.31	1.93	2.23	0.41	6.66	6.72	6.34	6.64	000
15001		A	Skin graft add-on	1.00	0.49	0.49	0.48	0.48	0.41	1.90	1.90	1.89	1.89	ZZZ
15350		A	Skin homograft	4.00	6.47	3.37	3.58	2.64	0.33	10.80	7.70	7.91	6.97	090
15351		A	Skin homograft add-on	1.00	0.41	0.41	0.45	0.45	0.26	1.67	1.67	1.71	1.71	ZZZ
15400		A	Skin heterograft	4.00	3.69	1.79	4.22	1.92	0.13	7.82	5.92	8.35	6.05	090
15401		A	Skin heterograft add-on	1.00	0.41	0.41	0.45	0.45	0.26	1.67	1.67	1.71	1.71	ZZZ
19364		A	Breast reconstruction	41.00	NA	NA	23.30	19.40	2.80	NA	NA	67.10	63.20	090
27347		A	Remove knee cyst	5.78	2.44	2.44	2.83	2.83	0.74	8.96	8.96	9.35	9.35	090
28289		A	Repair hallux rigidus	7.04	2.78	2.78	3.12	3.12	0.42	10.24	10.24	10.58	10.58	090
31622		A	Dx bronchoscope/wash	2.67	3.18	3.30	1.12	2.79	0.27	6.12	6.24	4.06	5.73	000
31623		A	Dx bronchoscope/brush	3.07	3.33	3.33	1.25	1.25	0.27	6.67	6.67	4.59	4.59	000
31624		A	Dx bronchoscope/lavage	3.11	3.35	3.35	1.26	1.26	0.27	6.73	6.73	4.64	4.64	000
31643		A	Dx bronchoscope/catheter	3.50	1.73	1.73	1.23	1.23	0.66	5.89	5.89	5.39	5.39	000
32001		A	Total lung lavage	5.71	2.11	2.11	2.17	2.17	0.27	8.09	8.09	8.15	8.15	000
35681		A	Composite bypass graft	1.60	NA	NA	2.05	7.73	2.75	NA	NA	6.40	12.08	ZZZ
35682		A	Composite bypass graft	7.20	2.81	2.81	2.74	2.74	2.75	12.76	12.76	12.69	12.69	ZZZ
35683		A	Composite bypass graft	8.50	3.32	3.32	3.22	3.22	2.75	14.57	14.57	14.47	14.47	ZZZ
35875		A	Removal of clot in graft	10.13	NA	NA	5.87	8.15	1.29	NA	NA	17.29	19.57	090
35876		A	Removal of clot in graft	17.00	NA	NA	8.90	8.91	1.29	NA	NA	27.19	27.20	090
36831		A	Av fistula excision	8.00	2.38	2.38	2.98	2.98	1.29	11.67	11.67	12.27	12.27	090
36832		A	Av fistula revision	10.50	NA	NA	5.56	7.17	1.86	NA	NA	17.92	19.53	090
36833		A	Av fistula revision	11.95	4.52	4.52	4.49	4.49	1.29	17.76	17.76	17.73	17.73	090
45126		A	Pelvic exenteration	38.39	13.90	13.90	13.63	13.63	4.81	57.10	57.10	56.83	56.83	090
57106		A	Remove vagina wall, partial	6.36	2.45	2.45	2.37	2.37	0.86	9.67	9.67	9.59	9.59	090
57107		A	Remove vagina tissue/partial	23.00	8.71	8.71	8.53	8.53	0.86	32.57	32.57	32.39	32.39	090
57109		A	Vaginectomy partial w/nodes	27.00	9.80	9.80	9.36	9.36	3.03	39.83	39.83	39.39	39.39	090
57111		A	Remove vagina tissue/compl	27.00	9.43	9.43	10.12	10.12	3.03	39.46	39.46	40.15	40.15	090
57112		A	Vaginectomy complete w/nodes	29.00	10.00	10.00	9.96	9.96	3.03	42.03	42.03	41.99	41.99	090
67210		A	Treatment of retinal lesion	8.82	7.03	9.10	5.69	5.10	0.37	16.22	18.29	14.88	14.29	090
67220		A	Treat choroid lesion	13.13	6.61	6.61	6.54	6.54	0.37	20.11	20.11	20.04	20.04	090
67320		A	Revise eye muscle(s) add-on	4.33	NA	NA	7.49	9.63	0.28	NA	NA	12.10	14.24	ZZZ
67331		A	Eye surgery follow-up add-on	4.06	NA	NA	5.90	8.74	0.22	NA	NA	10.18	13.02	ZZZ
67332		A	Rerevise eye muscles add-on	4.49	NA	NA	6.95	9.79	0.24	NA	NA	11.68	14.52	ZZZ
67334		A	Revise eye muscle w/suture	3.98	NA	NA	6.07	6.65	0.13	NA	NA	10.18	10.76	ZZZ
67340		A	Revise eye muscle add-on	4.93	NA	NA	7.64	8.32	0.16	NA	NA	12.73	13.41	ZZZ
69990		R	Microsurgery add-on	3.46	1.83	1.83	1.83	1.83	0.73	6.02	6.02	6.02	6.02	ZZZ
76006		A	X-ray stress view	0.41	0.11	0.11	0.11	0.11	0.03	0.55	0.55	0.55	0.55	XXX
76977		R	Us bone density measure	0.22	0.94	0.94	0.94	0.94	0.06	1.22	1.22	1.22	1.22	XXX
76977	26	R	Us bone density measure	0.22	0.08	0.08	0.08	0.08	0.02	0.32	0.32	0.32	0.32	XXX
78018	26	A	Thyroid, met imaging, body	0.86	0.25	0.42	0.25	0.42	0.05	1.16	1.33	1.16	1.33	XXX

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ADDENDUM C. - CODES WITH INTERIM RVUs

CPT [1] / HCPCS [2]	Mod	Status	Description	Physician work [3] RVUs	Non-facility practice expense RVUs	Transitioned Non-facility practice expense RVUs	Facility practice expense RVUs	Transitioned Facility practice expense RVUs	Mal-practice RUVs	Non-facility Total	Transitioned Non-facility Total	Facility Total	Transitioned Facility Total	Global
78020		A	Thyroid met uptake	0.60	0.17	0.17	0.17	0.17	0.08	0.85	0.85	0.85	0.85	ZZZ
78206	26	A	Liver image (3-d) w/flow	0.96	0.28	0.28	0.28	0.28	0.03	1.27	1.27	1.27	1.27	XXX
78494	26	A	Heart image, spect	1.19	0.36	0.36	0.36	0.36	0.05	1.60	1.60	1.60	1.60	XXX
78496	26	A	Heart first pass add-on	0.50	0.19	0.19	0.19	0.19	0.05	0.74	0.74	0.74	0.74	ZZZ
78588	26	A	Perfusion lung image	1.09	0.30	0.30	0.30	0.30	0.04	1.43	1.43	1.43	1.43	XXX
88291		A	Cyto/molecular report	0.52	0.21	0.21	0.21	0.21	0.01	0.74	0.74	0.74	0.74	XXX
92135	26	A	Opthalmic dx imaging	0.35	0.18	0.18	0.18	0.18	0.02	0.55	0.55	0.55	0.55	XXX
93571	26	A	Heart flow reserve measure	1.80	0.68	0.68	0.68	0.68	0.06	2.54	2.54	2.54	2.54	ZZZ
93572	26	A	Heart flow reserve measure	1.44	0.55	0.55	0.55	0.55	0.05	2.04	2.04	2.04	2.04	ZZZ
94014	26	A	Patient recorded spirometry	0.52	0.20	0.20	0.20	0.20	0.02	0.74	0.74	0.74	0.74	XXX
94016		A	Review patient spirometry	0.52	0.20	0.20	0.20	0.20	0.04	0.76	0.76	0.76	0.76	XXX
94621	26	A	Pulm stress test/complex	0.88	0.27	0.27	0.27	0.27	0.04	1.19	1.19	1.19	1.19	XXX
95970		A	Neurostim analyze,no program	0.45	0.12	0.12	0.10	0.10	0.09	0.66	0.66	0.64	0.64	XXX
95971		A	Simple neurostim analyze	0.78	0.21	0.21	0.18	0.18	0.09	1.08	1.08	1.05	1.05	XXX
95972		A	Complex neurostim analyze	1.50	0.40	0.40	0.35	0.35	0.09	1.99	1.99	1.94	1.94	XXX
95973		A	Complex neurostim analyze	0.92	0.25	0.25	0.22	0.22	0.09	1.26	1.26	1.23	1.23	ZZZ
95974		A	Complex cranial neurostim	3.00	0.96	0.96	0.74	0.74	0.09	4.05	4.05	3.83	3.83	XXX
95975		A	Complex cranial neurostim	1.70	0.62	0.62	0.49	0.49	0.09	2.41	2.41	2.28	2.28	ZZZ
97140		A	Manual therapy	0.43	0.18	0.18	0.04	0.04	0.02	0.63	0.63	0.49	0.49	XXX
99298		A	Neonatal critical care	2.75	0.94	0.94	0.88	0.88	0.30	3.99	3.99	3.93	3.93	XXX
G0141		A	Scr c/v cyto,autosys and md	0.42	0.15	0.15	0.15	0.15	0.03	0.60	0.60	0.60	0.60	XXX

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[FR Doc. 98–29181 Filed 10–30–98; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Care Financing Administration

[HCFA–1021–NC]

RIN 0938–AJ09

Medicare Program; Sustainable Growth Rate for Fiscal Year 1999

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

ACTION: Notice with comment period.

SUMMARY: This notice announces the fiscal year 1999 sustainable growth rate (SGR) for expenditures for physicians' services under the Medicare Supplementary Medical Insurance (Part B) program as required by section 1848(f) of the Social Security Act. The SGR for fiscal year 1999 is −0.3 percent. The negative fiscal year 1999 SGR is driven by the projected drop in Medicare fee-for-service enrollment.

DATES: *Effective Date:* The provisions of the Medicare SGR for fiscal year 1999 contained in this notice are effective on October 1, 1998.

Comment Date: Written comments will be considered if we receive them at the appropriate address, as provided below, no later than 5:00 p.m. on December 2, 1998.

ADDRESSES: Mail written comments (an original and three copies) to the following address: Health Care Financing Administration, Department of Health and Human Services, Attention: HCFA–1021–NC, P.O. Box 26688, Baltimore, MD 21207–0488.

If you prefer, you may deliver your written comments (an original and three 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.

Because of staffing and resource limitations, we cannot accept comments by facsimile (FAX) transmissions. In commenting, please refer to file code HCFA–1021–NC. 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 office 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).

Comments may also be submitted electronically to the following E-mail address: HCFA1021NC@hcfa.gov. E-mail comments must include the full name and address of the sender. 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 listed above.

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FOR FURTHER INFORMATION CONTACT: Elizabeth Holland, (410) 786–1309.

SUPPLEMENTARY INFORMATION:

I. Background

A. Medicare Sustainable Growth Rate

Section 1848(f) of the Social Security Act (the Act), as amended by section 4503 of the Balanced Budget Act of 1997 (BBA 1997) (Public Law 105–33), enacted on August 5, 1997, replaces the volume performance standard with a sustainable growth rate (SGR) standard. It specifies the formula for establishing yearly SGR targets for physicians' services under Medicare. The use of SGR targets is intended to control the actual growth in Medicare expenditures for physicians' services.

The SGR targets are not limits on expenditures. Payments for services are not withheld if the SGR target is 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 SGR target.

Amended section 1848(f)(2) of the Act states that ''the SGR for all physicians'' services for a fiscal year (beginning with fiscal year 1998) shall be equal to the product of—

(A) 1.0 plus the Secretary's estimate of the weighted-average percentage increase (divided by 100) in the fees for all physicians' services in the fiscal year involved,

(B) 1.0 plus the Secretary's estimate of the percentage change (divided by 100) in the average number of individuals enrolled under this part (other than Medicare+Choice plan enrollees) from the previous fiscal year to the fiscal year involved,

(C) 1.0 plus the Secretary's estimate of the projected percentage growth in real gross domestic product per capita (divided by 100) from the previous fiscal year to the year involved, and

(D) 1.0 plus the Secretary's estimate of the percentage change (divided by 100) in expenditures for all physicians' services in the fiscal year (compared with the previous fiscal year) that will result from changes in law or regulations determined without taking into account estimated changes in expenditures resulting from the update adjustment factor determined under subsection (d)(3)(B), minus 1 and multiplied by 100.''

B. Physicians' Services

Because the scope of physicians' services covered by the SGR is the same as the scope of services that was covered by the Medicare volume performance standards, we are using the same definition of physicians' services for the SGR in this notice as we did for the Medicare volume performance standards published in the **Federal Register** (61 FR 59717) on November 22, 1996. That final notice announced the fiscal year 1997 volume performance standard rates and contained a detailed description of the scope of physicians' services.

II. Provisions of This Notice

Under the requirements in sections 1848(f)(2)(A) through (D) of the Act, as amended by section 4503 of the BBA 1997, we have determined that the SGR for physicians' services for fiscal year

1999 is −0.3 percent. Our determination is based on the following statutory factors:

Statutory factors	Percent change
Fees	2.1
Enrollment	−4.3
Increase in Gross Domestic Product	1.3
Legislation	0.7
Total	−0.3

The specific calculations to determine the −0.3 SGR for physicians' services for fiscal year 1999 are explained below.

III. Calculation of the Fiscal Year 1999 Sustainable Growth Rate

Our explanation of how we determined the values for each of the four factors used in determining the SGR for fiscal year 1999 is as follows:

Factor 1—Changes in Fees for Physicians' Services (Before Applying Legislative Adjustments) for Fiscal Year 1999

This factor was calculated as a weighted average of the calendar year 1998 and 1999 fee increases that apply during fiscal year 1999. Adjustments to the fee increases, such as the move to a single conversion factor, are accounted for in Factor 4 (the increase in expenditures resulting from changes in law or regulations).

Most of the fees for physicians' services (as defined in section I. B. of this final notice) are updated by the Medicare Economic Index (MEI). However, the BBA 1997 provided for a 0.0 percent update for laboratory services, which represent about 13 percent of the Medicare-allowed charges for physicians' services. The following table, therefore, shows both the MEI and laboratory service updates that were used in determining the percentage increase in physicians' fees for fiscal year 1999.

MEDICARE ECONOMIC INDEX AND LABORATORY SERVICE UPDATE FOR CALENDAR YEARS 1998 AND 1999

	1998	1999
Medicare Economic Index	2.2	2.4
Laboratory Service	0.0	0.0

After taking into account all the elements described above, we estimate that the weighted-average increase in fees for physicians' services in fiscal year 1999, before applying any legislative adjustments to the MEI, will be 2.1 percent for all physicians' services.

Factor 2—The Percentage Change in the Average Number of Part B Enrollees from Fiscal Year 1998 to Fiscal Year 1999

Due to the rapid growth in Medicare+Choice plan enrollees (whose Medicare-covered medical care is outside the scope of the SGR), we estimate that the average number of Medicare Part B enrollees, excluding those in Medicare+Choice plans, will decline by 4.3 percent. This decline was derived as follows:

Fiscal year	Average Medicare part B enrollment (in millions)		
	Overall	Medicare+Choice	Overall, excluding Medicare+Choice
1998	36.609	5.526	31.083
1999	36.876	7.131	29.745
Percent change			−4.3

Factor 3—Estimated Real Gross Domestic Product Per Capita Growth in Fiscal Year 1999

Section 1848(f)(2)(C) of the Act, as amended by section 4503 of the BBA 1997, requires the Secretary to project real gross domestic product per capita growth for the coming fiscal year. In calculating the SGR, we estimate that this growth will be 1.3 percent in fiscal year 1999.

Factor 4—Percentage Increase in Expenditures for Physicians' Services Resulting From Changes in Law or Regulations in Fiscal Year 1999 Compared With Fiscal Year 1998

Legislative changes contained in the BBA 1997 will affect expenditures for physicians' services in fiscal year 1999. The most significant change is the coverage of diabetes outpatient self-management training services. In addition, residual effects will result in fiscal year 1999 from the calendar year implementation of the following legislative changes:

- The move to a single conversion factor;
- The Medicare coverage changes for screening mammography, colorectal cancer screening, screening PAP smears, and screening pelvic exams; and
- The changes in payments for nurse practitioners, clinical nurse specialists, and physician assistants.

In response to changes associated with implementation of the 1998 physician fee schedule, we indicated in the October 31, 1997 **Federal Register** final rule (62 FR 59265) that we anticipated that the volume and intensity of physicians' services furnished to Medicare beneficiaries would increase by 0.1 percent. We made a compensating 0.1 percent reduction in the conversion factor. At this point, based on the June 5, 1998 proposed rule (63 FR 30818), we anticipate a 0.3 percent increase in the volume and intensity of physicians' services during 1999 and that we would make a compensating 0.3 percent reduction in the conversion factor to assure budget neutrality. For fiscal year 1999, the weighted average of the calendar year responses is expected to increase Medicare outlays for physicians' services by 0.2 percent.

Taking into account all of the provisions resulting from changes in law or regulation, the increase in expenditures for physicians' services is estimated to be 0.7 percent.

The establishment of the SGR for any year involves the use of projected values for Medicare beneficiary fee-for-service enrollment and the real gross domestic product per capita. In addition, publication of the fiscal year SGR (3 months ahead of publication of the calendar year update) also involves use of estimated values for the MEI and for the CPI-U for laboratory service fee increases, as well as volume and intensity changes in response to the Medicare physician fee schedule and relative value unit changes for the calendar year. The BBA 1997 clearly anticipated that estimated values would be used; the statute specifies that each

of the four factors would be ''the Secretary's estimate.''

While we will use our best efforts to make estimates at the time the SGR is established, we are concerned that there will be differences compared to later estimates of some of the components of the SGR. In some cases, such as projections of Medicare beneficiary fee-for-service enrollment, the differences between the initial estimate and a later estimate could be large and as a result could affect the SGR by as much as 1 percentage point. The difference could occur in either direction as our initial estimates could turn out to be higher or lower than later estimates. For example, in Factor 2, we have projected that Part B fee-for-service enrollees will decrease in FY 1999 by 4.3 percent, primarily because of enrollment in the new Medicare+Choice options that are excluded from the SGR. However, we actually use the FY 1999 SGR for purposes of establishing the update for CY 2000; at that time, we will have a more recent estimate of the number of enrollees, and that number could be significantly different from the projected 4.3 percent decrease. A projection difference of only 1 percentage point would affect roughly $400 million in spending under the physician fee schedule.

We do not believe that the Congress, in enacting the SGR, contemplated such significant variances between estimates made at different points in time. Therefore, we are considering whether we should ''adjust'' the SGR or the update for a year, to take into account more recent estimates, when the subsequent year's update is determined. Such an adjustment for estimate differences would assure that the update is related to actual performance. However, we have concerns about how this could best be accomplished, if at all, under current law. Therefore, we invite comments specifically with regard to how an adjustment could be effected consistent with the law and we will respond in a future notice.

IV. Technical Problems With the Sustainable Growth Rate System

We have begun to forecast the SGR for future years, and it appears that there is some instability in the SGR system. In the long-term, updates could oscillate between the maximum increase and decrease adjustments due to the use of mismatched time periods and the lag between measurement periods. The solution would be technical and would involve the matching of time periods for the SGR calculation, the actual versus target measurement, and the update adjustment. We will continue to study this potential problem and will propose a legislative or regulatory remedy in the future as appropriate.

V. Regulatory Impact Statement

Consistent with the Regulatory Flexibility Act (RFA) (5 U.S.C. 601 through 612), we prepare a regulatory flexibility analysis unless we certify that a notice will not have a significant economic impact on a substantial number of small entities. For purposes of the RFA, we treat all providers and suppliers as small entities. Individuals and States are not included in the definition of a small entity.

Also, section 1102(b) of the Act requires us 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. That analysis must conform to the provisions of section 603 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.

Legislative changes contained in the BBA 1997 will affect expenditures for physicians' services in fiscal year 1999, although the impact will be slight, and residual effects will result in fiscal year 1999 from the calendar year implementation of the legislative changes described under Factor 4 in section III. of this notice.

We are not preparing an analysis for either the RFA or section 1102(b) of the Act because we have determined, and the Secretary certifies, that this notice will not have a significant economic impact on a substantial number of small entities or 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: July 31, 1998.

Nancy-Ann Min DeParle,

Administrator, Health Care Financing Administration.

Dated: October 6, 1998.

Donna E. Shalala,

Secretary.

[FR Doc. 98–29182 Filed 10–30–98; 8:45 am]

BILLING CODE 4120–01–P

Federal Register

Monday
November 2, 1998

Part III

Department of Transportation

Federal Aviation Administration

14 CFR Parts 121, 135 and 145

Special Federal Aviation Regulation No. 36, Development of Major Repair Data; Proposed Rule

DEPARTMENT OF TRANSPORTATION

Federal Aviation Administration

14 CFR Parts 121, 135, and 145

[Docket No. FAA–1998–4654; Amendment No. SFAR 36–7; Notice No. 98–15]

RIN 2120–AG64

Special Federal Aviation Regulation No. 36, Development of Major Repair Data

AGENCY: Federal Aviation Administration (FAA), DOT.

ACTION: Notice of proposed rulemaking (NPRM).

SUMMARY: This proposed rule would amend and extend Special Federal Aviation Regulation (SFAR) No. 36, which provides that holders of authorized repair station or aircraft operating certificates may approve aircraft products or articles for return to service after accomplishing major repairs using self-developed repair data that have not been directly approved by the FAA. Extension of the regulation would continue to provide, for those that qualify, an alternative from the requirement to obtain direct FAA approval of major repair data on a case-by-case basis.

DATES: Comments must be received on or before December 2, 1998.

ADDRESSES: Comments on this proposed rulemaking should be mailed or delivered, in duplicate, to: U.S. Department of Transportation Dockets, Docket No. FAA–1998–4654, 400 Seventh Street, SW., Room Plaza 401, Washington, DC 20590. Comments may also be sent electronically to the following Internet address: 9–NPRM–CMTS@faa.gov. Comments may be filed and/or examined in Room Plaza 401 between 10 a.m. and 5 p.m. weekdays except Federal holidays.

FOR FURTHER INFORMATION CONTACT: Carol Martineau, Policy and Procedures Branch, Aircraft Engineering Division, AIR–110, Federal Aviation Administration, 800 Independence Ave., SW., Washington DC. 20591, telephone: (202) 267–9568.

SUPPLEMENTARY INFORMATION:

Comments Invited

Interested persons are invited to participate in this proposed rulemaking by submitting such written data, views, or arguments as they may desire. Comments relating to the environmental, energy, federalism, or economic impact that may result from adopting the proposals in this document are also invited. Substantive comments should be accompanied by cost estimates. Comments must identify the regulatory docket or notice number and be submitted in triplicate to the Rules Docket address specified above.

All comments received, as well as a report summarizing each substantive public contact with FAA personnel concerning this rulemaking will be filed in the docket. The docket is available for public inspection before and after the closing date for receiving comments.

All comments received on or before the closing date will be considered by the Administrator before taking action on this proposed rulemaking. Late-filed comments will be considered to the extent practicable. The proposals contained in this document may be changed in light of the comments received.

Commenters wishing the FAA to acknowledge receipt of their comments submitted in response to this document must include a pre-addressed, stamped postcard with those comments on which the following statement is made: ''Comments to Docket No. FAA–1998–4654.'' The postcard will be date-stamped and mailed to the commenter.

Availability of NPRMs

An electronic copy of this document may be downloaded using a modem and suitable communications software from the FAA regulations section of the Fedworld electronic bulletin board service (telephone: 703–321–3339), the Government Printing Office's electronic bulletin board service (telephone: 202–512–1661), or the FAA's Aviation Rulemaking Advisory Committee Bulletin Board service (telephone: (800) 322–2722 or (202) 267–5948).

Internet users may reach the FAA's web page at http://www.faa.gov/avr/arm/nprm/nprm.htm or the Government Printing Office's webpage at http://www.access.gpo.gov/nara for access to recently published rulemaking documents.

Any person may obtain a copy of this NPRM by submitting a request to the Federal Aviation Administration, Office of Rulemaking, ARM–1, 800 Independence Avenue, SW., Washington, DC 20591, or by calling (202) 267–9680. Communications must identify the notice number or docket number of this NPRM.

Persons interested in being placed on the mailing list for future NPRM's should request from the above office a copy of Advisory Circular No. 11–2A, Notice of Proposed Rulemaking Distribution System, that describes the application procedure.

Background

The FAA proposes to extend the termination date of and amend Special Federal Aviation Regulation (SFAR) No. 36, which allows authorized certificate holders (domestic repair stations, air carriers, air taxi operators of large aircraft, and commercial operators of large aircraft) to approve aircraft products and articles for return to service after accomplishing major repairs using data developed by the holder that have not been directly approved by the FAA. Currently, more than 25 air carrier and domestic repair station certificate holders have SFAR 36 authorizations that will expire on January 23, 1999.

History

Prior to the adoption of SFAR 36, certificate holders that were qualified to make repairs were required to obtain FAA approval on a case-by-case basis for data they had developed to perform major repairs. The only alternative to the time-consuming, case-by-case approval method was to petition for and obtain an exemption granting relief from the regulation. The number of exemptions being granted indicated that revisions to the regulations were necessary; SFAR 36 was adopted on January 23, 1978, as an interim rulemaking action. Adoption of the SFAR eliminated the requirement for authorized certificate holders to petition for exemption from the regulation, and allowed the FAA additional time to obtain the information necessary to develop a permanent rule change. Most of the affected certificate holders, however, did not use the provisions of SFAR 36 until it was well into its second year and nearing its expiration date of January 23, 1980. Since the FAA did not yet have sufficient data upon which to base a permanent rule change, the termination date for SFAR 36 was extended to January 23, 1982. To date, SFAR 36 has been extended four times.

The Aviation Rulemaking Advisory Committee (ARAC) is currently working on a proposal for permanent regulatory action. By the end of 1998, ARAC plans to submit a proposal to the FAA detailing a means of establishing an Organization Designation Authorization program which would expand and further standardize the approval functions of the FAA designee system. The ARAC recommendation will propose that certain functions and procedures, including those covered by SFAR 36, be terminated and that current authorization holders be allowed to apply for an Organization Designation Authorization. SFAR 36 is being

extended an additional 5 years to allow time for the ARAC proposal to be fully developed and implemented.

Synopsis of the Rule

Section 1

Aircraft ''product,'' ''article,'' and ''component'' are defined for the purpose of the SFAR. The definitions clarify the scope of an authorization holder's return to service authority.

Section 2

Paragraph (a) of section 2 describes the general provisions of the current SFAR applicable to the individual types of eligible certificate holders. This proposed rule would amend paragraph (a) to reflect changes in the regulations as a result of the Commuter Rule, which became effective on December 20, 1995. Paragraph (b) of section 2 is deleted and reserved to remove references to part 127. Part 127 was removed from the regulations when the Commuter Rule became effective. Paragraph (c) of section 2 states that an SFAR 36 authorization does not expand the scope of authority of a repair station certificate holder; for example, the authorization does not give a repair station return to service authority for any article for which it is not rated, nor can the authorization change the articles a repair station is rated to repair.

Section 3

Section 3 states that an authorized certificate holder may approve an aircraft product or article for return to service after accomplishing a major repair, using data not approved by the Administrator, only in accordance with the amended SFAR. Section 3 requires that the data used to perform the major repair be developed and ''approved'' in accordance with the holder's authorization and procedures manual. Section 3 also permits an authorization holder to use its developed repair data on a subsequent repair of the same type of product or article. For each subsequent repair, the holder must determine that accomplishment of the repair, using previously developed data, will return the product or article to its original or properly altered condition and will conform to all applicable airworthiness requirements. In addition, each subsequent use of the data must be recorded in the authorization holder's SFAR records.

Section 4

Section 4 describes the procedures for applying for an SFAR 36 authorization.

Section 5

Section 5 identifies the requirements a certificate holder must meet to be eligible for an SFAR 36 authorization. This proposed rule would amend Paragraph (a)(1) to delete the reference to part 127 and section 135.2, which were removed from the regulations when the Commuter Rule became effective on December 20, 1995. Paragraphs (a)(2), (a)(3), and (b) define the personnel required. Paragraph (c) contains the reporting requirement of the current SFAR that pertains to changes that could affect the holder's continuing ability to meet the SFAR requirements.

Section 6

Section 6 describes the requirement for an approved procedures manual and what information the procedures manual must contain. Paragraph (c) of section 6 requires that an authorization holder that experiences a change in procedures or staff obtain and record FAA approval of the change in order to continue to approve products or articles for return to service under the SFAR.

Section 7

Section 7 sets forth the duration of the authorization. All authorizations issued under this SFAR will terminate upon expiration of the SFAR unless earlier surrendered, suspended, revoked, or otherwise terminated. The proposed rule would extend the duration until January 23, 2004.

Section 8

Section 8 prohibits the transfer of an SFAR 36 authorization.

Section 9

Section 9 retains the current inspection provisions. It also emphasizes that the FAA must be able to determine whether an applicant has, or a holder maintains, personnel adequate to comply with the provisions of the SFAR and any additional limitations contained in the authorization.

Section 10

Section 10 states that an SFAR 36 authorization does not expand the scope of products or articles that an aircraft operator or repair station is authorized to approve for return to service.

Section 11

Section 11 contains the provision that each SFAR 36 authorization holder must comply with any additional limitations prescribed by the Administrator and made a part of the authorization.

Sections 12 and 13

Sections 12 and 13 address data review and service experience requirements and record keeping requirements. Section 12 states the circumstances under which an authorization holder will be required to submit the information necessary for corrective action on a repair. Section 13 describes what information an authorization holder's records must contain.

As noted above, the proposed expiration date for SFAR 36 is January 23, 2004. The 5-year extension would allow time for the ARAC to deliberate and forward a recommendation, and time for the FAA to act upon it.

The extension of SFAR 36 would allow uninterrupted major repair activity by the current authorization holders that qualify under the amended SFAR; those authorizations would be extended without the holders reapplying for authorization. The extension would also allow a new, qualified applicant to obtain an authorization.

Paperwork Reduction Act

Information collection requirements in SFAR 36–7 have been approved by the Office of Management and Budget (OMB) under the provisions of the Paperwork Reduction Act of 1995 and have been assigned the OMB Control Number 2120–0507. The primary purpose of this proposal is to extend SFAR 36. No additional paperwork burden would be created as a result of this proposal.

International Compatibility

The FAA has determined that a review of the Convention on International Civil Aviation Standards and Recommended Practices is not warranted because there is no comparable rule under ICAO standards.

Regulatory Evaluation

Proposed changes to Federal regulations must undergo several economic analyses. First, Executive Order 12866 directs that each Federal agency shall propose or adopt a regulation only upon a reasoned determination that the benefits of the intended regulation justify its costs. Second, the Regulatory Flexibility Act of 1980 requires agencies to analyze the economic impact of regulatory changes on small entities. Third, the Office of Management and Budget directs agencies to assess the effects of regulatory changes on international trade. And fourth, the Unfunded Mandates Reform Act of 1995 (Pub. L. 104–4) requires agencies to prepare a

written assessment of the costs, benefits and other effects of proposed or final rules that include a Federal mandate likely to result in the expenditure by State, local or tribal governments, in the aggregate, or by the private sector, of $100 million or more annually (adjusted for inflation).

In conducting these analyses, the FAA has determined that the extension of Special Federal Aviation Regulation No. 36 (SFAR 36): (1) would generate benefits that justify its costs; (2) Is not a significant regulatory action under section 3(f) of the Executive Order and is not subject to review by the Office of Management and Budget; (3) is not significant as defined in DOT's regulatory policies and procedures (44 FR 11034; February 26, 1979); (4) would not have a significant impact on a substantial number of small entities; (5) would not affect international trade; and (6) does not contain a significant intergovernmental or private sector mandate. These analyses, available in the docket, are summarized below.

Regulatory Evaluation Summary

The proposed rule would continue to allow domestic repair stations, air carriers, air taxis, and commercial operators of large airplanes, who have authority to return products to service, to accomplish major repairs using self-developed repair data that have not been directly approved by the Federal Aviation Administration (FAA). Without extending SFAR 36, authorized firms would likely incur economic hardship.

The extension of SFAR 36 would not impose incremental cost on the industry or on the FAA and would continue to relieve authorized firms of the economic burden of obtaining FAA approval for data developed by the firms for major repairs. The benefit of the proposed rule is that it allows the firms currently operating under the provisions of SFAR 36 to continue to do so, thereby avoiding the costs which would be incurred if SFAR 36 were to expire before a final rule were implemented. Thus the rulemaking imposes no incremental costs and has positive nonquantifiable benefits.

Because the proposed rule has no costs and positive, although not quantifiable, benefits, the FAA has determined that the benefits of the proposed rule exceed the costs of the proposed rule.

Initial Regulatory Flexibility Determination

The Regulatory Flexibility Act of 1980 (RFA) establishes ''as a principle of regulatory issuance that agencies shall endeavor, consistent with the objective of the rule and of applicable statutes, to fit regulatory and informational requirements to the scale of the business, organizations, and governmental jurisdictions subject to regulation.'' To achieve that principle, the Act requires agencies to solicit and consider flexible regulatory proposals and to explain the rationale for their actions. The Act covers a wide-range of small entities, including small businesses, not-for-profit organizations and small governmental jurisdictions.

Agencies must perform a review to determine whether a proposed or final rule will have a significant economic impact on a substantial number of small entities. If the determination is that it will, the agency must prepare a regulatory flexibility analysis as described in the Act.

However, if an agency determines that a proposed or final rule is not expected to have a significant economic impact on a substantial number of small entities, section 605(b) of the 1980 act provides that the head of the agency may so certify and a regulatory flexibility analysis is not required. The certification must include a statement providing the factual basis for this determination, and the reasoning should be clear.

As explained above, there are no incremental costs associated with the proposed extension of SFAR 36. Consequently, the FAA certifies that the rule will not have a significant economic impact on a substantial number of small entities.

International Trade Impact Assessment

Consistent with the Administration's belief in the general superiority, desirability, and efficacy of free trade, it is the policy of the Administrator to remove or diminish, to the extent feasible, barriers to international trade, including both barriers affecting the export of American goods and services to foreign countries and those affecting the import of foreign goods and services into the United States.

In accordance with that policy, the FAA is committed to develop as much as possible its aviation standards and practices in harmony with its trading partners. Significant cost savings can result from this, both to American companies doing business in foreign markets, and foreign companies doing business in the United States.

This rule is available to and affects only domestic repair firms. Therefore there will be no impact on international trade.

Federalism Implications

The regulations proposed herein would 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 proposal would not have sufficient federalism implications to warrant the preparation of a Federalism Assessment.

Unfunded Mandates Assessment

Title II of the Unfunded Mandates Reform Act of 1995 (the Act), enacted as Pub. L. 104–4 on March 22, 1995, requires each Federal agency, to the extent permitted by law, to prepare a written assessment of the effects of any Federal mandate in a proposed or final agency rule that may result in the expenditure by State, local, and tribal governments, in the aggregate, or by the private sector, of $100 million or more (adjusted annually for inflation) in any one year. Section 204(a) of the Act, 2 U.S.C. 1534(a), requires the Federal agency to develop an effective process to permit timely input by elected officers (or their designees) of State, local, and tribal governments on a proposed ''significant intergovernmental mandate.'' A ''significant intergovernmental mandate'' under the Act is any provision in a Federal agency regulation that will impose an enforceable duty upon State, local, and tribal governments, in the aggregate, of $100 million (adjusted annually for inflation) in any one year. Section 203 of the Act, 2 U.S.C. 1533, which supplements section 204(a), provides that before establishing any regulatory requirements that might significantly or uniquely affect small governments, the agency shall have developed a plan that, among other things, provides for notice to potentially affected small governments, if any, and for a meaningful and timely opportunity to provide input in the development of regulatory proposals.

The FAA determines that this rule does not contain a significant intergovernmental or private sector mandate as defined by the Act.

List of Subjects

14 CFR Part 121

Air carriers, Airworthiness directives and standards, Aviation safety, Safety.

14 CFR Part 135

Air carriers, Air taxis, Air transportation, Aircraft, Airmen,

Airplanes, Airworthiness, Aviation safety, Helicopters, Safety.

14 CFR Part 145

Air carriers, Air transportation, Aircraft, Aviation safety, Safety.

The Proposed Amendment

In consideration of the foregoing, the Federal Aviation Administration amends 14 CFR parts 121, 135, and 145 as follows:

PART 121—OPERATING REQUIREMENTS: DOMESTIC, FLAG, AND SUPPLEMENTAL OPERATIONS

1. The authority citation for part 121 continues to read as follows:

Authority: 49 U.S.C. 106(g), 40113, 40119, 44101, 44701–44702, 44705, 44709–44711, 44713, 44716–44717, 44722, 44901, 44903–44904, 44912, 46105.

PART 135—OPERATING REQUIREMENTS: COMMUTER AND ON-DEMAND OPERATIONS

2. The authority citation for part 135 continues to read as follows:

Authority: 49 U.S.C. 106(g), 44113, 44701–44702, 44705, 44709, 44711–44713, 44715–44717, 44722.

PART 145—REPAIR STATIONS

3. The authority citation for part 145 continues to read as follows:

Authority: 49 U.S.C. 106(g), 40113, 44701–44702, 44707, 44717.

4. Amend Special Federal Aviation Regulation No. 36 by revising paragraphs 2(a), 3(a)(1), paragraph 5(a)(1), and 7; and by reserving paragraph 2(b)and by revising the termination date to read as follows:

SFAR No. 36

* * * * *

2. *General.* (a) Contrary provisions of § 121.379(b) and § 135.437(b) of this chapter notwithstanding, the holder of an air carrier certificate or operating certificate, that operates large aircraft, and that has been issued operations specifications for operations required to be conducted in accordance with 14 CFR part 121 or 135, may perform a major repair on a product as described in § 121.379 (b) or § 135.437(a), using technical data that have not been approved by the Administrator, and approve that product for return to service, if authorized in accordance with this Special Federal Aviation Regulation.

(b) [Reserved]

* * * * *

3. *Major Repair Data and Return to Service.* (a) * * *

(1) Has been issued an authorization under, and a procedures manual that complies with, Special Federal Aviation Regulation No. 36–7, effective on January 23, 1999;

* * * * *

5. *Eligibility.* (a) * * *

(1) Hold an air carrier certificate or operating certificate, operate large aircraft, and have been issued operations specifications for operations required to be conducted in accordance with 14 CFR part 121 or 135, or hold a domestic repair station certificate under 14 CFR part 145;

* * * * *

7. *Duration of Authorization.* Each authorization issued under this Special Federal Aviation Regulation is effective from the date of issuance until January 23, 2004, unless it is earlier surrendered, suspended, revoked, or otherwise terminated. Upon termination of such authorization, the terminated authorization holder must:

* * * * *

This Special Federal Aviation Regulation terminates January 23, 2004.

Issued in Washington, DC, on October 27, 1998.

Frank P. Paskiewicz,

Acting Director, Aircraft Certification Service.

[FR Doc. 98–29300 Filed 10–30–98; 8:45 am]

BILLING CODE 4910–13–U

Monday
November 2, 1998

Part IV

The President

Federal Register
Vol. 63, No. 211
Monday, November 2, 1998

Presidential Documents

Title 3—

The President

Proclamation 7144 of October 29, 1998

National American Indian Heritage Month, 1998

By the President of the United States of America

A Proclamation

American Indians and Alaska Natives—the first Americans—have made enormous contributions to the life of our country. When the first Europeans arrived on this continent, they did not find an empty land; they found instead a land of diverse peoples with a rich and complex system of governments, languages, religions, values, and traditions that have shaped and influenced American history and heritage. Generations of American Indians have served and sacrificed to defend our freedom, and no segment of our population has sent a larger percentage of its young men and women to serve in our Armed Forces. But American Indians are not just an important part of our country's past; they are also a vital part of today's America and will play an even more important role in America's future.

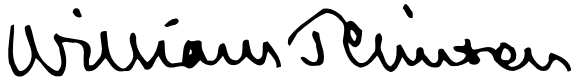
There are more than 2 million American Indians living in our country today, from the hardwood forests of Maine to the Florida Everglades, across the Great Plains to the Pacific Coast, and throughout the State of Alaska. Through a variety of innovative enterprises, many tribes are sharing in the unprecedented prosperity our country enjoys today, prosperity that is reflected in the construction of community centers, schools, museums, and other cultural centers. However, many people who live in Indian Country are caught in a cycle of poverty made worse by poor health care and a lack of educational and employment opportunity. If we are to honor the United States Government's long-standing obligations to Indian tribes, we must do all in our power to ensure that American Indians have access to the tools and opportunities they need to make the most of their lives.

As part of this endeavor, my Administration has strengthened the special government-to-government relationship between the Federal Government and the sovereign nations of Indian Country, expanded the role of American Indians and Alaska Natives in the Administration, and sought to increase educational opportunities and economic development throughout Indian Country. Earlier this year, I signed an Executive order directing the Federal Government to work together with tribal and State governments to improve Native American achievement in math and reading, raise high school graduation rates, increase the number of Native American youth attending college, improve science education, and expand the use of educational technology. We are also striving to boost economic development in Indian Country by working with tribal governments to meet their technology infrastructure needs, to coordinate and strengthen existing Native American economic development initiatives, and to help Native Americans obtain loans more easily for building homes and starting new businesses.

Today's Native Americans are among the youngest segments of our population—a new, large generation of young people who, if empowered with the education, skills, opportunity, and encouragement they need to thrive, can lead Indian Country into a future as bright and promising as its extraordinary past. As we observe National American Indian Heritage Month, let us resolve to work together to make that future a reality.

NOW, THEREFORE, I, WILLIAM J. CLINTON, President of the United States of America, by virtue of the authority vested in me by the Constitution and laws of the United States, do hereby proclaim November 1998 as National American Indian Heritage Month. I urge all Americans, as well as their elected representatives at the Federal, State, local, and tribal levels, to observe this month with appropriate programs, ceremonies, and activities.

IN WITNESS WHEREOF, I have hereunto set my hand this twenty-ninth day of October, in the year of our Lord nineteen hundred and ninety-eight, and of the Independence of the United States of America the two hundred and twenty-third.



[FR Doc. 98–29486
Filed 10–30–98; 8:45 am]
Billing code 3195–01–P

Presidential Documents

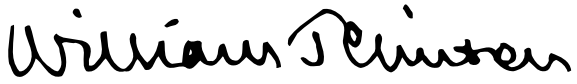
Presidential Determination No. 99–1 of October 21, 1998

Determination To Waive Requirements Relating to Blocked Property of Terrorist-List States

Memorandum for the Secretary of State [and] the Secretary of the Treasury

By the authority vested in me as President by the Constitution and laws of the United States of America, including section 117 of the Treasury and General Government Appropriations Act, 1999, as contained in the Omnibus Consolidated and Emergency Supplemental Appropriations Act, 1999 (approved October 21, 1998), I hereby determine that the requirements of section 117, including the requirement that any property with respect to which financial transactions are prohibited or regulated pursuant to section 5(b) of the Trading with the Enemy Act (50 U.S.C. App. 5(b)), section 620(a) of the Foreign Assistance Act of 1961 (22 U.S.C. 2370(a)), sections 202 and 203 of the International Emergency Economic Powers Act (50 U.S.C. 1701–1702), and proclamations, orders, regulations, and licenses issued pursuant thereto, be subject to execution or attachment in aid of execution of any judgment relating to a claim for which a foreign state claiming such property is not immune from the jurisdiction of courts of the United States or of the States under section 1605(a)(7) of title 28, United States Code, would impede the ability of the President to conduct foreign policy in the interest of national security and would, in particular, impede the effectiveness of such prohibitions and regulations upon financial transactions, and, therefore, pursuant to section 117(d), I hereby waive the requirements of section 117 in the interest of national security.

The Secretary of State is authorized and directed to publish this determination in the **Federal Register.**



THE WHITE HOUSE,
Washington, October 21, 1998.

[FR Doc. 98–29454
Filed 10–30–98; 8:45 am]
Billing code 4710–10–M

Reader Aids

Federal Register

Vol. 63, No. 211

Monday, November 2, 1998

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FEDERAL REGISTER PAGES AND DATES, NOVEMBER

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.

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 NOVEMBER 2, 1998

ENVIRONMENTAL PROTECTION AGENCY

Air quality implementation plans; approval and promulgation; various States:
- California; published 9-2-98
- Kentucky; published 9-3-98
- Maryland; published 9-2-98
- Pennsylvania; published 9-2-98

FEDERAL COMMUNICATIONS COMMISSION

Radio stations; table of assignments:
- Missouri et al.; published 9-24-98

FEDERAL MARITIME COMMISSION

Independent Offices Appropriation Act; implementation:
- User fees for services and benefits; existing fees updated and new filing and service fees added; published 9-22-98

FEDERAL RESERVE SYSTEM

Membership of State banking institutions (Regulation H):
- Simplification, update, and regulatory burden reduction
  - Technical amendments; published 11-2-98

GOVERNMENT ETHICS OFFICE

Government ethics:
- Model qualified trust certificates of independence and compliance; paperwork revisions; published 11-2-98

HOUSING AND URBAN DEVELOPMENT DEPARTMENT

Community facilities:
- Urban empowerment zones; round two designations; published 10-2-98

INTERIOR DEPARTMENT

Land Management Bureau

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- Land exchanges; streamlining and CFR parts removal; published 10-1-98

Minerals management:
- Mineral resources information; public availability; published 10-1-98

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  - Occupant protection incentive grants criteria; published 10-1-98

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  - Commercial fisheries authorization; list of fisheries categorized according to frequency of incidental takes; comments due by 11-9-98; published 8-11-98

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  - Catalytic cracking (fluid and other) units, catalytic reforming units, and sulfur plant units; comments due by 11-10-98; published 9-11-98

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- Tennessee; comments due by 11-9-98; published 10-8-98

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LIST OF PUBLIC LAWS

This is a continuing list of public bills from the current session of Congress which have become Federal laws. It may be used in conjunction with ''P L U S'' (Public Laws Update Service) on 202–523–6641. This list is also available online at http://www.nara.gov/fedreg.

The text of laws is not published in the **Federal Register** but may be ordered in ''slip law'' (individual pamphlet) form from the Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402 (phone, 202–512–1808). The text will also be made available on the Internet from GPO Access at http://www.access.gpo.gov/su_docs/. Some laws may not yet be available.

H.R. 8/P.L. 105–286

Border Smog Reduction Act of 1998 (Oct. 27, 1998; 112 Stat. 2773)

H.R. 624/P.L. 105–287

Armored Car Reciprocity Amendments of 1998 (Oct. 27, 1998; 112 Stat. 2776)

H.R. 1021/P.L. 105–288

Miles Land Exchange Act of 1998 (Oct. 27, 1998; 112 Stat. 2778)

H.R. 1197/P.L. 105–289

Plant Patent Amendments Act of 1998 (Oct. 27, 1998; 112 Stat. 2780)

H.R. 2186/P.L. 105–290

To authorize the Secretary of the Interior to provide assistance to the National Historic Trails Interpretive Center in Casper, Wyoming. (Oct. 27, 1998; 112 Stat. 2782)

H.R. 2370/P.L. 105–291

Guam Organic Act Amendments of 1998 (Oct. 27, 1998; 112 Stat. 2785)

H.R. 2431/P.L. 105–292

International Religious Freedom Act of 1998 (Oct. 27, 1998; 112 Stat. 2787)

H.R. 2795/P.L. 105–293

Irrigation Project Contract Extension Act of 1998 (Oct. 27, 1998; 112 Stat. 2816)

H.R. 3069/P.L. 105–294

Advisory Council on California Indian Policy Extension Act of 1998 (Oct. 27, 1998; 112 Stat. 2818)

H.R. 4079/P.L. 105–295

To authorize the construction of temperature control devices at Folsom Dam in California. (Oct. 27, 1998; 112 Stat. 2820)

H.R. 4166/P.L. 105–296

To amend the Idaho Admission Act regarding the sale or lease of school land. (Oct. 27, 1998; 112 Stat. 2822)

S. 53/P.L. 105–297

Curt Flood Act of 1998 (Oct. 27, 1998; 112 Stat. 2824)

S. 505/P.L. 105–298

To amend the provisions of title 17, United States Code, with respect to the duration of copyright, and for other purposes. (Oct. 27, 1998; 112 Stat. 2827)

S. 1298/P.L. 105–299

To designate a Federal building located in Florence, Alabama, as the ''Justice John McKinley Federal Building''. (Oct. 27, 1998; 112 Stat. 2835)

S. 1892/P.L. 105–300

To provide that a person closely related to a judge of a court exercising judicial power under article III of the United States Constitution (other than the Supreme Court) may not be appointed as a judge of the same court, and for other purposes. (Oct. 27, 1998; 112 Stat. 2836)

S. 1976/P.L. 105–301

Crime Victims With Disabilities Awareness Act (Oct. 27, 1998; 112 Stat. 2838)

S. 2235/P.L. 105–302

To amend part Q of the Omnibus Crime Control and Safe Streets Act of 1968 to encourage the use of school resource officers. (Oct. 27, 1998; 112 Stat. 2841)

H.R. 1702/P.L. 105–303

Commercial Space Act of 1998 (Oct. 28, 1998; 112 Stat. 2843)

H.R. 2281/P.L. 105–304

Digital Millennium Copyright Act (Oct. 28, 1998; 112 Stat. 2860)

H.R. 3332/P.L. 105–305

Next Generation Internet Research Act of 1998 (Oct. 28, 1998; 112 Stat. 2919)

H.R. 4558/P.L. 105–306

Noncitizen Benefit Clarification and Other Technical Amendments Act of 1998 (Oct. 28, 1998; 112 Stat. 2926)

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CFR CHECKLIST

This checklist, prepared by the Office of the Federal Register, is published weekly. It is arranged in the order of CFR titles, stock numbers, prices, and revision dates.

An asterisk (*) precedes each entry that has been issued since last week and which is now available for sale at the Government Printing Office.

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1, 2 (2 Reserved)	(869–034–00001–1)	5.00	[5] Jan. 1, 1998
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[1] Because Title 3 is an annual compilation, this volume and all previous volumes should be retained as a permanent reference source.

[2] The July 1, 1985 edition of 32 CFR Parts 1–189 contains a note only for Parts 1–39 inclusive. For the full text of the Defense Acquisition Regulations in Parts 1–39, consult the three CFR volumes issued as of July 1, 1984, containing those parts.

[3] The July 1, 1985 edition of 41 CFR Chapters 1–100 contains a note only for Chapters 1 to 49 inclusive. For the full text of procurement regulations in Chapters 1 to 49, consult the eleven CFR volumes issued as of July 1, 1984 containing those chapters.

[4] No amendments to this volume were promulgated during the period July 1, 1996 to June 30, 1997. The volume issued July 1, 1996, should be retained.

[5] No amendments to this volume were promulgated during the period January 1, 1997 through December 31, 1997. The CFR volume issued as of January 1, 1997 should be retained.

[6] No amendments to this volume were promulgated during the period April 1, 1997, through April 1, 1998. The CFR volume issued as of April 1, 1997, should be retained.

TABLE OF EFFECTIVE DATES AND TIME PERIODS—NOVEMBER 1998

This table is used by the Office of the Federal Register to compute certain dates, such as effective dates and comment deadlines, which appear in agency documents. In computing these dates, the day after publication is counted as the first day.

When a date falls on a weekend or holiday, the next Federal business day is used. (See 1 CFR 18.17)

A new table will be published in the first issue of each month.

DATE OF FR PUBLICATION	15 DAYS AFTER PUBLICATION	30 DAYS AFTER PUBLICATION	45 DAYS AFTER PUBLICATION	60 DAYS AFTER PUBLICATION	90 DAYS AFTER PUBLICATION
November 2	November 17	December 2	December 17	January 4	February 1
November 3	November 18	December 3	December 18	January 4	February 1
November 4	November 19	December 4	December 21	January 4	February 2
November 5	November 20	December 7	December 21	January 4	February 3
November 6	November 23	December 7	December 21	January 5	February 4
November 9	November 24	December 9	December 24	January 8	February 8
November 10	November 25	December 10	December 28	January 11	February 8
November 12	November 27	December 14	December 28	January 11	February 10
November 13	November 30	December 14	December 28	January 12	February 11
November 16	December 1	December 16	December 31	January 15	February 16
November 17	December 2	December 17	January 4	January 19	February 16
November 18	December 3	December 18	January 4	January 19	February 16
November 19	December 4	December 21	January 4	January 19	February 17
November 20	December 7	December 21	January 4	January 19	February 18
November 23	December 8	December 23	January 7	January 22	February 22
November 24	December 9	December 24	January 8	January 25	February 22
November 25	December 10	December 28	January 11	January 25	February 23
November 27	December 14	December 28	January 11	January 26	February 25
November 30	December 15	December 30	January 14	January 29	March 1