6–28–02 Friday
Vol. 67 No. 125 June 28, 2002
Pages 43525–44013

Federal Register

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(3 blocks north of Union Station Metro)

RESERVATIONS: 202–523–4538; or
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Contents

Federal Register

Vol. 67, No. 125

Friday, June 28, 2002

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.

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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. 67, No. 125
Friday, June 28, 2002

DEPARTMENT OF AGRICULTURE

Federal Crop Insurance Corporation

7 CFR Part 457

RIN 0563–AB87

Common Crop Insurance Regulations

AGENCY: Federal Crop Insurance Corporation.

ACTION: Interim rule.

SUMMARY: The Federal Crop Insurance Corporation (FCIC) amends the Common Crop Insurance Regulations, Small Grains Crop Provisions (7 CFR 457.101) and Canola and Rapeseed Crop Insurance Provisions (7 CFR 457.161) to implement the quality loss adjustment procedures contained in section 10003 of the Farm Security and Rural Investment Act of 2002 (Public Law 107–171).

DATES: This rule is effective June 26, 2002. Written comments and opinions on this interim rule will be accepted until close of business August 27, 2002 and will be considered when the rule is to be made final. The comment period for information collections under the Paperwork Reduction Act of 1995 continues through August 27, 2002.

ADDRESSES: Interested persons are invited to submit written comments to the Director, Product Development Division, Risk Management Agency, United States Department of Agriculture, 6501 Beacon Drive, Stop 0812, Kansas City, MO 64133. Comments titled ''Common Crop Insurance Regulations, Small Grains Crop Provisions'' may be sent via the Internet to: *DirectorPDD@rm.fcic.usda.gov.* A copy of each response will be available for public inspection and copying from 7 a.m. to 4:30 p.m., CST, Monday through Friday, except holidays, at the above address.

FOR FURTHER INFORMATION CONTACT: Timothy Hoffmann, Director, Product Development Division, Risk Management Agency, at the Kansas City, MO, address listed above, telephone (816) 926–3707.

SUPPLEMENTARY INFORMATION:

Executive Order 12866

The Office of Management and Budget (OMB) has determined that this rule is not significant for the purpose of Executive Order 12866 and, therefore, it has not been reviewed by OMB.

Paperwork Reduction Act of 1995

Pursuant to the Paperwork Reduction Act of 1995 (44 U.S.C. chapter 35), the collections of information in this rule have been approved by the Office of Management and Budget (OMB) under control number 0563–0053 through February 28, 2005.

Unfunded Mandates Reform Act of 1995

Title II of the Unfunded Mandates Reform Act of 1995 (UMRA) establishes requirements for Federal agencies to assess the effects of their regulatory actions on State, local, and tribal governments and the private sector. This rule contains no Federal mandates (under the regulatory provisions of title II of the UMRA) for State, local, and tribal governments or the private sector. Therefore, this rule is not subject to the requirements of sections 202 and 205 of UMRA.

Executive Order 13132

It has been determined under section 1(a) of Executive Order 13132, Federalism, that this rule does not have sufficient implications to warrant consultation with the States. The provisions contained in this rule will not have a substantial direct effect on States, or on the relationship between the national government and the States, or on the distribution of power and responsibilities among the various levels of government.

Regulatory Flexibility Act

This regulation will not have a significant impact on a substantial number of small entities. New provisions included in this rule will not impact small entities to a greater extent than large entities. The amount of work required of the insurance companies delivering and servicing these policies will not increase significantly from the amount of work currently required. Therefore, this action is determined to be exempt from the provisions of the Regulatory Flexibility Act (5 U.S.C. 605), and no Regulatory Flexibility Analysis was prepared.

Federal Assistance Program

This program is listed in the Catalog of Federal Domestic Assistance under No. 10.450.

Executive Order 12372

This program is not subject to the provisions of Executive Order 12372, which require intergovernmental consultation with State and local officials. See the Notice related to 7 CFR part 3015, subpart V, published at 48 FR 29115, June 24, 1983.

Executive Order 12988

This rule has been reviewed in accordance with Executive Order 12988 on civil justice reform. The provisions of this rule will not have a retroactive effect. The provisions of this rule will preempt State and local laws to the extent such State and local laws are inconsistent herewith. With respect to any action taken by FCIC under the terms of the crop insurance policy, the administrative appeal provisions published at 7 CFR part 11 must be exhausted before any action against FCIC for judicial review may be brought.

Environmental Evaluation

This action is not expected to have a significant impact on the quality of the human environment, health, and safety. Therefore, neither an Environmental Assessment nor an Environmental Impact Statement is needed.

Background

On May 13, 2002, the Farm Security and Rural Investment Act of 2002 was enacted. Section 10003 of the Farm Security and Rural Investment Act of 2002 requires that FCIC accept evidence of quality of agricultural commodities that are delivered to warehouse operators that are: (1) Licensed under the United States Warehouse Act; (2) licensed under State law and have entered into a storage agreement with the Commodity Credit Corporation; or (3) not licensed under State law, but are in compliance with State law regarding warehouses, and have entered into a commodity storage agreement with the

Commodity Credit Corporation. Currently, for the purposes of quality adjustment, all samples must be analyzed by a grain grader licensed under the authority of the United States Grain Standards Act or the United States Warehouse Act.

Since the changes to the quality adjustment provisions for certain crops are required by section 10003 of the Farm Security and Rural Investment Act of 2002, and such changes need to be made by the June 30, 2002, contract change date to be effective for the 2003 crop year, it is impractical and contrary to the public interest to publish this rule for notice and comment prior to making this rule effective. However, comments are solicited for 60 days after the date of publication in the **Federal Register** and will be considered by FCIC before this rule is made final.

1. FCIC amends section 11(d)(3)(iv) of the Small Grains Crop Provisions to add language to permit quality adjustment by the other statutorily authorized entities.

2. FCIC amends section 12(d)(3)(iv) of the Canola and Rapeseed Crop Insurance Provisions to add language to permit quality adjustment by the other statutorily authorized entities.

List of Subjects in 7 CFR Part 457

Common Crop Insurance Regulations.

Interim Rule

Accordingly, for the reasons set forth in the preamble, the Federal Crop Insurance Corporation amends 7 CFR part 457, Common Crop Insurance Regulations, for the 2003 and succeeding crop years, as follows:

PART 457—COMMON CROP INSURANCE REGULATIONS

1. The authority citation for 7 CFR part 457 continues to read as follows:

Authority: 7 U.S.C. 1506(l), 1506(p).

2. Amend § 457.101 as follows:

a. Revise the introductory text to read as set forth below;

b. Amend section 11(d)(3)(iii) of the crop insurance provisions by removing ''and'' at the end thereof; and

c. Revise section 11(d)(3)(iv) and add section 11(d)(3)(v) of the crop insurance provisions, to read as follows:

§ 457.101 Small grains crop insurance.

The small grains crop insurance provisions for the 2003 and succeeding crop years are as follows:

UNITED STATES DEPARTMENT OF AGRICULTURE

Federal Crop Insurance Corporation

* * * * *

11. Settlement of Claim.

* * * * *

(d) * * *

(3) * * *

(iv) With regard to deficiencies in quality (except test weight, which may be determined by our loss adjustor), the samples are analyzed by:

(A) A grain grader licensed under the United States Grain Standards Act or the United States Warehouse Act;

(B) A grain grader licensed under State law and employed by a warehouse operator who has a storage agreement with the Commodity Credit Corporation; or

(C) A grain grader not licensed under State law, but who is employed by a warehouse operator who has a commodity storage agreement with the Commodity Credit Corporation and is in compliance with State law regarding warehouses; and

(v) With regard to substances or conditions injurious to human or animal health, the samples analyzed by a laboratory approved by us.

* * * * *

3. Amend § 457.161 as follows:

a. Revise the introductory text to read as set forth below;

b. Amend section 12(d)(3)(iii) of the crop insurance provisions by removing ''and'' at the end thereof; and

c. Revise section 12(d)(3)(iv) and add section 12(d)(3)(v) of the crop insurance provisions, to read as follows:

§ 457.161 Canola and rapeseed crop insurance provisions.

The canola and rapeseed crop insurance provisions for the 2003 and succeeding crop years are as follows:

UNITED STATES DEPARTMENT OF AGRICULTURE

Federal Crop Insurance Corporation

* * * * *

12. Settlement of Claim.

* * * * *

(d) * * *

(3) * * *

(iv) With regard to deficiencies in quality, the samples are analyzed by:

(A) A grain grader licensed under the United States Grain Standards Act or the United States Warehouse Act;

(B) A grain grader licensed under State law and employed by a warehouse operator who has a storage agreement with the Commodity Credit Corporation; or

(C) A grain grader not licensed under State law, but who is employed by a warehouse operator who has a commodity storage agreement with the Commodity Credit Corporation and is in compliance with State law regarding warehouses; and

(v) With regard to substances or conditions injurious to human or animal health, the samples analyzed by a laboratory approved by us.

* * * * *

Signed in Washington, DC on June 26, 2002.

Ross J. Davidson, Jr.,

Manager, Federal Crop Insurance Corporation.

[FR Doc. 02–16482 Filed 6–26–02; 3:16 pm]

BILLING CODE 3410–08–P

DEPARTMENT OF TRANSPORTATION

Federal Aviation Administration

14 CFR Part 39

[Docket No. 2002–SW–07–AD; Amendment 39–12794; AD 2002–13–06]

RIN 2120–AA64

Airworthiness Directives; Eurocopter Deutschland GmbH (ECD) Model BO–105A, BO–105C, BO–105 C–2, BO–105 CB–2, BO–105 CB–4, BO–105S, BO–105 CS–2, BO–105 CBS–2, BO–105 CBS–4, and BO–105LS A–1 Helicopters

AGENCY: Federal Aviation Administration, DOT.

ACTION: Final rule; request for comments.

SUMMARY: This amendment adopts a new airworthiness directive (AD) for Eurocopter Deutschland GmbH (ECD) (Eurocopter) Model BO–105A, BO–105C, BO–105 C–2, BO–105 CB–2, BO–105 CB–4, BO–105S, BO–105 CS–2, BO–105 CBS–2, BO–105 CBS–4, and BO–105LS A–1 helicopters. This action requires creating a component log card or equivalent record and determining the calendar age, number of flights, and flight hours time-in-service (TIS) on two part-numbered tension-torsion (T–T) straps; inspecting and replacing certain T–T straps, as necessary; and modifying certain main rotor heads if alternate T–T straps are installed. This action also establishes an additional life limit for these two part-numbered T–T straps. This amendment is prompted by an accident in which a main rotor blade separated from a Eurocopter Model MBB–BK 117 helicopter due to fatigue failure of a T–T strap. The same part-numbered T–T strap is used on Eurocopter Model BO–105 helicopters. That accident indicated a need to establish an additional life limit for certain part-numbered T–T straps. The actions specified in this AD are intended to prevent fatigue failure of a T–T strap, loss of a main rotor blade, and subsequent loss of control of the helicopter.

DATES: Effective July 15, 2002.

The incorporation by reference of certain publications listed in the regulations is approved by the Director

of the Federal Register as of July 15, 2002.

Comments for inclusion in the Rules Docket must be received on or before August 27, 2002.

ADDRESSES: Submit comments in triplicate to the Federal Aviation Administration (FAA), Office of the Regional Counsel, Southwest Region, Attention: Rules Docket No. 2002–SW–07–AD, 2601 Meacham Blvd., Room 663, Fort Worth, Texas 76137. You may also send comments electronically to the Rules Docket at the following address: *9-asw-adcomments@faa.gov.*

The service information referenced in this AD may be obtained from American Eurocopter Corporation, 2701 Forum Drive, Grand Prairie, Texas 75053–4005, telephone (972) 641–3460, fax (972) 641–3527. This information may be examined at the FAA, Office of the Regional Counsel, Southwest Region, 2601 Meacham Blvd., Room 663, Fort Worth, Texas; or at the Office of the Federal Register, 800 North Capitol Street, NW., suite 700, Washington, DC.

FOR FURTHER INFORMATION CONTACT: Richard Monschke, Aviation Safety Engineer, FAA, Rotorcraft Directorate, Rotorcraft Standards Staff, Fort Worth, Texas 76193–0110, telephone (817) 222–5116, fax (817) 222–5961.

SUPPLEMENTARY INFORMATION: The Luftfahrt-Bundesamt (LBA), which is the airworthiness authority for the Federal Republic of Germany, notified the FAA that an unsafe condition may exist on Eurocopter Model BO–105A, BO–105C, BO–105 C–2, BO–105 CB–2, BO–105 CB–4, BO–105S, BO–105 CS–2, BO–105 CBS–2, BO–105 CBS–4, and BO–105LS A–1 helicopters. The LBA advises that two part-numbered T–T straps are no longer available from the manufacturer as spare parts, and a retrofit modification of the main rotor head is necessary to enable installation of alternative T–T straps.

Eurocopter has issued Eurocopter Alert Service Bulletin No. ASB–BO 105–10–115, dated June 25, 2001, which specifies determining the total length of installation time accumulated on the T–T straps and retrofitting the main rotor head, if applicable. Eurocopter has also issued Eurocopter Service Bulletin No. SB–BO 105–10–100, Revision 1, dated July 16, 2001, which specifies replacing affected main rotor head parts with product-improved new parts. The LBA classified these service bulletins as mandatory and issued AD 2001–281, effective October 18, 2001, to ensure the continued airworthiness of these helicopters in the Federal Republic of Germany.

These helicopter models are manufactured in the Federal Republic of Germany and are type certificated for operation in the United States under the provisions of 14 CFR 21.29 and the applicable bilateral agreement. Pursuant to the applicable bilateral agreement, the LBA has kept the FAA informed of the situation described above. The FAA has examined the findings of the LBA, reviewed all available information, and determined that AD action is necessary for products of these type designs that are certificated for operation in the United States.

This unsafe condition is likely to exist or develop on other helicopters of the same type designs registered in the United States. Therefore, this AD is being issued to prevent fatigue failure of a T–T strap, loss of a main rotor blade, and subsequent loss of control of the helicopter. This AD requires:

- Creating a component log card or equivalent record and determining the calendar age, number of flights, and flight hours TIS on each T–T strap;
- Replacing certain part-numbered T–T straps based on new life limits; and
- Modifying certain main rotor heads if alternate T–T straps are to be installed.

This AD also establishes additional life limits for two part-numbered T–T straps. The main rotor head modifications must be accomplished in accordance with the service bulletin described previously. The short compliance time involved is required because the previously described critical unsafe condition can adversely affect the structural integrity and controllability of the helicopter. Therefore, determining the amount of accumulated time of each T–T strap, replacing certain part-numbered T–T straps based on the new life limit, and modifying certain main rotor heads are required before further flight, and this AD must be issued immediately.

Since a situation exists that requires the immediate adoption of this regulation, it is found that notice and opportunity for prior public comment hereon are impracticable, and that good cause exists for making this amendment effective in less than 30 days.

The FAA estimates that 20 helicopters will be affected by this AD, that it will take approximately 24 work hours to accomplish the T–T strap replacements and main rotor head modification, and that the average labor rate is $60 per work hour. Required parts will cost approximately $8,260 for the T–T straps and $15,650 for parts to modify the main rotor head for each helicopter. Based on these figures, the total cost impact of the AD on U.S. operators is estimated to be $507,000.

Comments Invited

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

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

Commenters wishing the FAA to acknowledge receipt of their mailed 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. 2002–SW–07–AD.'' The postcard will be date stamped and returned to the commenter.

The regulations adopted herein will not have a substantial direct effect on the States, on the relationship between the national Government and the States, or on the distribution of power and responsibilities among the various levels of government. Therefore, it is determined that this final rule does not have federalism implications under Executive Order 13132.

The FAA has determined that this regulation is an emergency regulation that must be issued immediately to correct an unsafe condition in aircraft, and that it is not a ''significant regulatory action'' under Executive Order 12866. It has been determined further that this action involves an emergency regulation under DOT Regulatory Policies and Procedures (44

FR 11034, February 26, 1979). If it is determined that this emergency regulation otherwise would be significant under DOT Regulatory Policies and Procedures, a final regulatory evaluation will be prepared and placed in the Rules Docket. A copy of it, if filed, may be obtained from the Rules Docket at the location provided under the caption **ADDRESSES.**

List of Subjects in 14 CFR Part 39

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

Adoption of the Amendment

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

PART 39—AIRWORTHINESS DIRECTIVES

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

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

§ 39.13 [Amended]

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

2002–13–06 Eurocopter Deutschland GMBH (ECD): Amendment 39–12794. Docket No. 2002–SW–07–AD.

Applicability: Model BO–105A, BO–105C, BO–105 C–2, BO–105 CB–2, BO–105 CB–4, BO–105S, BO–105 CS–2, BO–105 CBS–2, BO–105 CBS–4, and BO–105LS A–1 helicopters, with main rotor head assembly, part number (P/N) 105–14101, and tension-torsion (T–T) straps, P/N 2602559 or P/N 2606576, installed, certificated in any category.

Note 1: This AD applies to each helicopter 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 helicopters 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 fatigue failure of a T–T strap, loss of a main rotor blade, and subsequent loss of control of the helicopter, accomplish the following:

(a) Before further flight:

(1) Create a component log card or equivalent record for each T–T strap.

(2) Review the history of each affected helicopter and each T–T strap. For each T–T strap, determine the number of months since initial installation on any helicopter (age), the number of flights, and the number of flight hours time-in-service (TIS). Enter the age, the number of flights, and the number of flight hours TIS for each T–T strap on the component log card or equivalent record.

(i) If the number of flights is unknown, multiply the number of hours TIS by 5 and use this result as the number of flights.

(ii) If a T–T strap has been previously used at any time on Model BO–105LS A–3 ''SUPER LIFTER'', BO–105 CB–5, BO–105 CBS–5, BO–105 DBS–5, or any MBB–BK 117 series helicopter, multiply the number of flights accumulated on those other models by a factor of 1.6 and then add that result to the number of flights accumulated on the helicopters affected by this AD.

(3) Remove any T–T strap from service if the total hours TIS or number of flights and age cannot be determined.

(b) Before further flight, remove from service and replace with an airworthy T–T strap any T–T strap that has been in service 120 months since initial installation on any helicopter, accumulated 15,600 flights (a flight is a takeoff and a landing), or has accumulated 2,400 hours TIS on any helicopter.

(c) This AD revises the Airworthiness Limitations Section of the maintenance manual by establishing a life limit for the T–T strap, P/N 2602559 and P/N 2606576, of 120 months or 15,600 flights, or 2,400 hours TIS, whichever occurs first.

Note 2: T–T straps, P/N 2602559 and P/N 2606576, are no longer in production. T–T straps, P/N 2604067 or P/N J17322–1, may be used as alternate replacements if necessary.

(d) Before T–T straps, P/N 2604067 or P/N J17322–1, are installed, modify any main rotor head P/N 105–14101 configuration to a main rotor head P/N 105–141081 configuration in accordance with paragraph 2, Accomplishment Instructions, and Figure 1 of Eurocopter Service Bulletin No. SB–BO 105–10–100, Revision 1, dated July 16, 2001.

Note 3: AD 2001–17–08 (65 FR 52010, August 28, 2000) established the life limits for T–T straps, P/N 2604067 and P/N J17322–1.

(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, Regulations Group, Rotorcraft Directorate. Operators shall submit their requests through an FAA Principal Maintenance Inspector, who may concur or comment and then send it to the Manager, Regulations Group.

Note 4: Information concerning the existence of approved alternative methods of compliance with this AD, if any, may be obtained from the Regulations Group.

(f) Special flight permits may be issued in accordance with 14 CFR 21.197 and 21.199 to operate the helicopter to a location where the requirements of this AD can be accomplished.

(g) The main rotor head modification shall be done in accordance with paragraph 2 of the Accomplishment Instructions and Figure 1 of Eurocopter Service Bulletin No. SB–BO 105–10–100, Revision 1, dated July 16, 2001. 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 51. Copies may be obtained from American Eurocopter Corporation, 2701 Forum Drive, Grand Prairie, Texas 75053–4005, telephone (972) 641–3460, fax (972) 641–3527. Copies may be inspected at the FAA, Office of the Regional Counsel, Southwest Region, 2601 Meacham Blvd., Room 663, Fort Worth, Texas; or at the Office of the Federal Register, 800 North Capitol Street, NW., suite 700, Washington, DC.

(h) This amendment becomes effective on July 15, 2002.

Note 5: The subject of this AD is addressed in Luftfahrt-Bundesamt (Federal Republic of Germany) AD 2001–281, effective October 18, 2001.

Issued in Fort Worth, Texas, on June 18, 2002.

Eric Bries,

Acting Manager, Rotorcraft Directorate, Aircraft Certification Service.

[FR Doc. 02–16056 Filed 6–27–02; 8:45 am]

BILLING CODE 4910–13–P

DEPARTMENT OF TRANSPORTATION

Federal Aviation Administration

14 CFR Part 39

[Docket No. 99–NE–39–AD; Amendment 39–12791; AD 99–27–16R1]

RIN 2120–AA64

Airworthiness Directives; CFE Company Model CFE738–1–1B Turbofan Engines

AGENCY: Federal Aviation Administration, DOT.

ACTION: Final rule.

SUMMARY: This amendment revises an existing airworthiness directive (AD), that is applicable to CFE Company Model CFE738–1–1B turbofan engines. That AD currently requires a one-time visual inspection of stage 2 high pressure turbine (HPT) aft cooling plates for nicks, dents, raised metal, and scratches, and if necessary, repair of the cooling plates or replacement with serviceable parts. This amendment reduces the number of stage 2 HPT aft cooling plates affected by AD 99–27–16, and identifies the applicable engines by engine serial numbers (SN's). This amendment is prompted by an updated alert service bulletin (ASB) that reduces the number of stage 2 HPT aft cooling plates affected by AD 99–27–16 and identifies the applicable engines by engine SN's. The actions specified by this AD are intended to prevent stage 2

HPT aft cooling plate failure, which could result in an uncontained engine failure and damage to the airplane.

DATES: Effective date August 2, 2002. The incorporation by reference of certain publications listed in the regulations is approved by the Director of the Federal Register as of August 2, 2002.

ADDRESSES: The service information referenced in this AD may be obtained from CFE Company, Data Distribution, MS 64–03/2101–201, PO Box 29003, Phoenix, AZ 85038–9003; telephone (602) 365–2493, fax (602) 365–5577. This information may be examined, by appointment, at the Federal Aviation Administration (FAA), New England Region, Office of the Regional Counsel, 12 New England Executive Park, Burlington, MA; or at the Office of the Federal Register, 800 North Capitol Street, NW., suite 700, Washington, DC.

FOR FURTHER INFORMATION CONTACT: Keith Mead, Aerospace Engineer, Engine Certification Office, FAA, Engine and Propeller Directorate, 12 New England Executive Park, Burlington, MA 01803–5299; telephone: (781) 238–7744; fax: (781) 238–7199.

SUPPLEMENTARY INFORMATION: A proposal to amend part 39 of the Federal Aviation Regulations (14 CFR part 39) by revising AD 99–27–16, Amendment 39–11497 (65 FR 691, January 6, 2000), which is applicable to CFE Company model CFE738–1–1B turbofan engines, was published in the **Federal Register** on June 6, 2001 (66 FR 30341). That action proposed to reduce the number of stage 2 HPT aft cooling plates affected by AD 99–27–16, and identifies the applicable engines by engine SN's, in accordance with CFE Company Alert Service Bulletin (ASB) No. CFE738–A72–8031, Revision 2, dated October 17, 2000. Since the proposal was published, CFE Company has issued ASB No. CFE738–A72–8031, Revision 4, dated March 27, 2002, which includes the engine SN's that have the affected gas generator modules installed. This final rule references ASB Revision 4 instead of ASB Revision 2 which was referenced in the proposal.

Comments

Interested persons have been afforded an opportunity to participate in the making of this amendment. No comments were received on the proposal or the FAA's determination of the cost to the public. After careful review of the available data, including the ASB reference change 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.

Economic Analysis

There are approximately ten engines of the affected design in the worldwide fleet. The FAA estimates that ten engines installed on airplanes of US registry would be affected by this AD, that it would take approximately four work hours per engine to accomplish the inspection if the inspection did not take place during scheduled maintenance, and that the average labor rate is $60 per work hour. Required parts would cost approximately $1,536 per engine. Based on these figures, the total cost of the AD on US operators is estimated to be $17,760.

Regulatory Analysis

This final rule does not have federalism implications, as defined in Executive Order 13132, because it would not have a substantial direct effect on the States, on the relationship between the national government and the States, or on the distribution of power and responsibilities among the various levels of government. Accordingly, the FAA has not consulted with state authorities prior to publication of this final rule.

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 the 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 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 removing Amendment 39–11497 (65 FR 691, January 6, 2000) and by adding a new airworthiness directive, Amendment 39–12791, to read as follows:

99–27–16R1 CFE Company: Amendment 39–12791. Docket No. 99–NE–39–AD. Revises AD 99–27–16, Amendment 39–11497.

Applicability: This airworthiness directive (AD) is applicable to CFE Model CFE738–1–1B turbofan engines, part number (P/N) 3050000–5, with gas generator modules P/N 6091T09G01, serial numbers (SN's) 800421, 800422, 800423, 800424, 800425, 800426, 800427, 800428, 800429, and 800430 installed. These engines are installed on, but not limited to Dassault-Breguet Falcon 2000 series airplanes.

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

Compliance: Compliance with this AD is required as indicated, unless already done.

To prevent stage 2 high pressure turbine (HPT) aft cooling plate failure, which could result in an uncontained engine failure and damage to the airplane, do the following:

Inspections and Follow-On Actions

(a) At the next engine shop visit after the effective date of this AD where the HPT assembly is sufficiently disassembled to afford access to the stage 2 HPT aft cooling plate, but not later than 4,500 part cycles-since-new (CSN), do the following:

(1) Inspect the stage 2 HPT aft cooling plate for nicks, dents, and scratches on surface D in accordance with the requirements of CFE Alert Service Bulletin (ASB) No. CFE738–A72–8031, Revision 4, dated March 27, 2002, paragraph 2.B.(1).

(2) Repair those stage 2 HPT aft cooling plates with indentation 0.003 inch deep or less in accordance with ASB No. CFE738–A72–8031, Revision 4, dated March 27, 2002, paragraph 2.B.(1).

(3) Remove from service before further flight those stage 2 HPT aft cooling plates that have nicks, dents, and/or scratches that exceed the acceptance limits in accordance

with ASB No. CFE738–A72–8031, Revision 4, dated March 27, 2002, paragraph 2.B.(1), and replace with serviceable parts.

(4) Inspect the stage 2 HPT rotor disk post aft mating surface for raised metal, and remove raised metal if present in accordance with ASB No. CFE738–A72–8031, Revision 4, dated March 27, 2002, paragraph 2.B.(2).

Alternative Methods of Compliance

(b) An alternative method of compliance or adjustment of the compliance time that provides an acceptable level of safety may be used if approved by the Manager, Engine Certification Office (ECO). Operators must submit their request through an appropriate FAA Principal Maintenance Inspector, who may add comments and then send it to the Manager, ECO.

Note 2: Information concerning the existence of approved alternative methods of compliance with this airworthiness directive, if any, may be obtained from the ECO.

Special Flight Permits

(c) Special flight permits may be issued in accordance with §§ 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 done.

Documents That Have Been Incorporated By Reference

(d) The inspections and follow-on actions must be done in accordance with the following CFE Company Alert Service Bulletin (ASB):

Document No.	Pages	Revision	Date
ASB CFE738–A72–8031	1	4	March 27, 2002.
	2–5	Original	May 17, 1999.
Total pages: 5.			

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 CFE Company, Data Distribution, MS 64–03/2101–201, PO Box 29003, Phoenix, AZ 85038–9003; telephone (602) 365–2493, fax (602) 365–5577. Copies may be inspected, by appointment, at the FAA, New England Region, Office of the Regional Counsel, 12 New England Executive Park, Burlington, MA; or at the Office of the Federal Register, 800 North Capitol Street, NW., suite 700, Washington, DC.

Effective Date

(e) This amendment becomes effective on August 2, 2002.

Issued in Burlington, Massachusetts, on June 17, 2002.

Jay J. Pardee,

Manager, Engine and Propeller Directorate, Aircraft Certification Service.

[FR Doc. 02–16176 Filed 6–27–02; 8:45 am]

BILLING CODE 4910–13–P

DEPARTMENT OF TRANSPORTATION

Federal Aviation Administration

14 CFR Part 97

[Docket No. 30316; Amdt. No. 3011]

Standard Instrument Approach Procedures; Miscellaneous Amendments

AGENCY: Federal Aviation Administration (FAA), DOT.

ACTION: Final rule.

SUMMARY: This amendment establishes, amends, suspends, or revokes Standard Instrument Approach Procedures (SIAPs) for operations at certain airports. These regulatory actions are needed because of the adoption of new or revised criteria, or because of changes occurring in the National Airspace System, such as the commissioning of new navigational facilities, addition of new obstacles, or changes in air traffic requirements. These changes are designed to provide safe and efficient use of the navigable airspace and to promote safe flight operations under instrument flight rules at the affected airports.

EFFECTIVE DATES: An effective date for each SIAP is specified in the amendatory provisions.

Incorporation by reference-approved by the Director of the Federal Register on December 31, 1980, and reapproved as of January 1, 1982.

ADDRESSES: Availability of matters incorporated by reference in the amendment is as follows:

For Examination—

1. FAA Rules Docket, FAA Headquarters Building, 800 Independence Avenue, SW., Washington, DC 20591;

2. The FAA Regional Office of the region in which the affected airport is located; or

3. The Flight Inspection Area Office which originated the SIAP.

For Purchase—Individual SIAP copies may be obtained from:

1. FAA Public Inquiry Center (APA–200), FAA Headquarters Building, 800 Independence Avenue, SW., Washington, DC 20591; or

2. The FAA Regional Office of the region in which the affected airport is located.

By Subscription—Copies of all SIAPs, mailed once every 2 weeks, are for sale by the Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402.

FOR FURTHER INFORMATION CONTACT: Donald P. Pate, Flight Procedure Standards Branch (AMCAFS–420), Flight Technologies and Programs Division, Flight Standards Service Federal Aviation Administration, Mike Monroney Aeronautical Center, 6500 South MacArthur Blvd. Oklahoma City, OK. 73169 (Mail Address: P.O. Box 25082 Oklahoma City, OK. 73125) telephone: (405) 954–4164.

SUPPLEMENTARY INFORMATION: This amendment to part 97 of the Federal Aviation Regulations (14 CFR part 97) establishes, amends, suspends, or revokes Standard Instrument Approach Procedures (SIAPs). The complete regulatory description of each SIAP is contained in official FAA form documents which are incorporated by reference in this amendment under 5 U.S.C. 552(a), 1 CFR part 51, and § 97.20 of the Federal Aviation Regulations (FAR). The applicable FAA Forms are identified as FAA Forms 8260–3, 8260–4, and 8260–5. Materials incorporated by reference are available for examination or purchase as stated above.

The large number of SIAPs, their complex nature, and the need for a special format make their verbatim publication in the **Federal Register** expensive and impractical. Further, airmen do not use the regulatory text of the SIAPs, but refer to their graphic depiction on charts printed by publishers of aeronautical materials. Thus, the advantages of incorporation by reference are realized and publication of the complete description of each SIAP contained in FAA form documents is unnecessary. The provisions of this amendment state the affected CFR (and FAR) sections, with the types and effective dates of the SIAPs. This amendment also identifies the airport, its location, the procedure identification and the amendment number.

The Rule

This amendment to part 97 is effective upon publication of each separate SIAP

as contained in the transmittal. Some SIAP amendments may have been previously issued by the FAA in a National Flight Data Center (NFDC) Notice to Airmen (NOTAM) as an emergency action of immediate flight safety relating directly to published aeronautical charts. The circumstances which created the need for some SIAP amendments may require making them effective in less than 30 days. For the remaining SIAPs, an effective date at least 30 days after publication is provided.

Further, the SIAPs contained in this amendment are based on the criteria contained in the U.S. Standard for Terminal Instrument Procedures (TERPS). In developing these SIAPs, the TERPS criteria were applied to the conditions existing or anticipated at the affected airports. Because of the close and immediate relationship between these SIAPs and safety in air commerce, I find that notice and public procedure before adopting these SIAPs are impracticable and contrary to the public interest and, where applicable, that good cause exists for making some SIAPs effective in less than 30 days.

Conclusion

The FAA has determined that this regulation only involves an established body of technical regulations for which frequent and routine amendments are necessary to keep them operationally current. It, therefore—(1) is not a ''significant regulatory action'' under Executive Order 12866; (2) is not a ''significant rule'' under DOT Regulatory Policies and Procedures (44 FR 11034; February 26, 1979); and (3) does not warrant preparation of a regulatory evaluation as the anticipated impact is so minimal. For the same reason, the FAA certifies that this amendment 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 97

Air Traffic Control, Airports, Navigation (Air).

Issued in Washington, DC on June 21, 2002.

James J. Ballough,

Director, Flight Standards Service.

Adoption of the Amendment

Accordingly, pursuant to the authority delegated to me, part 97 of the Federal Aviation Regulations (14 CFR part 97) is amended by establishing, amending, suspending, or revoking Standard Instrument approach Procedures, effective at 0901 UTC on the dates specified, as follows:

PART 97—STANDARD INSTRUMENT APPROACH PROCEDURES

1. The authority citation for part 97 is revised to read as follows:

Authority: 49 U.S.C. 106(g), 40103, 40113, 40120, 44701; and 14 CFR 11.49(b)(2).

2. Part 97 is amended to read as follows:

§ 97.23, 97.25, 97.27, 97.29, 97.31, 97.33, 97.35 [Amended]

By amending: § 97.23 VOR, VOR/DME, VOR or TACAN, and VOR/DME or TACAN; § 97.25 LOC, LOC/DME, LDA, LDA/DME, SDF, SDF/DME; § 97.27 NDB, NDB/DME; § 97.29 ILS, ILS/DME, ISMLS, MLS, MLS/DME, MLS/RNAV; § 97.31 RADAR SIAPs; § 97.33 RNAV SIAPs; and § 97.35 COPTER SIAPs, identified as follows:

** * * Effective August 8, 2002*

Atqasuk, AK, Atqasuk Edward Burnell Sr. Memorial, RNAV (GPS) RWY 6, Orig
Atqasuk, AK, Atqasuk Edward Burnell Sr. Memorial, RNAV (GPS) RWY 24, Orig
Atqasuk, AK, Atqasuk Edward Burnell Sr. Memorial, GPS RWY 6, Orig, CANCELLED
Atqasuk, AK, Atqasuk Edward Burnell Sr. Memorial, GPS RWY 24, Orig, CANCELLED
Nuiqsut, AK, Nuiqsut, RNAV (GPS) RWY 4, Orig,
Nuiqsut, AK, Nuiqsut, RNAV (GPS) RWY 22, Orig,
Nuiqsut, AK, Nuiqsut, GPS RWY 4, Orig, CANCELLED
Nuiqsut, AK, Nuiqsut, GPS RWY 22, Orig, CANCELLED
Searcy, AR, Searcy Muni, RNAV (GPS) RWY 1, Orig
Searcy, AR, Searcy Muni, RNAV (GPS) RWY 19, Orig
Searcy, AR, Searcy Muni, NDB RWY 1, Amdt 4
Searcy, AR, Searcy Muni, GPS RWY 19, Amdt 1B, CANCELLED
San Jose, CA, Reid-Hillview of Santa Clara County, RNAV (GPS) RWY 31R, Orig
Cortez, CO, Cortez Muni, VOR RWY 21, Amdt 5A
Sarasota (Bradenton), FL, Sarasota/Bradenton Intl, ILS RWY 14, Amdt 4
Sarasota (Bradenton), FL, Sarasota/Bradenton Intl, ILS RWY 32, Amdt 5
West Palm Beach, FL, Palm Beach Intl, VOR RWY 9L, Amdt 2A
West Palm Beach, FL, Palm Beach Intl, VOR RWY 13, Amdt 3A
West Palm Beach, FL, Palm Beach Intl, VOR RWY 27R, Amdt 2A
West Palm Beach, FL, Palm Beach Intl, VOR RWY 31, Amdt 4A
West Palm Beach, FL, Palm Beach Intl, RNAV (GPS) RWY 9L, Orig
West Palm Beach, FL, Palm Beach Intl, RNAV (GPS) RWY 13, Orig
West Palm Beach, FL, Palm Beach Intl, RNAV (GPS) RWY 27R, Orig
West Palm Beach, FL, Palm Beach Intl, RNAV (GPS) RWY 31, Orig
Savannah, GA, Savannah Intl, NDB RWY 9, Amdt 21
Savannah, GA, Savannah Intl, RNAV (GPS) RWY 9, Orig
Savannah, GA, Savannah Intl, GPS RWY 18, Orig-A, CANCELLED
Savannah, GA, Savannah Intl, RNAV (GPS) RWY 18, Orig
Savannah, GA, Savannah Intl, RNAV (GPS) RWY 27, Orig
Savannah, GA, Savannah Intl, RNAV (GPS) RWY 36, Orig
Cahokia/St. Louis, IL, St. Louis Downtown, ILS RWY 30L, Amdt 8
Junction City, KS, Freeman Field, RNAV (GPS) RWY 36, ORIG
Junction City, KS, Freeman Field, NDB RWY OR GPS–B, Amdt 4
Newton, KS, Newton-City County, VOR/DME–A, Amdt 2
Norton, KS, Norton Muni, NDB RWY 16, ORIG
Norton, KS, Norton Muni, NDB RWY 34, ORIG
Glasgow, KY, Glasgow Muni, VOR/DME RWY 7, Amdt 7
Glasgow, KY, Glasgow Muni, SDF RWY 7, Amdt 10
Glasgow, KY, Glasgow Muni, NDB RWY 7, Amdt 11
Glasgow, KY, Glasgow Muni, GPS RWY 25, Orig, CANCELLED
Glasgow, KY, Glasgow Muni, RNAV (GPS) RWY 25, Orig
Glasgow, KY, Glasgow Muni, RNAV (GPS) RWY 7, Orig
Detroit, MI, Detroit Metropolitan Wayne County, VOR RWY 22L, Amdt 1E
Detroit, MI, Detroit Metropolitan Wayne County, NDB RWY 27R, Amdt 10C
Detroit, MI, Detroit Metropolitan Wayne County, NDB RWY 4R, Amdt 10E
Detroit, MI, Detroit Metropolitan Wayne County, NDB RWY 3L, Amdt 12D
Detroit, MI, Detroit Metropolitan Wayne County, ILS RWY 27L, Amdt 2
Detroit, MI, Detroit Metropolitan Wayne County, ILS RWY 27R, Amdt 11
Detroit, MI, Detroit Metropolitan Wayne County, ILS RWY 22L, Amdt 27
Detroit, MI, Detroit Metropolitan Wayne County, ILS RWY 21L, Amdt 9
Detroit, MI, Detroit Metropolitan Wayne County, ILS RWY 4L, Amdt 1
Detroit, MI, Detroit Metropolitan Wayne County, ILS RWY 4R, Amdt 15
Detroit, MI, Detroit Metropolitan Wayne County, ILS RWY 3R, Amdt 14
Detroit, MI, Detroit Metropolitan Wayne County, RNAV (GPS) Z RWY 4R, Orig
Detroit, MI, Detroit Metropolitan Wayne County, RNAV (GPS) Z RWY 3R, Orig
Detroit, MI, Detroit Metropolitan Wayne County, RNAV (GPS) Y RWY 4R, Orig
Detroit, MI, Detroit Metropolitan Wayne County, RNAV (GPS) Y RWY 3R, Orig
Detroit, MI, Detroit Metropolitan Wayne County, RNAV (GPS) RWY 27L, Orig
Detroit, MI, Detroit Metropolitan Wayne County, RNAV (GPS) RWY 27R, Orig
Detroit, MI, Detroit Metropolitan Wayne County, RNAV (GPS) RWY 22L, Orig
Detroit, MI, Detroit Metropolitan Wayne County, RNAV (GPS) RWY 22R, Orig
Detroit, MI, Detroit Metropolitan Wayne County, RNAV (GPS) RWY 21L, Orig
Detroit, MI, Detroit Metropolitan Wayne County, RNAV (GPS) RWY 4L, Orig

Omaha, NE, Eppley Airfield, VOR RWY 32L, Amdt 11
Albuquerque, NM, Albuquerque Intl Sunport, ILS RWY 3, Amdt 1
New York, NY, Map Area 33, COPTER RNAV (GPS) 028 Orig
Raleigh-Durham, NC, Raleigh-Durham Intl, NDB RWY 5R, Amdt 20B
Raleigh-Durham, NC, Raleigh-Durham Intl, NDB RWY 23L, Amdt 5
Raleigh-Durham, NC, Raleigh-Durham Intl, VOR RWY 32, Amdt 3B
Newport, OR, Newport Muni, VOR/DME RWY 16, Amdt 8
Newport, OR, Newport Muni, VOR/DME RWY 34, Amdt 1
Newport, OR, Newport Muni, VOR–A, Amdt 4
Newport, OR, Newport Muni, NDB RWY 16, Amdt 1
Newport, OR, Newport Muni, RNAV (GPS) RWY 16, Orig
Newport, OR, Newport Muni, RNAV (GPS) RWY 34, Orig
Newport, OR, Newport Muni, ILS RWY 16, Amdt 1
San Juan, PR, Luis Munoz Marin Intl, VOR RWY 10, Orig
San Juan, PR, Luis Munoz Marin Intl, VOR RWY 8 and 10, Amdt 10, CANCELLED
San Juan, PR, Luis Munoz Marin Intl, VOR RWY 8, Orig
San Juan, PR, Luis Munoz Marin Intl, NDB RWY 8, Amdt 8
San Juan, PR, Luis Munoz Marin Intl, NDB RWY 10, Amdt 6
Jackson, OH, James A. Rhodes, VOR/DME–A, Amdt 1
Lancaster, SC, Lancaster County-McWhirter Fld, VOR/DME–A, Amdt 6
Lancaster, SC, Lancaster County-McWhirter Fld, NDB RWY 24, Amdt 4
Lancaster, SC, Lancaster County-McWhirter Fld, RNAV (GPS) RWY 6, Orig
Lancaster, SC, Lancaster County-McWhirter Fld, RNAV (GPS) RWY 24, Orig
Dallas-Fort Worth, TX, Dallas/Fort Worth International, ILS RWY 17L, Amdt 2
Dallas-Fort Worth, TX, Dallas/Fort Worth International, ILS RWY 18R, Amdt 6
Dallas-Fort Worth, TX, Dallas/Fort Worth International, Converging ILS RWY 18R, Amdt 4
Dallas-Fort Worth, TX, Dallas/Fort Worth International, RNAV (GPS) RWY 18R, Orig
Decatur, TX, Decatur Muni, VOR/DME RWY 17, Amdt 2
Harlingen, TX, Valley Intl, ILS RWY 17R, Amdt 12
Harlingen, TX, Valley Intl, LOC BC RWY 35L, Amdt 13
Harlingen, TX, Valley Intl, NDB RWY 17L, Amdt 6
Harlingen, TX, Valley Intl, NDB RWY 17R, Amdt 12
Houston, TX, Houston Gulf, VOR RWY 31, Amdt 1B, CANCELLED
Houston, TX, Houston Gulf, GPS RWY 31, Orig-A, CANCELLED
LaGrange, TX, Fayette Regional Air Center, VOR/DME–A, Amdt 1A
New Braunfels, TX, New Braunfels Muni, NDB–B, Amdt 1, CANCELLED
Rockwall, TX, Rockwall Muni, RNAV (GPS) RWY 17, Orig
Rockwall, TX, Rockwall Muni, RNAV (GPS) RWY 35, Orig
Rockwall, TX, Rockwall Muni, GPS RWY 16, Orig, CANCELLED
Rockwall, TX, Rockwall Muni, GPS RWY 34, Orig, CANCELLED
San Antonio, TX, San Antonio Intl, ILS RWY 3, Amdt 19
San Antonio, TX, San Antonio Intl, ILS RWY 12R, Amdt 13
San Antonio, TX, San Antonio Intl, ILS RWY 30L, Amdt 9
San Antonio, TX, San Antonio Intl, RNAV (GPS) RWY 3, Orig
San Antonio, TX, San Antonio Intl, RNAV (GPS) RWY 12R, Orig
San Antonio, TX, San Antonio Intl, RNAV (GPS) RWY 21, Orig
San Antonio, TX, San Antonio Intl, RNAV (GPS) RWY 30L, Orig
San Antonio, TX, San Antonio Intl, GPS RWY 3, Orig, CANCELLED
San Antonio, TX, San Antonio Intl, GPS RWY 30L, Orig, CANCELLED
San Antonio, TX, San Antonio Intl, GPS RWY 12R, Orig, CANCELLED
San Antonio, TX, San Antonio Intl, GPS RWY 21, Orig, CANCELLED
Roanoke, VA, Roanoke Regional/Woodrum Field, RADAR–1, Amdt 8, CANCELLED
Spokane, WA, Spokane Intl, VOR/DME RNAV RWY 21, ORIG–A, CANCELLED
*Madison, WI, Morey, VOR OR GPS–A, Amdt 6B, CANCELLED
*Madison, WI, Morey, VOR OR GPS–B, Amdt 5B, CANCELLED
*Madison, WI, Morey, VOR/DME RNAV OR GPS RWY 12, Amdt 3A, CANCELLED
*Middleton, WI, Morey, VOR–A, Orig
*Middleton, WI, Morey, VOR–B, Orig
*Middleton, WI, Morey, VOR/DME RNAV RWY 12, Orig
*Middleton, WI, Morey, RNAV (GPS) RWY 12, Orig
*Middleton, WI, Morey, RNAV (GPS) RWY 30, Orig
Solon Springs, WI, Solon Springs Muni, NDB RWY 19, Amdt 2A
Solon Springs, WI, Solon Springs Muni, RNAV (GPS) RWY 19, Orig
Tomahawk, WI, Tomahawk Regional, RNAV (GPS) RWY 9, Orig
Tomahawk, WI, Tomahawk Regional, RNAV (GPS) RWY 27, Orig

* City name change—I.E. Madison to Middleton

Note: The FAA published the following procedure in Docket No. 30311; Amdt. No. 3007 to Part 97 of the Federal Aviation Regulations (Vol. 67, FR No. 106, Page 38197; dated June 3, 2002) under section 97.23 effective August 8, 2002 which is hereby rescinded:

Temple, TX, Draughon-Miller Central Texas Region, LOC BC RWY 33, Amdt 4

The FAA published an Amendment in Docket No. 30313, Amdt. No. 3003 to Part 97 of the Federal Aviation Regulations (Vol. 67, FR No. 114, Page 40595; dated June 13, 2002) under section 97.33 effective August 8, 2002, which is hereby amended as follows:

Lockport, NY, North Buffalo Suburban, GPS RWY 28, Orig-A, CANCELLED
Nacogdoches, TX, A.L. Mangham Jr Regional, NDB RWY 36, Amdt 1A
Nacogdoches, TX, A.L. Mangham Jr Regional, NDB RWY 18, Amdt 1A
Nacogdoches, TX, A.L. Mangham Jr Regional, GPS RWY 33, Orig-A
Nacogdoches, TX, A.L. Mangham Jr Regional, GPS RWY 36, Orig-A

[FR Doc. 02–16388 Filed 6–27–02; 8:45 am]

BILLING CODE 4910–13–M

DEPARTMENT OF TRANSPORTATION

Federal Aviation Administration

14 CFR Part 97

[Docket No. 30317; Amdt. No. 3012]

Standard Instrument Approach Procedures; Miscellaneous Amendments

AGENCY: Federal Aviation Administration (FAA), DOT.

ACTION: Final rule.

SUMMARY: This amendment establishes, amends, suspends, or revokes Standard Instrument Approach Procedures (SIAPs) for operations at certain airports. These regulatory actions are needed because of changes occurring in the National Airspace System, such as the commissioning of new navigational facilities, addition of new obstacles, or changes in air traffic requirements. These changes are designed to provide safe and efficient use of the navigable airspace and to promote safe flight operations under instrument flight rules at the affected airports.

DATES: An effective date for each SIAP is specified in the amendatory provisions.

Incorporation by reference-approved by the Director of the **Federal Register** on December 31, 1980, and reapproved as of January 1, 1982.

ADDRESSES: Availability of matter incorporated by reference in the amendment is as follows:

For Examination—

1. FAA Rules Docket, FAA Headquarters Building, 800 Independence Avenue, SW., Washington, DC 20591;

2. The FAA Regional Office of the region in which affected airport is located; or

3. The Flight Inspection Area Office which originated the SIAP.

For Purchase—Individual SIAP copies may be obtained from:

1. FAA Public Inquiry Center (APA–200), FAA Headquarters Building, 800 Independence Avenue, SW., Washington, DC 20591; or

2. The FAA Regional Office of the region in which the affected airport is located.

By Subscription—Copies of all SIAPs, mailed once every 2 weeks, are for sale by the Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402.

FOR FURTHER INFORMATION CONTACT: Donald P. Pate, Flight Procedure Standards Branch (AMCAFS–420), Flight Technologies and Programs Division, Flight Standards Service, Federal Aviation Administration, Mike Monroney Aeronautical Center, 6500 South MacArthur Blvd., Oklahoma City, OK 73169 (Mail Address: P.O. Box 25082, Oklahoma City, OK 73125) telephone: (405) 954–4164.

SUPPLEMENTARY INFORMATION: This amendment to part 97 of the Federal Aviation Regulations (14 CFR part 97) establishes, amends, suspends, or revokes Standard Instrument Approach Procedures (SIAPs). The complete regulatory description on each SIAP is contained in the appropriate FAA Form 8260 and the National Flight Data Center (FDC)/Permanent (P) Notices to Airmen (NOTAM) which are incorporated by reference in the amendment under 5 U.S.C. 552(a), 1 CFR part 51, and § 97.20 of the Federal Aviation's Regulations (FAR). Materials incorporated by reference are available for examination or purchase as stated above.

The large number of SIAP,s their complex nature, and the need for a special format make their verbatim publication in the **Federal Register** expensive and impractical. Further, airmen do not use the regulatory text of the SIAPs, but refer to their graphic depiction of charts printed by publishers of aeronautical materials. Thus, the advantages of incorporation by reference are realized and publication of the complete description of each SIAP contained in FAA form documents is unnecessary. The provisions of this amendment state the affected CFR (and FAR) sections, with the types and effective dates of the SIAPs. This amendment also identifies the airport, its location, the procedure identification and the amendment number.

The Rule

This amendment to part 97 of the Federal Aviation Regulations (14 CFR part 97) establishes, amends, suspends, or revokes SIAPs. For safety and timeliness of change considerations, this amendment incorporates only specific changes contained in the content of the following FDC/P NOTAMs for each SIAP. The SIAP information in some previously designated FDC/Temporary (FDC/T) NOTAMs is of such duration as to be permanent. With conversion to FDC/P NOTAMs, the respective FDC/T NOTAMs have been canceled.

The FDC/P NOTAMs for the SIAPs contained in this amendment are based on the criteria contained in the U.S. Standard for Terminal Instrument Procedures (TERPS). In developing these chart changes to SIAPs by FDC/P NOTAMs, the TERPS criteria were applied to only these specific conditions existing at the affected airports. All SIAP amendments in this rule have been previously issued by the FAA in a National Flight Data Center (FDC) Notice to Airmen (NOTAM) as an emergency action of immediate flight safety relating directly to published aeronautical charts. The circumstances which created the need for all these SIAP amendments requires making them effective in less than 30 days.

Further, the SIAPs contained in this amendment are based on the criteria contained in the TERPS. Because of the close and immediate relationship between these SIAPs and safety in air commerce, I find that notice and public procedure before adopting these SIAPs are impracticable and contrary to the public interest and, where applicable, that good cause exists for making these SIAPs effective in less than 30 days.

Conclusion

The FAA has determined that this regulation only involves an established body of technical regulations for which frequent and routine amendments are necessary to keep them operationally current. It, therefore—(1) is not a ''significant regulatory action'' under Executive Order 12866; (2) is not a ''significant rule'' under DOT Regulatory Policies and Procedures (44 FR 11034; February 26, 1979); and (3) does not warrant preparation of a regulatory evaluation as the anticipated impact is so minimal. For the same reason, the FAA certifies that this amendment 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 97

Air Traffic Control, Airports, Navigation (Air).

Issued in Washington, DC on June 21, 2002.

James J. Ballough,

Director, Flight Standards Service.

Adoption of the Amendment

Accordingly, pursuant to the authority delegated to me, part 97 of the Federal Aviation Regulations (14 CFR part 97) is amended by establishing, amending, suspending, or revoking Standard Instrument Approach Procedures, effective at 0901 UTC on the dates specified, as follows:

PART 97—STANDARD INSTRUMENT APPROACH PROCEDURES

1. The authority citation for part 97 is revised to read as follows:

Authority: 49 U.S.C. 40103, 40113, 40120, 44701; 49 U.S.C. 106(g); and 14 CFR 11.49(b)(2).

2. Part 97 is amended to read as follows:

§§ 97.23, 97.25, 97.27, 97.29, 97.31, 97.33, 97.35 [Amended]

By amending: § 97.23 VOR, VOR/DME, VOR or TACAN, and VOR/DME OR TACAN; § 97.25 LOC, LOC/DME, LDA, LDA/DME, SDF, SDF/DME; § 97.27 NDB, NDB/DME; § 97.29 ILS, ILS/DME, ISMLS, MLS/DME, MLS/RNAV; § 97.31 RADAR SIAPs; § 97.33 RNAV SIAPs; and § 97.35 COPTER SIAPs; Identified as follows:

** * * Effective Upon Publication*

FDC Date	State	City	Airport	FDC No.	Subject
02/12/02	PA	Allentown	Lehigh Valley Intl	2/1187	ILS RWY 6, Amdt 21A.
05/29/02	IL	Bloomington/ Normal	Central IL Reg Arpt at Bloomington-Normal.	2/4658	LOC BC RWY 11, Amdt 8A replaces version in TL 02–14.
06/05/02	CA	Oakland	Metropolitan Oakland Intl	2/5031	VOR or GPS RWY 9R, Amdt 7C.
06/06/02	OH	Cleveland	Cuyahoga County	2/5087	NDB or GPS RWY Amdt 8B.
06/06/02	OH	Cleveland	Cuyahoga County	2/5088	ILS RWY 23, Amdt 13A.
06/06/02	OH	Cleveland	Cuyahoga County	2/5089	LOC BC RWY 5, Amdt 10B.
06/07/02	CA	Los Banos	Los Banos Muni	2/5150	VOR/DME or GPS RWY 14, Amdt 4.
06/10/02	TX	Cotulla	La Salle County	2/5254	VOR or GPS–A, Amdt 11A.

FDC Date	State	City	Airport	FDC No.	Subject
06/10/02	TX	Devine	Devine Muni	2/5258	NDB or GPS RWY 35, Amdt 2.
06/10/02	NJ	Woodbine	Woodbine Numi	2/5265	GPS RWY 19, Orig.
06/10/02	NJ	Woodbine	Woodbine Numi	2/5266	GPS RWY 1, Orig-A.
06/10/02	NJ	Woodbine	Woodbine Numi	2/5267	VOR–A, Orig-A.
06/11/02	PA	Clearfield	Clearfield-Lawrence	2/5315	VOR RWY 30, Amdt 6.
06/11/02	PA	Clearfield	Clearfield-Lawrence	2/5316	RNAV (GPS) RWY 30, Orig.
06/11/02	MA	Bedford	Laurence G. Hanscom Field	2/5348	NDB RWY 11, Amdt 21A.
06/11/02	NH	Keene	Dillant-Hopkis	2/5350	VOR RWY 2, Amdt 12A.
06/11/02	MA	Stow	Minute Man Airfield	2/5353	NDB or GPS–A, Amdt 7A.
06/11/02	IN	Crawfordsville	Crawfordsville Muni	2/5354	NDB RWY 4, Amdt 5.
06/11/02	IN	Crawfordsville	Crawfordsville Muni	2/5355	GPS RWY 4, Org.
06/13/02	CA	San Francisco	San Francisco Intl	2/5426	ILS RWY 28L, Amdt 21.
06/13/02	CA	San Francisco	San Francisco Intl	2/5427	ILS RWY 19L, Amdt 19.
06/13/02	SC	Barnwell	Barnwell County	2/5444	NDB RWY 4, Amdt 2.
06/13/02	CA	San Francisco	San Francisco Intl	2/5449	ILS RWY 28R (CAT I, II, III, Amdt 10.
06/13/02	OH	Columbus	Columbus/Port Columbus	2/5451	ILS RWY 10R, Amdt 7.
06/13/02	CT	New London	Groton-New London	2/5456	ILS RWY 5, Amdt 10B.
06/13/02	RI	Providence	Theodore Francis Green State	2/5458	ILS/DME 34, Amdt 9C.
06/13/02	RI	Providence	Theodore Francis Green State	2/5459	ILS RWY 23L, Amdt 4B.
06/13/02	TN	Nashville	Nashville Intl	2/5462	RNAV (GPS) RWY 2L, Orig.
06/13/02	SD	Eagle Butte	Cheyenne Eagle Butte	2/5504	RNAV (GPS) RWY 31, Orig.
06/13/02	NH	Nashua	Boire Field	2/5561	ILS RWY 14, Amdt 5.
06/14/02	TX	Greenville	Greenville/Majors	2/5559	ILS 2 RWY 17, Amdt 4A.
06/14/02	VT	Burlington	Burlington Intl	2/5571	ILS/DME RWY 33, Orig-C.
06/14/02	FL	Tampa	Tampa Intl	2/5574	RNAV (GPS) RWY 9, Orig.
06/14/02	VT	Burlington	Burlington Intl	2/5575	GPS RWY 33, Orig-A.
06/14/02	VT	Burlington	Burlington Intl	2/5576	VOR or GPS RWY 1, Amdt 11B.
06/14/02	VT	Burlington	Burlington Intl	2/5577	NDB or GPS RWY 15, Amdt 19C.
06/14/02	VT	Burlington	Burlington Intl	2/5578	ILS A RWY 15, Amdt 21E.
06/14/02	WA	Port Angles	William R. Fairchild Intl	2/5608	ILS–A RWY 8, Amdt 1A.
06/17/02	CO	Craig	Craig-Moffat	2/5684	VOR RWY 25, Amdt 3.
06/17/02	CO	Craig	Craig-Moffat	2/5685	VOR/DME RWY 7, Amdt 2.
06/17/02	ID	Salmon	Lemhi County	2/5686	VOR DME–B, Orig.
06/17/02	ME	Rangeley	Rangeley Lake	2/5692	NDB or GPS–B Orig-A.
06/17/02	ME	Rangeley	Rangeley Lake	2/5693	NDB or GPS–A Orig 4.
06/18/02	MA	Bedford	Laurence G. Hanscom Field	2/5719	ILS RWY 11, Amdt 24A.
06/19/02	TX	Houston	George Bush Intercontinental Arpt/ Houston.	2/5722	ILS RWY 33R, Amdt 11A.
06/19/02	TX	Houston	George Bush International Arpt/Houston.	2/5723	ILS RWY 15R, Orig.
06/18/02	UT	Salt Lake City	Salt Lake City Muni 2	2/5758	RNAV (GPS) RWY 34, Orig-A.

[FR Doc. 02–16389 Filed 6–27–02; 8:45 am]
BILLING CODE 4910–13–M

SECURITIES AND EXCHANGE COMMISSION

17 CFR Parts 200, 240, 249, 270, and 274

[Release Nos. 34–46106 and IC–25621]

RIN 3235–AI53

Technical Amendments to Rules and Forms Due to the National Securities Markets Improvement Act of 1996 and the Gramm-Leach-Bliley Act

AGENCY: Securities and Exchange Commission.

ACTION: Final rule.

SUMMARY: The Commission is adopting technical amendments to rules and forms under the Investment Company Act of 1940 (''Investment Company Act'' or ''Act'') and the Securities Exchange Act of 1934 (''Securities Exchange Act''). The amendments correct statutory references currently included in the rules and the forms.

EFFECTIVE DATE: July 8, 2002.

FOR FURTHER INFORMATION CONTACT: Hugh P. Lutz, Attorney, at (202) 942–0695, Office of Regulatory Policy, Division of Investment Management, Securities and Exchange Commission, 450 5th Street, NW., Washington, DC 20549–0506.

SUPPLEMENTARY INFORMATION: The passage of the National Securities Markets Improvement Act of 1996 (''NSMIA'')[1] and the Gramm-Leach-Bliley Act (''G-L-B Act'')[2] removed and renumbered certain subparagraphs of the Act.[3] As a result, references to those subparagraphs, contained in our rules, are inaccurate.[4] We are amending rules 3a–1, 3a–2, 3a–3, 3a–5, 3a–6, 6c–6, 6e–2, 6e–3(T), 20b, and 30f–1 under the Act and rules 16a–2 and 16a–3 under the Securities Exchange Act to correct these references. In addition, we are amending Forms 3, 4, and 5 by replacing outdated references in the forms to section 30(f) of the Act with correct references to section 30(h) of the Act. We are also amending the description of these forms contained in 17 CFR 249.103, 249.104, 249.105, 274.202, and 274.203.

Certain Findings

Under the Administrative Procedure Act (''APA''), notice of proposed rulemaking is not required when an

[1] Pub. L. 104–290, 110 Stat. 3416 (1996).

[2] Pub. L. 106–102, 113 Stat. 1338 (1999).

[3] *See, e.g.,* section 209(c) of NSMIA.

[4] *See* rules 3a–1 [17 CFR 270.3a–1], 3a–2 [17 CFR 270.3a–2], 3a–3 [17 CFR 270.3a–3], 3a–5 [17 CFR 270.3a–5], 3a–6 [17 CFR 270.3a–6], 6c–6 [17 CFR 270.6c–6], 6e–2 [17 CFR 270.6e–2], 6e–3(T) [17 CFR 270.6e–3(T)], 16a–2 [17 CFR 240.16a–2], 16a–3 [17 CFR 240.16a–3], 20b [17 CFR 200.20b], and 30f–1 [17 CFR 270.30f–1].

agency, for good cause, finds ''that notice and public procedure thereon are impracticable, unnecessary, or contrary to the public interest.'' [5] The amendments to rules 3a–1, 3a–2, 3a–3, 3a–5, 3a–6, 6c–6, 6e–2, 6e–3(T), 16a–2, 16a–3, 20b, and 30f–1, and Forms 3, 4, and 5, are technical changes that conform statutory references that are currently included in the rules and forms to the current paragraph designations contained in the Act. Accordingly, we find that there is no need to publish notice of these amendments.[6]

The APA also requires publication of a rule at least 30 days before its effective date unless the agency finds otherwise for good cause.[7] For the same reasons described with respect to opportunity for notice and comment, we find there is good cause for the amendments to take effect immediately.

Statutory Authority

The Commission is adopting amendments to rules 3a–1, 3a–2, 3a–3, 3a–5, 3a–6, 6c–6, 6e–2, 6e–3(T), 20b, and 30f–1 pursuant to authority set forth in sections 6(c) and 38(a) of the Investment Company Act [15 U.S.C. 80a–6(c) and 80a–37(a)]. The Commission is adopting amendments to rules 16a–2 and 16a–3 pursuant to the authority set forth in sections 16(a) and 23(a) of the Securities Exchange Act [15 U.S.C. 78p(a) and 78w(a)]. The Commission is adopting amendments to Forms 3, 4, and 5 pursuant to authority set forth in sections 30(h) and 38 of the Investment Company Act [15 U.S.C. 80a–29(h) and 80a–37] and sections 16(a) and 23(a) of the Securities Exchange Act [15 U.S.C. 78p(a) and 78w(a)].

List of Subjects

17 CFR Part 200

Administrative practice and procedure.

17 CFR Parts 240 and 249

Reporting and recordkeeping requirements, Securities.

17 CFR Parts 270 and 274

Investment companies, Reporting and recordkeeping requirements, Securities.

[5] 5 U.S.C. 553(b)(3)(B).

[6] For similar reasons, the amendments do not require analysis under the Regulatory Flexibility Act. *See* 5 U.S.C. 601(2) (for purposes of Regulatory Flexibility Act analyses, the term ''rule'' means any rule for which the agency publishes a general notice of proposed rulemaking).

[7] *See* 5 U.S.C. 553(d)(3).

Text of Final Rules and Forms

For reasons set forth in the preamble, Title 17, Chapter II, of the Code of Federal Regulations is amended as follows:

PART 200—ORGANIZATION; CONDUCT AND ETHICS; AND INFORMATION AND REQUESTS

1. The authority citation for Part 200 continues to read in part as follows:

Authority: 15 U.S.C. 77s, 78d–1, 78d–2, 78w, 78ll(d), 78mm, 79t, 77sss, 80a–37, 89b–11, unless otherwise noted.

* * * * *

2. Section 200.20b is amended by revising paragraph (a) to read as follows:

§ 200.20b Director of Division of Investment Management.

* * * * *

(a) The administration of all matters arising under the Investment Company Act of 1940 (15 U.S.C. 80a), except those arising under section 30(h) of the Act (15 U.S.C. 80a–29(h)).

* * * * *

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

3. 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, 77z–3, 77eee, 77ggg, 77nnn, 777sss, 77ttt, 78c, 78d, 78f, 78i, 78j, 78j–1, 78k, 78k–1, 78l, 78m, 78n, 78o, 78p, 78q, 78s, 78u–5, 78w, 78x, 78ll, 78mm, 79q, 79t, 80a–20, 80a–23, 80a–29, 80a–37, 80b–3, 80b–4, and 80b–11, unless otherwise noted.

* * * * *

4. Section 240.16a–2 is amended by revising the first sentence of the introductory text to read as follows:

§ 240.16a–2 Persons and transactions subject to section 16.

Any person who is the beneficial owner, directly or indirectly, of more than ten percent of any class of equity securities (''ten percent beneficial owner'') registered pursuant to section 12 of the Act (15 U.S.C. 78*l*), any director or officer of the issuer of such securities, and any person specified in section 17(a) of the Public Utility Holding Company Act of 1935 (15 U.S.C. 79q(a)) or section 30(h) of the Investment Company Act of 1940 (15 U.S.C. 80a–29(h)), including any person specified in § 240.16a–8, shall be subject to the provisions of section 16 of the Act (15 U.S.C. 78p). * * *

* * * * *

5. Section 240.16a–3 is amended by revising paragraph (d) to read as follows:

§ 240.16a–3 Reporting transactions and holdings.

* * * * *

(d) Any person required to file a statement with respect to securities of a single issuer under both section 16(a) of the Act (15 U.S.C. 78p(a)) and either section 17(a) of the Public Utility Holding Company Act of 1935 (15 U.S.C. 79q(a)) or section 30(h) of the Investment Company Act of 1940 (15 U.S.C. 80a–29(h)) may file a single statement containing the required information, which will be deemed to be filed under both Acts.

* * * * *

PART 249—FORMS, SECURITIES EXCHANGE ACT OF 1934

6. The authority citation for Part 249 continues to read in part as follows:

Authority: 15 U.S.C. 78a *et seq.*, unless otherwise noted.

* * * * *

7. Section 249.103 is amended by revising the second sentence to read as follows:

§ 249.103 Form 3, initial statement of beneficial ownership of securities.

* * * The Commission is authorized to solicit the information required by this Form pursuant to sections 16(a) and 23(a) of the Securities Exchange Act of 1934 (15 U.S.C. 78p(a) and 78w(a)); sections 17(a) and 20(a) of the Public Utility Holding Company Act of 1935 (15 U.S.C. 79q(a) and 79t(a)); and sections 30(h) and 38 of the Investment Company Act of 1940 (15 U.S.C. 80a–29(h) and 80a–37), and the rules and regulations thereunder. * * *

8. Section 249.104 is amended by revising the second sentence to read as follows:

§ 249.104 Form 4, statement of changes in beneficial ownership of securities.

* * * The Commission is authorized to solicit the information required by this Form pursuant to sections 16(a) and 23(a) of the Securities Exchange Act of 1934 (15 U.S.C. 78p(a) and 78w(a)); sections 17(a) and 20(a) of the Public Utility Holding Company Act of 1935 (15 U.S.C. 79q(a) and 79t(a)); and sections 30(h) and 38 of the Investment Company Act of 1940 (15 U.S.C. 80a–29(h) and 80a–37), and the rules and regulations thereunder. * * *

9. Section 249.105 is amended by revising the second sentence to read as follows:

§ 249.105 Form 5, annual statement of beneficial ownership of securities.

* * * The Commission is authorized to solicit the information required by this Form pursuant to sections 16(a) and 23(a) of the Securities Exchange Act of 1934 (15 U.S.C. 78p(a) and 78w(a)); sections 17(a) and 20(a) of the Public Utility Holding Company Act of 1935 (15 U.S.C. 79q(a) and 79t(a)); and sections 30(h) and 38 of the Investment Company Act of 1940 (15 U.S.C. 80a–29(h) and 80a–37), and the rules and regulations thereunder. * * *

Note: The text of Form 5 does not and these amendments will not appear in the *Code of Federal Regulations*.

10. Form 5 (referenced in § 249.105) is amended by revising the reference ''Sections 30(f) and 38 of the Investment Company Act of 1940'' to read ''Sections 30(h) and 38 of the Investment Company Act of 1940'' in the first paragraph of the cover page.

11. Form 5 (referenced in § 249.105) is amended by revising the reference ''Section 30(f) of the Investment Company Act of 1940'' to read ''Section 30(h) of the Investment Company Act'' in the following places:

(a) General Instruction 3.(a)(iii) and

(b) Above Item 1 of the Form.

PART 270—RULES AND REGULATIONS, INVESTMENT COMPANY ACT OF 1940

12. The authority citation for Part 270 continues to read in part as follows:

Authority: 15 U.S.C. 80a–1 *et seq.*, 80a–34(d), 80a–37, 80a–39, unless otherwise noted;

* * * * *

13. Section 270.3a–1 is amended by revising the introductory paragraph and paragraph (b) to read as follows:

§ 270.3a–1 Certain prima facie investment companies.

Notwithstanding section 3(a)(1)(C) of the Act (15 U.S.C. 80a–3(a)(1)(c)), an issuer will be deemed not to be an investment company under the Act; *Provided,* That:

* * * * *

(b) The issuer is not an investment company as defined in section 3(a)(1)(A) or 3(a)(1)(B) of the Act (15 U.S.C. 80a–3(a)(1)(A) or 80a–3(a)(1)(B)) and is not a special situation investment company; and

* * * * *

14. Section 270.3a–2 is amended by revising the introductory text of paragraph (a) to read as follows:

§ 270.3a–2 Transient investment companies.

(a) For purposes of sections 3(a)(1)(A) and 3(a)(1)(C) of the Act (15 U.S.C. 80a–3(a)(1)(A) and 80a–3(a)(1)(C)), an issuer is deemed not to be engaged in the business of investing, reinvesting, owning, holding or trading in securities during a period of time not to exceed one year; *Provided,* That the issuer has a *bona fide* intent to be engaged primarily, as soon as is reasonably possible (in any event by the termination of such period of time), in a business other than that of investing, reinvesting, owning, holding or trading in securities, such intent to be evidenced by:

* * * * *

15. Section 270.3a–3 is amended by revising the introductory text and paragraph (b) to read as follows:

§ 270.3a–3 Certain investment companies owned by companies which are not investment companies.

Notwithstanding section 3(a)(1)(A) or section 3(a)(1)(C) of the Act (15 U.S.C. 80a–3(a)(1)(A) or 80a–3(a)(1)(C)), an issuer will be deemed not to be an investment company for purposes of the Act; *Provided,* That all of the outstanding securities of the issuer (other than short-term paper, directors' qualifying shares, and debt securities owned by the Small Business Administration) are directly or indirectly owned by a company which satisfies the conditions of § 270.3a–1(a) and which is:

* * * * *

(b) A company that is an investment company as defined in section 3(a)(1)(C) of the Act (15 U.S.C. 80a–3(a)(1)(C)), but which is excluded from the definition of the term ''investment company'' by section 3(b)(1) or 3(b)(2) of the Act (15 U.S.C. 80a–3(b)(1) or 80a–3(b)(2)); or

* * * * *

16. Section 270.3a–5 is amended by revising the introductory text of paragraph (a) to read as follows:

§ 270.3a–5 Exemption for subsidiaries organized to finance the operations of domestic or foreign companies.

(a) A finance subsidiary will not be considered an investment company under section 3(a) of the Act (15 U.S.C. 80a–3(a)) and securities of a finance subsidiary held by the parent company or a company controlled by the parent company will not be considered ''investment securities'' under section 3(a)(1)(C) of the Act (15 U.S.C. 80a–3(a)(1)(C)); *Provided,* That:

* * * * *

17. Section 270.3a–6 is amended by revising paragraph (a) to read as follows:

§ 270.3a–6 Foreign banks and foreign insurance companies.

(a) Notwithstanding section 3(a)(1)(A) or section 3(a)(1)(C) of the Act (15 U.S.C. 80a–3(a)(1)(A) or 80a–3(a)(1)(C)), a foreign bank or foreign insurance company shall not be considered an investment company for purposes of the Act.

* * * * *

18. Section 270.6c–6 is amended by revising the introductory text of paragraph (h) to read as follows:

§ 270.6c–6 Exemption for certain registered separate accounts and other persons.

* * * * *

(h) The depositor or trustee of an existing separate account shall be exempt from section 26(c) of the Act (15 U.S.C. 80a–26(c)) to the extent necessary to permit the substitution of securities of the new portfolio company for securities of the existing portfolio company; *Provided;* That, within thirty days of such substitution:

* * * * *

19. Section 270.6e–2 is amended by revising paragraph (b)(15)(iv) to read as follows:

§ 270.6e–2 Exemptions for certain variable life insurance separate accounts.

* * * * *

(b) * * *

(15) * * *

(iv) Any action taken in accordance with paragraph (b)(15)(iii)(A) or (B) of this section and the reasons therefor shall be disclosed in the next report to contractholders made pursuant to section 30(e) (15 U.S.C. 80a–29(e)) and § 270.30e–2;

* * * * *

20. Section 270.6e–3(T) is amended by revising paragraph (b)(15)(iii)(B) to read as follows:

§ 270.6e–3(T) Temporary exemptions for flexible premium variable life insurance separate accounts.

* * * * *

(b) * * *

(15) * * *

(iii) * * *

(B) Any action taken in accordance with paragraph (b)(15)(iii)(A)(1) or (2) of this section and the reasons therefor shall be disclosed in the next report contractholders made under section 30(e) (15 U.S.C. 80a–29(e)) and § 270.30e–2;

* * * * *

21. Section 270.30f–1 is redesignated as § 270.30h–1 and revised to read as follows:

§ 270.30h–1 Applicability of section 16 of the Exchange Act to section 30(h).

(a) The filing of any statement prescribed under section 16(a) of the Securities Exchange Act of 1934 (15 U.S.C. 78p(a)) shall satisfy the corresponding requirements of section 30(h) of the Act (15 U.S.C. 80a–29(h)).

(b) The rules under section 16 of the Securities Exchange Act of 1934 (15 U.S.C. 78p) shall apply to any duty, liability or prohibition imposed with respect to a transaction involving any security of a registered closed-end company under section 30(h) of the Act (15 U.S.C. 80a–29(h)).

(c) No statements need be filed pursuant to section 30(h) of the Act (15 U.S.C. 80a–29(h)) by an affiliated person of an investment adviser in his or her capacity as such if such person is solely an employee, other than an officer, of such investment adviser.

PART 274—FORMS PRESCRIBED UNDER THE INVESTMENT COMPANY ACT OF 1940

22. The authority citation for Part 274 continues to read as follows:

Authority: 15 U.S.C. 77f, 77g, 77h, 77j, 77s, 78c(b), 78*l*, 78m, 78n, 78o(d), 80a–8, 80a–24, 80a–26, and 80a–29, unless otherwise noted.

23. Section 274.202 is revised to read as follows:

§ 274.202 Form 3, initial statement of beneficial ownership of securities.

This form shall be filed pursuant to § 270.30h–1 for initial statements of beneficial ownership of securities required to be filed pursuant to section 30(h) of the Investment Company Act of 1940 (15 U.S.C. 80a–29(h)). (Same as § 249.103 of this chapter.)

Note: The text of Form 3 does not and these amendments will not appear in the *Code of Federal Regulations.*

24. Form 3 (referenced in §§ 249.103 and 274.202) is amended by revising the reference ''Sections 30(f) and 38 of the Investment Company Act of 1940'' to read ''Sections 30(h) and 38 of the Investment Company Act of 1940'' in the first paragraph of the cover page.

25. Form 3 (referenced in §§ 249.103 and 274.202) is amended by revising the reference ''Section 30(f) of the Investment Company Act of 1940'' to read ''Section 30(h) of the Investment Company Act'' in the following places:

(a) General Instructions 1.(a)(iv) and 4.(a)(iii) and

(b) Above Item 1 of the Form.

26. Section 274.203 is revised to read as follows:

§ 274.203 Form 4, statement of changes in beneficial ownership of securities.

This form shall be filed pursuant to § 270.30h–1 for statements of changes in beneficial ownership of securities required to be filed pursuant to section 30(h) of the Investment Company Act of 1940 (15 U.S.C. 80a–29(h)). (Same as § 249.104 of this chapter.)

Note: The text of Form 4 does not and these amendments will not appear in the *Code of Federal Regulations.*

27. Form 4 (referenced in §§ 249.104 and 274.203) is amended by revising the reference ''Sections 30(f) and 38 of the Investment Company Act of 1940'' to read ''Sections 30(h) and 38 of the Investment Company Act of 1940'' in the first paragraph of the cover page.

28. Form 4 (referenced in §§ 249.104 and 274.203) is amended by revising the reference ''Section 30(f) of the Investment Company Act of 1940'' to read ''Section 30(h) of the Investment Company Act'' in the following places:

(a) General Instruction 3.(a)(iii) and

(b) Above Item 1 of the Form.

Dated: June 24, 2002.

By the Commission.

Margaret H. McFarland,

Deputy Secretary.

[FR Doc. 02–16346 Filed 6–27–02; 8:45 am]

BILLING CODE 8010–01–P

SOCIAL SECURITY ADMINISTRATION

20 CFR Part 404

[Regulations No. 4]

RIN 0960–AF76

Extension of Expiration Date for the Respiratory System Listings

AGENCY: Social Security Administration (SSA).

ACTION: Final rule.

SUMMARY: We use the criteria in the Listing of Impairments (the Listings) to evaluate claims under the Social Security and Supplemental Security Income (SSI) programs. This final rule extends until July 2, 2003, the date on which the respiratory system listings will no longer be effective. We have made no revisions to the medical criteria in these listings; they remain the same as they now appear in the Code of Federal Regulations. This extension will ensure that we continue to apply these criteria when you file for benefits based on disability under title II and title XVI of the Social Security Act (the Act).

EFFECTIVE DATE: This final regulation is effective June 28, 2002.

FOR FURTHER INFORMATION CONTACT: Jane Deweib, Social Insurance Specialist, Office of Disability, Social Security Administration, 3–A–8 Operations Building, 6401 Security Boulevard, Baltimore, MD 21235–6401, (410) 965–9878 or TTY (410) 966–5609. For information on eligibility or filing for benefits, call our national toll-free number, 1–800–772–1213 or TTY 1–800–325–0778, or visit our Internet web site, Social Security Online, at *http://www.ssa.gov.*

Electronic Version: The electronic file of this document is available on the date of publication in the **Federal Register** at *http://access.gpo.su_docs/aces/aces140.html.* It is also available on the Internet site for SSA (i.e., Social Security Online) at *http:/www.ssa.gov/regulations.*

SUPPLEMENTARY INFORMATION: There are listings for adults (part A) and for children (part B). We apply the medical criteria in Part A when we assess your claim if you are an adult, i.e., a person age 18 or over. If you are a child, we first use the criteria in Part B. If the B criteria do not apply, and the specific disease process(es) has a similar effect on adults and children, we then use the criteria in Part A. (See Secs. 404.1525, 404.1526, 416.925 and 416.926.) We use the criteria in the listings only to make favorable findings of disability. We never deny a claim or find that disability has ceased because your impairment(s) does not meet or medically equal a listing.

In this final rule, we are extending until July 2, 2003, the date on which the respiratory system listings (3.00 and 103.00) will no longer be effective to allow sufficient time for us to revise them.

As a result of medical advances in disability evaluation and treatment, and program experience, we should periodically review and update the Listings. We are extending the date for the respiratory system listings because we will not complete revised listings criteria by the current expiration date. We are currently in the process of revising the respiratory system listings (3.00 and 103.00) and intend to publish proposed and final rules for them in a timely manner, with all revisions complete prior to the new extension date.

We last published final rules revising the respiratory system listings in the **Federal Register** on October 7, 1993 (58 FR 52346), at which time we indicated that due to medical advances in disability evaluation and treatment and

program experience we would periodically review and update the listings. The current listings for the evaluation of respiratory system impairments will no longer be effective on July 2, 2002. Until we publish revised language for the respiratory system listings, the current listings language remains valid for our program purposes.

Regulatory Procedures

Justification for Final Rule

Pursuant to section 702(a)(5) of the Social Security Act, 42 U.S.C. 902(a)(5), we follow the Administrative Procedure Act (APA) rulemaking procedures specified in 5 U.S.C. 553 in the development of our regulations. The APA provides exceptions to its notice and public comment procedures when an agency finds there is good cause for dispensing with such procedures on the basis that they are impracticable, unnecessary, or contrary to the public interest. We have determined that, under 5 U.S.C. 553(b)(B), good cause exists for dispensing with the notice and public comment procedures for this rule. Good cause exists because this final rule only extends the date on which the respiratory system listings will no longer be effective. It makes no substantive changes to those listings. The current regulations expressly provide that listings may be extended, as well as revised and promulgated again. Therefore, we have determined that opportunity for prior comment is unnecessary, and we are issuing this regulation as a final rule.

In addition, we find good cause for dispensing with the 30-day delay in the effective date of a substantive rule provided by 5 U.S.C. 553(d). As explained above, we are not making any substantive changes in the respiratory system listings. However, without an extension of the expiration dates for these listings, we will lack regulatory criteria for assessing respiratory impairments at the third step of the sequential evaluation process after the current expiration date of these listings. In order to ensure that we continue to have regulatory criteria for assessing respiratory impairments under these listings, we find that it is in the public interest to make this rule effective on publication.

Executive Order 12866

The Office of Management and Budget (OMB) has reviewed this final rule in accordance with Executive Order (E.O.) 12866, as amended by E.O. 13258. We have also determined that this final rule meets the plain language requirement of E.O. 12866 as amended by E.O. 13258.

Regulatory Flexibility Act

We certify that this final rule will not have a significant economic impact on a substantial number of small entities because it affects only individuals. Thus, a regulatory flexibility analysis as provided in the Regulatory Flexibility Act, as amended, is not required.

Paperwork Reduction Act

This final rule imposes no reporting/recordkeeping requirements necessitating clearance by OMB.

(Catalog of Federal Domestic Assistance Program Nos. 96.001, Social Security-Disability Insurance; 96.002, Social Security-Retirement Insurance; 96.004, Social Security-Survivors Insurance; 96.006, Supplemental Security Income)

List of Subjects in 20 CFR Part 404

Administrative practice and procedure, Blind, Disability benefits, Old-Age, Survivors and Disability Insurance, Reporting and recordkeeping requirements, Social Security.

Dated: May 30, 2002.

JoAnne B. Barnhart,

Commissioner of Social Security.

For the reasons set forth in the preamble, part 404, subpart P, chapter III of title 20 of the Code of Federal Regulations is amended as set forth below.

PART 404—FEDERAL OLD-AGE, SURVIVORS AND DISABILITY INSURANCE (1950—)

Subpart P—[Amended]

1. The authority citation for subpart P of part 404 continues to read as follows:

Authority: Secs. 202, 205(a), (b), and (d)–(h), 216(i), 221(a) and (i), 222(c), 223, 225, and 702(a)(5) of the Social Security Act (42 U.S.C. 402, 405(a), (b), and (d)–(h), 416(i), 421(a) and (i), 422(c), 423, 425, and 902(a)(5)); sec. 211(b), Pub. L. 104–193, 110 Stat. 2105, 2189.

2. Appendix 1 to subpart P of part 404 is amended by revising item 4 of the introductory text before Part A to read as follows:

Appendix 1 to Subpart P of Part 404—Listing of Impairments

* * * * *

4. Respiratory System (3.00 and 103.00): July 2, 2003.

* * * * *

[FR Doc. 02–16336 Filed 6–27–02; 8:45 am]

BILLING CODE 4191–02–P

DEPARTMENT OF THE TREASURY

Internal Revenue Service

26 CFR Parts 1 and 602

[TD 9002]

RIN 1545–AX56

Agent for Consolidated Group

AGENCY: Internal Revenue Service (IRS), Treasury.

ACTION: Final regulations.

SUMMARY: This document contains final regulations regarding the agent for subsidiaries of an affiliated group that files a consolidated return (agent for the group). The regulations address certain issues concerning the scope of the common parent's authority, as well as questions concerning the agent for the group when the common parent's existence terminates. These regulations affect all consolidated groups.

DATES: *Effective Date:* These regulations are effective June 28, 2002.

Applicability Date: For dates of applicability, see §§ 1.1502–77(h) and 1.1502–78(f).

FOR FURTHER INFORMATION CONTACT: Gerald B. Fleming, (202) 622–7770, or George R. Johnson, (202) 622–7930 (not toll-free numbers).

SUPPLEMENTARY INFORMATION:

Paperwork Reduction Act

The collections of information contained in these final regulations have been reviewed and approved by the Office of Management and Budget in accordance with the Paperwork Reduction Act of 1995 (44 U.S.C. 3507(d)) under control number 1545–1699. Responses to these collections of information are required to obtain a benefit (the approval by the IRS of the common parent's designation of a substitute agent for the consolidated group or recognition by the IRS of the common parent's successor as a default substitute agent).

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid control number assigned by the Office of Management and Budget.

The estimated annual burden per respondent is 2 hours.

Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be sent to the Internal Revenue Service, Attn: IRS Reports Clearance Officer, W:CAR:MP:FP:S, Washington, DC 20224, and to the Office of Management and Budget, Attn: Desk Officer for the

Department of the Treasury, Office of Information and Regulatory Affairs, Washington, DC 20503.

Books or records relating to a collection of information must be retained as long as their contents may become material in the administration of any internal revenue law. Generally, tax returns and tax return information are confidential, as required by 26 U.S.C. 6103.

Background

On September 26, 2000, a notice of proposed rulemaking (REG–103805–99) relating to the agent for the group was published in the **Federal Register** (65 FR 57755). No public hearing was requested or held. Written comments responding to the notice of proposed rulemaking were received. After consideration of all the comments, the proposed regulations are adopted as amended by this Treasury decision.

Explanation and Summary of Comments

These final regulations are substantially the same as the proposed regulations but reflect certain revisions based on various formal and informal comments that were received from the public and from IRS personnel. Many of the revisions are minor changes made to clarify certain aspects of the proposed regulations. Certain of the more significant revisions are discussed below.

The final regulations reflect changes that clarify the examples of matters for which the common parent is the agent. Specifically, the example on elections is expanded to include other similar options that are available to a member in determining its separate taxable income and any changes in such options. The common parent should make any necessary requests related to those options or changes in such options (for example, to request a change in a subsidiary's method or period of accounting). In addition, an example is added to clarify that the common parent takes any action on behalf of a member of the group with respect to a foreign corporation. Finally, an example is added to clarify that a final partnership administrative adjustment (FPAA) under section 6223 may be sent to the common parent and that the mailing to the common parent will be considered a mailing to each group member that is a partner entitled to receive the FPAA.

In light of statutory changes not reflected in the proposed regulations, the final regulations modify the identification of matters reserved to subsidiaries in paragraph (a)(3) of the proposed regulations. In particular, the reference to a DISC's change in annual accounting period pursuant to § 1.991–1(b)(3)(ii) has been removed because such a change in accounting period is generally automatic and, in any event, is made by a DISC, which is not an includible corporation pursuant to section 1504(b)(7). In addition, the final regulations add as a specific matter reserved to subsidiaries any action by a subsidiary acting as the tax matters partner under the TEFRA partnership provisions of sections 6221 through 6234 and the accompanying regulations.

The provisions requiring that a notice of deficiency or notice and demand for payment name each corporation that was a member of the group for the consolidated return year have been eliminated. The IRS and Treasury have determined that these provisions are inconsistent with the general rule that the common parent is agent for the group with respect to the group's consolidated tax liability.

The final regulations have added a provision for a default substitute agent for the group under certain circumstances. If the common parent fails to designate a substitute agent before its existence terminates and it has a single successor that is a domestic corporation, that successor becomes the default substitute agent. Although the Commissioner's approval is not required, any such default substitute agent is advised to provide written notification to the IRS in accordance with procedures established by the Commissioner. Until notification is received, the Commissioner is not required to recognize the successor's status as default substitute agent and may continue to send communications to the old common parent and the Commissioner is not required to respond to communications (including, for example, a claim for refund) submitted by the successor on behalf of the consolidated group.

Where the Commissioner designates a substitute agent for the group, the proposed regulations provide for the Commissioner and the designated agent to give notice of the designation to all members of the group. The final regulations provide for the Commissioner to give notice to the designated agent, which is responsible for giving notice to the remaining members of the group.

One comment suggested that there should be a mechanism for taxpayers to request that the final regulations apply to taxable years beginning before the date of issuance of the final regulations. Treasury and the IRS recognize that some taxpayers may wish to have the additional flexibility afforded by paragraph (d)(1) of the final regulations allowing the designation of a successor of a member (including a successor of the common parent) as the substitute agent for the group. Accordingly, the final regulations permit a common parent to elect to apply paragraph (d)(1) of the final regulations with respect to designations for taxable years beginning before the date of adoption. Once such an election is made, the provisions of paragraph (d)(1) of the final regulations apply to any subsequent designation of a substitute agent for the consolidated return years subject to the election.

Effective Date

The final regulations under § 1.1502–77 apply to taxable years beginning on or after June 28, 2002. The current rules of §§ 1.1502–77 and 1.1502–77T, which are collectively retained in § 1.1502–77A, continue to apply with respect to taxable years beginning before June 28, 2002.

The final regulations under § 1.1502–78 apply to taxable years to which a loss or credit may be carried back and for which the due date (without extensions) of the original return is after June 28, 2002.

Special Analyses

It has been determined that these final regulations are not a significant regulatory action as defined in Executive Order 12866. Therefore, a regulatory assessment is not required. It is hereby certified that these regulations will not have a significant economic impact on a substantial number of small entities. This certification is based on the fact that these regulations will primarily affect affiliated groups of corporations that have elected to file consolidated returns, which tend to be larger businesses, and, moreover, that any burden on taxpayers is minimal. Therefore, a Regulatory Flexibility Analysis under the Regulatory Flexibility Act (5 U.S.C. chapter 6) is not required.

Drafting Information

The principal authors of these proposed regulations are Gerald B. Fleming and George R. Johnson, Office of the Associate Chief Counsel (Corporate). However, other personnel from the IRS and Treasury Department participated in their development.

List of Subjects

26 CFR Part 1

Income taxes, Reporting and recordkeeping requirements.

26 CFR Part 602

Reporting and recordkeeping requirements.

Adoption of Amendments to the Regulations

Accordingly, 26 CFR parts 1 and 602 are amended as follows:

PART 1—INCOME TAXES

1. The authority citation for part 1 is amended by removing entries for ''1.1502–77(e)'' and ''1.1502–78(b)'' and adding entries in numerical order to read in part as follows:

Authority: 26 U.S.C. 7805 * * *

Section 1.1502–77 also issued under 26 U.S.C. 1502 and 6402(j).

Section 1.1502–78 also issued under 26 U.S.C. 1502, 6402(j), and 6411(c). * * *

Section 1.1502–77A also issued under 26 U.S.C. 1502 and 6402(j). * * *

2. Section 1.338–1 is amended by adding a sentence at the end of paragraph (b)(2)(vii) to read as follows:

§ 1.338–1 General principles; status of old target and new target.

* * * * *

(b) * * *

(2) * * *

(vii) * * * See also, for example, § 1.1502–77(e)(4), providing that an election under section 338 does not result in a deemed termination of target's existence for purposes of the rules applicable to the agent for a consolidated group.

* * * * *

3. In § 1.1502–6, paragraph (b) is amended by removing the language ''district director'' and adding ''Commissioner'' in each place it appears.

4. Immediately following § 1.1502–41A, an undesignated center heading is added to read as follows:

Regulations Applicable to Taxable Years Beginning Before June 28, 2002

5. Section 1.1502–77 is redesignated as § 1.1502–77A, transferred immediately after the undesignated center heading ''Regulations Applicable to Taxable Years Beginning Before June 28, 2002'' and amended as follows:

1. The section heading is revised.

2. In the list below, for each paragraph indicated in the left column, remove the language in the middle column and add the language in the right column:

Paragraph	Remove	Add
(a), last sentence	district director	Commissioner
(b), first sentence	district director with whom the consolidated return is filed.	Commissioner
(b), first sentence	such district director	the Commissioner
(b), second sentence	such district director	the Commissioner
(c)	district director	Commissioner
(d), first sentence	district director with whom the consolidated return is filed.	Commissioner
(d), first sentence	such district director	the Commissioner
(d), second sentence	district director	Commissioner
(d), second sentence (each place it appears)	such district director	the Commissioner
(d), third sentence (each place it appears)	such district director	the Commissioner

3. Paragraph (e) is removed and reserved.

4. Paragraphs (f) and (g) are added.

The revision and additions read as follows:

§ 1.1502–77A Common parent agent for subsidiaries applicable for consolidated return years beginning before June 28, 2002.

* * * * *

(f) *Cross-reference.* For further rules applicable to groups that include insolvent financial institutions, see § 301.6402–7 of this chapter.

(g) *Effective date.* This section applies to taxable years beginning before June 28, 2002, except paragraph (e) of this section applies to statutory notices and waivers of the statute of limitations for taxable years for which the due date (without extensions) of the consolidated return is after September 7, 1988, and which begin before June 28, 2002.

6. New § 1.1502–77 is added to read as follows:

§ 1.1502–77 Agent for the group.

(a) *Scope of agency*—(1) *In general*—(i) *Common parent.* Except as provided in paragraphs (a)(3) and (6) of this section, the common parent (or a substitute agent described in paragraph (a)(1)(ii) of this section) for a consolidated return year is the sole agent (agent for the group) that is authorized to act in its own name with respect to all matters relating to the tax liability for that consolidated return year, for—

(A) Each member in the group; and

(B) Any successor (see paragraph (a)(1)(iii) of this section) of a member.

(ii) *Substitute agents.* For purposes of this section, any corporation designated as a substitute agent pursuant to paragraph (d) of this section to replace the common parent or a previously designated substitute agent acts as agent for the group to the same extent and subject to the same limitations as are applicable to the common parent, and any reference in this section to the common parent includes any such substitute agent.

(iii) *Successor.* For purposes of this section only, the term *successor* means an individual or entity (including a disregarded entity) that is primarily liable, pursuant to applicable law (including, for example, by operation of a state or Federal merger statute), for the tax liability of a member of the group. Such determination is made without regard to § 1.1502–1(f)(4) or 1.1502–6(a). (For inclusion of a successor in references to a subsidiary or member, see paragraph (c)(2) of this section.)

(iv) *Disregarded entity.* If a subsidiary of a group becomes, or its successor is or becomes, a disregarded entity for Federal tax purposes, the common parent continues to serve as the agent with respect to that subsidiary's tax liability under § 1.1502–6 for consolidated return years during which it was included in the group, even though the entity generally is not treated as a person separate from its owner for Federal tax purposes.

(v) *Transferee liability.* For purposes of assessing, paying and collecting transferee liability, any exercise of or reliance on the common parent's agency authority pursuant to this section is binding on a transferee (or subsequent transferees) of a member, regardless of whether the member's existence terminates prior to such exercise or reliance.

(vi) *Purported common parent.* If any corporation files a consolidated return purporting to be the common parent of a consolidated group but is subsequently determined not to have been the common parent of the claimed group, that corporation is treated, to the

extent necessary to avoid prejudice to the Commissioner, as if it were the common parent.

(2) *Examples of matters subject to agency.* With respect to any consolidated return year for which it is the common parent—

(i) The common parent makes any election (or similar choice of a permissible option) that is available to a subsidiary in the computation of its separate taxable income, and any change in an election (or similar choice of a permissible option) previously made by or for a subsidiary, including, for example, a request to change a subsidiary's method or period of accounting;

(ii) All correspondence concerning the income tax liability for the consolidated return year is carried on directly with the common parent;

(iii) The common parent files for all extensions of time, including extensions of time for payment of tax under section 6164, and any extension so filed is considered as having been filed by each member;

(iv) The common parent gives waivers, gives bonds, and executes closing agreements, offers in compromise, and all other documents, and any waiver or bond so given, or agreement, offer in compromise, or any other document so executed, is considered as having also been given or executed by each member;

(v) The common parent files claims for refund, and any refund is made directly to and in the name of the common parent and discharges any liability of the Government to any member with respect to such refund;

(vi) The common parent takes any action on behalf of a member of the group with respect to a foreign corporation, for example, elections by, and changes to the method of accounting of, a controlled foreign corporation in accordance with § 1.964–1(c)(3);

(vii) Notices of claim disallowance are mailed only to the common parent, and the mailing to the common parent is considered as a mailing to each member;

(viii) Notices of deficiencies are mailed only to the common parent (except as provided in paragraph (b) of this section), and the mailing to the common parent is considered as a mailing to each member;

(ix) Notices of final partnership administrative adjustment under section 6223 with respect to any partnership in which a member of the group is a partner may be mailed to the common parent, and, if so, the mailing to the common parent is considered as a mailing to each member that is a partner entitled to receive such notice (for other rules regarding partnership proceedings, see paragraphs (a)(3)(v) and (a)(6)(iii) of this section);

(x) The common parent files petitions and conducts proceedings before the United States Tax Court, and any such petition is considered as also having been filed by each member;

(xi) Any assessment of tax may be made in the name of the common parent, and an assessment naming the common parent is considered as an assessment with respect to each member; and

(xii) Notice and demand for payment of taxes is given only to the common parent, and such notice and demand is considered as a notice and demand to each member.

(3) *Matters reserved to subsidiaries.* Except as provided in this paragraph (a)(3) and paragraph (a)(6) of this section, no subsidiary has authority to act for or to represent itself in any matter related to the tax liability for the consolidated return year. The following matters, however, are reserved exclusively to each subsidiary—

(i) The making of the consent required by § 1.1502–75(a)(1);

(ii) Any action with respect to the subsidiary's liability for a federal tax other than the income tax imposed by chapter 1 of the Internal Revenue Code (including, for example, employment taxes under chapters 21 through 25 of the Internal Revenue Code, and miscellaneous excise taxes under chapters 31 through 47 of the Internal Revenue Code);

(iii) The making of an election under section 936(e);

(iv) The making of an election to be treated as a DISC under § 1.992–2; and

(v) Any actions by a subsidiary acting as tax matters partner under sections 6221 through 6234 and the accompanying regulations (but see paragraph (a)(2)(ix) of this section regarding the mailing of a final partnership administrative adjustment to the common parent).

(4) *Term of agency*—(i) *In general.* Except as provided in paragraph (a)(4)(iii) of this section, the common parent for the consolidated return year remains the agent for the group with respect to that year until the common parent's existence terminates, regardless of whether one or more subsidiaries in that year cease to be members of the group, whether the group files a consolidated return for any subsequent year, whether the common parent ceases to be the common parent or a member of the group in any subsequent year, or whether the group continues pursuant to § 1.1502–75(d) with a new common parent in any subsequent year.

(ii) *Replacement of substitute agent designated by Commissioner.* If the Commissioner replaces a previously designated substitute agent pursuant to paragraph (d)(3)(ii) of this section, the replaced substitute agent ceases to be the agent after the Commissioner designates another substitute agent.

(iii) *New common parent after a group structure change.* If the group continues in existence with a new common parent pursuant to § 1.1502–75(d) during a consolidated return year, the common parent at the beginning of the year is the agent for the group through the date of the § 1.1502–75(d) transaction, and the new common parent becomes the agent for the group beginning the day after the transaction, at which time it becomes the agent for the group with respect to the entire consolidated return year (including the period through the date of the transaction) and the former common parent is no longer the agent for that year.

(5) *Identifying members in notice of a lien.* Notwithstanding any other provisions of this paragraph (a), any notice of a lien, any levy or any other proceeding to collect the amount of any assessment, after the assessment has been made, must name the entity from which such collection is to be made.

(6) *Direct dealing with a member*—(i) *Several liability.* The Commissioner may, upon issuing to the common parent written notice that expressly invokes the authority of this provision, deal directly with any member of the group with respect to its liability under § 1.1502–6 for the consolidated tax of the group, in which event such member has sole authority to act for itself with respect to that liability. However, if the Commissioner believes or has reason to believe that the existence of the common parent has terminated, he may, if he deems it advisable, deal directly with any member with respect to that member's liability under § 1.1502–6 without giving the notice required by this provision.

(ii) *Information requests.* The Commissioner may, upon informing the common parent, request information relevant to the consolidated tax liability from any member of the group. However, if the Commissioner believes or has reason to believe that the existence of the common parent has terminated, he may request such information from any member of the group without informing the common parent.

(iii) *Members as partners in partnerships.* The Commissioner

generally will deal directly with any member in its capacity as a partner of a partnership that is subject to the provisions of sections 6221 through 6234 and the accompanying regulations (but see paragraph (a)(2)(ix) of this section regarding the mailing of a final partnership administrative adjustment to the common parent). However, if requested to do so in accordance with the provisions of § 301.6223(c)–1(b) of this chapter, the Commissioner may deal with the common parent as agent for such member on any matter related to the partnership, except in regards to a settlement under section 6224(c) and except to the extent the member acts as tax matters partner of the partnership.

(b) *Copy of notice of deficiency to entity that has ceased to be a member of the group.* An entity that ceases to be a member of the group during or after a consolidated return year may file a written notice of that fact with the Commissioner and request a copy of any notice of deficiency with respect to the tax for a consolidated return year during which the entity was a member, or a copy of any notice and demand for payment of such deficiency, or both. Such filing does not limit the scope of the agency of the common parent provided for in paragraph (a) of this section. Any failure by the Commissioner to comply with such request does not limit an entity's tax liability under § 1.1502–6. For purposes of this paragraph (b), references to an entity include a successor of such entity.

(c) *References to member or subsidiary.* For purposes of this section, all references to a member or subsidiary for a consolidated return year include—

(1) Each corporation that was a member of the group during any part of such year (except that any reference to a subsidiary does not include the common parent);

(2) Except as indicated otherwise, a successor (as defined in paragraph (a)(1)(iii) of this section) of any corporation described in paragraph (c)(1) of this section; and

(3) Each corporation whose income was included in the consolidated return for such year, notwithstanding that the tax liability of such corporation should have been computed on the basis of a separate return, or as a member of another consolidated group, under the provisions of § 1.1502–75.

(d) *Termination of common parent*—(1) *Designation of substitute agent by common parent.* (i) If the common parent's existence terminates, it may designate a substitute agent for the group and notify the Commissioner, as provided in this paragraph (d)(1).

(A) Subject to the Commissioner's approval under paragraph (d)(1)(ii) of this section, before the common parent's existence terminates, the common parent may designate, for each consolidated return year for which it is the common parent and for which the period of limitations either for assessment, for collection after assessment, or for claiming a credit or refund has not expired, one of the following to act as substitute agent in its place—

(*1*) Any corporation that was a member of the group during any part of the consolidated return year and, except as provided in paragraph (e)(3)(ii) of this section, has not subsequently been disregarded as an entity separate from its owner or reclassified as a partnership for Federal tax purposes; or

(*2*) Any successor (as defined in paragraph (a)(1)(iii) of this section) of such a corporation or of the common parent that is a domestic corporation (and, except as provided in paragraph (e)(3)(ii) of this section, is not disregarded as an entity separate from its owner or classified as a partnership for Federal tax purposes), including a corporation that will become a successor at the time that the common parent's existence terminates.

(B) The common parent must notify the Commissioner in writing (under procedures prescribed by the Commissioner) of the designation and provide the following—

(*1*) An agreement executed by the designated corporation agreeing to serve as the group's substitute agent; and

(*2*) If the designated corporation was not itself a member of the group during the consolidated return year (because the designated corporation is a successor of a member of the group for the consolidated return year), a statement by the designated corporation acknowledging that it is or will be primarily liable for the consolidated tax as a successor of a member.

(ii) A designation under paragraph (d)(1)(i)(A) of this section does not apply unless and until it is approved by the Commissioner. The Commissioner's approval of such a designation is not effective before the existence of the common parent terminates.

(2) *Default substitute agent.* If the common parent fails to designate a substitute agent for the group before its existence terminates and if the common parent has a single successor that is a domestic corporation, such successor becomes the substitute agent for the group upon termination of the common parent's existence. However, see paragraph (d)(4) of this section regarding the consequences of the successor's failure to notify the Commissioner of its status as default substitute agent in accordance with procedures established by the Commissioner.

(3) *Designation by the Commissioner.* (i) In the event the common parent's existence terminates and no designation is made and approved under paragraph (d)(1) of this section and the Commissioner believes or has reason to believe that there is no successor of the common parent that satisfies the requirements of paragraph (d)(2) of this section (or the Commissioner believes or has reason to believe there is such a successor but has no last known address on file for such successor), the Commissioner may, at any time, with or without a request from any member of the group, designate a corporation described in paragraph (d)(1)(i)(A) of this section to act as the substitute agent. The Commissioner will notify the designated substitute agent in writing of its designation, and the designation is effective upon receipt by the designated substitute agent of such notice. The designated substitute agent must give notice of the designation to each corporation that was a member of the group during any part of the consolidated return year, but a failure by the designated substitute agent to notify any such member of the group does not invalidate the designation.

(ii) At the request of any member, the Commissioner may, but is not required to, replace a substitute agent previously designated under paragraph (d)(3)(i) of this section with another corporation described in paragraph (d)(1)(i)(A) of this section.

(4) *Absence of designation or notification of default substitute agent.* Until a designation of a substitute agent for the group under paragraph (d)(1) of this section has become effective, the Commissioner has received notification in accordance with procedures established by the Commissioner that a successor qualifying under paragraph (d)(2) of this section has become the substitute agent by default, or the Commissioner has designated a substitute agent under paragraph (d)(3) of this section—

(i) Any notice of deficiency or other communication mailed to the common parent, even if no longer in existence, is considered as having been properly mailed to the agent for the group; and

(ii) The Commissioner is not required to act on any communication (including, for example, a claim for refund) submitted on behalf of the group by any person other than the common parent (including a successor of the common parent qualifying as a default

substitute agent under paragraph (d)(2) of this section).

(e) *Termination of a corporation's existence*—(1) *In general.* For purposes of paragraphs (a)(1)(v), (a)(4)(i), and (d) of this section, the existence of a corporation is deemed to terminate if—

(i) Its existence terminates under applicable law; or

(ii) Except as provided in paragraph (e)(3) of this section, it becomes, for Federal tax purposes, either—

(A) An entity that is disregarded as an entity separate from its owner; or

(B) An entity that is reclassified as a partnership.

(2) *Purported agency.* If the existence of the agent for the group terminates under circumstances described in paragraph (e)(1)(ii) of this section, until the Commissioner has approved the designation of a substitute agent for the group pursuant to paragraph (d)(1) of this section or the Commissioner designates a substitute agent and notifies the designated substitute agent pursuant to paragraph (d)(3) of this section, any post-termination action by that purported agent on behalf of the group has the same effect, to the extent necessary to avoid prejudice to the Commissioner, as if the agent's corporate existence had not terminated.

(3) *Exceptions where no eligible corporation exists.* (i) For purposes of the common parent's term as agent under paragraph (a)(4)(i) of this section and the term as agent of the substitute agent designated under paragraph (d) of this section, if a corporation either becomes disregarded as an entity separate from its owner or is reclassified as a partnership for Federal tax purposes, its existence is not deemed to terminate if the effect of such termination would be that no corporation remains eligible to serve as the substitute agent for the group's consolidated return year.

(ii) Similarly, for purposes of paragraph (d) of this section, an entity that is either disregarded as an entity separate from its owner or reclassified as a partnership for Federal tax purposes is not precluded from designation as a substitute agent merely because of such classification if the effect of the inability to make such designation would be that no corporation remains eligible to serve as the substitute agent for the group's consolidated return year.

(iii) Any entity described in paragraphs (e)(3)(i) or (ii) of this section that remains or becomes the agent for the group is treated as a corporation for purposes of this section.

(4) *Exception for section 338 transactions.* Notwithstanding section 338(a)(2), a target corporation for which an election is made under section 338 is not deemed to terminate for purposes of this section.

(f) *Examples.* The following examples illustrate the principles of this section. Unless otherwise indicated, each example addresses the question of which corporation is the proper party to execute a consent to waive the statute of limitations for Years 1 and 2 or the more general question of which corporation may be designated as a substitute agent for the group for Years 1 and 2. In each example, as of January 1 of Year 1, the P group consists of P and its two subsidiaries, S and S–1. P, as the common parent of the P group, files consolidated returns for the P group in Years 1 and 2. On January 1 of Year 1, domestic corporations S–2, U, V, W, W–1, X, Y, Z and Z–1 are not related to P or the members of the P group. All corporations are calendar year taxpayers. For none of the tax years at issue does the Commissioner exercise the authority under paragraph (a)(6) of this section to deal with any member separately. Any surviving corporation in a merger is a successor as described in paragraph (a)(1)(iii) of this section. Any notification to the Commissioner of the designation of the P group's substitute agent also contains a statement signed on behalf of the designated agent that it agrees to act as the group's substitute agent and, in the case of a successor, that it is primarily liable as a successor of a member. The examples are as follows:

Example 1. Disposition of all group members. On December 31 of Year 1, P sells all the stock of S–1 to X. On December 31 of Year 2, P distributes all the stock of S to P's shareholders. P files a separate return for Year 3. Although P is no longer a common parent after Year 2, P remains the agent for the P group for Years 1 and 2. For as long as P remains in existence, only P may execute a waiver of the period of limitations on assessment on behalf of the group for Years 1 and 2.

Example 2. Acquisition of common parent by another group. The facts are the same as in *Example 1,* except on January 1 of Year 3, all of the outstanding stock of P is acquired by Y. P thereafter joins in the Y group consolidated return as a member of Y group. Although P is a member of Y group in Year 3, P remains the agent for the P group for Years 1 and 2. For as long as P remains in existence, only P may execute a waiver of the period of limitations on assessment on behalf of the P group for Years 1 and 2.

Example 3. Merger of common parent—designation of remaining member as substitute agent. On December 31 of Year 1, P sells all the stock of S–1 to X. On July 1 of Year 2, P acquires all the stock of S–2. On November 30 of Year 2, P distributes all the stock of S to P's shareholders. On January 1 of Year 3, P merges into Y corporation. Just before the merger, P notifies the Commissioner in writing of the planned merger and of its designation of S as the substitute agent for the P group for Years 1 and 2. S is the only member that P can designate as the substitute agent for both Years 1 and 2 because it is the only subsidiary that was a member of the P group during part of both years. Although S–2 is the only remaining subsidiary of the P group when P merges into Y, S–2 was a member of the P group only in Year 2. For that reason, S–2 cannot be the substitute agent for the P group for Year 1. Alternatively, P could designate a different substitute agent for each year, selecting S or S–1 as the substitute agent for Year 1, and S or S–2 as the substitute agent for Year 2. P could also designate its successor Y as the substitute agent for both Years 1 and 2.

Example 4. Forward triangular merger of common parent. On January 1 of Year 3, P merges with and into Z–1, a subsidiary of Z, in a forward triangular merger described in section 368(a)(1)(A) and (a)(2)(D). The transaction constitutes a reverse acquisition under § 1.1502–75(d)(3)(i) because P's shareholders receive more than 50% of Z's stock in exchange for all of P's stock. Just before the merger, P notifies the Commissioner in writing of the planned merger and its designation of Z–1, the corporation that will survive the planned merger, as the substitute agent of the P group for Years 1 and 2. Because Z–1 will be P's successor (within the meaning of paragraph (a)(1) of this section) after the planned merger, P may designate Z–1 as the substitute agent for the P group for Years 1 and 2, pursuant to paragraph (d)(1) of this section. Alternatively, P could have designated S or S–1 as the substitute agent for the P group for Years 1 and 2. Although Z is the new common parent of the P group, which continues pursuant to § 1.1502–75(d)(3)(i), P may not designate Z as the substitute agent for Years 1 and 2 because Z was not a member of the group during any part of Years 1 or 2 and is not a successor of P or any other member of P group.

Example 5. Reverse triangular merger of common parent. On March 1 of Year 3, W–1, a subsidiary of W, merges into P, in a reverse triangular merger described in section 368(a)(1)(A) and (a)(2)(E). P survives the merger with W–1. The transaction constitutes a reverse acquisition under § 1.1502–75(d)(3)(i) because P's shareholders receive more than 50% of W's stock in exchange for all of P's stock. Under paragraph (a) of this section, P remains the agent for the P group for Years 1 and 2, even though the P group continues with W as its new common parent pursuant to § 1.1502–75(d)(3)(i). Because the transaction constitutes a reverse acquisition, the P group is treated as remaining in existence with W as its common parent. Before March 2 of Year 3, P is the agent for the P group for Year 3. Beginning on March 2 of Year 3, W becomes the agent for the P group with respect to all of Year 3 (including the period through March 1) and subsequent consolidated return years. For as long as P remains in existence, P remains the agent of the P group under paragraph (a) of this

section for Years 1 and 2, and therefore only P may execute a waiver of the period of limitations on assessment on behalf of the P group for Years 1 and 2.

Example 6. Reverse triangular merger of common parent-subsequent spinoff of common parent. The facts are the same as in *Example 5*, except that on April 1 of Year 4, in a transaction unrelated to the Year 3 reverse acquisition, P distributes the stock of its subsidiaries S and S–1 to W, and W then distributes the stock of P to the W shareholders. Beginning on March 2 of Year 3, W becomes the agent for the P group with respect to Year 3 (including the period through March 1) and subsequent consolidated return years. Although P is no longer a member of the P group after the Year 4 spinoff, P remains the agent for the P group under paragraph (a) of this section for Years 1 and 2. Thus, for as long as P remains in existence, only P may execute a waiver of the period of limitations on assessment on behalf of the P group for Years 1 and 2.

Example 7. Qualified stock purchase and section 338 election. On March 31 of Year 2, V purchases the stock of P in a qualified stock purchase (within the meaning of section 338(d)(3)), and V makes a timely election pursuant to section 338(g) with respect to P. Although section 338(a)(2) provides that P is treated as a new corporation as of the beginning of the day after the acquisition date for purposes of subtitle A, paragraph (e)(4) of this section provides that P's existence is not deemed to terminate for purposes of this section notwithstanding the general rule of section 338(a)(2). Therefore, the election under section 338(g) does not result in a termination of P under paragraph (e) of this section, and new P remains the agent of the P group for Year 1 and the period ending March 31 of Year 2 (short Year 2). For as long as new P remains in existence, only new P may execute a waiver of the period of limitations on assessment on behalf of the P group for Year 1 and short Year 2.

Example 8. Fraudulent conveyance of assets. On March 15 of Year 2, P files a consolidated return that includes the income of S and S–1 for Year 1. On December 1 of Year 2, S–1 transfers assets having a fair market value of $100x to U in exchange for $10x. This transfer of assets for less than fair market value constitutes a fraudulent conveyance under applicable state law. On March 1 of Year 5, P executes a waiver extending to December 31 of Year 6 the period of limitations on assessment with respect to the group's Year 1 consolidated return. On February 1 of Year 6, the Commissioner issues a notice of deficiency to P asserting a deficiency of $30x for the P group's Year 1 consolidated tax liability. P does not file a petition for redetermination in the Tax Court, and the Commissioner makes a timely assessment against the P group. P, S and S–1 are all insolvent and are unable to pay the deficiency. On February 1 of Year 8, the Commissioner sends a notice of transferee liability to U, which does not file a petition in the Tax Court. On August 1 of Year 8, the Commissioner assesses the amount of the P group's deficiency against U. Under section 6901(c), the Commissioner may assess U's transferee liability within one year after the expiration of the period of limitations against the transferor S–1. By operation of section 6213(a) and 6503(a), the issuance of the notice of deficiency to P and the expiration of the 90-day period for filing a petition in the Tax Court have the effect of further extending by 150 days the P group's limitations period on assessment from the previously extended date of December 31 of Year 6 to May 30 of Year 7. Pursuant to paragraph (a)(1)(v) of this section, the waiver executed by P on March 1 of Year 5 to extend the period of limitations on assessment to December 31 of Year 6 and the further extension of the P group's limitations period to May 30 of Year 7 (by operation of sections 6213(a) and 6503(a)) have the derivative effect of extending the period of limitations on assessment of U's transferee liability to May 30 of Year 8. By operation of section 6901(f), the issuance of the notice of transferee liability to U and the expiration of the 90-day period for filing a petition in the Tax Court have the effect of further extending the limitations period on assessment of U's liability as a transferee by 150 days, from May 30 of Year 8 to October 27 of Year 8. Accordingly, the Commissioner may send a notice of transferee liability to U at any time on or before May 30 of Year 8 and assess the unpaid liability against U at any time on or before October 27 of Year 8. The result would be the same even if S–1 ceased to exist before March 1 of Year 5, the date P executed the waiver.

(g) *Cross-reference.* For further rules applicable to groups that include insolvent financial institutions, see § 301.6402–7 of this chapter.

(h) *Effective date*—(1) *Application*—(i) *In general.* This section applies with respect to taxable years beginning on or after June 28, 2002.

(ii) *Election to apply for prior taxable years.* Notwithstanding paragraphs (h)(1)(i) and (h)(2) of this section, the common parent may elect to apply paragraph (d)(1) of this section in lieu of § 1.1502–77A(d) in designating a substitute agent for taxable years beginning before June 28, 2002. The common parent makes such an election by expressly referring to the election under this paragraph (h)(1)(ii) in notifying the Commissioner of the designation of the substitute agent. Once made, such election applies to any subsequent designation of a substitute agent for the consolidated return year(s) subject to the election.

(2) *Prior law.* For taxable years beginning before June 28, 2002, see § 1.1502–77A.

§ 1.1502–77T(a) [Redesignated as § 1.1502–77A(e) and Amended]

7. Section 1.1502–77T(a) is redesignated as § 1.1502–77A(e) and is amended by removing the language ''district director'' and adding ''Commissioner'' in each place it appears.

§ 1.1502–77T [Removed]

8. Section 1.1502–77T is removed.

9. Section 1.1502–78 is amended as follows:

1. Paragraph (a) is revised.

2. Paragraph (b)(1) is amended by adding the language ''for the carryback year (or agent designated under § 1.1502–77(d) for the carryback year)'' at the end of the first sentence.

3. Paragraph (b)(2) is amended by removing the language ''6213(b)(2)'' and adding ''6213(b)(3)'' in its place.

4. In paragraph (c), the last sentence of *Example (1)* is amended by adding the language ''for the carryback year'' after ''parent.''

5. In paragraph (c), the last sentence of *Example (2)* is amended by removing the language ''S–1'' and adding ''P'' in its place.

6. In paragraph (c) *Example (3),* the seventh sentence is amended by removing the language ''Z must'' and adding ''X must'' in its place.

7. In paragraph (c) *Example (3),* the last sentence is amended by removing the language ''6213(b)(2)'' and adding ''6213(b)(3)'' in its place.

8. Paragraph (e)(2)(v) is removed.

9. Paragraphs (f) is added.

The revision and addition read as follows:

§ 1.1502–78 Tentative carryback adjustments.

(a) *General rule.* If a group has a consolidated net operating loss, a consolidated net capital loss, or a consolidated unused business credit for any taxable year, then any application under section 6411 for a tentative carryback adjustment of the taxes for a consolidated return year or years preceding such year shall be made by the common parent corporation for the carryback year (or substitute agent designated under § 1.1502–77(d) for the carryback year) to the extent such loss or unused business credit is not apportioned to a corporation for a separate return year pursuant to § 1.1502–21(b), 1.1502–22(b), or 1.1502–79(c). In the case of the portion of a consolidated net operating loss or consolidated net capital loss or consolidated unused business credit to which the preceding sentence does not apply and that is to be carried back to a corporation that was not a member of a consolidated group in the carryback year, the corporation to which such loss or credit is attributable shall make any application under section 6411. In the case of a net capital loss or net operating loss or unused business credit arising in a separate return year that may be carried back to a consolidated return year, after taking into account the

application of § 1.1502–21(b)(3)(ii)(B) with respect to any net operating loss arising in another consolidated group, the common parent for the carryback year (or substitute agent designated under § 1.1502–77(d) for the carryback year) shall make any application under section 6411.

* * * * *

(f) *Effective date*—(1) *In general.* This section applies to taxable years to which a loss or credit may be carried back and for which the due date (without extensions) of the original return is after June 28, 2002, except that the provisions of paragraph (e)(2) apply for applications by new members of consolidated groups for tentative carryback adjustments resulting from net operating losses, net capital losses, or unused business credits arising in separate return years of new members that begin on or after January 1, 2001.

(2) *Prior law.* For taxable years to which a loss or credit may be carried back and for which the due date (without extensions) of the original return is on or before June 28, 2002, *see* § 1.1502–78 in effect prior to June 28, 2002, as contained in 26 CFR part 1 revised April 1, 2002.

10. Immediately before § 1.1502–79A, an undesignated center heading is added to read as follows:

Regulations Applicable to Taxable Years Before January 1, 1997

PART 602—OMB CONTROL NUMBERS UNDER THE PAPERWORK REDUCTION ACT

11. The authority citation for part 602 continues to read as follows:

Authority: 26 U.S.C. 7805.

12. The authority for part 602 is amended by adding an entry in numerical order to the table to read as follows:

§ 602.101 OMB Control numbers.

* * * * *

(b) * * *

CFR part or section where identified and described	Current OMB control No.
* * * * *	
1.1502–77	1545–1699
* * * * *	

Robert E. Wenzel,

Deputy Commissioner of Internal Revenue.

Approved: May 20, 2002.

Pamela F. Olson,

Acting Assistant Secretary of the Treasury.

[FR Doc. 02–16399 Filed 6–27–02; 8:45 am]

BILLING CODE 4830–01–P

ENVIRONMENTAL PROTECTION AGENCY

40 CFR Part 9

[FRL–7237–5]

OMB Approvals Under the Paperwork Reduction Act; Technical Amendment

AGENCY: Environmental Protection Agency (EPA).

ACTION: Final rule.

SUMMARY: In compliance with the Paperwork Reduction Act (PRA), this technical amendment amends the table that lists the Office of Management and Budget (OMB) control numbers issued under the PRA for regulations for Ambient Air Monitoring Reference and Equivalent Methods.

EFFECTIVE DATE: This final rule is effective June 28, 2002.

FOR FURTHER INFORMATION CONTACT: Elizabeth T. Hunike, 919–541–3737; facsimile number: 919–541–1153; E-Mail: *Hunike.Elizabeth@epa.gov.*

SUPPLEMENTARY INFORMATION: EPA is amending the table of currently approved information collection request (ICR) control numbers issued by OMB for various regulations. The amendment updates the table to list those information collection requirements promulgated under Part 53—Ambient Air Monitoring Reference and Equivalent Methods, which appeared in the **Federal Register** on February 18, 1975 (40 FR 7049) and was amended on April 25, 1975 (40 FR 18168), December 1, 1976 (41 FR 52694), July 1, 1987 (52 FR 24729), July 18, 1997 (62 FR 38784) and February 17, 1998 (62 FR 7714). The affected regulations are codified at 40 CFR part 53. EPA will continue to present OMB control numbers in a consolidated table format to be codified in 40 CFR part 9 of the Agency's regulations. The table lists CFR citations with reporting, recordkeeping, or other information collection requirements, and the current OMB control numbers. This listing of the OMB control numbers and their subsequent codification in the CFR satisfies the requirements of the Paperwork Reduction Act (44 U.S.C. 3501 *et seq.*) and OMB's implementing regulations at 5 CFR part 1320.

This ICR was previously subject to public notice and comment prior to OMB approval. Due to the technical nature of the table, EPA finds that further notice and comment is unnecessary. As a result, EPA finds that there is ''good cause'' under section 553(b)(B) of the Administrative Procedure Act, 5 U.S.C. 553(b)(B), to amend this table without prior notice and comment.

I. Administrative Requirements

Under Executive Order 12866 (58 FR 51735, October 4, 1993), this action is not a ''significant regulatory action'' and is therefore not subject to review by the Office of Management and Budget. In addition, this action does not impose any enforceable duty, contain any unfunded mandate, or impose any significant or unique impact on small governments as described in the Unfunded Mandates Reform Act of 1995 (Public Law 104–4). This rule also does not require prior consultation with State, local, and tribal government officials as specified by Executive Order 12875 (58 FR 58093, October 28, 1993) or Executive Order 13084 (63 FR 27655, May 10, 1998), or involve special consideration of environmental justice related issues as required by Executive Order 12898 (59 FR 7629, February 16, 1994). Because this action is not subject to notice-and-comment requirements under the Administrative Procedure Act or any other statute, it is not subject to the regulatory flexibility provisions of the Regulatory Flexibility Act (5 U.S.C. 601 *et seq.*). This rule also is not subject to Executive Order 13045 (62 FR 19885, April 23, 1997) because EPA interprets Executive Order 13045 as applying only to those regulatory actions that are based on health or safety risks, such that the analysis required under section 5–501 of the Order has the potential to influence the regulation. This rule is not subject to Executive Order 13045 because it does not establish an environmental standard intended to mitigate health or safety risks.

Congressional Review Act

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. Section 808 allows the issuing agency to make a good cause finding that notice and public procedure is impracticable, unnecessary or contrary to the public interest. This determination must be supported by a brief statement. 5 U.S.C. 808(2). As stated previously, EPA has made such a good cause finding, including the reasons therefor, and established an effective date of June 28, 2002. 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**. This action is not a ''major rule'' as defined by 5 U.S.C. 804(2).

List of Subjects in 40 CFR Part 9

Environmental protection, Reporting and recordkeeping requirements.

Dated: June 12, 2002.

Oscar Morales,

Director, Collection Strategies Division, Office of Information Collection.

For the reasons set out in the preamble, 40 CFR part 9 is amended as follows:

PART 9—[AMENDED]

1. The authority citation for part 9 continues to read as follows:

Authority: 7 U.S.C. 135 *et seq.*, 136–136y; 15 U.S.C. 2001, 2003, 2005, 2006, 2601–2671; 21 U.S.C. 331j, 346a, 348; 31 U.S.C. 9701; 33 U.S.C. 1251 *et seq.*, 1311, 1313d, 1314, 1318, 1321, 1326, 1330, 1342, 1344, 1345(d) and (e), 1361; E.O. 11735, 38 FR 21243, 3 CFR, 1971–1975 Comp. p. 973; 42 U.S.C. 241, 242b, 243, 246, 300f, 300g, 300g–1, 300g–2, 300g–3, 300g–4, 300g–5, 300g–6, 300j–1, 300j–2, 300j–3, 300j–4, 300j–9, 1857 *et seq.*, 6901–6992k, 7401–7671q, 7542, 9601–9657, 11023, 11048.

2. In § 9.1 the table is amended by adding a new heading and new entries in numerical order to read as follows:

§ 9.1 OMB approvals under the Paperwork Reduction Act.

* * * * *

40 CFR citation	OMB control No.
* * * * *	
Ambient Air Monitoring Reference and Equivalent Methods	
53.4	2080–0005
53.9(f), (h), (i)	2080–0005
53.14	2080–0005
53.15	2080–0005
53.16(a)–(d), (f)	2080–0005
* * * * *	

[FR Doc. 02–16277 Filed 6–27–02; 8:45 am]

BILLING CODE 6560–50–P

ENVIRONMENTAL PROTECTION AGENCY

40 CFR Part 52

[SC–037; SC–040; SC–044–200226; FRL–7238–6]

Approval and Promulgation of Implementation Plans: South Carolina: Nitrogen Oxides Budget and Allowance Trading Program

AGENCY: Environmental Protection Agency (EPA).

ACTION: Final rule.

SUMMARY: EPA is approving a State Implementation Plan (SIP) revision submitted by the State of South Carolina on October 30, 2000, and revised on July 30, 2001. This revision was submitted to satisfy EPA's regulation entitled, ''Finding of Significant Contribution and Rulemaking for Certain States in the Ozone Transport Assessment Group Region for Purposes of Reducing Regional Transport of Ozone,'' otherwise known as the ''NO_X SIP Call.'' This revision establishes and requires a nitrogen oxides (NO_X) allowance trading program for large electric generating units (EGUs) and industrial units (non-electric generating units, or non-EGUs), and reductions for cement kilns, beginning in 2004. The intended effect of this SIP revision is to reduce emissions of NO_X in order to help attain the national ambient air quality standard for ozone. On December 26, 2000, EPA determined that South Carolina had failed to submit a SIP in response to the NO_X SIP Call, thus starting an 18 month clock for the mandatory imposition of sanctions and the obligation for EPA to promulgate a Federal Implementation Plan (FIP) withing 24 months. On May 28, 2002, South Carolina submitted a NO_X SIP and EPA found that SIP submission complete on June 4, 2002, stopping the sanctions clock. Through this **Federal Register** rule, both the sanctions clock and EPA's FIP obligation are terminated.

EFFECTIVE DATE: This final rule is effective on July 29, 2002.

ADDRESSES: Copies of documents relative to this action are available at the following addresses for inspection during normal business hours: EPA, Region 4, Air Planning Branch, 61 Forsyth Street, SW., Atlanta, Georgia 30303–8960. South Carolina Department of Health and Environmental Control, Bureau of Air Quality Control, 2600 Bull Street, Columbia, South Carolina 29201. The interested persons wanting to examine these documents should make an appointment at least 24 hours before the visiting day and reference file SC–037.

FOR FURTHER INFORMATION CONTACT: Sean Lakeman, Regulatory Development Section, Air Planning Branch, Air, Pesticides and Toxics Management Division, Region 4, U.S. Environmental Protection Agency, 61 Forsyth Street, SW., Atlanta, Georgia 30303–8960. The telephone number is (404) 562–9043. Mr. Lakeman can also be reached via electronic mail at *lakeman.sean@epa.gov.*

SUPPLEMENTARY INFORMATION:

I. Background

On October 30, 2000, the South Carolina Department of Health and Environmental Control (DHEC) submitted a draft NO_X emission control rule to the EPA for pre-adoption review. Also, DHEC requested that EPA parallel process the submittal concurrent with the development of the final State rule and included a schedule for development and adoption of the rule by the State. On July 30, 2001, DHEC submitted adopted revisions to its SIP to meet the requirements of the Phase I NO_X SIP Call. After the rules are adopted by the South Carolina Board of Health and Environmental Control, the revisions must be reviewed and approved by the South Carolina General Assembly. After approval by the General Assembly, the rules become state-effective upon publication in the South Carolina State Register. On April 10, 2002, (67 FR 17317) EPA published a notice of proposed rulemaking (NPR) to approve the July 30, 2001 SIP revision. That NPR provided for a public comment period ending on May 10, 2002. A detailed description of this SIP revision and EPA's rationale for approving it was provided in the proposed notice and will not be restated here. No significant or adverse comments were received on EPA's proposal. However, two sections require further clarification. First, in the proposed rule (67 FR 17317, April 10, 2002), EPA referred to section 96.4(b)(iv) of South Carolina's rule; the provision referenced is actually section 96.4(b)(4). Further, EPA stated that it interpreted South Carolina's rule to provide that a unit will lose its exemption ''if the unit fails to comply with the restrictions on fuel use or NO_X emissions.'' 67 FR 17319; *see also* 67 FR 17320 (referring to fuel use and ''the emissions limitation'' or ''emissions limitations''). EPA is clarifying in today's notice that in this context the phrase ''NO_X emissions'' or ''emissions limitation'' refers to the restriction under section 96.4(b)(4) on a unit's

''hours of operation.'' EPA notes that emissions limitations under this provision are implemented through an operating hours limitation. South Carolina's rule uses the phrase ''fuel use and unit operating hours'' in section 96.4(b)(4)(vi) when that language should read ''fuel use or operating hours,'' which is what EPA intended to clarify.

Second, in section 96.4(a)(1)(i), South Carolina addresses applicability of its NO_X trading program to existing units, and references SIC codes (in the phrase, ''excluding SIC codes 4911 or 4931''). While the NO_X SIP Call does not use SIC codes in stating what existing units are subject to the NO_X trading program, South Carolina has submitted a list of affected large EGUs and large and small non-EGUs, explaining how the State interprets section 96.4(a)(1)(i). EPA is approving South Carolina's rule based on the State's interpretation that every source on this list is an affected unit under this section.

On May 24, 2002, DHEC submitted the State-effective rule (no changes were made to the July 30, 2001 submittal). South Carolina's SIP revision consists of a new rule for the ''NO_X Budget Trading Program'' (regulation 61–62.96) and a new rule for ''Nitrogen Oxides (NO_X) Budget Program Requirements for Stationary Sources Not in the Trading Program'' (regulation 61–62.99). The requirements under 61–62.96 affect EGUs and non-EGUs. Regulation 61–62.96 ''NO_X Budget Trading Program'' adds nine new subparts: Subpart A—NO_X Budget Trading Program General Provisions; Subpart B—Authorized Account Representative for NO_X Budget Sources; Subpart C—Permits; Subpart D—Compliance Certification; Subpart E—NO_X Allowance Allocations; Subpart F—NO_X Allowance Tracking System; Subpart G—NO_X Allowance Transfers; Subpart H—Monitoring and Reporting; Subpart I—Individual Unit Opt-ins.

II. Final Action

EPA is approving South Carolina's SIP revision, including its NO_X Reduction and Trading Program and cement kiln rule, which was submitted on May 28, 2002. EPA finds that South Carolina's submittal is fully approvable because it meets the requirements of the NO_X SIP Call.

III. Administrative Requirements

Under Executive Order 12866 (58 FR 51735, October 4, 1993), this action is not a ''significant regulatory action'' and therefore is not subject to review by the Office of Management and Budget. For this reason, this action is also not subject to Executive Order 13211, ''Actions Concerning Regulations That Significantly Affect Energy Supply, Distribution, or Use'' (66 FR 28355, May 22, 2001). This action merely approves state law as meeting Federal requirements and imposes no additional requirements beyond those imposed by state law. Accordingly, the Administrator certifies that this rule will not have a significant economic impact on a substantial number of small entities under the Regulatory Flexibility Act (5 U.S.C. 601 *et seq.*). Because this rule approves pre-existing requirements under state law and does not impose any additional enforceable duty beyond that required by state law, it does not contain any unfunded mandate or significantly or uniquely affect small governments, as described in the Unfunded Mandates Reform Act of 1995 (Pub. L. 104–4).

This rule also does not have tribal implications because it will not have a substantial direct effect on one or more Indian tribes, on the relationship between the Federal Government and Indian tribes, or on the distribution of power and responsibilities between the Federal Government and Indian tribes, as specified by Executive Order 13175 (65 FR 67249, November 9, 2000). This action also does not have Federalism implications because it does 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, as specified in Executive Order 13132 (64 FR 43255, August 10, 1999). This action merely approves a state rule implementing a Federal standard, and does not alter the relationship or the distribution of power and responsibilities established in the Clean Air Act. This rule also is not subject to Executive Order 13045 ''Protection of Children from Environmental Health Risks and Safety Risks'' (62 FR 19885, April 23, 1997), because it is not economically significant.

In reviewing SIP submissions, EPA's role is to approve state choices, provided that they meet the criteria of the Clean Air Act. In this context, in the absence of a prior existing requirement for the State to use voluntary consensus standards (VCS), EPA has no authority to disapprove a SIP submission for failure to use VCS. It would thus be inconsistent with applicable law for EPA, when it reviews a SIP submission, to use VCS in place of a SIP submission that otherwise satisfies the provisions of the Clean Air Act. Thus, the requirements of section 12(d) of the National Technology Transfer and Advancement Act of 1995 (15 U.S.C. 272 note) do not apply. This rule does not impose an information collection burden under the provisions of the Paperwork Reduction Act of 1995 (44 U.S.C. 3501 *et seq.*).

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 action is not a ''major rule'' as defined by 5 U.S.C. 804(2).

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 August 27, 2002. Filing a petition for reconsideration by the Administrator of this final rule does not affect the finality of this rule 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 rule or action. This action may not be challenged later in proceedings to enforce its requirements. (See section 307(b)(2).)

List of Subjects in 40 CFR Part 52

Environmental protection, Air pollution control, Carbon monoxide, Intergovernmental relations, Lead, Nitrogen dioxide, Ozone, Particulate matter, Reporting and recordkeeping requirements, Sulfur oxides, Volatile organic compounds.

Dated: June 19, 2002.

A. Stanley Meiburg,

Acting Regional Administrator, Region 4.

Accordingly, chapter I, title 40, *Code of Federal Regulations,* is amended as follows:

PART 52—[AMENDED]

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

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

Subpart PP—South Carolina

2. Section 52.2120(c) is amended by adding 2 new entries ''Regulation No. 62.96'' and ''Regulation No. 62.99'' at the end of the table to read as follows:

§ 52.2120 Identification of plan

* * * * *

(c) * * *

AIR POLLUTION CONTROL REGULATIONS FOR SOUTH CAROLINA

State citation	Title/subject	State effective date	EPA approval date	Federal Register notice
*	*	*	*	*
Regulation No. 62.96	NO_X Budget Trading Program.	05/24/02	June 28, 2002	[Insert citation of publication]
Regulation No. 62.99	Nitrogen Oxides (NO_X) Budget Program Requirements for Stationary Sources Not in the Trading Program.	05/24/02	June 28, 2002	[Insert citation of publication]

* * * * *

[FR Doc. 02–16270 Filed 6–27–02; 8:45 am]

BILLING CODE 6560–50–P

ENVIRONMENTAL PROTECTION AGENCY

40 CFR Part 52

[MI78–01–7287a, FRL–7226–6]

Approval and Promulgation of Air Quality Implementation Plans; Michigan

AGENCY: Environmental Protection Agency (EPA).

ACTION: Direct final rule.

SUMMARY: The EPA is approving several rule revisions and rescissions for incorporation into Michigan's State Implementation Plan (SIP). The Michigan Department of Environmental Quality (MDEQ) submitted these revisions on July 7, 2000 and supplemented them with letters dated January 29, 2001, and February 6, 2002. They include revisions to definitions, open burning rules, general volatile organic compound (VOC) provisions, and administrative procedures, and the rescission of two obsolete rules.

DATES: This rule is effective on August 27, 2002, unless EPA receives adverse written comments by July 29, 2002. If EPA receives adverse comments, EPA will publish a timely withdrawal of the rule in the **Federal Register** and inform the public that the rule will not take effect.

ADDRESSES: You may inspect copies of the documents relevant to this action during normal business hours at the following location:

Regulation Development Section, Air Programs Branch, (AR–18J), U.S. Environmental Protection Agency, Region 5, 77 West Jackson Boulevard, Chicago, Illinois, 60604.

Please contact Kathleen D'Agostino at (312) 886–1767 before visiting the Region 5 office.

Send written comments to: Carlton Nash, Chief, Regulation Development Section, Air Programs Branch, (AR–18J), U.S. Environmental Protection Agency, Region 5, 77 West Jackson Boulevard, Chicago, Illinois, 60604.

FOR FURTHER INFORMATION CONTACT: Kathleen D'Agostino, Environmental Engineer, Regulation Development Section, Air Programs Branch (AR–18J), U.S. Environmental Protection Agency, Region 5, 77 West Jackson Boulevard, Chicago, Illinois 60604, (312) 886–1767.

SUPPLEMENTARY INFORMATION:

Table of Contents

I. What Did Michigan Submit?

On July 7, 2000, MDEQ submitted revisions to Michigan's SIP. This submittal was supplemented with letters dated January 29, 2001, and February 6, 2002. The state has requested that we act on the following Michigan Administrative Code rule revisions and rescissions:

R 336.1104 Definitions; D—Michigan added (d), (e), (f), and (g), which are definitions for ''demolition waste material,'' ''department,'' ''difficult-to-monitor component,'' and ''dry organic resin,'' respectively. The state also renumbered the definition for ''dispensing facility'' from (d) to (h).

R 336.1310 Open burning—Minor wording changes were made to this section that do not change the substance of the rule. For example, ''commission'' was changed to ''department.'' The only substantive change removes the requirement that MDEQ give prior approval to a source burning structures exclusively for fire prevention training.

R 336.1320—This rule required existing sources to submit, by January 18, 1981, a compliance program which would show compliance with the requirements of rule R 336.1331, emission of particulate matter. The state is rescinding this rule because it is obsolete. The dates for required action have passed and sources covered by the rule are already in compliance.

R 336.1602—General provisions for existing sources of volatile organic compound emissions—The state has revised this rule to add a renewable operating permit as one of the legal documents that can limit emissions.

R 336.2701 and R 336.2702—These rules referenced the ''Air Pollution Act, Act 348 of the Public Acts of 1965, as amended.'' This act has been replaced by the ''Natural Resources and Environmental Protection Act, Act 451 of the Public Acts of 1994, as amended.'' Part of the changes in these rules are to reference the proper act and remove conflicting dates between the rules and the Natural Resources and Environmental Protection Act. In addition, rule 336.2702 adds a definition for ''authorized agent.''

R 336.2703—This rule addresses some functions of the Air Pollution Control Commission and some provisions of Public Act 348 of 1965, as amended. The Public Act and the Commission referred to in this rule are not in existence or effect. The rule was rescinded because it is obsolete.

EPA is approving revisions to Michigan's regulations to definitions, open burning rules, general volatile organic compound provisions, and administrative procedures, and the rescission of two obsolete rules.

II. What Action Is EPA Taking?

All of these revisions and rescissions are consistent with the Clean Air Act and are approvable. Therefore, we are

approving the following rules for incorporation into Michigan's SIP: R 336.1104, R 336.1310, R 336.1602, R 336.2701, and R 336.2702. We are also approving the removal of the following rules from Michigan's SIP: R 336.1320 and R 336.2703.

III. Is This Action Final, or May I Still Submit Comments?

EPA is publishing this action without prior proposal, because EPA views this as a noncontroversial revision and anticipates no adverse comments. However, in a separate document in this **Federal Register** publication, EPA is proposing to approve the SIP revision. Should EPA receive adverse written comments by July 29, 2002, we will withdraw this direct final and respond to any comments in a final action. If EPA does not receive adverse comments, this action will be effective without further notice. Any parties interested in commenting on this action should do so at this time. If we do not receive comments, this action will be effective on August 27, 2002.

IV. What Administrative Requirements Did EPA Consider?

Under Executive Order 12866, ''Regulatory Planning and Review'' (58 FR 51735, October 4, 1993), this action is not a ''significant regulatory action'' and therefore is not subject to review by the Office of Management and Budget. For this reason, this action is also not subject to Executive Order 13211, ''Actions Concerning Regulations That Significantly Affect Energy Supply, Distribution, or Use'' (66 FR 28355, May 22, 2001). This action merely approves state law as meeting federal requirements and imposes no additional requirements beyond those imposed by state law. Accordingly, the Administrator certifies that this rule will not have a significant economic impact on a substantial number of small entities under the Regulatory Flexibility Act (5 U.S.C. 601 *et seq.*). Because this rule approves pre-existing requirements under state law and does not impose any additional enforceable duty beyond that required by state law, it does not contain any unfunded mandate nor does it significantly or uniquely affect small governments, as described in the Unfunded Mandates Reform Act of 1995 (Pub. L. 104–4).

This rule also does not have tribal implications because it will not have a substantial direct effect on one or more Indian tribes, on the relationship between the Federal Government and Indian tribes, or on the distribution of power and responsibilities between the Federal Government and Indian tribes, as specified by Executive Order 13175 (65 FR 67249, November 9, 2000). This action also does not have Federalism implications because it does 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, as specified in Executive Order 13132 (64 FR 43255, August 10, 1999). This action merely approves a state rule implementing a Federal standard, and does not alter the relationship or the distribution of power and responsibilities established in the Clean Air Act. This rule also is not subject to Executive Order 13045 ''Protection of Children from Environmental Health Risks and Safety Risks'' (62 FR 19885, April 23, 1997), because it is not economically significant.

Section 12(d) of the National Technology Transfer and Advancement Act of 1995 (NTTA), 15 U.S.C. 272, requires federal agencies to use technical standards that are developed or adopted by voluntary consensus to carry out policy objectives, so long as such standards are not inconsistent with applicable law or otherwise impracticable. In reviewing SIP submissions, EPA's role is to approve state choices, provided that they meet the criteria of the Act. Absent a prior existing requirement for the state to use voluntary consensus standards, EPA has no authority to disapprove a SIP submission for failure to use such standards, and it would thus be inconsistent with applicable law for EPA to use voluntary consensus standards in place of a SIP submission that otherwise satisfies the provisions of the Act. Therefore, the requirements of section 12(d) of the NTTA do not apply.

As required by section 3 of Executive Order 12988 (61 FR 4729, February 7, 1996), in issuing Michigan's rule in this notice, EPA has taken the necessary steps to eliminate drafting errors and ambiguity, minimize potential litigation, and provide a clear legal standard for affected conduct. EPA has complied with Executive Order 12630 (53 FR 8859, March 15, 1988) by examining the takings implications of the rule in accordance with the ''Attorney General's Supplemental Guidelines for the Evaluation of Risk and Avoidance of Unanticipated Takings' issued under the executive order, and has determined that the rule's requirements do not constitute a taking. This rule does not impose an information collection burden under the provisions of the Paperwork Reduction Act of 1995 (44 U.S.C. 3501 et seq.).

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 action is not a ''major rule'' as defined by 5 U.S.C. 804(2).

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 August 27, 2002. Filing a petition for reconsideration by the Administrator of this final rule does not affect the finality of this rule 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 rule or action. This action may not be challenged later in proceedings to enforce its requirements. (*See* section 307(b)(2).)

List of Subjects in 40 CFR Part 52

Environmental protection, Air pollution control, Carbon monoxide, Incorporation by reference, Intergovernmental relations, Ozone, Particulate matter, Reporting and recordkeeping requirements, Volatile organic compounds.

Authority: 42 U.S.C. 7401–7671q.

Dated: May 17, 2002.

Robert Springer,

Acting Regional Administrator, Region 5.

Part 52, chapter I, title 40 of the Code of Federal Regulations is amended as follows:

PART 52—[AMENDED]

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

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

Subpart X—Michigan

2. Section 52.1170 is amended by adding paragraph (c)(116) to read as follows:

§ 52.1170 Identification of plan.

* * * * *

(c) * * *

(116) The Michigan Department of Environmental Quality submitted revisions to Michigan's State Implementation Plan (SIP) on July 7, 2000 and supplemented them with letters dated January 29, 2001, and February 6, 2002. They include revisions to definitions, open burning rules, general volatile organic compound provisions, and administrative procedures. The revision removed from the SIP rules R 336.1320 and R 336.2703, which the State rescinded effective April 10, 2000.

(i) Incorporation by reference. The following sections of the Michigan Administrative Code are incorporated by reference.

(A) R 336.1104 Definitions; D, effective April 10, 2000.

(B) R 336.1310, Open burning, effective February 3, 1999.

(C) R 336.1602 General provisions for existing sources of volatile organic compound emissions, effective April 10, 2000.

(D) R 336.2701 Petitions for review and for contested case hearings; hearing procedure; ''duly authorized agent'' defined, effective April 10, 2000.

(E) R 336.2702 Appearances, effective April 10, 2000.

[FR Doc. 02–16274 Filed 6–27–02; 8:45 am]

BILLING CODE 6560–50–P

ENVIRONMENTAL PROTECTION AGENCY

40 CFR Part 60

Standards of Performance for New Stationary Sources; Monitoring Requirements

CFR Correction

In Title 40 of the Code of Federal Regulations, Part 60 (60.1 to End), revised as of July 1, 2001, on page 53, in § 60.13, paragraph (d)(1) is corrected by revising the last two sentences to read as follows:

§ 60.13 Monitoring requirements.

* * * * *

(d)(1) * * * For a COMS, the optical surfaces, exposed to the effluent gases, must be cleaned before performing the zero and upscale drift adjustments, except for systems using automatic zero adjustments. The optical surfaces must be cleaned when the cumulative automatic zero compensation exceeds 4 percent opacity.

* * * * *

[FR Doc. 02–55516 Filed 6–27–02; 8:45 am]

BILLING CODE 1505–01–D

ENVIRONMENTAL PROTECTION AGENCY

40 CFR Part 60

Standards of Performance for New Stationary Sources; Monitoring Requirements

CFR Correction

In Title 40 of the Code of Federal Regulations, Part 60 (60.1 to End), revised as of July 1, 2001, § 60.4 is corrected, on page 34, by removing the second table in paragraph (b)(DD)(1) and on page 28, by moving the second table in paragraph (b)(D)(1) to the end of paragraph (b)(DD)(1) and adding the following table to paragraph (b)(D)(1) in its place.

§ 60.4 Address.

* * * * *

(b) * * *

(D) * * *

(1) * * *

DELEGATION STATUS OF NEW SOURCE PERFORMANCE STANDARDS (NSPS) FOR ARIZONA											NATIONAL EMISSION STANDARDS FOR HAZARDOUS AIR POLLUTANTS (NESHAPS)						
AIR POLLUTION CONTROL AGENCY	Steel Plants: Electric Arc Furnaces	Kraft Pulp Mills	Glass Manufacturing Plants	Grain Elevators	Stationary Gas Turbines	Lime Manufacturing Plants	Lead - Acid Battery Manufacturing Plants	Automobile & Light Duty Surface Coating Operations	Phosphate Rock Plants	Ammonium Sulfate Manufacturing		General Provisions	Asbestos	Beryllium	Beryllium Rocket Motor Firing	Mercury	Vinyl Chloride
POLLUTANT CATEGORY	AA	BB	CC	DD	GG	HH	KK	MM	NN	PP		A	B	C	D	E	F
ARIZONA	*	*		*	*	*							*	*	*	*	*
Maricopa	*	*	*	*	*	*		*		*			*	*	*	*	*
Pima	*	*		*	*	*							*	*		*	*

*indicates delegation

* * * * *

[FR Doc. 02–55517 Filed 6–27–02; 8:45 am]
BILLING CODE 1505–01–D

ENVIRONMENTAL PROTECTION AGENCY

40 CFR Part 180

[OPP–2002–0073; FRL–6835–1]

Clarified Hydrophobic Extract of Neem Oil; Pesticide Tolerance; Technical Correction

AGENCY: Environmental Protection Agency (EPA).

ACTION: Final rule; technical correction.

SUMMARY: EPA issued a final rule in the **Federal Register** of December 13, 1995 establishing an exemption from the requirement of a tolerance for clarified hydrophobic extract of neem oil. This document is being issued to correct the reference made to the registration number for exemption by removing it.

DATES: This technical correction is effective July 29, 2002.

FOR FURTHER INFORMATION CONTACT: By mail: Carol E. Frazer, Biopesticides and Pollution Prevention Division (7511C), Office of Pesticide Programs, Environmental Protection Agency, 1200 Pennsylvania Ave., NW., Washington, DC 20460; telephone number: (703) 308–8810; e-mail address: frazer.carol@epa.gov.

SUPPLEMENTARY INFORMATION:

I. General Information

A. Does This Action Apply to Me?

You may be affected by this action if you are an agricultural producer, food manufacturer, or pesticide manufacturer. Potentially affected categories and entities may include, but are not limited to:

Categories	NAICS codes	Examples of potentially affected entities
Industry ...	111 112 311 32532	Crop production Animal production. Food manufacturing. Pesticide manufacturing.

This listing is not intended to be exhaustive, but rather provides a guide for readers regarding entities likely to be affected by this action. Other types of entities not listed in the table could also be affected. The North American Industrial Classification System (NAICS) codes have been provided to assist you and others in determining whether or not this action might apply to certain entities. If you have questions regarding the applicability of this action to a particular entity, consult the person listed under **FOR FURTHER INFORMATION CONTACT.**

B. How Can I Get Additional Information, Including Copies of This Document and Other Related Documents?

1. *Electronically.* You may obtain electronic copies of this document, and certain other related documents that might be available electronically, from the EPA Internet Home Page at http://www.epa.gov/. To access this document, on the Home Page select ''Laws and Regulations,'' ''Regulations and Proposed Rules,'' and then look up the entry for this document under the ''**Federal Register**—Environmental Documents.'' You can also go directly to the **Federal Register** listings at http://www.epa.gov/fedrgstr/. A frequently updated electronic version of 40 CFR part 180 is available at http://www.access.gpo.gov/nara/cfr/cfrhtml_180/40cfr180_00.html, a beta site currently under development.

2. *In person.* The Agency has established an official record for this action under docket control number OPP–2002–0073. The official record consists of the documents specifically referenced in this action, and other information related to this action, including any information claimed as Confidential Business Information (CBI). This official record includes the documents that are physically located in the docket, as well as the documents that are referenced in those documents. The public version of the official record does not include any information claimed as CBI. The public version of the official record, which includes printed, paper versions of any electronic comments submitted during an applicable comment period is available for inspection in the Public Information and Records Integrity Branch (PIRIB), Rm. 119, Crystal Mall #2, 1921 Jefferson Davis Hwy., Arlington, VA, from 8:30 a.m. to 4 p.m., Monday through Friday, excluding legal holidays. The PIRIB telephone number is (703) 305–5805.

II. Background

A. What Does This Technical Correction Do?

A final tolerance exemption for clarified hydrophobic extract of neem oil on various commodities was published in the **Federal Register** of December 13, 1995 (60 FR 63950) (FRL–4990–8). This technical correction removes the reference to the registration number in the text, considered necessary so as not to limit any other registrant. This would apply to anyone who wishes to use this chemical mixture from an alternate source in a pesticide product.

B. Why Is This Technical Correction Issued as a Final Rule?

Section 553 of the Administrative Procedures Act (APA), 5 U.S.C. 553(b)(B), provides that, when an agency for good cause finds that notice and public procedure are impracticable, unnecessary or contrary to the public interest, the agency may issue a rule without providing notice and an opportunity for public comment. EPA had determined that there is good cause for making today's technical correction final without prior proposal and opportunity for comment, because EPA is merely removing the reference made to the registration number from the previously published final rule. EPA finds that this constitutes good cause under 5 U.S.C. 553(b)(B).

III. Regulatory Assessment Requirements

This final rule implements a technical amendment to the Code of Federal Regulations, and it does not otherwise impose or amend any requirements. As such the Office of Management and Budget (OMB) has determined that a technical correction is not a ''significant regulatory action'' subject to review by OMB under Executive Order 12866, entitled *Regulatory Planning and Review* (58 FR 51735, October 4, 1993). Because this rule has been exempted from review under Executive Order 12866 due to its lack of significance, this rule is not subject to Executive Order 13211, entitled *Actions Concerning Regulations That Significantly Affect Energy Supply, Distribution, Use* (66 FR 28355) May 22, 2001. This final rule does not contain any information collections subject to OMB approval under the Paperwork Reduction Act (PRA), 44 U.S.C. 3501 *et seq.,* or impose any enforceable duty or contain any unfunded mandate as described under Title II of the Unfunded Mandates Reform Act of 1995 (UMRA) (Public Law 104–4). Nor does it require any special considerations under Executive Order 12898, entitled *Federal Actions to Address Environmental Justice in Minority Populations and Low-Income Populations* (59 FR 7629, February 16, 1994); or OMB review or any Agency action under Executive Order 13045, entitled *Protection of Children from Environmental Health Risks and Safety Risks* (62 FR 19885, April 23, 1997). This action does not involve any technical standards that

would require Agency consideration of voluntary consensus standards pursuant to section 12(d) of the National Technology Transfer and Advancement Act of 1995 (NTTAA), Public Law 104–113, section 12(d) (15 U.S.C. 272 note). Since this action does not require the issuance of a proposed rule, the requirements of the Regulatory Flexibility Act (RFA) (5 U.S.C. 601 et seq.) do not apply. In addition, the Agency has determined that this action will not have a substantial direct effect on 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, as specified in Executive Order 13132, entitled *Federalism* (64 FR 43255, August 10, 1999). Executive Order 13132 requires EPA to develop an accountable process to ensure ''meaningful and timely input by State and local officials in the development of regulatory policies that have federalism implications.'' ''Policies that have federalism implications'' is defined in the Executive Order to include regulations that ''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.'' This action does not alter the relationships or distribution of power and responsibilities established by Congress in the preemption provisi0ns of FFDCA section 408(n)(4). For these same reasons, the Agency has determined that this rule does not have any ''tribal implications'' as described in Executive Order 13175, entitled *Consultation and Coordination with Indian Tribal Governments* (65 FR 67249, November 6, 2000). Executive Order 13175, requires EPA to develop an accountable process to ensure ''meaningful and timely input by tribal officials in the development of regulatory policies that have tribal implications.'' ''Policies that have tribal implications'' is defined in the Executive Order to include regulations that have ''substantial direct effects on one or more Indian tribes, on the relationship between the Federal government and the Indian tribes, or on the distribution of power and responsibilities between the Federal government and Indian tribes.'' This rule will not have substantial direct effects on tribal governments, on the relationship between the Federal government and Indian tribes, or on the distribution of power and responsibilities between the Federal government and Indian tribes, as specified in Executive Order 13175. Thus, Executive Order 13175 does not apply to this rule.

IV. 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 this final rule in the **Federal Register**. This final rule is not a ''major rule'' as defined by 5 U. .C. 804(2).

List of Subjects in 40 CFR Part 180

Environmental protection, Administrative practice and procedure, Food commodities, Pesticides and pests, Reporting and recordkeeping requirements.

Dated: June 19, 2002.

Janet L. Andersen,

Director, Biopesticides and Pollution Prevention Division, Office of Pesticide Programs.

Therefore, 40 CFR part 180 is corrected as follows:

PART 180—[AMENDED]

1. The authority citation for part 180 continues to read as follows:

Authority: 21 U.S.C. 321(q), 346(a) and 374.

2. Section 180.1161 is revised to read as follows:

§ 180.1161 Clarified hydrophobic extract of neem oil; exemption from the requirement of a tolerance.

Clarified hydrophobic extract of neem oil is exempt from the requirement of a tolerance on all food commodities when used as a botanical fungicide/insecticide/miticide.

[FR Doc. 02–16273 Filed 6–27–02; 8:45 am]

BILLING CODE 6560–50–M

ENVIRONMENTAL PROTECTION AGENCY

40 CFR Part 300

[FRL–7238–4]

National Oil and Hazardous Substances Pollution Contingency Plan; National Priorities List

AGENCY: Environmental Protection Agency.

ACTION: Direct final deletion of the Hopkins Farm Superfund Site from the National Priorities List.

SUMMARY: The Environmental Protection Agency (EPA), Region 2, announces the deletion of the Hopkins Farm Superfund Site (Site), located in Plumsted Township, Ocean County, New Jersey, from the National Priorities List (NPL) and requests public comment on this action.

The NPL is appendix B of the National Oil and Hazardous Substances Pollution Contingency Plan (NCP), 40 CFR part 300, which EPA promulgated pursuant to section 105 of the Comprehensive Environmental Response, Compensation and Liability Act (CERCLA) of 1980, as amended. This Direct Final Notice of Deletion is being published by EPA with the concurrence of the State of New Jersey, through the New Jersey Department of Environmental Protection (NJDEP). EPA and NJDEP have determined that all appropriate response actions under CERCLA have been completed and, therefore, no further cleanup pursuant to CERCLA is required. Moreover, EPA and NJDEP have determined that the Site poses no significant threat to public health or the environment.

DATES: This direct final deletion will be effective August 27, 2002,unless EPA receives adverse comments by July 29, 2002. If significant adverse comments are received, EPA will publish a timely withdrawal of the direct final deletion in the **Federal Register**, informing the public that the deletion will not take effect.

ADDRESSES: Comments may be mailed to: Mr. Trevor Anderson, Remedial Project Manager, Emergency and Remedial Response Division, U.S. Environmental Protection Agency, Region 2, 290 Broadway, 19th Floor, New York, NY 10007–1866.

Information Repositories: Comprehensive information about the Site is available for viewing and copying at the Site information repositories, located at:

U.S. Environmental Protection Agency, Region 2, Superfund Records Center,

290 Broadway, Room 1828, New York, New York 10007–1866, 212–637–4308. Hours: 9 am to 5 pm—Monday through Friday By Appointment

and,

New Egypt Library, 10 Evergreen Road, New Egypt, New Jersey 08533, 609–758–7888. Hours: 10 am to 5 pm—Monday through Friday

and,

New Jersey Department of Environmental Protection, Central File Room—CN 413, 401 East State Street, Trenton, New Jersey 08625, 609–292–0400. Requires 24-hour notification.

FOR FURTHER INFORMATION CONTACT: Mr. Trevor Anderson, Remedial Project Manager, U.S. EPA, Region 2, 290 Broadway, 19th Floor, New York, NY 10007–1866, (212) 637–4425; fax: (212) 637–4429; e-mail: *anderson.trevor@epa.gov.*

SUPPLEMENTARY INFORMATION:

Table of Contents

I. Introduction

EPA Region 2 announces the deletion of the Hopkins Farm Superfund Site from the NPL. EPA maintains the NPL as the list of those Sites that appear to present a significant risk to public health or the environment. Sites on the NPL can have remedial actions financed by the Hazardous Substances Superfund Response Trust Fund. As described in Section 300.425(e)(3) of the NCP, a Site deleted from the NPL remains eligible for remedial actions if conditions at the Site warrant such action.

EPA considers this action to be noncontroversial and routine, and therefore, EPA is taking it without prior publication of a Notice of Intent to Delete. This action will be effective August 27, 2002, unless EPA receives significant adverse comments by July 29, 2002, on this action. If significant adverse comments are received within the 30-day public comment period of this action, EPA will publish a timely withdrawal of this Direct Final Deletion before the effective date of the deletion and the deletion will not take effect. EPA will, if appropriate, prepare a response to comments and continue with the deletion process on the basis of the Notice Intent to Delete and the comments already received. There will be no additional opportunity to comment.

Section II of this document explains the criteria for deleting Sites from the NPL. Section III discusses procedures EPA is using for this action. Section IV discusses the Hopkins Farm Superfund Site and demonstrates how it meets the deletion criteria.

II. NPL Deletion Criteria

Section 300.425(e) of the NCP provides that Sites may be deleted from the NPL where no further response is appropriate. In making this determination, EPA, in consultation with the State, shall consider whether any of the following criteria have been met:

(i) Responsible parties or other parties have implemented all appropriate response actions required; or

(ii) All appropriate Fund-financed responses under CERCLA have been implemented, and no further response action by responsible parties is appropriate; or

(iii) The remedial investigation has shown that the release poses no significant threat to public health or the environment and, therefore, taking remedial measures is not appropriate.

EPA will not conduct any further reviews of this Site because EPA believes that this Site is suitable for unlimited use and unrestricted exposure. If new information becomes available which indicates a need for further action, EPA may initiate such actions based upon § 300.425(e)(3) of the NCP.

III. Deletion Procedures

The following procedures apply to deletion of the Site:

1. In January 1987, the NJDEP initiated a Remedial Investigation/Feasibility Study (RI/FS) to characterize and evaluate Site contamination.

2. On August 23, 1991, NJDEP entered into an Administrative Consent Order with Morton Thiokol, Incorporated (Morton) to conduct a removal action at the Site. Morton was required to remove waste material from the Site. In 1994, Morton completed the removal action and collected post removal data.

3. In July 1996, EPA completed a Baseline Risk Assessment to evaluate human health risks associated with both current and future land use.

4. On September 27, 1996, EPA issued a Record of Decision (ROD) which selected a no further action remedy for the Site and included a monitoring program to monitor the groundwater, surface water, and sediment to confirm that residual contamination remained below levels of concern.

5. The required monitoring was completed in March 2001. The results of March 2001 sampling event are summarized in the Revised Final Monitoring Program Report: Notice of Completion for the Hopkins Farm Superfund Site, dated August 24, 2001.

6. EPA consulted with the NJDEP on the deletion of the Site from the NPL prior to developing this Direct Final Deletion.

7. The State of New Jersey, through the NJDEP, concurred with the deletion of the Site from the NPL on May 14, 2002.

8. Concurrently with the publication of this Direct Final Deletion, a parallel Notice of Intent to Delete has been published today in the Notice section of the **Federal Register**. Notices are also being published in a local newspaper and appropriate notice is being provided to federal, state and local government officials, and other interested parties.

9. EPA placed copies of documents supporting the deletion in the Site information repositories identified above.

10. If no significant adverse comments are received, the Site will be deleted. If significant adverse comments are received within the 30-day public comment period on this action, EPA will publish a timely notice of withdrawal of this Direct Final Deletion before its effective date. EPA will prepare, if appropriate, a response to comments and continue with the deletion process on the basis of the Notice of Intent to Delete and the comments already received.

Deletion of the Site from the NPL does not itself create, alter, or revoke any individual's rights or obligations. Deletion of the Site from the NPL does not in any way alter EPA's right to take enforcement actions, as appropriate. The NPL is designed primarily for informational purposes and to assist EPA management. Section 300.425(e)(3) of the NCP states that the deletion of a site from the NPL does not preclude eligibility for future response actions, should future conditions warrant such action.

IV. Basis for Site Deletion

Background

The Hopkins Farm Site is located approximately one-quarter mile north of State Highway Routes 528 and 539, on the east side of Route 539, in Plumsted Township, Ocean County, New Jersey. It is located on Block 46, Lot 16 in Plumsted Township and is privately owned. The Site property consists of approximately 57 acres of which less

than one acre was previously used to dispose of waste materials. The Site is bordered on the west by Route 539 and on the other sides by undeveloped, wooded lots. On the southwest portion of the Site is a farm. The area surrounding the Site is rural-residential and approximately 1,000 residences are located within a one mile radius of the Site.

The Hopkins Farm Site was allegedly used to dispose of chemical wastes from Morton during the late 1950s and early 1960s. Investigations of the Site by the Ocean County Health Department, Plumsted Township representatives and NJDEP began in 1980 and detected groundwater contamination and evidence of waste dumping, such as laboratory glassware, rusted pails, chemical materials and household wastes were found on the bank of a stream located at the Site. Most of the industrial waste consisted of a rubbery, tar-like material that covered the bottom of what appears to be a natural depression.

The Site was placed on the NPL on September 1, 1984. In 1987, the NJDEP established a Well Restriction Area to prevent new potable wells from withdrawing potential contaminated groundwater.

Selected Remedy

The RI for the Site was conducted by NJDEP in two phases from 1987 through 1991. The RI included: A geophysical survey; a soil gas survey; waste material investigations; soil, groundwater, surface water, and sediment sampling; and, a qualitative health and environmental risk assessment.

Based on the findings of the RI, on August 23, 1991, NJDEP entered into an Administrative Consent Order with Morton to conduct a Removal Action at the Site to address surficial waste. The Removal Action was performed in two phases (Phase I and Phase II) and included the excavation and off-site disposal of waste materials, and underlying contaminated soils.

During Phase I of the Removal Action, in July and August 1992, 841.95 tons (565 cubic yards) of waste materials were excavated and transported off-Site for treatment by stabilization and then disposed of in a hazardous waste landfill. Post Removal Action sampling performed in November 1992 and January 1993 indicated that elevated concentrations of a number of compounds were present in the soil. Based on the elevated contamination remaining in the soil, a second phase of the removal action was performed in June 1994. Phase II removal activities resulted in the excavation and off-Site disposal of 599.45 tons (450 cubic yards) of subsurface soils. Phase II included soil excavation down to and within the saturated zone in impacted areas. Soil samples taken around the edges of the excavation during the Removal Action confirmed that the full extent of lateral contamination had been addressed. The Site was then backfilled with clean soil.

Following the Removal Action, in July 1996, EPA completed human health and ecological risk assessments for the Site. The result of the human health and ecological risk assessments indicated that the Site, as it existed after the Removal Action, did not present significant risks to human health or the environment.

The ROD for the Hopkins Farm Site was issued by EPA, with NJDEP's concurrence, on September 27, 1996. In the ROD, EPA determined that no further remedial action was necessary at the Site. The removal of chemical and industrial waste materials from the Site was successful in remediating the principal threats associated with the Site. As part of the no further action remedy, a long-term monitoring program was required. The long-term monitoring program included the collection of groundwater, surface water, and sediment samples. In addition, the ROD required Site restoration planting.

On September 24, 1997, EPA entered into an Administrative Order on Consent (the Order) with Morton to implement the monitoring components of the selected remedy.

Between July 1998 and April 1999, Morton (a subsidiary of Rohm & Haas) conducted four (4) monitoring events at the Site.

Based on the results of the four monitoring events, EPA modified the monitoring program to require Rohm & Haas to perform one additional round of groundwater monitoring. On March 8 and 9, 2001, Rohm & Haas collected and analyzed the required groundwater samples. The results of March 2001 sampling event are summarized in the August 24, 2001 report titled, Revised Final Monitoring Program Report: Notice of Completion for the Hopkins Farm Superfund Site.

After the completion of all monitoring events, EPA determined that all groundwater, soil, sediment, and surface water samples met Federal and State standards, except for some elevated levels of iron and aluminum found in a limited number of groundwater monitoring wells.

EPA evaluated the potential risk associated with the iron and aluminum concentrations in the groundwater at the site. Based on this evaluation, EPA concluded that it is unlikely that exposure to iron and aluminum levels in the groundwater would result in any adverse health effects.

Public participation activities have been satisfied as required in CERCLA section 113(k), 42 U.S.C. 9613(k), and CERCLA Section 117, 42 U.S.C. 9617. Documents in the deletion docket which EPA relied on for recommendation of the deletion from the NPL are available to the public in the information repositories.

V. Deletion Action

The EPA, with the concurrence of the NJDEP, has determined that all appropriate responses under CERCLA have been completed, and that no further response actions under CERCLA are necessary and this site is suitable for unlimited use with unrestricted exposure. Further, any groundwater withdrawals will be subjected to State and Local requirements which protect public health in accordance with the Safe Drinking Water Act and other State and local requirements. Therefore, EPA is deleting the Hopkins Farm Site from the NPL.

List of Subjects in 40 CFR Part 300

Environmental protection, Air pollution control, Chemicals, Hazardous waste, Hazardous substances, Intergovernmental relations, Penalties, Reporting and recordkeeping requirements, Superfund, Water pollution control, Water Supply.

Dated: June 14, 2002.

Jane M. Kenny,

Regional Administrator, U.S. EPA, Region 2.

For the reasons set out in this document 40 CFR part 300 is amended as follows:

PART 300—[AMENDED]

1. The authority citation for part 300 continues to read as follows:

Authority: 33 U.S.C. 1321(c)(2); 42 U.S.C. 9601–9675; E.O. 12777, 56 FR 54757, 3 CFR, 1991 Comp., p. 351; E.O.12580, 52 FR 2923, 3 CFR, 1987 Comp., p. 193.

Appendix B—[Amended]

2. Table 1 of Appendix B to Part 300 is amended under New Jersey (NJ) by removing the Site entry for ''Hopkins Farm, Plumstead Township''.

[FR Doc. 02–16268 Filed 6–27–02; 8:45 am]

BILLING CODE 6560–50–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

42 CFR Part 414

[CMS–1223–IFC]

RIN 0938–AL99

Medicare Program; Criteria for Submitting Supplemental Practice Expense Survey Data Under the Physician Fee Schedule

AGENCY: Centers for Medicare & Medicaid Services (CMS), HHS.

ACTION: Interim final rule with comment period.

SUMMARY: This interim final rule revises criteria that we apply to supplemental survey information supplied by physician, non-physician, and supplier groups for use in determining practice expense relative value units under the physician fee schedule. This interim final rule solicits public comments on the revised criteria for supplemental surveys.

DATES: *Effective date:* This regulation is effective upon publication.

Comment date: We will consider comments concerning criteria for supplemental surveys if we receive them at the appropriate address, as provided below, no later than 5 p.m. on August 27, 2002.

ADDRESSES: In commenting, please refer to file code CMS–1223–IFC. Because of staff and resource limitations, we cannot accept comments by facsimile (FAX) transmission.

Mail written comments (one original and three copies) to the following address ONLY: Centers for Medicare & Medicaid Services, Department of Health and Human Services, Attention: CMS–1223–IFC, P.O. Box 8013, Baltimore, MD 21244–8013.

Please allow sufficient time for mailed comments to be timely received in the event of delivery delays.

If you prefer, you may deliver (by hand or courier) your written comments (one original and three copies) to one of the following addresses:

Room 445–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 access to the interior of the HHH Building is not readily available to persons without Federal Government identification, commenters are encouraged to leave their comments in the CMS drop slots located in the main lobby of the building. A stamp-in clock is available for commenters wishing to retain a proof of filing by stamping in and retaining an extra copy of the comments being filed.)

Comments mailed to the addresses indicated as appropriate for hand or courier delivery may be delayed and could be considered late.

For information on viewing public comments, see the beginning of the **SUPPLEMENTARY INFORMATION** section.

FOR FURTHER INFORMATION CONTACT: Stephanie Monroe, (410) 786–6864.

SUPPLEMENTARY INFORMATION:

Inspection of Public Comments: Comments received timely will be available for public inspection as they are received, generally beginning approximately 3 weeks after publication of a document, at the headquarters of the Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Baltimore, Maryland 21244, Monday through Friday of each week from 8:30 a.m. to 4 p.m. Please call (410) 786–7197 to schedule an appointment to view the public comments.

Copies: To order copies of the **Federal Register** containing this document, send your request to: New Orders, Superintendent of Documents, P.O. Box 371954, Pittsburgh, PA 15250–7954. Specify the date of the issue requested and enclose a check or money order payable to the Superintendent of Documents, or enclose your Visa or Master Card number and expiration date. Credit card orders can also be placed by calling the order desk at (202) 512–1800 (or toll-free at 1–888–293–6498) or by faxing to (202) 512–2250. The cost for each copy is $9. 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**.

This **Federal Register** document is also available from the **Federal Register** online database through *GPO Access,* a service of the U.S. Government Printing Office. The web site address is: *http://www.access.gpo.gov/nara/index.html.*

I. Background

A. Legislative History

Section 212 of the Balanced Budget Refinement Act of 1999 (BBRA) requires us to establish a process under which we will accept and use, to the maximum extent practicable and consistent with sound data practices, data collected or developed by entities and organizations to supplement the data we normally collect in determining the practice expense component of the physician fee schedule. Section 212(b) states that the process must be available for payments for the 2001 and 2002 physician fee schedules. In the May 3, 2000 interim final rule with comment period (65 FR 25664), we established the criteria under which we would accept supplemental data in calendar year (CY) 2000 for use in computing practice expense relative value units (RVUs) for CY 2001. Among other criteria, we indicated a precision level that the supplemental data would have to meet to be accepted. We revised the precision criteria in the November 1, 2000 final rule (65 FR 65383) for data received in 2001. In the November 1, 2001 final rule (66 FR 55254), we extended the deadline for receipt of supplemental data for an additional 2 years.

B. Current Criteria for Acceptance of Supplemental Data

We established criteria that apply to supplemental surveys in the May 3, 2000 interim final rule with comment period (65 FR 26664). Any CMS-designated specialty group may submit supplemental survey data. (Please see the May 3, 2000 interim final rule (65 FR 25665) for the list of designated specialties). In addition, the following are the specific criteria we will use:

- Physician groups must draw their sample from the American Medical Association (AMA) Physician Masterfile to ensure a nationally representative sample that includes both members and non-members of a physician specialty group. Physician groups must arrange for the AMA to send the sample directly to their survey contractor to ensure confidentiality of the sample; that is, to ensure comparability in the methods and data collected, specialties must not know the names of the specific individuals in the sample.
- Non-physician specialties not included in the AMA's Socioeconomic Monitoring System (SMS) must develop a method to draw a nationally representative sample of members and non-members. At a minimum, these groups must include former members in their survey sample. The sample must be drawn by the non-physician group's survey contractor, or another independent party, in a way that ensures the confidentiality of the sample; that is, to ensure comparability in the methods and data collected, specialties must not know the names of the specific individuals in the sample.
- A group (or its contractors) must conduct the survey based on the SMS survey instruments and protocols,

including administration and follow-up efforts and definitions of practice expense and hours in patient care. In addition, any cover letters or other information furnished to survey sample participants must be comparable to the information previously supplied by the SMS contractor to its sample participants.

- Physician groups must use a contractor that has experience with the SMS or a survey firm with experience successfully conducting national multi-specialty surveys of physicians using nationally representative random samples.
- Physician groups or their contractors must submit raw survey data to us, including all complete and incomplete survey responses as well as any cover letters and instructions that accompanied the survey, by August 1, 2002 for data analysis and editing to ensure consistency. All personal identifiers in the raw data must be eliminated.
- The physician practice expense data from surveys that we use in our code-level practice expense calculations are the practice expenses per physician hour in the six practice expense categories—clinical labor, medical supplies, medical equipment, administrative labor, office overhead, and other. Supplemental survey data must include data for these categories.

In addition to the above survey criteria, we indicated that we would review the precision of the survey. Based on our review of existing physician practice expense surveys, we indicated that the ratio of the standard error of the mean to the mean expressed as a percent, should not be greater than 10 percent for overall practice expenses or practice expenses per hour. We modified this criterion in the physician fee schedule final rule published on November 1, 2000 to require a 90-percent confidence interval with a range of plus or minus 10 percent of the mean (that is, 1.645 times the standard error of the mean, divided by the mean, should be equal to or less than 10 percent of the mean.)

Since the physician fee schedule is a national fee schedule, the survey must be representative of the target population nationwide. We can presume national representativeness if a random sample is drawn from a complete nationwide listing of the physician specialty, subspecialty, or supplier category and the response rate, that this, the percent of usable responses received from the sample, is high. If any of these conditions (random sample, complete nationwide listing, and high response rate) are not achieved, then the potential impacts of the deviations upon national representativeness must be explored and documented. For example, if the response rate is low, then justification must be furnished to demonstrate that the responders are not significantly different from non-responders with regard to factors affecting practice expense. Differential weighting of subsamples may improve the representativeness. Minor deviations from national representativeness may be acceptable.

We believe that it is impossible and impractical to set rigid cutoffs for most of these criteria, especially for national representativeness. We are attempting to be as flexible as possible consistent with our goal of obtaining new surveys of practice expense data that are scientifically sound and methodologically consistent with our existing estimates. For instance, a specialty may include different types of physician practices (for example, urban versus rural, academic versus non-academic, interventional versus non-interventional) that exhibit different patterns of practice expense. Similarly, a stratified sampling of these different types of practices may be a more efficient sampling strategy than a simple random sample of the entire specialty. We welcome surveys with more sophisticated designs and these types of survey variations if relevance to our criteria is documented.

We would need to make the supplemental survey data that we determine complies with the above criteria consistent with the SMS data we are using. Specifically, we are currently using 1994 through 1996 specialty practice expense per-hour data from the SMS. Thus, we would deflate supplemental survey data to be consistent with the timeframe of the data from other specialties from the SMS. For example, since the midpoint of the SMS data we currently use is 1995, we would deflate supplemental survey data to 1995 using the Medicare Economic Index. Therefore, any comparison between supplemental survey information and the SMS practice expense per-hour data we are currently using should take into account that the data should be deflated to 1995 costs. We will make comparable adjustments to bring future supplemental surveys into the same timeframe as SMS data used in the future.

In addition, if a specialty is represented in the SMS data, we will weight-average (based on the number of survey responses) the supplemental data with the existing SMS data already being used. If the specialty is not represented in the SMS data, we will substitute the new data for the crosswalked SMS data currently being used for the specialty. Specialties may also wish to consider that, under our methodology for determining practice expenses, we calculate specialty-specific practice expense RVUs based on estimates of practice expenses for specific procedures in combination with the SMS data. The specialty-specific practice expense RVUs are weight-averaged based on the frequency of allowed services performed by a given specialty. Thus, supplemental data from a specialty that represents a small proportion of the allowed services for a given procedure code will have little influence on the procedure's final value in the weighted averaging.

II. Provisions of the Interim Final Rule

In this interim final rule with comment, we are revising the precision criteria that a survey must meet to be accepted. Further, we are amending § 414.22(b)(6) to reflect the 2-year extension in the deadline for submitting supplemental data. We will accept supplemental data that meet the established criteria that we receive by August 1, 2002 to determine CY 2003 practice expense RVUs and by August 1, 2003 to determine CY 2004 practice expense RVUs.

We have reviewed the criteria set forth in the November 1, 2000 final rule for the acceptance of supplemental practice expense survey data. We will continue the requirements that supplemental survey samples be drawn from the AMA Physician Masterfile whenever possible, be nationally representative, be conducted in a way that ensures confidentiality, and be based on the SMS survey instrument and protocols. We will also consider, however, non-probability sample designs that follow accepted statistical guidelines for non-probability sampling. We will allow specialties not represented in the AMA Physician Masterfile to draw samples from other nationally representative listings.

Our criteria for acceptable response rates will continue to be as flexible as possible. Our goal is to accept survey data that are representative of the practice expenses of the specialty. Representativeness can be demonstrated either by a high rate of response or evidence that shows the respondents are not significantly or systematically different from non-respondents.

In the November 1, 2000 final rule (65 FR 65383), we established a criterion that requires * * * a 90-percent confidence interval with a range of plus or minus 10 percent of the mean (that

is, 1.645 times the standard error of the mean, divided by the mean should be equal to or less than 10 percent of the mean).'' It has been brought to our attention that this language could cause confusion. Instead, in this rule, we are indicating that we will accept surveys that achieve a sampling error of 0.15 or less at a confidence level of 90 percent. This change refines both the measurement of precision and the level of precision we will accept and could result in our acceptance of more surveys than the past criteria. In addition, we will allow specialties that have submitted surveys previously rejected under the present criteria to resubmit these survey to be evaluated under the revised criterion.

III. Response to Comments

Because of the large number of items of correspondence we normally receive on **Federal Register** documents published for comment, we are not able to acknowledge or respond to them individually. We will consider all comments we receive by the date and time specified in the ''DATES'' section of this preamble, and, when we proceed with a subsequent document, we will respond to the comments in the preamble to that document.

IV. Waiver of Proposed Rulemaking and 30-Day Delay in Effective Date

We ordinarily publish a notice of proposed rulemaking in the **Federal Register** and invite public comment on a proposed rule. The notice of proposed rulemaking includes a reference to the legal authority under which the rule is proposed and the terms and substance of the proposed rule or a description of the subjects and issues involved. This procedure can be waived, however, if an agency finds good cause that notice-and-comment procedure is impracticable, unnecessary, or contrary to the public interest and incorporates a statement of the finding and its reasons in the rule issued. We believe, in this instance, that engaging in proposed rulemaking would be contrary to the public interest. We anticipate that our revised criteria will be more effective in evaluating survey data than current criteria and will permit us to use more of the practice expense data submitted. Currently, we are aware of physician specialty groups that will be conducting a survey in 2002. If we do not publish the improved criteria contained in this interim final rule, we will continue to use the current criteria to evaluate survey data to determine physician fee schedule payments because there is insufficient time to publish proposed criteria, allow a 60-day comment period, and publish a final rule in the **Federal Register** before the deadline for submitting supplemental survey information. There would be a delay of at least 1 year until we could apply the revised criteria to survey data to calculate practice expense RVUs. Because we believe that application of the revised criteria will produce better practice expense data for use in determining practice expense RVUs, we believe that it is in the public interest for us to apply these criteria to evaluate surveys this year. To permit surveys to be evaluated using the most appropriate criteria, we find that it is in the public interest for us to waive notice-and-comment procedure.

For this reason, we find good cause to waive the notice of proposed rulemaking and to issue this final rule on an interim basis. We are providing a 60-day public comment period.

Section 553(d) of the Administrative Procedure Act (5 U.S.C. Section 553(d)) ordinarily requires a 30-day delay in the effective date of final rules after the date of their publication in the **Federal Register**. This 30-day delay in effective date can be waived, however, if an agency finds for good cause that the delay is impracticable, unnecessary, or contrary to the public interest, and the agency incorporates a statement of the finding and its reasons in the rule issued.

We anticipate that our revised criteria will be more effective in evaluating survey data than current criteria and will permit us to use more of the practice expense data submitted. Currently, we are aware that physician specialty groups that will be conducting a survey in 2002. The survey data must be submitted to us by August 1, 2002. Thus, if we do not waive the proposed rule and the delay in effective date, we believe that there would be a delay of at least 1 year until we could apply the revised criteria to survey data to calculate practice expense RVUs. Because we believe that application of the revised criteria will produce better practice expense data for use in determining practice expense RVUs, we believe that it is in the public interest for us to apply these criteria to evaluate our surveys this year. To permit surveys to be evaluated using the most appropriate criteria, we find that it is in the public interest for us to waive the 30-day delay in effective date.

V. Collection of Information Requirements

Under the Paperwork Reduction Act of 1995 (PRA), we are required to provide 60-day notice in the **Federal Register** and solicit public comment before a collection of information requirement, which is subject to the PRA, is submitted to the Office of Management and Budget (OMB) for review and approval.

Although this rule contains an information collection requirement, associated with the submission of a supplemental survey by any CMS-designated specialty group, we have determined that this requirement is not subject to the PRA. In particular, to date, CMS has not received any more than three surveys in a given year. Therefore, this collection requirement is not subject to the PRA as defined under 5 CFR 1320.3(3).

VI. Regulatory Impact

We have examined the impact of this interim final rule as required by Executive Order 12866 (September 1993, Regulatory Planning and Review), the regulatory Flexibility Act (RFA) (September 16, 1980 Pub.L. 996–354), section 1102(b) of the Social Security Act, the Unfunded Mandates Reform Act (URMA) of 1995 (Pub. L. 104–4), and Executive Order 13132.

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). The RFA requires agencies to analyze options for regulatory relief of small businesses. For purposes of the RFA, small entities include small businesses, non-profit organizations, and government agencies. Most hospitals and most other providers and suppliers are small entities, either by non-profit status or by having revenues of $8.5 million or less annually (except mental health specialties). (For details, see the Small Business Administration's web site at *http://www.sba.gov/size/naicstb2-ser.pdf*). For purposes of the RFA, all physicians and non-physician providers are considered to be small entities. Individuals and States are not included in the definition of a small entity.

Section 1102(b) of the Act requires us to prepare a regulatory impact analysis if a rule may have a significant impact on the operations of a substantial number of small rural hospitals. This analysis must conform to the provisions of section 604 of the 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 100 beds.

Since this interim final rule with comment period only modifies criteria

for physicians, non-physicians and suppliers who wish to provide data to us in computing RVUs under the physician fee schedule, there are no budgetary implications arising from this rule. The UMRA also requires (in section 202) that agencies prepare an assessment of anticipated costs and benefits before developing any rule that may result in an expenditure by State, local, or tribal governments, in the aggregate, or by the private sector, of $110 million or more in any year. This interim final rule with comment period 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.

For these reasons, we are not preparing analyses for either the RFA or section 1102(b) of the Act because we have determined, and we certify, that this rule will 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.

In accordance with the provisions of Executive Order 12866, this regulation was reviewed by the Office of Management and Budget.

List of Subjects in 42 CFR Part 414

Administrative practice and procedure, Health facilities, Health professions, Kidney diseases, Medicare, Reporting and recordkeeping requirements, Rural areas, X-rays.

For the reasons set forth in the preamble, the Centers for Medicare & Medicaid Services amends 42 CFR chapter IV as follows:

PART 414—PAYMENT FOR PART B MEDICAL AND OTHER HEALTH SERVICES

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, 1395(hh), and 1395rr(b)(1)).

2. In § 414.22, the introductory text is republished and paragraph (b)(6) is revised to read as follows:

§ 414.22 Relative value units (RVUs).

CMS establishes RVUs for physicians' work, practice expense, and malpractice insurance.

* * * * *

(b) *Practice expense RVUs.* * * *

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(6)(i) CMS establishes criteria for supplemental surveys regarding specialty practice expenses submitted to CMS that may be used in determining practice expense RVUs.

(ii) Any CMS-designated specialty group may submit a supplemental survey.

(iii) CMS will consider for use in determining practice expense RVUs for the physician fee schedule survey data and related materials submitted to CMS by August 1, 2002 to determine CY 2003 practice expense RVUs and by August 1, 2003 to determine CY 2004 practice expense RVUs.

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

Dated: May 21, 2002.

Thomas A Scully,

Administrator, Centers for Medicare & Medicaid Services.

Approved: June 5, 2002.

Tommy G. Thompson,

Secretary.

[FR Doc. 02–16332 Filed 6–27–02; 8:45 am]

BILLING CODE 4120–01–P

DEPARTMENT OF COMMERCE

National Oceanic and Atmospheric Administration

50 CFR Part 622

[Docket No. 020313055–2148–02; I.D. 021902F]

RIN 0648–AO62

Fisheries of the Caribbean, Gulf of Mexico, and South Atlantic; Coastal Migratory Pelagic Resources of the Gulf of Mexico and South Atlantic; Reef Fish Fishery of the Gulf of Mexico; Charter Vessel and Headboat Permit Moratorium

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

ACTION: Final rule.

SUMMARY: NMFS issues this final rule to implement Amendment 14 to the Fishery Management Plan for the Coastal Migratory Pelagic Resources of the Gulf of Mexico and South Atlantic (Amendment 14) and Amendment 20 to the Fishery Management Plan for the Reef Fish Resources of the Gulf of Mexico (Amendment 20). This final rule establishes a 3-year moratorium on the issuance of charter vessel or headboat (for-hire) permits for the reef fish fishery and coastal migratory pelagics fishery in the exclusive economic zone (EEZ) of the Gulf of Mexico. Also, as a consequence of the moratorium, the current charter vessel/headboat permit for coastal migratory pelagic fish is restructured to provide separate permits for the Gulf of Mexico and South Atlantic. In addition, NMFS informs the public of the approval by the Office of Management and Budget (OMB) of the collection-of-information requirements contained in this final rule and publishes the OMB control numbers for those collections. The intended effect of this final rule is to cap the number of for-hire vessels operating in these respective fisheries at the current level while the Gulf of Mexico Fishery Management Council (Council) evaluates the need for further management actions that may be needed to rebuild these fishery resources, and promote attainment of optimum yield.

DATES: This final rule is effective July 29, 2002, except for the revisions to §§ 622.5(b)(1) and 622.43(a)(3)(ii), which are effective December 26, 2002.

ADDRESSES: Copies of the final regulatory flexibility analysis (FRFA) and copies of a supplemental environmental assessment prepared by NMFS are available from the Southeast Regional Office, NMFS, 9721 Executive Center Drive N., St. Petersburg, FL 33702.

Comments on the collection-of-information requirements contained in this final rule should be sent to Robert Sadler, Southeast Regional Office, NMFS, 9721 Executive Center Drive N., St. Petersburg, FL 33702, and to the Office of Information and Regulatory Affairs, Office of Management and Budget (OMB), Washington, DC 20503 (Attention: NOAA Desk Officer).

FOR FURTHER INFORMATION CONTACT: Phil Steele, telephone: 727–570–5305, fax: 727–570–5583, e-mail: Phil.Steele@noaa.gov.

SUPPLEMENTARY INFORMATION: The fishery for reef fish is managed under the Fishery Management Plan for the Reef Fish Resources of the Gulf of Mexico (Reef Fish FMP) that was prepared by the Council. The fisheries for coastal migratory pelagic resources are managed under the Fishery Management Plan for the Coastal Migratory Pelagic Resources of the Gulf of Mexico and South Atlantic (Coastal Migratory Pelagics FMP) that was prepared jointly by the Council and the South Atlantic Fishery Management Council. These FMPs were approved by NMFS and implemented under the authority of the Magnuson-Stevens Fishery Conservation and Management Act (Magnuson-Stevens Act) by regulations at 50 CFR part 622.

On February 27, 2002, NMFS announced the availability of Amendments 14 and 20 and requested public comment on them (67 FR 8926).

A proposed rule to implement the measures in these amendments, with a request for comments, was published on March 25, 2002 (67 FR 13587). NMFS approved the amendments on May 29, 2002. The background and rationale for the measures in the amendments and proposed rule are contained in the preamble to the proposed rule and are not repeated here.

Comments and Responses

NMFS received four comments addressing the proposed amendment and 17 comments addressing the proposed rule. Additionally, two nearly identical minority reports, each signed by two Council members, objecting to the implementation of the proposed charter vessel/headboat moratorium were submitted. No comments on the initial regulatory flexibility analysis were received. All comments and the minority reports are summarized and responded to here.

Comment 1: Two nearly identical minority reports, each signed by two Council members, objecting to the implementation of the proposed charter vessel/headboat moratorium were submitted. The primary objections expressed in these minority reports were that the moratorium is not necessary, would not accomplish its stated goal, would reduce competition in the for-hire industry, would create a windfall profit for a select group of people and deny others the right to pursue an occupation of their own choice, would result in unnecessary social engineering, and would violate national standards 4 and 8 of the Magnuson-Stevens Act.

Response: The Council, in cooperation with the Gulf charter vessel/headboat industry, developed the moratorium to address issues of increased fishing effort and fishing mortality rates in the for-hire sector of the recreational fishery. Further, the overfished status of several of the major stocks targeted by and the continuing expansion of the recreational-for-hire sector are problems that support the development and implementation of this moratorium. In 1998, there were an estimated 3,220 recreational for-hire vessels in the Gulf of Mexico. Of these for-hire vessels, there are an estimated 1,275 charter vessels and 92 headboats; the remainder are probably smaller guide boats that usually fish inshore. The number of charter boats operating in the Gulf of Mexico has increased from 516 in 1981 to 1,275 in 1998 (147 percent), while the number of headboats has remained relatively stable during the same period. Further, the number of individual angler charter vessel trips increased by approximately 51 percent (through 1998) over the average number of trips from the previous decade.

During this same period, there has been an increase in the number of Gulf of Mexico fish stocks identified as overfished or approaching an overfished state. In the January 2001 report to Congress on the Status of U.S. Fisheries, red snapper and red grouper were classified as being overfished and undergoing overfishing. Gag grouper was classified as undergoing overfishing and approaching an overfished state. King mackerel was classified as overfished and vermilion snapper was classified as undergoing overfishing. Further, the Council was notified, by a letter from NMFS in February 2001, that greater amberjack was overfished. While all sectors have contributed to the overfished status of these important fisheries, increased fishing effort and fishing mortality rates by the for-hire sector in recent years have substantially increased the proportion of landings attributed to that sector. The percent of recreational red grouper, by number, landed by the recreational for-hire sector increased from 14 percent (1988/1989) to 32 percent (1996–1997) of the total recreational landings; the percentage of recreational red snapper, by number, landed by the recreational for-hire sector increased from 34 percent (1981–1982) to 62 percent (1988–1989) to 71 percent (1996–1997) of the total recreational landings. This increased catch by the recreational for-hire sector has contributed to the progressively earlier closures of the red snapper recreational fishery each year. This fishery was closed on November 27 in 1997, September 30 in 1998, and August 29 in 1999. This progressively longer closure period is adversely impacting the charter vessel/headboat sector that is dependent on this stock. Additionally, for king mackerel, the percent recreational landings, by number, caught by the recreational for-hire fishery increased from 17 percent in 1983, to 32 percent in 1988, and to 62 percent in 1997, almost doubling between each period. The landings for gag grouper increased from 15 percent during 1981–1982 to 33 percent during 1995–1996, i.e., essentially doubling between the first and last period. Further, recreational for-hire vessels historically have landed most of the recreational landings of vermilion snapper (90 percent) and greater amberjack (63 percent) during the period 1995–1996.

In conjunction with existing bag limits and size limits, the moratorium will further moderate short-term increases in fishing effort in the for-hire sector of the recreational fishery by limiting the number of vessels in the fishery. The moratorium is a form of limited access management that is intended to temporarily stabilize this effort. It will allow the Council the time necessary to develop a more comprehensive approach to help restore overfished stocks and will promote attainment of optimum yield during the interim.

In developing the moratorium program present participation in the fisheries was considered to the fullest extent possible. It became obvious in the development of the moratorium, and from public comment, that there were numerous vessels operating in the Gulf recreational for-hire fisheries that had not obtained permits. Apparently, some participants were unaware of the permit requirements. As the Council continued development of the amendment, more for-hire fishermen became aware of the permit requirement and obtained permits. The number of vessels operating out of the Gulf (including Monroe County, FL) ports with permits for the reef fish or coastal migratory pelagic fisheries was 940 on November 18, 1998 (old control date), and 1,650 vessels by August 2000, or an increase of 75 percent. To ensure that the current participants had an opportunity to be included, the Council selected March 29, 2001, as the new control date for eligibility. This takes into full consideration historical fishing practices and dependence on the fisheries and clearly does not discriminate based on state of residence. Regarding potential windfall profits to current permit holders who choose to sell their permits, the vale of these permits and their projected profitability can not be estimated at this time. However, Ditton and Loomis (1985), and Ditton and Vize (1987), found a relatively high turnover rate in the charter fishing industry in Texas, reaching 52 percent over 5 years and 75 percent over 10 years. Such a high turnover rate in the recreational for-hire sectors should make a substantial number of these permits readily available (permits are fully transferrable under provisions of the moratorium) and reduce the potential for windfall profits.

Additionally, the minority reports' concern that the permit moratorium violates national standard 8 is not warranted. The economics of the fisheries, and the cultural and social framework relevant to the fisheries and fishing communities were a prime consideration of the Council in establishing the moratorium. The moratorium and accompanying control

date should effectively allow qualification and continued operation of nearly all vessels or business entities currently participating in these fisheries and, thereby, not alter the economic, social, or cultural framework of the fishing communities, other than through the short term preclusion of participation expansion. During the moratorium, new participation into the fisheries could still occur through the transfer of existing permits, albeit at a higher entry cost than in the absence of the moratorium. Thus, new entry could continue to occur without resulting in increased fishing mortality rates on the affected stocks. In the absence of the moratorium, under status quo conditions, entry of new vessels into the fishery could continue unabated. This would result in increased participation, thereby increasing fishing mortality rates on the stocks, which may necessitate more restrictive regulations on the harvest of individual species. This would be expected to produce declines in angler benefits and participation, for-hire and support industry profitability, and degradation of the social and cultural framework surrounding these fisheries. The temporary reduction in increased fishing mortality rates, through the cap on participation, should forego these adverse conditions.

Further, the Council and NMFS prepared a Regulatory Impact Review (RIR) and a Final Regulatory Flexibility Analysis (FRFA) that assess the socioeconomic effects of the preferred measures and alternatives considered by the Council and NMFS. The costs and benefits of the rule are assessed in the RIR and the economic impacts on small entities are assessed in the RIR/FRFA. The Council considered the economic implications of each alternative for achieving the management objective of moderating short-term future increases in fishing effort while attempting to stabilize fishing mortality in the for-hire sector of the recreational fishery. The FRFA identifies the alternatives with less economic impacts on small entities and sets forth the reasons why such alternatives were rejected. NMFS believes that the approved measures were based on the best available scientific information and will achieve the management objective in a fair and equitable manner, while minimizing the adverse economic impacts to the extent practicable.

Comment 2: Two individuals opposing the amendment stated that the public had not received adequate notification of the amendment.

Response: Two sets of public hearings for the Draft Charter Vessel/Headboat Moratorium Amendment were held at 10 locations throughout the Gulf of Mexico from Port Isabel, TX, to Madeira Beach, FL, during the period December 6, 1999, through December 15, 1999, and February 5, 2001, through February 21, 2001. In addition, public testimony on the proposed moratorium was heard at the Council meeting in Mobile, AL, on March 12, 2001. Further, an advanced notice of proposed rulemaking to establish the March 29, 2001, control date was published in the Federal Register on June 14, 2001 (66 FR 32312). Additionally, following the Council's submission of the amendment to NMFS for Secretarial review, a notice of availability announcing the amendment was published in the **Federal Register** on February 27, 2002 (67 FR, 8926). Comments were accepted from the public through April 29, 2002. The proposed rule and request for comments were published in the **Federal Register** on March 25, 2002 (67 FR, 13587). Comments were accepted through May 9, 2002. Finally, two NMFS Southeast Fisheries Bulletins announcing the public comment period for the proposed amendment and final rule were distributed on April 3, 2002.

Comment 3: Seven individuals stated that the permit moratorium restricted free enterprise throughout the recreational for-hire sector.

Response: During the moratorium, new participation into the fisheries can still occur through the transfer of existing permits, albeit at a higher entry cost than in the absence of the moratorium. Thus, new entry can continue to occur without resulting in increased fishing mortality rates on the affected stocks.

Comment 4: One individual stated that NMFS lacked sufficient catch data for the recreational for-hire sector to support a moratorium on the issuance of new permits.

Response: NMFS believes that the approved measures are based on the best available science and are consistent with the precautionary approach to fisheries management. Sufficient sci entific information (see Response to Comment 1) suggests that the number of charter boats and individual angler charter vessel trips have increased substantially over the past decade. During this same period, there has been an increase in the number of fish stocks identified as overfished or approaching an overfished state that are targeted by the recreational for-hire sector (i.e., red snapper, red grouper, gag grouper, vermilion snapper, and greater amberjack). While all sectors have contributed to the overfished status of these important fisheries, increased fishing effort and fishing mortality rates by the recreational for-hire sector in recent years have substantially increased the proportion of landings attributed to that sector. This increase in fishing effort and fishing mortality rates in the for-hire sector of the recreational fishery further support the implementation of the moratorium.

Change From the Proposed Rule

In § 622.4(r)(4), NMFS removed the third sentence which read, ''No more than one owner of a currently permitted vessel will be credited with meeting the permit history criterion based on a vessel's permit history.'' This sentence is unnecessary and ambiguous. The sentence was intended to clarify that in cases where ownership of a permitted vessel involved multiple persons (e.g., joint ownership or a corporation) eligibility would apply to the single owning entity not to each of the individuals constituting the owning entity. However, the sentence could be misinterpreted as meaning that if a permitted vessel was owned by two or more different owners during the qualifying period for eligibility, only one of those owners would be eligible for a permit under the moratorium. That is incorrect and inconsistent with the intent.

Further, because it is standard practice to treat multi-person ownership as a single owner, the sentence is unnecessary and has been removed from the final rule.

Classification

The Administrator, Southeast Region, NMFS determined that Amendments 14 and 20, which this final rule implements, are necessary for the conservation and management of the coastal migratory pelagics and reef fish fisheries of the Gulf of Mexico and that they are consistent with the Magnuson-Stevens Act and other applicable laws.

This final rule has been determined to be not significant for purposes of Executive Order 12866.

NMFS prepared an FRFA that describes the economic impact that this final rule will have on small entities. A description of the action, why it is being implemented, and the legal basis for this action are contained in the preamble of this final rule. A description of significant alternatives to the proposed rule and a discussion of how the alternatives attempt to minimize economic impacts on small entities follows. Six alternatives to the proposed moratorium were considered. These were: a 5–year moratorium instead of the proposed 3–year moratorium; status quo; a 50–percent income requirement

for renewal in lieu of a moratorium; for-hire species quotas; a 3– or 5–year moratorium in combination with species quotas; and a 3–year moratorium with mandatory expiration should the red snapper restrictions become more severe. Since the status quo alternative would not accomplish the Councils goals, among the remaining alternatives, including the proposed rule, the proposed rule was determined to produce the least impacts on small entities. The 5–year alternative would provide a more stable planning horizon for industry participants but extend the period during which capacity expansion and restrictions on new entry would be impacted. The 50 percent income requirement would result in contraction of existing participants beyond the intent of the Council, which is to stabilize rather than contract the fishery while a more comprehensive evaluation is conducted and management program is designed. Species quotas would subject the fishery to disruptive closures. Linkage to the red snapper management environment was determined to be indefensible and, therefore, would not allow implementation of the proposed rule and would forego the perceived benefits of stabilization. In summary, the proposed rule would best accomplish the Council's intent while minimizing impacts.

A summary of the analysis follows. The Magnuson-Stevens Act provides the statutory basis for the final rule. The objective of the final rule is to cap the number of for-hire vessels permitted to fish for reef fish or coastal migratory pelagics in the EEZ of the Gulf of Mexico at the current level while the Council assesses the actions necessary to restore overfished reef fish and king mackerel stocks and determine whether a more comprehensive effort management system is appropriate for these fisheries. The final rule will: create a new for-hire vessel permit for the Gulf EEZ for vessels fishing for reef fish and/or coastal migratory pelagics; establish a 3–year moratorium on the issuance of new for-hire vessel permits effective the date that the final rule implementing Amendments 14 and 20 becomes effective; establish eligibility requirements for the permits that would accommodate owners of vessels that possessed or had applied for charter/headboat reef fish and/or coastal migratory pelagic permits on or before March 29, 2001, and who possess such permit(s) as of the effective date of the final rule implementing this moratorium, new for-hire vessels contracted for or under construction prior to March 29, 2001, and historical captains; allow full transference of permits during the moratorium with or without the vessel but without any increase in the passenger capacity of the recipient vessel (permits with a historical captain endorsement may only be transferred to a vessel operated by the historical captain); not allow permit renewal during the moratorium for permits not renewed within 1 year of expiration; allow an appeal process to resolve issues related to initial eligibility; and, establish reporting and permit renewal conditions.

The creation of a for-hire permit and implementation of a 3-year moratorium for the issuance of new permits will provide some stability for the for-hire sector in terms of number of participating vessels while the need for a more comprehensive controlled access or effort management system is evaluated. The specific number of vessels accommodated by the rule is unknown since it is not known how many individuals will qualify and seek permits under the boat construction or historical captain provisions. The moratorium will also not produce a hard cap on effort in the form of angler trips since current vessels may be operating under less than full passenger capacity and will retain the flexibility to increase the frequency of partial-day trips. Nevertheless, this final rule will limit expansion to the capacity of current participants. This will allow identification and enumeration of vessels in these fisheries to support essential data collection and establish a more stable environment for assessing the status of the fishery in support of subsequent regulation.

This final rule will effectively allow status quo operation by current participants in the fishery who had such permits (or applied for such) at some time during March 29, 2000, to March 29, 2001, and who also have a valid permit on the date the final rule becomes effective. The eligibility provisions for new vessel construction and historical captains will further protect the opportunities of individuals who have demonstrated a dependence on the fishery through capital investment or historical participation. The only impediment to the status quo business practices of such initial qualifiers is the limitation on vessel passenger capacity upgrades under the current permit. Such upgrade will be possible, however, through the purchase of the appropriate permit from another vessel. The liberal provisions for permit transfer support business upgrade, allow the entrance of new operators or buyouts by more efficient operators, and create a marketable asset that may enhance the value of the vessel and client lists should a participant decide to sell his/her business. The eligibility and transfer provisions are, thus, consistent with the intent to allow status quo participation while it is determined whether current effort levels are appropriate, rather than legislate reductions. The appeals process will afford valid participants the opportunity to address record discrepancies that adversely affect their eligibility. Finally, the renewal provisions support the fishery management process by aiding in the collection of essential harvest and participation information.

Business operations in the for-hire sector consist primarily, if not exclusively, of small business entities. For-hire vessel operations are considered small business entities if they generate receipts of less than $6.0 million per year. The average gross revenues for charter boats operating in 1997 was $83,000 for vessels in Alabama through Texas (based on average numbers of trips per vessel and average fee per trip) and $68,000 for vessels in Florida, while the average gross revenues for head boats/party boats was $328,000 in Alabama through Texas and $324,000 in Florida. Current revenues may exceed those of 1997, but the revenue performance of the fishery clearly qualifies the participants to fit the definition of small business entities.

All for-hire vessels that fish for reef fish or coastal migratory pelagics in the Gulf of Mexico EEZ will be affected by this final rule. However, all of these vessels are currently required to possess the appropriate for-hire permits for the fisheries in which they participate. The only effective new permit implication of this final rule is to require vessels expecting to fish for coastal migratory pelagics in both the Gulf of Mexico and South Atlantic to obtain two permits, one for each subregion, instead of the current single permit which allows fishing in either subregion. This will require an additional $20 application fee for the second permit. As of the control date of March 29, 2001, there were 2,226 permitted for-hire vessels, of which 1,737 had both reef fish and coastal migratory pelagic charter permits, 123 had only the reef fish charter permit, and 366 had only the coastal migratory pelagic charter permit. These totals are substantially greater than those at the previous control date of November 18, 1998, when there were only 940 permitted for-hire vessels, of which 723 had both permits, 58 had only the reef fish permit and 159 had only the coastal migratory pelagic permit. While total permit numbers

more than doubled during this time span, a potentially substantial portion of the increase is likely attributed to vessels that were previously operating in the fishery without the proper permits, since a frequent comment at public hearings was that operators were unaware of the current permit requirements. Thus, not all of the increase is believed to be due to either new participation or speculative purchase. It is not currently known how many vessels obtained their first for-hire permit after the cut-off date and would, therefore, not be eligible for the initial receipt of the permit. Nor is it known how many vessels might be expected to enter the fishery during the moratorium period in the absence of a moratorium. The large increase in permits suggests that a substantial number of vessels interested in participating in the fishery have already established qualification, and the liberal qualification and transfer provisions of this final rule should allow further entry by interested individuals, albeit at a larger cost due to the need to purchase a permit from a current operation. However, since all vessels in the fishery will be affected and all are considered small business entities, it is concluded that a significant number of small entities will be affected by this final rule.

No significant issues were raised by public comments in response to the IRFA. Therefore, no changes were made in the final rule as a result of such comments.

The determination of significant economic impact can be ascertained by examining two criteria, disproportionality and profitability. The disproportionality question is: will the regulations place a substantial number of small business entities at a significant competitive disadvantage to large business entities? Although some variation exists between vessel operation type (guide boat, charter boat, and head/party boat), vessel length, and degree of participation in the fishery (number of trips per year), all vessels are classified as small business entities. Thus, the issue of disproportionality is not relevant in the present case.

The profitability question is: will the regulations significantly reduce profit for a substantial number of small entities? Two categories of operations will be affected by the final rule, qualifying vessels and non-qualifying vessels. Effects on qualifying vessels may accrue through the permit fee, the reporting requirement, and the limitation on passenger capacity expansion. While permit fees are $50 for the first permit and $20 each for any additional permit, all vessels are currently required to possess a permit. Thus, permit costs should not be substantially affected, nor should they significantly affect profits. The reporting requirement impacts time expenses rather than actual monetary outlays and, therefore, do not directly affect profitability. The effects on profits of the limitation on passenger capacity expansion cannot be estimated because neither the cost of purchasing an existing permit, the expected rate of expansion (what portion of vessels might be expected to expand), or the expected average capacity expansion (i.e., what the average expansion will be from what starting passenger capacity to what final passenger capacity) can be forecast.

Effects on the profits of non-qualifying vessels will consist of the effects of not being allowed to continue participation in the fishery or the requirement that new entrants into the fishery purchase an existing permit. The effects on profits for these vessels are unknown since neither the price of the necessary permit nor the alternative operation options (what these vessels might do and what the profitability profile of this option is in lieu of participating in the for-hire fishery) for these vessels are known. The number of small entities this might entail is also unknown.

Copies of the FRFA are available upon request(see **ADDRESSES**).

Notwithstanding any other provision of law, no person is required to respond to, nor shall a person be subject to a penalty for failure to comply with, a collection of information subject to the requirements of the Paperwork Reduction Act (PRA) unless that collection of information displays a currently valid OMB control number.

This final rule contains five collection-of-information requirements subject to the Paperwork Reduction Act (PRA)--namely, a requirement to submit a charter vessel/headboat permit application, submission of information on vessel construction, submission of information on historical captain eligibility, submission of appeals of NMFS' initial denial of a charter vessel/headboat permit, and mandatory responses to NMFS' (voluntary) Marine Recreational Fishing Vessel Directory Telephone Survey (charter vessels only). The collection of this information has been approved by OMB under OMB control number 0648–0451 for the permit-related information collections and OMB control number 0648–0452 for the NMFS' Marine Recreational Fishing Vessel Directory Telephone Survey. The public reporting burdens for these collections of information are estimated to average 20 minutes, 2 hours, 2 hours, 5 hours, and 7 minutes per response, respectively, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collections of information. In addition, § 622.5(b)(1) of this rule revises slightly (i.e., revises the names of the applicable permits consistent with this rule) the requirement for charter vessel/headboat submission of a fishing trip record if selected by the Science and Research Director. The requirement applicable to headboats has been approved by OMB under control number 0648–0016 with an estimated time per response of 12 minutes. NMFS does not currently have PRA approval to select any charter vessels for this reporting and would obtain OMB clearance prior to making any selection. Send comments regarding these burden estimates or any other aspect of the collection of information requirements, including suggestions for reducing the burden, to NMFS and to OMB (see **ADDRESSES**).

List of Subjects in 50 CFR Part 622

Fisheries, Fishing, Puerto Rico, Reporting and recordkeeping requirements, Virgin Islands.

Dated: June 24, 2002.

William T. Hogarth,

Assistant Administrator for Fisheries, National Marine Fisheries Service.

For the reasons set out in the preamble, 50 CFR part 622 is amended as follows:

PART 622--FISHERIES OF THE CARIBBEAN, GULF, AND SOUTH ATLANTIC

1. The authority citation for part 622 continues to read as follows:

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

2. In § 622.4, paragraphs (a)(1) and (g) are revised and paragraph (r) is added to read as follows:

§ 622.4 Permits and fees.

(a) * * *

(1) *Charter vessel/headboat permits.* (i) For a person aboard a vessel that is operating as a charter vessel or headboat to fish for or possess, in or from the EEZ, species in any of the following species groups, a valid charter vessel/headboat permit for that species group must have been issued to the vessel and must be on board—

(A) Gulf coastal migratory pelagic fish.

(B) South Atlantic coastal migratory pelagic fish.

(C) Gulf reef fish.

(D) South Atlantic snapper-grouper.

(ii) See paragraph (r) of this section regarding a moratorium on Gulf charter vessel/headboat permits and the associated provisions.

(iii) See paragraph (r)(12) of this section for an explanation of the requirement for the new charter vessel/headboat permit for South Atlantic coastal migratory pelagic fish and for procedures for initial application and issuance of that permit.

(iv) A charter vessel or headboat may have both a charter vessel/headboat permit and a commercial vessel permit. However, when a vessel is operating as a charter vessel or headboat, a person aboard must adhere to the bag limits. See the definitions of ''Charter vessel'' and ''Headboat'' in § 622.2 for an explanation of when vessels are considered to be operating as a charter vessel or headboat, respectively.

* * * * *

(g) *Transfer.* A vessel permit, license, or endorsement or dealer permit issued under this section is not transferable or assignable, except as provided in paragraph (m) of this section for a commercial vessel permit for Gulf reef fish, in paragraph (n) of this section for a fish trap endorsement, in paragraph (o) of this section for a Gulf king mackerel gillnet endorsement, in paragraph (p) of this section for a red snapper license, in paragraph (q) of this section for a king mackerel permit, in paragraph (r) of this section for a charter vessel/headboat permit for Gulf coastal migratory pelagic fish or Gulf reef fish, in § 622.17(c) for a commercial vessel permit for golden crab, or in § 622.18(e) for a commercial vessel permit for South Atlantic snapper-grouper. A person who acquires a vessel who desires to conduct activities for which a permit or endorsement is required must apply for a permit or endorsement in accordance with the provisions of this section. If the acquired vessel is currently permitted, the application must be accompanied by the original permit and a copy of the vessel's new USCG documentation or state registration.

* * * * *

(r) *Moratorium on charter vessel/headboat permits for Gulf coastal migratory pelagic fish and Gulf reef fish.* The provisions of this paragraph (r) are applicable through July 29, 2005.

(1) *Applicability.* Beginning December 26, 2002, the only valid charter vessel/headboat permits for Gulf coastal migratory pelagic fish or Gulf reef fish are those that have been issued under the moratorium criteria in this paragraph (r). No applications for additional charter vessel/headboat permits for these fisheries will be accepted. Existing permits may be renewed, are subject to the transferability provisions in paragraph (r)(9), and are subject to the requirement for timely renewal in paragraph (r)(10) of this section.

(2) *Initial eligibility.* Initial eligibility for a charter vessel/headboat permit for Gulf coastal migratory pelagic fish or Gulf reef fish is limited to the following—

(i) An owner of a vessel that had a valid charter vessel/headboat permit for Gulf reef fish or coastal migratory pelagic fish, or whose application for such permit had been received by NMFS, at some time during the period March 29, 2000, through March 29, 2001, and who has such a valid permit on the effective date of the final rule that contains this paragraph (r)(2)(i).

(ii) Any person who can provide NMFS with documentation verifying that, prior to March 29, 2001, he/she had a charter vessel or headboat under construction and that the associated expenditures were at least $5,000 as of that date. If the vessel owner was constructing the vessel, the vessel owner must provide NMFS with receipts for the required expenditures. If the vessel was being constructed by someone other than the owner, the owner must provide NMFS with a copy of the contract and/or receipts for the required expenditures.

(iii) A historical captain, defined for the purposes of paragraph (r) of this section as a person who provides NMFS with documentation verifying that—

(A) Prior to March 29, 2001, he/she was issued either a USCG Operator of Uninspected Passenger Vessel license (commonly referred to as a 6-pack license) or a USCG Masters license and operated, as a captain, a federally permitted charter vessel or headboat in the Gulf reef fish and/or coastal migratory pelagic fisheries that was not permitted in his/her name or the name of a corporation in which he/she was a shareholder; and

(B) At least 25 percent of his/her earned income was derived from charter vessel or headboat fishing in one of the years, 1997, 1998, 1999, or 2000.

(3) *Special conditions applicable to eligibility based on historical captain status.* A person whose eligibility is based on historical captain status will be issued a letter of eligibility by the RA. The letter of eligibility may be redeemed through the RA for a charter vessel/headboat permit for Gulf coastal migratory pelagic fish and/or Gulf reef fish, with a historical captain endorsement. The letter of eligibility is valid for the duration of the moratorium; is valid only for a vessel of the same authorized passenger capacity as the vessel used to document earned income in paragraph (r)(2)(iii)(B) of this section; and is valid only for the fisheries certified on the application under paragraph (r)(2)(iii)(A) of this section. A charter vessel/headboat permit for Gulf coastal migratory pelagic fish or Gulf reef fish with a historical captain endorsement is valid only on a vessel that the historical captain operates as a captain.

(4) *Determination of eligibility based on permit history.* NMFS' permit records are the sole basis for determining eligibility based on permit or application history. An owner of a currently permitted vessel who believes he/she meets the permit or application history criterion based on ownership of a vessel under a different name, as may have occurred when ownership has changed from individual to corporate or vice versa, must document his/her continuity of ownership. An owner will not be issued initial charter vessel/headboat permits for Gulf coastal migratory pelagic fish or Gulf reef fish under the moratorium in excess of the number of federally permitted charter vessels and/or headboats that he/she owned simultaneously at some time during the period March 29, 2000 through March 29, 2001.

(5) *Application requirements and procedures*—(i) *General.* An applicant who desires a charter vessel/headboat permit for Gulf coastal migratory pelagic fish or Gulf reef fish must submit an application for such permit to the RA postmarked or hand-delivered not later than October 28, 2002. Application forms are available from the RA. The information requested on the application form varies according to the eligibility criterion that the application is based upon as indicated in paragraphs (r)(5)(ii), (iii), and (iv) of this section; however, all applicants must provide a copy of the applicable, valid USCG Operator of Uninspected Passenger Vessel license or Masters license and valid USCG Certificate of Inspection. Failure to apply in a timely manner will preclude permit issuance even when the applicant meets the eligibility criteria for such permit.

(ii) *Application based on the prior permit/application history criterion.* On or about July 29, 2002 implementing this moratorium, the RA will mail an application for a charter vessel/headboat permit for Gulf coastal migratory pelagic fish and/or Gulf reef fish to each owner of a vessel who, according to NMFS' permit records, is eligible based on the permit or application history criterion in paragraph (r)(2)(i) of this section.

Information requested on the application is consistent with the standard information required in paragraph (b)(3)(ii) of this section. The RA will also mail each such owner a notice that his/her existing charter vessel/headboat permit(s) for coastal migratory pelagic fish and/or Gulf reef fish will expire December 26, 2002 and that the new permit(s) required under this moratorium will be required as of that date. A vessel owner who believes he/she qualifies for a charter vessel/headboat permit for Gulf coastal migratory pelagic fish and/or Gulf reef fish based on permit or application history, but who does not receive an application from the RA, must request an application from the RA and provide documentation of eligibility. The RA will mail applications and notifications to vessel owner addresses as indicated in NMFS' permit records.

(iii) *Application based on a charter vessel/headboat under construction prior to March 29, 2001.* A person who intends to obtain a charter vessel/headboat permit for Gulf coastal migratory pelagic fish and/or Gulf reef fish based on the vessel-under-construction eligibility criterion in paragraph (r)(2)(ii) of this section must obtain an application from the RA. Information requested on the application includes the standard information required in paragraph (b)(3)(ii) of this section and the documentation of construction and associated costs as specified in paragraph (r)(2)(ii) of this section.

(iv) *Application based on historical captain status.* A person who intends to obtain a charter vessel/headboat permit for Gulf coastal migratory pelagic fish and/or Gulf reef fish based on historical captain status must obtain an application from the RA. Information requested on the application includes the standard information required in paragraph (b)(3)(ii) of this section and documentation of the criteria specified in paragraphs (r)(2)(iii)(A)and (B) of this section. Such documentation includes income tax records pertinent to verifying earned income; a copy of the applicable USCG license and/or Certificate of Inspection; and a notarized affidavit signed by a vessel owner certifying the period the applicant served as captain of a charter vessel or headboat permitted for Gulf reef fish and/or coastal migratory pelagic fish, whether the charter vessel or headboat was permitted for Gulf reef fish or coastal migratory pelagic fish or both, and whether the charter vessel or headboat was uninspected (i.e., 6–pack) or had a USCG Certificate of Inspection.

(v) *Incomplete applications.* If an application that is postmarked or hand-delivered in a timely manner is incomplete, the RA will notify the applicant of the deficiency. If the applicant fails to correct the deficiency within 20 days of the date of the RA's notification, the application will be considered abandoned.

(6) *Issuance of initial permits.* If a complete application is submitted in a timely manner and the applicable eligibility requirements specified in paragraph (r)(2) of this section are met, the RA will issue a charter vessel/headboat permit for Gulf coastal migratory pelagic fish and/or Gulf reef fish or a letter of eligibility for such fisheries, as appropriate, and mail it to the applicant not later than December 16, 2002.

(7) *Notification of ineligibility.* If the applicant does not meet the applicable eligibility requirements of paragraph (r)(2) of this section, the RA will notify the applicant, in writing, of such determination and the reasons for it not later than November 26, 2002.

(8) *Appeal process.* (i) An applicant may request an appeal of the RA's determination regarding initial permit eligibility, as specified in paragraph (r)(2) of this section, by submitting a written request for reconsideration to the RA with copies of the appropriate records for establishing eligibility. Such request must be postmarked or hand-delivered within 30 days after the date of the RA's notification of ineligibility and may include a request for an oral hearing. If an oral hearing is granted, the RA will notify the applicant of the place and date of the hearing and will provide the applicant a maximum of 30 days prior to the hearing to provide information in support of the appeal.

(ii) A request for an appeal constitutes the appellant's authorization under section 402(b)(1)(F) of the Magnuson-Stevens Fishery Conservation and Management Act (16 U.S.C. 1801 *et. seq.*) for the RA to make available to the appellate officer(s) such confidential records as are pertinent to the appeal.

(iii) The RA may independently review the appeal or may appoint one or more appellate officers to review the appeal and make independent recommendations to the RA. The RA will make the final determination regarding granting or denying the appeal.

(iv) The RA and appellate officer(s) are empowered only to deliberate whether the eligibility criteria in paragraph (r)(2) of this section were applied correctly. Hardship or other factors will not be considered in determining eligibility.

(v) The RA will notify the applicant of the decision regarding the appeal within 30 days after receipt of the request for appeal or within 30 days after the conclusion of the oral hearing, if applicable. The RA's decision will constitute the final administrative action by NMFS.

(9) *Transfer of permits*—(i) *Permits without a historical captain endorsement.* A charter vessel/headboat permit for Gulf coastal migratory pelagic fish or Gulf reef fish that does not have a historical captain endorsement is fully transferable, with or without sale of the permitted vessel, except that no transfer is allowed to a vessel with a greater authorized passenger capacity than that of the vessel from which the permit was transferred. The determination of authorized passenger capacity will be based on the USCG Certificate of Inspection or USCG Operator of Uninspected Passenger Vessel license associated with the vessels involved in the transfer. If no valid Certificate of Inspection is provided for a vessel, that vessel will be considered an uninspected vessel with an authorized passenger capacity restricted to six or fewer passengers.

(ii) *Permits with a historical captain endorsement.* A charter vessel/headboat permit for Gulf coastal migratory pelagic fish or Gulf reef fish that has a historical captain endorsement may only be transferred to a vessel operated by the historical captain, cannot be transferred to a vessel with a higher authorized passenger capacity than the vessel from which the permit was transferred, and is not otherwise transferable.

(iii) *Procedure for permit transfer.* To request that the RA transfer a charter vessel/headboat permit for Gulf coastal migratory pelagic fish or Gulf reef fish, the owner of a vessel that is to receive the transferred permit must complete the transfer information on the reverse side of the permit and return the permit and a completed application for transfer to the RA.

(10) *Renewal.* (i) Renewal of a charter vessel/headboat permit for Gulf coastal migratory pelagic fish or Gulf reef fish is contingent upon the permitted vessel and/or captain, as appropriate, being included in an active survey frame for, and, if selected to report, providing the information required in one of the following—

(A) NMFS' Marine Recreational Fishing Vessel Directory Telephone Survey (conducted by the Gulf States Marine Fisheries Commission);

(B) NMFS' Southeast Headboat Survey (as required by § 622.5(b)(1) of this part);

(C) Texas Parks and Wildlife Marine Recreational Fishing Survey; or

(D) A data collection system that replaces one or more of the surveys in paragraph (r)(10)(i)(A)(B) or (C) of this section.

(ii) A charter vessel/headboat permit for Gulf coastal migratory pelagic fish or Gulf reef fish that is not renewed or that is revoked will not be reissued during the moratorium. A permit is considered to be not renewed when an application for renewal, as required, is not received by the RA within 1 year of the expiration date of the permit.

(11) *Requirement to display a vessel decal.* Upon issuance, renewal, or transfer of a charter vessel/headboat permit for Gulf coastal migratory pelagic fish or Gulf reef fish, the RA will issue the owner of the permitted vessel a vessel decal for the applicable permitted fishery or fisheries. The vessel decal must be displayed on the port side of the deckhouse or hull and must be maintained so that it is clearly visible.

(12) *Requirement and procedure for obtaining an initial charter vessel/headboat permit for South Atlantic coastal migratory pelagic fish.* (i) *General.* This paragraph (r)(12) explains the necessity of requiring and the procedure for obtaining an initial charter vessel/headboat permit for South Atlantic coastal migratory pelagic fish. Formerly, the charter vessel/headboat permit for coastal migratory pelagic fish applied in the EEZ of the Gulf and South Atlantic. The establishment of a separate charter vessel/headboat permit for Gulf coastal migratory pelagic fish under the moratorium established by paragraph (r) of this section necessitates that a separate charter vessel/headboat permit for South Atlantic coastal migratory pelagic fish also be established effective December 26, 2002 and that the former charter vessel/headboat permit for coastal migratory pelagic fish (applicable in both the Gulf and South Atlantic) be voided effective as of that same date. The newly required charter vessel/headboat permit for South Atlantic coastal migratory pelagic fish is not subject to the provisions of the moratorium in paragraphs (r)(1) through (11) of this section.

(ii) *Application for and issuance of an initial charter vessel/headboat permit for South Atlantic coastal migratory pelagic fish*—(A) *Owner of a vessel with a valid charter vessel/headboat permit for coastal migratory pelagic fish.* On or about June 28, 2002, the RA, based on NMFS' permit records, will mail an application for an initial charter vessel/headboat permit for South Atlantic coastal migratory pelagic fish to each owner of a vessel with a valid charter vessel/headboat permit for coastal migratory pelagic fish. Any such owner who desires an initial charter vessel/headboat permit for South Atlantic coastal migratory pelagic fish must submit the completed application to the RA. To avoid any lapse in authorization to fish for coastal migratory species in the South Atlantic EEZ (i.e., valid permit status), such owners must submit the completed application to the RA postmarked or hand-delivered not later than September 26, 2002. For completed applications received by that deadline, the RA will issue the permit no later than December 16, 2002. Applications will be accepted at any time, but if received after the deadline, the permit may not be issued prior to the date that the permit is first required (i.e., December 26, 2002). These special procedures apply only to the application and issuance of the initial permit; subsequent permitting activities will be conducted in accordance with the standard permitting procedures as specified in § 622.4(b) through (l).

(B) *Owner or operator of a vessel without a valid charter vessel/headboat permit for coastal migratory pelagic fish.* An owner or operator of a vessel who desires a charter vessel/headboat permit for South Atlantic coastal migratory pelagic fish and who does not have a valid charter vessel/headboat permit for coastal migratory pelagic fish must obtain a permit application from the RA. For additional permitting procedures, see § 622.4(b) through (l)of this part.

3. Effective December 26, 2002, § 622.5(b)(1) is revised to read as follows:

§ 622.5 Recordkeeping and reporting.

* * * * *

(b) * * *

(1) *Coastal migratory pelagic fish, reef fish, and snapper-grouper.* The owner or operator of a vessel for which a charter vessel/headboat permit for Gulf coastal migratory pelagic fish, South Atlantic coastal migratory pelagic fish, Gulf reef fish, or South Atlantic snapper-grouper has been issued, as required under § 622.4(a)(1), or whose vessel fishes for or lands such coastal migratory pelagic fish, reef fish, or snapper-grouper in or from state waters adjoining the Gulf or South Atlantic EEZ, who is selected to report by the SRD must maintain a fishing record for each trip, or a portion of such trips as specified by the SRD, on forms provided by the SRD and must submit such record as specified in paragraph (b)(2) of this section.

* * * * *

4. In § 622.7, paragraphs (b) and (f) are revised to read as follows:

§ 622.7 Prohibitions.

* * * * *

(b) Falsify information on an application for a permit, license, or endorsement or submitted in support of such application, as specified in § 622.4(b), (g), (p), (q), or (r) or in § 622.18.

* * * * *

(f) Falsify or fail to display and maintain vessel and gear identification, as specified in § 622.6(a) and (b) or § 622.4(r)(11).

* * * * *

5. Effective December 26, 2002, § 622.43(a)(3)(ii) is revised to read as follows:

§ 622.43 Closures.

(a) * * *

(3) * * *

(ii) A person aboard a vessel for which valid charter vessel/headboat permits for Gulf coastal migratory pelagic fish or South Atlantic coastal migratory pelagic fish and a valid commercial vessel permit for king or Spanish mackerel have been issued may continue to retain fish under a bag and possession limit specified in § 622.39(c), provided the vessel is operating as a charter vessel or headboat.

* * * * *

[FR Doc. 02–16285 Filed 6–27–02; 8:45 am]
BILLING CODE 3510–22–S

Proposed Rules

Federal Register
Vol. 67, No. 125
Friday, June 28, 2002

This section of the FEDERAL REGISTER contains notices to the public of the proposed issuance of rules and regulations. The purpose of these notices is to give interested persons an opportunity to participate in the rule making prior to the adoption of the final rules.

DEPARTMENT OF AGRICULTURE

Animal and Plant Health Inspection Service

7 CFR Part 53

[Docket No. 01–069–2]

RIN 0579–AB34

Foot-and-Mouth Disease Payment of Indemnity; Update of Provisions

AGENCY: Animal and Plant Health Inspection Service, USDA.

ACTION: Notice of extension of comment period.

SUMMARY: We are extending the comment period for our proposed rule that would amend the regulations pertaining to the control and eradication of foot-and-mouth disease and other serious diseases by making changes to the indemnity provisions primarily related to foot-and-mouth disease. This action will allow interested persons additional time to prepare and submit comments.

DATES: We will consider all comments that we receive on or before July 31, 2002.

ADDRESSES: You may submit comments by postal mail/commercial delivery or by e-mail. If you use postal mail/commercial delivery, please send four copies of your comment (an original and three copies) to: Docket No. 01–069–1, Regulatory Analysis and Development, PPD, APHIS, Station 3C71, 4700 River Road Unit 118, Riverdale, MD 20737–1238. Please state that your comment refers to Docket No. 01–069–1. If you use e-mail, address your comment to *regulations@aphis.usda.gov.* Your comment must be contained in the body of your message; do not send attached files. Please include your name and address in your message and ''Docket No. 01–069–1'' on the subject line.

You may read any comments that we receive on Docket No. 01–069–1 in our reading room. The reading room is located in room 1141 of the USDA South Building, 14th Street and Independence Avenue SW., Washington, DC. Normal reading room hours are 8 a.m. to 4:30 p.m., Monday through Friday, except holidays. To be sure someone is there to help you, please call (202) 690–2817 before coming.

APHIS documents published in the **Federal Register**, and related information, including the names of organizations and individuals who have commented on APHIS dockets, are available on the Internet at *http://www.aphis.usda.gov/ppd/rad/webrepor.html.*

FOR FURTHER INFORMATION CONTACT: Dr. Mark E. Teachman, Senior Staff Veterinarian, Emergency Programs, VS, APHIS, 4700 River Road Unit 41, Riverdale, MD 20737–1231; (301) 734–8073.

SUPPLEMENTARY INFORMATION:

Background

On May 1, 2002, we published in the **Federal Register** (67 FR 21934–21959, Docket No. 01–069–1) a proposal to amend the regulations pertaining to the control and eradication of foot-and-mouth disease (FMD) and other serious diseases, including for both cooperative programs and extraordinary emergencies. Specifically, we proposed changes in indemnity provisions primarily related to FMD. The proposed changes were prompted, in part, by a review of the regulations in light of the recent series of outbreaks of FMD in the United Kingdom and elsewhere around the world. We believe these changes are necessary to ensure the success of a control and eradication program in the event of an occurrence of FMD in the United States.

Comments on the proposed rule were required to be postmarked, delivered, or e-mailed by July 1, 2002. However, a coalition of animal and agricultural associations has requested that we extend the comment period on Docket No. 01–069–1 to allow additional time for members of the public to review the proposed rule and to submit comments due to the technical nature of certain regulatory changes contained in the proposal. In response to this request, we are extending the comment period on Docket No. 01–069–1 for an additional 30 days. We will consider all comments that we receive on or before July 31, 2002. This action will allow interested persons additional time to prepare and submit comments.

Done in Washington, DC, this 26th day of June, 2002.

Bobby R. Acord,

Administrator, Animal and Plant Health Inspection Service.

[FR Doc. 02–16421 Filed 6–27–02; 8:45 am]

BILLING CODE 3410–34–P

DEPARTMENT OF TRANSPORTATION

Federal Aviation Administration

14 CFR Part 39

[Docket No. 98–ANE–37–AD]

RIN 2120–AA64

Airworthiness Directives; Breeze Eastern Aerospace Rescue Hoists

AGENCY: Federal Aviation Administration, DOT.

ACTION: Supplemental notice of proposed rulemaking; reopening of comment period.

SUMMARY: This notice reopens an earlier proposed airworthiness directive (AD), applicable to certain Breeze Eastern Aerospace rescue hoists, that would require a one-time inspection of the mounting brackets for cracks, and, if necessary, replacement with serviceable parts. This proposal is prompted by reports of cracked mounting brackets. The actions specified by the proposed AD are intended to prevent mounting bracket cracks, which could result in mounting bracket failure and separation of the rescue hoist from the aircraft.

DATES: Comments must be received by July 29, 2002.

ADDRESSES: Submit comments in triplicate to the Federal Aviation Administration (FAA), New England Region, Office of the Regional Counsel, Attention: Rules Docket No. 98–ANE–37–AD, 12 New England Executive Park, Burlington, MA 01803–5299. Comments may be inspected at this location, by appointment, between 8 a.m. and 4:30 p.m., Monday through Friday, except Federal holidays. Comments may also be sent via the Internet using the following address: ''*9-ane-adcomment@faa.gov.*'' Comments sent via the Internet must contain the docket number in the subject line.

The service information referenced in the proposed rule may be obtained from

Breeze Eastern Aerospace, 700 Liberty Avenue, Union, NJ 07083; telephone (908) 686–4000, fax (908) 686–9292. This information may be examined, by appointment, at the FAA, New England Region, Office of the Regional Counsel, 12 New England Executive Park, Burlington, MA.

FOR FURTHER INFORMATION CONTACT: Serge Napoleon, Aerospace Engineer, New York Aircraft Certification Office, FAA, Engine and Propeller Directorate, 10 Fifth Street, Third Floor, Valley Stream, NY 11581–1200; telephone (516) 256–7512; fax (516) 568–2716.

SUPPLEMENTARY INFORMATION:

Comments Invited

Interested persons are invited to participate in the making of the proposed rule by submitting such written data, views, or arguments as they may desire. Communications should identify the Rules Docket number and be submitted in triplicate to the address specified above. All communications received on or before the closing date for comments, specified above, will be considered before taking action on the proposed rule. The proposals contained in this notice may be changed in light of the comments received.

Comments are specifically invited on the overall regulatory, economic, environmental, and energy aspects of the proposed 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 summarizing each FAA-public contact concerned with the substance of this proposal will be filed in the Rules Docket.

Commenters wishing the FAA to acknowledge receipt of their comments submitted in response to this notice must submit a self-addressed, stamped postcard on which the following statement is made: ''Comments to Docket Number 98–ANE–37–AD.'' The postcard will be date stamped and returned to the commenter.

Availability of NPRM's

Any person may obtain a copy of this NPRM by submitting a request to the FAA, New England Region, Office of the Regional Counsel, Attention: Rules Docket No. 98–ANE–37–AD, 12 New England Executive Park, Burlington, MA 01803–5299.

Discussion

The Federal Aviation Administration (FAA) has received reports of mounting bracket cracks on certain Breeze Eastern Aerospace rescue hoists series BL–16600, excluding BL–16600–160. An investigation revealed that the cracks were found on the outside radius of these brackets, not along the length of the angle bracket, but in the radial direction, i.e., transverse to the length, compromising their structural integrity. Those cracks resulted from the bending and forming of the brackets during the manufacturing process. The manufacturing process has since been changed. No loss of the rescue hoist nor of rescues have occurred to date. Since the rescue hoist is tied to the airframe through those two support brackets only, their failure could result in the loss of the rescue hoist. This condition, if not corrected, could result in mounting bracket failure and separation of the rescue hoist from the aircraft. The FAA verified that there are no changes to the estimated total cost of the proposed AD on U.S. operators, that was published in the NPRM on December 14, 1998.

Manufacturer's Service Information

The FAA has reviewed and approved the technical contents of Breeze Eastern Customer Advisory Bulletin CAB–100–56, dated November 11, 1997, that describes procedures for inspection of the mounting brackets for cracks.

Proposed Requirements of this AD

Since an unsafe condition has been identified that is likely to exist or develop on other products of this same type design, the proposed AD would require a one-time inspection of the mounting brackets for cracks, and, if necessary, replacement with serviceable parts. The actions would be required to be done in accordance with the SB described previously.

Regulatory Analysis

This proposed rule does not have federalism implications, as defined in Executive Order 13132, because it would not have a substantial direct effect on the States, on the relationship between the national government and the States, or on the distribution of power and responsibilities among the various levels of government. Accordingly, the FAA has not consulted with state authorities prior to publication of this proposed rule.

For the reasons discussed above, I certify that this proposed regulation (1) is not a ''significant regulatory action'' under Executive Order 12866; (2) is not a ''significant rule'' under the DOT Regulatory Policies and Procedures (44 FR 11034, February 26, 1979); and (3) if promulgated, 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 draft regulatory 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, Safety.

The Proposed Amendment

Accordingly, pursuant to the authority delegated to me by the Administrator, the Federal Aviation Administration proposes to amend 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:

Breeze Eastern Aerospace: Docket No. 98–ANE–37–AD.

Applicability

This airworthiness directive (AD) is applicable to Breeze Eastern Aerospace rescue hoists series BL–16600, excluding BL–16600–160. These hoists are installed on, but not limited to Augusta A109, Bell 206, Bell 222, Bell 407, Eurocopter France AS332, McDonnell Douglas MD–500, and Sikorsky S–61 helicopters.

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

Compliance

Compliance with this AD is required as indicated, unless already done.

To prevent mounting bracket cracks, which could result in mounting bracket failure and separation of the rescue hoist from the aircraft, do the following:

(a) Before the next usage of the rescue hoist after the effective date of this AD, perform a one-time inspection for mounting bracket cracks, and, if necessary, replace with

serviceable parts, in accordance with Breeze Eastern Aerospace Advisory Bulletin CAB–100–56, dated November 11, 1997.

Alternative Methods of Compliance

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

Note 2: Information concerning the existence of approved alternative methods of compliance with this airworthiness directive, if any, may be obtained from the New York Aircraft Certification Office.

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

Issued in Burlington, Massachusetts, on June 20, 2002.

Francis A Favara,

Acting Manager, Engine and Propeller Directorate, Aircraft Certification Service.

[FR Doc. 02–16304 Filed 6–27–02; 8:45 am]

BILLING CODE 4910–13–P

DEPARTMENT OF TRANSPORTATION

Federal Aviation Administration

14 CFR Part 39

[Docket No. 2002–CE–03–AD]

RIN 2120–AA64

Airworthiness Directives; Air Tractor, Inc. Models AT–402, AT–402A, AT–402B, AT–602, AT–802, and AT–802A Airplanes

AGENCY: Federal Aviation Administration, DOT.

ACTION: Supplemental notice of proposed rulemaking (NPRM); Reopening of the comment period.

SUMMARY: This document proposes to revise an earlier proposed airworthiness directive (AD) that would apply to certain Air Tractor, Inc. (Air Tractor) Model AT–602 airplanes. The earlier NPRM would have required you to repetitively inspect the left hand upper longeron and upper diagonal tube of the fuselage frame for cracks and repair any cracks found. The earlier NPRM would have also required eventual modification of this area to terminate the repetitive inspection. The manufacturer has identified additional airplane models on which the unsafe condition exists or could develop and has determined that the required modification is not eliminating the cracks from occurring. This proposed AD adds additional airplanes to the applicability and makes the inspection repetitive for all airplanes even if the modification is incorporated. Since these actions impose an additional burden over that proposed in the NPRM, we are reopening the comment period to allow the public the chance to comment on these additional actions.

DATES: The Federal Aviation Administration (FAA) must receive any comments on this proposed rule on or before August 26, 2002.

ADDRESSES: Submit comments to FAA, Central Region, Office of the Regional Counsel, Attention: Rules Docket No. 2002–CE–03–AD, 901 Locust, Room 506, Kansas City, Missouri 64106. You may view any comments at this location between 8 a.m. and 4 p.m., Monday through Friday, except Federal holidays. You may also send comments electronically to the following address: *9-ACE-7-Docket@faa.gov*. Comments sent electronically must contain ''Docket No. 2002–CE–03–AD'' in the subject line. If you send comments electronically as attached electronic files, the files must be formatted in Microsoft Work 97 for Windows or ASCII text.

You may get service information that applies to this proposed AD from Air Tractor, Incorporated, P.O. Box 485, Olney, Texas 76374. You may also view this information at the Rules Docket at the address above.

FOR FURTHER INFORMATION CONTACT: Andrew D. McAnaul, Aerospace Engineer, FAA, Fort Worth Airplane Certification Office, 2601 Meacham Boulevard, Fort Worth, Texas 76193–0150; telephone: (817) 222–5156; facsimile: (817) 222–5960.

SUPPLEMENTARY INFORMATION:

Comments Invited

How Do I Comment on This Proposed AD?

The FAA invites comments on this proposed rule. You may submit whatever written data, views, or arguments you choose. You need to include the rule's docket number and submit your comments to the address specified under the caption **ADDRESSES**. We will consider all comments received on or before the closing date. We may amend this proposed rule in light of comments received. Factual information that supports your ideas and suggestions is extremely helpful in evaluating the effectiveness of this proposed AD action and determining whether we need to take additional rulemaking action.

Are There Any Specific Portions of This Proposed AD I Should Pay Attention to?

The FAA specifically invites comments on the overall regulatory, economic, environmental, and energy aspects of this proposed rule that might suggest a need to modify the rule. You may view all comments we receive before and after the closing date of the rule in the Rules Docket. We will file a report in the Rules Docket that summarizes each contact we have with the public that concerns the substantive parts of this proposed AD.

How Can I Be Sure FAA Receives My Comment?

If you want FAA to acknowledge the receipt of your comments, you must include a self-addressed, stamped postcard. On the postcard, write ''Comments to Docket No. 2002–CE–03–AD.'' We will date stamp and mail the postcard back to you.

Discussion

What Is the Background of the Subject Matter?

The FAA received reports of three occurrences of cracks found on the left hand upper longeron and upper diagonal support tubes where they intersect on the left hand side of the fuselage frame just forward of the vertical fin front spar attachment point on Air Tractor Model AT–602 airplanes. The crack starts at the forward edge of the weld where the tubes come together. We initially determined that the cracks resulted from high vertical tail loads during repeated hard turns. The cracks were found by the pilot and/or ground crew when they noticed excessive movement in the empennage due to the loss of torsional rigidity.

What Are the Consequences if the Condition Is Not Corrected?

This condition, if not corrected, could cause the fuselage to fail. Such failure could result in loss of control of the airplane.

Has FAA Taken any Action to This Point?

We issued a proposal to amend part 39 of the Federal Aviation Regulations (14 CFR part 39) to include an AD that would apply to certain Air Tractor Model AT–602 airplanes. This proposal was published in the **Federal Register** as a notice of proposed rulemaking (NPRM) on March 11, 2002 (67 FR 10862).

The NPRM proposed to require you to repetitively inspect the upper longeron and upper diagonal tube on the left hand side of the aft fuselage structure

for cracks, repair any cracks found, and modify this area by installing reinforcement parts.

You would have to accomplish the proposed actions in accordance with the following service information:

—Snow Engineering Co. Service Letter #195, dated February 4, 2000;
—Snow Engineering Co. Service Letter #213, dated November 13, 2001;
—Snow Engineering Co. Process Specification #102, revised January 5, 2001;
—Snow Engineering Co. Process Specification #120, revised December 16, 1997;
—Snow Engineering Co. Process Specification #125, dated November 28, 1993; and
—the applicable maintenance manual.

Was the Public Invited To Comment?

The FAA encouraged interested persons to participate in the making of this amendment. We did not receive any comments on the proposed rule or on our determination of the cost to the public.

What Events Have Caused FAA To Issue a Supplemental NPRM?

Since we issued the earlier NPRM, further cracking has been reported on 3 more AT–602 airplanes, as well as 1 AT–402 series and 3 AT–802 series airplanes. One of the AT–802 airplanes had the extended reinforcement gusset installed during factory production.

Air Tractor discovered that the factory installed extended reinforcement gusset, which runs further forward than the original gusset, is also cracking at the forward end of the extended gusset. Therefore, we have determined that installing the reinforcement gussets is not transferring the loads away from the joint and does not alleviate the crack condition from occurring.

The FAA's Determination and an Explanation of the Provisions of This Proposed AD

What Has FAA Decided?

After examining the circumstances and reviewing all available information related to the incidents described above, we have determined that:

—The unsafe condition referenced in this document exists or could develop on other Air Tractor Model AT–402, AT–402A, AT–402B, AT–602, AT–802, and AT–802A airplanes of the same type design;
—The originally proposed modification should not be considered as a terminating action for the repetitive inspections and all referenced airplanes should be repetitively inspected; and
—AD action should be taken in order to correct this unsafe condition.

The Supplemental NPRM

How Will the Changes to the NPRM Impact the Public?

Proposing that the NPRM apply to certain Air Tractor Models AT–402, AT–402A, AT–402B, AT–602, AT–802, and AT–802A airplanes and requiring you to repetitively inspect without a terminating action present actions that go beyond the scope of what was already proposed. Therefore, we are issuing a supplemental NPRM and reopening the comment period to allow the public additional time to comment on the proposed AD.

What Are the Provisions of the Supplemental NPRM?

The proposed AD would require you to repetitively inspect the upper longeron and upper diagonal tube on the left hand side of the aft fuselage structure for cracks and contact the manufacturer for a repair scheme if cracks are found.

Is There a Modification I Can Incorporate Instead of Repetitively Inspecting the Left Hand Upper Longeron and Upper Diagonal Tube of the Fuselage Frame for Cracks?

The FAA has determined that long-term continued operational safety would be better assured by design changes that remove the source of the problem rather than by repetitive inspections or other special procedures. With this in mind, FAA will continue to work with Air Tractor in performing further tests to determine the cause of the cracking and to provide a corrective action for terminating the need for repetitive inspections.

Why Are Air Tractor AT–500 Series Airplanes Not Included in This Proposed AD?

The Air Tractor AT–500 series airplanes have a similar design in the upper longeron in the aft fuselage structure. However, we have not received any reports of damage to this area on those airplanes. The only reports of damage are those previously referenced on the AT–402 series airplanes, Model AT–602 airplanes, and AT–802 series airplanes.

Air Tractor is currently researching this subject on the AT–500 series airplanes. Based on this research and if justified, we may propose additional rulemaking on this subject for these other airplanes.

How Many Airplanes Would This Proposed AD Impact?

We estimate that this proposed AD affects 248 airplanes in the U.S. registry.

What Would Be the Cost Impact of This Proposed AD on Owners/Operators of the Affected Airplanes?

We estimate the following costs to accomplish the proposed inspection(s):

Labor cost	Parts cost	Total cost per airplane	Total Cost on U.S. operators
1 workhour × $60 = $60	No parts required	$60	$60 × 248 = $14,880.

Regulatory Impact

Would This Proposed AD Impact Various Entities?

The regulations proposed herein would not have a substantial direct effect on the States, on the relationship between the national government and the States, or on the distribution of power and responsibilities among the various levels of government. Therefore, it is determined that this proposed rule would not have federalism implications under Executive Order 13132.

Would This Proposed AD Involve a Significant Rule or Regulatory Action?

For the reasons discussed above, I certify that this proposed 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) if promulgated, 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 draft regulatory evaluation prepared for this action has been placed 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, Safety.

The Proposed Amendment

Accordingly, under the authority delegated to me by the Administrator, the Federal Aviation Administration proposes to amend 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. FAA amends § 39.13 by adding a new airworthiness directive (AD) to read as follows:

Air Tractor, Inc.: Docket No. 2002–CE–03–AD

(a) *What airplanes are affected by this AD?* This AD affects the following airplane models and serial numbers that are certificated in any category.

Model	Serial No.
AT–402	All serial numbers beginning with 402–0694.
AT–402A	All serial numbers beginning with 402A–0738.
AT–402B	All serial numbers beginning with 402B–0966.
AT–602	All serial numbers
AT–802	All serial numbers.
AT–802A	All serial numbers.

(b) *Who must comply with this AD?* Anyone who wishes to operate any of the airplanes identified in paragraph (a) of this AD must comply with this AD.

(c) *What problem does this AD address?* The actions specified by this AD are intended to prevent failure of the empennage caused by cracks. Such failure could result in loss of control of the airplane.

(d) *What actions must I accomplish to address this problem?* To address this problem, you must accomplish the following:

Actions	Compliance	Procedures
(1) Inspect the upper longeron and upper diagonal tube on the left hand side of the fuselage frame, just forward of the vertical fin front spar attachment, for cracks	Initially inspect within the next 100 hours time-in-service (TIS) after the effective date of this AD and thereafter at intervals not to 100 hours TIS.	In accordance with Snow Engineering Co. Service Letter #195, dated February 4, 2000, and the applicable maintenance exceed manual.
(2) If cracks are found during any inspection required in paragraph (d)(1) of this AD, accomplish the following: (i) Obtain a repair scheme from the manufacturer through the FAA at address specified in paragraph (f) of this AD; and (ii) Incorporate this repair scheme	Obtain and incorporate the repair scheme prior to further flight after the inspection in which the cracks are found. Continue to inspect as specified in paragraph (d)(1) of this AD.	In accordance with the repair scheme obtained from Air Tractor, Incorporated, P.O. Box 485, the Olney, Texas 76374. Obtain this repair scheme through the FAA at the address specified in paragraph (f) of this AD.

(e) *Can I comply with this AD in any other way?* You may use an alternative method of compliance or adjust the compliance time if:

(1) Your alternative method of compliance provides an equivalent level of safety; and

(2) The Manager, Fort Worth Aircraft Certification Office (ACO), approves your alternative. Submit your request through an FAA Principal Maintenance Inspector, who may add comments and then send it to the Manager, Fort Worth ACO.

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

(f) *Where can I get information about any already-approved alternative methods of compliance?* Contact Andrew D. McAnaul, Aerospace Engineer, FAA, Fort Worth Airplane Certification Office, 2601 Meacham Boulevard, Fort Worth, Texas 76193–0150; telephone: (817) 222–5156; facsimile: (817) 222–5960.

(g) *What if I need to fly the airplane to another location to comply with this AD?* The FAA can issue a special flight permit under sections 21.197 and 21.199 of the Federal Aviation Regulations (14 CFR 21.197 and 21.199) to operate your airplane to a location where you can accomplish the requirements of this AD.

(h) *How do I get copies of the documents referenced in this AD?* You may get copies of the documents referenced in this AD from Air Tractor, Incorporated, P.O. Box 485, Olney, Texas 76374. You may view these documents at FAA, Central Region, Office of the Regional Counsel, 901 Locust, Room 506, Kansas City, Missouri 64106

Issued in Kansas City, Missouri, on June 20, 2002.

Michael Gallagher,

Manager, Small Airplane Directorate, Aircraft Certification Service.

[FR Doc. 02–16309 Filed 6–27–02; 8:45 am]

BILLING CODE 4910–13–P

DEPARTMENT OF TRANSPORTATION

Federal Aviation Administration

14 CFR Part 39

[Docket No. 2002–NM–46–AD]

RIN 2120–AA64

Airworthiness Directives; Boeing Model 747–400 Series Airplanes

AGENCY: Federal Aviation Administration, DOT.

ACTION: Notice of proposed rulemaking (NPRM).

SUMMARY: This document proposes the adoption of a new airworthiness directive (AD) that is applicable to certain Boeing Model 747–400 series airplanes. This proposal would require repetitive inspections to detect discrepancies of the drip shield and supports located above the rudder pedal mechanisms; corrective action, if necessary; and eventual modification of the drip shield, which would terminate the repetitive inspections. This action is necessary to prevent unrestrained drip shields from interfering with the rudder pedal mechanism, which could result in reduced controllability of the airplane. This action is intended to address the identified unsafe condition.

DATES: Comments must be received by August 12, 2002.

ADDRESSES: Submit comments in triplicate to the Federal Aviation Administration (FAA), Transport Airplane Directorate, ANM–114, Attention: Rules Docket No. 2002–NM–46–AD, 1601 Lind Avenue, SW., Renton, Washington 98055–4056. Comments may be inspected at this location between 9:00 a.m. and 3:00 p.m., Monday through Friday, except Federal holidays. Comments may be submitted via fax to (425) 227–1232.

Comments may also be sent via the Internet using the following address: *9-anm-nprmcomment@faa.gov.* Comments sent via fax or the Internet must contain ''Docket No. 2002–NM–46–AD'' in the subject line and need not be submitted in triplicate. Comments sent via the Internet as attached electronic files must be formatted in Microsoft Word 97 for Windows or ASCII text.

The service information referenced in the proposed rule may be obtained from Boeing Commercial Airplane Group, P.O. Box 3707, Seattle, Washington 98124–2207. This information may be examined at the FAA, Transport Airplane Directorate, 1601 Lind Avenue, SW., Renton, Washington.

FOR FURTHER INFORMATION CONTACT:

Technical Information: Clint Jones, Aerospace Engineer, Systems and Equipment Branch, ANM–130S, FAA, Seattle Aircraft Certification Office, 1601 Lind Avenue, SW., Renton, Washington 98055–4056; telephone (425) 227–1622; fax (425) 227–1181.

Other Information: Sandi Carli, Airworthiness Directive Technical Editor/Writer; telephone (425) 687–4243, fax (425) 227–1232. Questions or comments may also be sent via the Internet using the following address: *sandi.carli@faa.gov.* Questions or comments sent via the Internet as attached electronic files must be formatted in Microsoft Word 97 for Windows or ASCII text.

SUPPLEMENTARY INFORMATION:

Comments Invited

Interested persons are invited to participate in the making of the proposed rule by submitting such written data, views, or arguments as they may desire. Communications shall identify the Rules Docket number and be submitted in triplicate to the address specified above. All communications received on or before the closing date for comments, specified above, will be considered before taking action on the proposed rule. The proposals contained in this action may be changed in light of the comments received.

Submit comments using the following format:

- Organize comments issue-by-issue. For example, discuss a request to change the compliance time and a request to change the service bulletin reference as two separate issues.
- For each issue, state what specific change to the proposed AD is being requested.
- Include justification (*e.g.,* reasons or data) for each request.

Comments are specifically invited on the overall regulatory, economic, environmental, and energy aspects of the proposed 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 summarizing each FAA-public contact concerned with the substance of this proposal will be filed in the Rules Docket.

Commenters wishing the FAA to acknowledge receipt of their comments submitted in response to this action must submit a self-addressed, stamped postcard on which the following statement is made: ''Comments to Docket 2002–NM–46–AD.'' The postcard will be date stamped and returned to the commenter.

Availability of NPRMs

Any person may obtain a copy of this NPRM by submitting a request to the FAA, Transport Airplane Directorate, ANM–114, Attention: Rules Docket 2002–NM–46–AD, 1601 Lind Avenue, SW., Renton, Washington 98055–4056.

Discussion

The FAA has received reports of two occurrences of a limitation of rudder pedal travel from the neutral position. Investigation revealed that a drip shield, located in the ceiling of the forward passenger compartment, became unrestrained and dropped down onto the rudder pedal mechanism, causing the limitation. The FAA has also received reports of evidence marks on drip shields, indicating interference contact with the rudder pedal mechanism. Analysis by the manufacturer indicates that an unrestrained drip shield can limit rudder pedal movement by up to 50% in one direction. (Movement in the opposite direction would be unaffected.) The limitation is caused by failure of the bonded drip shield supports, which would allow the drip shield to fall onto the rudder pedal mechanism. Limitation of rudder pedal movement could reduce the controllability of the airplane.

Explanation of Relevant Service Information

The FAA has reviewed and approved Boeing Service Bulletin 747–25A3271, Revision 1, dated December 19, 2001, which describes procedures for repetitive inspections of the drip shield and supports of the forward rudder quadrant to detect discrepancies (insufficient clearance from the components in the forward rudder quadrant, disbonded clip plates, and missing fasteners). Corrective actions include replacing missing fasteners and disbonded clip plates with new parts. The service bulletin also describes procedures for modifying the drip shield by installing blind rivets and changing the part numbers of the clip plates and drip shield, which would eliminate the need for the repetitive inspections. Accomplishment of the actions specified in the service bulletin is intended to adequately address the identified unsafe condition.

Explanation of Requirements of Proposed Rule

Since an unsafe condition has been identified that is likely to exist or develop on other products of this same type design, the proposed AD would require accomplishment of the actions specified in the service bulletin, except as discussed below.

Differences Between Proposed AD and Service Bulletin

The service bulletin recommends that the inspections be accomplished at regular ''C-check'' intervals. This proposed AD would require that the inspections be repeated every 3,000 flight hours (until the terminating action is accomplished). The FAA finds a 3,000-flight-hour interval appropriate for affected airplanes to continue to operate without compromising safety. Because C-check schedules vary among operators, such a nonspecific interval would provide no assurance that operators would follow the prescribed actions within the prescribed schedule.

Cost Impact

There are approximately 498 airplanes of the affected design in the worldwide fleet. The FAA estimates that 60 airplanes of U.S. registry would be affected by this proposed AD.

It would take approximately 1 work hour per airplane to accomplish the proposed inspection, at an average labor rate of $60 per work hour. Based on these figures, the cost impact of the proposed inspection on U.S. operators is estimated to be $3,600, or $60 per airplane, per inspection cycle.

It would take approximately 3 work hours per airplane to accomplish the proposed terminating action, at an average labor rate of $60 per work hour. The cost of required parts would be minimal. Based on these figures, the cost impact of the proposed terminating action on U.S. operators is estimated to be $10,800, or $180 per airplane.

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

cost impact figures discussed in AD rulemaking actions represent only the time necessary to perform the specific actions actually required by the AD. These figures typically do not include incidental costs, such as the time required to gain access and close up, planning time, or time necessitated by other administrative actions.

Regulatory Impact

The regulations proposed herein would not have a substantial direct effect on the States, on the relationship between the national Government and the States, or on the distribution of power and responsibilities among the various levels of government. Therefore, it is determined that this proposal would not have federalism implications under Executive Order 13132.

For the reasons discussed above, I certify that this proposed regulation (1) is not a ''significant regulatory action'' under Executive Order 12866; (2) is not a ''significant rule'' under the DOT Regulatory Policies and Procedures (44 FR 11034, February 26, 1979); and (3) if promulgated, 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 draft regulatory 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, Safety.

The Proposed Amendment

Accordingly, pursuant to the authority delegated to me by the Administrator, the Federal Aviation Administration proposes to amend 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:

Boeing: Docket 2002–NM–46–AD.

Applicability: Model 747–400 series airplanes, certificated in any category, as listed in Boeing Service Bulletin 747–25A3271, Revision 1, dated December 19, 2001.

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

Compliance: Required as indicated, unless accomplished previously. To prevent unrestrained drip shields from interfering with the rudder pedal mechanism, which could result in reduced controllability of the airplane, accomplish the following:

Repetitive Inspections

(a) Within 1,200 flight hours after the effective date of this AD: Perform a general visual inspection of the drip shield and supports of the forward rudder quadrant to detect discrepancies (less than 0.50 inch clearance from the components in the forward rudder quadrant, disbonded clip plates, and missing fasteners), in accordance with Figure 1 of Boeing Service Bulletin 747–25A3271, Revision 1, dated December 19, 2001.

Note 2: For the purposes of this AD, a general visual inspection is defined as: ''A visual examination of an interior or exterior area, installation, or assembly to detect obvious damage, failure, or irregularity. This level of inspection is made from within touching distance unless otherwise specified. A mirror may be necessary to enhance visual access to all exposed surfaces in the inspection area. This level of inspection is made under normally available lighting conditions such as daylight, hangar lighting, flashlight, or droplight and may require removal or opening of access panels or doors. Stands, ladders, or platforms may be required to gain proximity to the area being checked.''

(1) If no discrepancy is found: Repeat the inspection thereafter at least every 3,000 flight hours until the terminating action required by paragraph (b) of this AD has been accomplished.

(2) If any discrepancy is found during any inspection required by this paragraph: Before further flight, perform the specified corrective actions in accordance with Figure 1 of the service bulletin. Thereafter repeat the inspection at least every 3,000 flight hours until the terminating action required by paragraph (b) of this AD has been accomplished.

Note 3: Accomplishment before the effective date of this AD of an inspection and applicable corrective actions in accordance with Boeing Service Bulletin 747–25A3271, dated April 12, 2001, is acceptable for compliance with the initial inspection requirement of paragraph (a) of this AD.

Terminating Action

(b) Within 2 years after the effective date of this AD, modify the drip shield by installing blind rivets in each clip plate and changing the part numbers of the clip plates and drip shield, in accordance with Figure 2 of Boeing Service Bulletin 747–25A3271, Revision 1, dated December 19, 2001.

Alternative Methods of Compliance

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

Note 4: Information concerning the existence of approved alternative methods of compliance with this AD, if any, may be obtained from the Seattle ACO.

Special Flight Permits

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

Ali Bahrami,

Acting Manager, Transport Airplane Directorate, Aircraft Certification Service.

[FR Doc. 02–16310 Filed 6–27–02; 8:45 am]

BILLING CODE 4910–13–P

DEPARTMENT OF TRANSPORTATION

Federal Aviation Administration

14 CFR Part 39

[Docket No. 2002–SW–28–AD]

RIN 2120–AA64

Airworthiness Directives; Bell Helicopter Textron, Inc. Model 212 Helicopters

AGENCY: Federal Aviation Administration, DOT.

ACTION: Notice of proposed rulemaking (NPRM).

SUMMARY: This document proposes superseding an existing airworthiness directive (AD) for Bell Helicopter Textron, Inc. (BHTI) Model 212 helicopters. That AD currently requires, at specified intervals, inspecting for a cracked tail boom and replacing any cracked tail boom. That AD also requires modifying the tail fin and tail boom within 100 hours time-in-service (TIS). This action would require modifying and visually inspecting certain vertical fin left-hand spar caps for cracking, loose fasteners, corrosion, or disbonding. If corrosion or loose

fasteners are found, this AD would require repairing the vertical fin left-hand spar cap (spar cap) and if a crack or disbonding is found, replacing any cracked or disbonded part with an airworthy part. This proposed AD would also require replacing certain spar caps within 24 months. This proposal is prompted by an accident and four failures of the spar cap involving helicopters of similar type design. The actions specified by the proposed AD are intended to prevent failure of a vertical fin spar, loss of a tail rotor, and subsequent loss of control of the helicopter.

DATES: Comments must be received on or before August 27, 2002.

ADDRESSES: Submit comments in triplicate to the Federal Aviation Administration (FAA), Office of the Regional Counsel, Southwest Region, Attention: Rules Docket No. 2002–SW–28–AD, 2601 Meacham Blvd., Room 663, Fort Worth, Texas 76137. You may also send comments electronically to the Rules Docket at the following address: *9-asw-adcomments@faa.gov.* Comments may be inspected at the Office of the Regional Counsel between 9 a.m. and 3 p.m., Monday through Friday, except Federal holidays.

FOR FURTHER INFORMATION CONTACT: Charles Harrison, Aviation Safety Engineer, FAA, Rotorcraft Directorate, Rotorcraft Standards Staff, Fort Worth, Texas 76193–0110, telephone (817) 222–5128, fax (817) 222–5961.

SUPPLEMENTARY INFORMATION:

Comments Invited

Interested persons are invited to participate in the making of the proposed rule by submitting such written data, views, or arguments as they may desire. Communications should identify the Rules Docket number and be submitted in triplicate to the address specified above. All communications received on or before the closing date for comments will be considered before taking action on the proposed rule. The proposals contained in this document may be changed in light of the comments received.

Comments are specifically invited on the overall regulatory, economic, environmental, and energy aspects of the proposed rule. All comments submitted will be available in the Rules Docket for examination by interested persons. A report summarizing each FAA-public contact concerned with the substance of this proposal will be filed in the Rules Docket.

Commenters wishing the FAA to acknowledge receipt of their mailed comments submitted in response to this proposal must submit a self-addressed, stamped postcard on which the following statement is made: ''Comments to Docket No. 2002–SW–28–AD.'' The postcard will be date stamped and returned to the commenter.

Discussion

The FAA issued AD 74–08–03, Amendment 39–1806, on March 25, 1974 (39 FR 12245, April 4, 1974), to require, at specified intervals, modifying and inspecting the rivet hole and clear area of the spar for a crack using a three-power or higher magnifying glass or a dye-penetrant or equivalent inspection and replacing any cracked tail boom with an airworthy tail boom. That AD also requires modifying the tail fin and tail boom within 100 hours TIS. That action was prompted by spar failures. The requirements of that AD are intended to detect and prevent possible cracks in the tail fin forward spar cap angle and in the tail boom skin adjacent to the fin.

Since the issuance of that AD, the FAA has received reports of an accident and four failures of spar caps of similar type design. The FAA has reviewed the BHTI Alert Service Bulletin (ASB) No. 212–00–110, Revision A, dated February 15, 2001, which specifies modifying and inspecting each fin spar, P/N 212–030–125–001, with retrofit kit, P/N 212–704–087, or P/Ns 212–030–447–001 or –101. BHTI also issued a Technical Bulletin (TB) No. 212–00–184, Revision A, dated April 23, 2001, which describes procedures for replacing all the earlier-generation spar caps with a cold expansion spar cap, part number (P/N) 212–030–447–117S.

This unsafe condition is likely to exist or develop on other helicopters of the same type design. Therefore, the proposed AD would supersede AD 74–08–03 to require the following:

- At specified intervals, modify and visually inspect certain spar caps. Before further flight, repair any loose fastener or corrosion. Before further flight, replace any cracked or disbonded spar cap with an airworthy part.
- At specified intervals, modify and inspect using a tap hammer and by dye-penetrant, respectively, each affected spar cap for a crack, loose fastener, corrosion, or disbond. Before further flight, repair any loose fastener or corrosion. Before further flight, replace any disbonded or cracked part with an airworthy part before further flight.
- Within 24 months, replace affected spar caps with the cold expansion spar cap. These actions would be required to be accomplished in accordance with the service and technical bulletins described previously.

The FAA estimates that 240 helicopters of U.S. registry would be affected by this proposed AD, that it would take approximately 4 work hours to modify and 180 work hours to inspect each spar cap and that the average labor rate is $60 per work hour. Required parts would cost approximately $1369. Based on these figures, the total cost impact of the proposed AD on U.S. operators is estimated to be $2,978,160.

The regulations proposed herein would not have a substantial direct effect on the States, on the relationship between the national Government and the States, or on the distribution of power and responsibilities among the various levels of government. Therefore, it is determined that this proposal would not have federalism implications under Executive Order 13132.

For the reasons discussed above, I certify that this proposed regulation (1) is not a ''significant regulatory action'' under Executive Order 12866; (2) is not a ''significant rule'' under the DOT Regulatory Policies and Procedures (44 FR 11034, February 26, 1979); and (3) if promulgated, 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 draft regulatory 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, Safety.

The Proposed Amendment

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

PART 39—AIRWORTHINESS DIRECTIVES

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

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

§ 39.13 [Amended]

2. Section 39.13 is amended by removing Amendment 39–1806 (39 FR 12245, April 4, 1974), and by adding a new airworthiness directive (AD), to read as follows:

Bell Helicopter Textron, Inc: Docket No. 2002–SW–28–AD. Supersedes AD 74–

08–03, Amendment 39–1806, Docket No. 73–SW–80.

Applicability: Model 212 helicopters, with a vertical fin spar cap, part number (P/N) 212–030–125–001, with retrofit kit, P/N 212–704–087, installed; vertical fin left-hand spar cap (spar cap), P/N 212–030–125–001, without the retrofit kit installed; or spar cap, P/N 212–030–447–001 or P/N 212–030–447–101, installed, certificated in any category.

Note 1: This AD applies to each helicopter 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 helicopters 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.

To prevent failure of a vertical fin spar, loss of a tail rotor, and subsequent loss of control of the helicopter, accomplish the following:

(a) Within 25 hours time-in-service (TIS), unless accomplished previously, modify and visually inspect each spar cap, P/N 212–030–125–001, not modified by retrofit kit, P/N 212–704–087 or spar cap, P/N 212–030–447–001, for a crack, loose fasteners, or corrosion in accordance with Part I (A1), paragraphs 1., 2., 3., 4., 6., and 7., of Bell Helicopter Textron Alert Service Bulletin No. 212–00–110, Revision A, dated February 15, 2001 (ASB). Thereafter, at intervals not to exceed 8 hours TIS, visually inspect each affected spar cap in accordance with Part I (A2), paragraphs 1., 2., 3., 5., and 6., of the ASB.

(1) Before further flight, repair any loose fastener or corrosion.

(2) Before further flight, replace any cracked or disbonded spar cap with an airworthy spar cap.

(b) For each spar cap, P/N 212–030–125–001, modified by retrofit kit, P/N 212–704–087, or spar cap, P/N 212–030–447–101:

(1) Within 25 hours TIS, unless accomplished previously, modify and inspect each spar cap for a crack, loose fastener, corrosion, or disbonding in accordance with Part II (A1), paragraphs 1., 2., 3., 4., 5., 7., 8., 9., and 10., of the ASB, except you are not required to contact BHTI. Thereafter, at intervals not to exceed 8 hours TIS, visually inspect each affected spar cap in accordance with Part II (A2), paragraphs 1., 2., 3., 5., and 6., of the ASB.

(2) Within 50 hours TIS, unless accomplished previously, and thereafter at intervals not to exceed 300 hours TIS, inspect each spar cap for disbonding using a hammer in accordance with Part II (B), paragraphs 1. through 13., of the ASB.

(3) Within 50 hours TIS, unless accomplished previously, modify the vertical fin, and dye-penetrant inspect each spar cap in accordance with Part II (C1), paragraphs 1. through 8. and 10. through 12., of the ASB. Thereafter, at intervals not to exceed 300 hours TIS, dye-penetrant inspect each spar cap in accordance with Part II (C2), paragraphs 1. through 9. and 11. through 14., of the ASB.

Note 2: The dye-penetrant inspection is addressed in paragraph 6–2 of the Standard Practices Manual, BHT–ALL–SPM, dated October 11, 1996.

(4) Before further flight, repair any loose fasteners or corrosion.

(5) Before further flight, replace any cracked or disbonded spar cap with an airworthy spar cap.

(c) Within 24 months, replace each affected spar cap with a cold expansion spar cap, P/N 212–030–447–117S, in accordance with the Accomplishment Instructions, paragraphs 1. through 35. and 37., and Attachments A, B, and C of Bell Helicopter Textron Technical Bulletin No. 212–00–184, Revision A, dated April 23, 2001.

Note 3: This AD does not apply to tailbooms with spar cap, P/N 212–030–447–117 or –117S, already installed, that used the cold-expanded fastener installation process.

(d) Replacing each spar cap in accordance with the requirements of this AD is terminating action for the requirements of this AD.

(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, Regulations Group, Rotorcraft Directorate, FAA. Operators shall submit their requests through an FAA Principal Maintenance Inspector, who may concur or comment and then send it to the Manager, Regulations Group.

Note 4: Information concerning the existence of approved alternative methods of compliance with this AD, if any, may be obtained from the Regulations Group.

(f) Special flight permits may be issued in accordance 14 CFR 21.197 and 21.199 to operate the helicopter to a location where the requirements of this AD can be accomplished.

Issued in Fort Worth, Texas, on June 20, 2002.

Eric Bries,

Acting Manager, Rotorcraft Directorate, Aircraft Certification Service.

[FR Doc. 02–16311 Filed 6–27–02; 8:45 am]

BILLING CODE 4910–13–P

DEPARTMENT OF THE TREASURY

Internal Revenue Service

26 CFR Parts 1, 54, 301 and 602

[REG–102740–02]

RINs 1545–BA46, 1545–AW67, 1545–BA08, 1545–AX52, 1545–AX12, 1545–AY49, 1545–AY12, 1545–BA52, 1545–AW44, 1545–BA43

Miscellaneous Federal Tax Matters; Hearings

AGENCY: Internal Revenue Service (IRS), Treasury.

ACTION: Proposed Rulemaking; changes of dates and/or locations of public hearings.

SUMMARY: This document changes some of the dates and/or locations of public hearings for several proposed regulations. The proposed regulations that are affected are identified in the table set out in this document.

FOR FURTHER INFORMATION CONTACT: Guy R. Traynor, Regulations Unit, Associate Chief Counsel, (Income Tax & Accounting), (202) 622–7180 (not a toll-free number).

SUPPLEMENTARY INFORMATION:

Background

On various dates from March of 2002 through May of 2002, a number of notices of public hearings were published in the **Federal Register** announcing the scheduling of public hearings. This document changes the dates and/or locations of some of those public hearings.

Many of the public hearings are being held at the Internal Revenue Service, National Office, 1111 Constitution Avenue NW., Washington, DC. For these hearings, use the Constitution Avenue entrance.

One hearing is being held in the Internal Revenue Service Auditorium, New Carrollton, 5000 Ellin Road, Lanham, MD.

The new hearing dates and locations are listed as follows:

Project No.	Title of regulation	Date published FR cite	New hearing date	New location of hearing
REG–102740–02	Loss Limitation Rules	March 12, 2002 (67 FR 11070).	July 19, 2002	Room 2615.
REG–165706–01	Obligations of States & Political Subdivisions.	April 10, 2002 (67 FR 17309).	August 7, 2002	Room 2615.

Project No.	Title of regulation	Date published FR cite	New hearing date	New location of hearing
REG–136193–01	Notice of Significant Reduction in the Rate of Future Benefit Accrual.	April 23, 2002 (67 FR 19713).	No change	Room 4718.
REG–105885–99	Compensation Deferred Under Eligible Deferred Compensation Plans.	May 8, 2002 (67 FR 30826).	August 29, 2002	Room 2615.
REG–118861–00	Application of Section 338 to Insurance Companies.	March 8, 2002 (67 FR 10640).	No change	Room 6718.
REG–105369–00, REG–113526–98	Arbitrage & Private Activity Restrictions Applicable to Tax-exempt Bonds Issued by State and Local Governments.	April 17, 2002 (67 FR 18835).	September 25, 2002.	Room 2615.
REG–105316–98, REG–161424–01	Information Reporting for Payments of Qualified Tuition and Payments of Interest on Qualified Education Loans.	April 29, 2002 (67 FR 20923).	No change	Room 4718.
REG–103823–99	Guidance on Cost Recovery Under the Income Forecast Method.	May 31, 2002 (67 FR 38025).	No change	Internal Revenue Service Auditorium, New Carrollton Building, 5000 Ellin Road, Lanham, MD 20706.

Cynthia E. Grigsby,

Chief, Regulations Unit, Associate Chief Counsel (Income Tax & Accounting).

[FR Doc. 02–16396 Filed 6–27–02; 8:45 am]

BILLING CODE 4830–01–P

ENVIRONMENTAL PROTECTION AGENCY

40 CFR Part 52

[MI78–01–7287b, FRL–7226–7]

Approval and Promulgation of Air Quality Implementation Plans; Michigan

AGENCY: Environmental Protection Agency.

ACTION: Proposed rule.

SUMMARY: The Environmental Protection Agency (EPA) is proposing to approve several rule revisions and rescissions for incorporation into Michigan's State Implementation Plan (SIP). The Michigan Department of Environmental Quality (MDEQ) submitted these revisions on July 7, 2000 and supplemented them with letters dated January 29, 2001, and February 6, 2002. They include revisions to definitions, open burning rules, general volatile organic compound (VOC) provisions, and administrative procedures, and the rescission of two obsolete rules. In the Final Rules section of this **Federal Register**, EPA is approving the state's SIP revision, as a 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 we receive no adverse comments in response to that direct final rule, we plan to take no further action in relation to this proposed rule. If we receive significant adverse comments, in writing, which we have not addressed, we will withdraw the direct final rule and address all public comments received in a subsequent final rule based on this proposed rule. The EPA will not institute a second comment period on this document.

DATES: EPA must receive written comments on or before July 29, 2002.

ADDRESSES: Send written comments to: Carlton Nash, Chief, Regulation Development Section, Air Programs Branch, (AR–18J), U.S. Environmental Protection Agency, Region 5, 77 West Jackson Boulevard, Chicago, Illinois, 60604.

You may inspect copies of the documents relevant to this action during normal business hours at the following location: Regulation Development Section, Air Programs Branch, (AR–18J), U.S. Environmental Protection Agency, Region 5, 77 West Jackson Boulevard, Chicago, Illinois, 60604.

Please contact Kathleen D'Agostino at (312) 886–1767 before visiting the Region 5 office.

FOR FURTHER INFORMATION CONTACT: Kathleen D'Agostino, Environmental Engineer, Regulation Development Section, Air Programs Branch (AR–18J), U.S. Environmental Protection Agency, Region 5, 77 West Jackson Boulevard, Chicago, Illinois 60604, (312) 886–1767.

SUPPLEMENTARY INFORMATION

Where Can I Find More Information About This Proposal and the Corresponding Direct Final Rule?

For additional information see the direct final rule published in the rules section of this **Federal Register**.

Dated: May 17, 2002.

Robert Springer,

Acting Regional Administrator, Region 5.

[FR Doc. 02–16275 Filed 6–27–02; 8:45 am]

BILLING CODE 6560–50–P

ENVIRONMENTAL PROTECTION AGENCY

40 CFR Part 70

[FRL–7238–9]

Clean Air Act Proposed Approval of Revision to Operating Permits Program in Washington

AGENCY: Environmental Protection Agency (EPA).

ACTION: Proposed rule.

SUMMARY: EPA is proposing to approve, as a revision to Washington's title V air operating permits program, proposed revisions to Washington's regulations for insignificant emissions units and other proposed minor revisions to Washington's title V program. In a Notice of Deficiency published in the **Federal Register** on January 2, 2002 (67 FR 73), EPA notified Washington of EPA's finding that Washington's provisions for insignificant emissions units do not meet minimum Federal requirements for program approval. This program revision would resolve the

deficiency identified in the Notice of Deficiency.

EPA is proposing to approve Washington's proposed revisions at the same time that Washington is considering the proposed changes. Washington published the proposal on Wednesday, May 15, 2002. The public comment period on the Washington regulations runs through June 21, 2002. EPA will only finalize its approval of Washington's revisions after Washington finalizes its regulations consistent with the changes described in this notice.

DATES: Written comments must be received on or before July 29, 2002.

ADDRESSES: Written comments should be addressed to Denise Baker, Environmental Protection Specialist (OAQ–107), Office of Air Quality, at the EPA Regional Office listed below. Copies of Washington's submittal, and other supporting information used in developing this action, are available for inspection during normal business hours at the U.S. Environmental Protection Agency, Region 10, 1200 Sixth Avenue, Seattle, Washington, 98101. Interested persons wanting to examine these documents should make an appointment with the appropriate office at least 24 hours before the visiting day.

FOR FURTHER INFORMATION CONTACT: Denise Baker, Office of Air Quality (OAQ–107), U.S. Environmental Protection Agency, Region 10, 1200 Sixth Avenue, Seattle, Washington, 98101, (206) 553–8087.

SUPPLEMENTARY INFORMATION:

I. Background

A. Approval of Washington's Title V Program

The Clean Air Act (CAA) requires all State and local permitting authorities to develop operating permits programs that meet the requirements of title V of the Act, 42 U.S.C. 7661–7661f, and its implementing regulations, 40 CFR part 70. Washington's operating permits program was submitted in response to this directive. EPA granted interim approval to Washington's air operating permits program on November 9, 1994 (59 FR 55813). EPA repromulgated final interim approval of Washington's operating permits program on one issue, along with a notice of correction, on December 8, 1995 (60 FR 62992).

Washington's title V operating permits program is implemented by the Washington Department of Ecology (Ecology), the Washington Energy Facility Site Evaluation Commission (EFSEC), and seven local air pollution control authorities: The Benton County Clean Air Authority (BCCAA); the Northwest Air Pollution Authority (NWAPA); the Olympic Air Pollution Control Authority (OAPCA); the Puget Sound Clean Air Agency (PSCAA); the Spokane County Air Pollution Control Authority (SCAPCA); the Southwest Clean Air Agency (SWCAA); and the Yakima Regional Clean Air Authority (YRCAA). After these State and local agencies revised their operating permits programs to address the conditions of the interim approval, EPA promulgated final full approval of Washington's title V operating permits program in the **Federal Register** on August 13, 2001 (66 FR 42439).

B. Exemption of IEUs From Permit Content Requirements

1. Background

Part 70 authorizes EPA to approve as part of a State program a list of insignificant activities and emission levels (IEUs) which need not be included in the permit application, provided that an application may not omit information needed to determine the applicability of, or to impose, any applicable requirement, or to evaluate the fee amount required under the EPA-approved schedule. *See* 40 CFR 70.5(c). Nothing in part 70, however, authorizes a State to exempt IEUs from the testing, monitoring, recordkeeping, reporting, or compliance certification requirements of 40 CFR 70.6.

Washington's regulations contain criteria for identifying IEUs. *See* WAC 173–401–200(16), –530, –532, and –533. WAC 173–401–530(1) and (2)(b) provide that designation of an emission unit as an IEU does not exempt the unit from any applicable requirements and that the permit must contain all applicable requirements that apply to IEUs. The Washington program, however, specifically exempts IEUs from testing, monitoring, recordkeeping, and reporting requirements except where such requirements are specifically imposed in the applicable requirement itself. *See* WAC 173–401–530(2)(c). The Washington program also exempts IEUs from compliance certification requirements. *See* WAC 173–401–530(2)(d). Because of these exemptions, EPA has long maintained that Washington's provisions for IEUs do not meet minimum Federal requirements for program approval. For additional discussion of EPA's position on this issue, please *see* 66 FR 42439–42440 (August 13, 2001) (final full approval of Washington's title V program) and 67 FR 73 (January 2, 2002) (Notice of Deficiency).

2. Notice of Deficiency

40 CFR 70.10(c)(1) provides that EPA may withdraw a part 70 program approval, in whole or in part, whenever the approved program no longer complies with the requirements of part 70. Section 70.10(b) sets forth the procedures for program withdrawal, and requires as a prerequisite to withdrawal that the permitting authority be notified of any finding of deficiency by EPA and that the document be published in the **Federal Register**. If the permitting authority has not taken ''significant action to assure adequate administration and enforcement of the program'' within 90 after publication of a notice of deficiency, EPA may withdraw the State program, apply any of the sanction specified in section 179(b) of the Act, or promulgate, administer, and enforce a Federal title V program. 40 CFR 70.10(b)(2). Section 70.10(b)(3) provides that if a State has not corrected the deficiency within 18 months of the finding of deficiency, EPA will apply the sanctions under section 179(b) of the Act, in accordance with section 179(a) of the Act. Upon EPA action, the sanctions will go into effect unless the State has corrected the deficiencies identified in this notice within 18 months. In addition, section 70.10(b)(4) provides that, if the State has not corrected the deficiency with 18 months, EPA must promulgate, administer, and enforce a whole or partial program within 2 years. Pursuant to the above provisions, EPA notified Washington of EPA's finding that Washington's provisions for IEUs do not meet minimum Federal requirements for program approval in a Notice of Deficiency published in the **Federal Register** on January 2, 2002 (67 FR 73).

3. Proposed Changes to IEU Provisions

In response to the Notice of Deficiency, Washington has proposed to revise its IEU provisions so that IEUs are no longer exempt outright from testing, monitoring, recordkeeping, reporting, and compliance certification. As proposed, WAC 173–401–530(2)(c) creates a presumption that no testing, monitoring, recordkeeping, and reporting is required for IEUs, but that presumption can be overcome if such testing and monitoring provisions are determined by the permitting authority to be necessary to assure compliance. This revision is consistent with EPA's long-standing position that the permitting authority in general has broad discretion in determining the nature of any required monitoring and that the requirement to include in a permit testing, monitoring,

recordkeeping, and reporting sufficient to assure compliance does not require the permit to impose the same level of rigor with respect to all emission units. For example, it does not require extensive testing or monitoring to assure compliance with the applicable requirements for emissions units that do not have significant potential to violate emissions limitations or other requirements under normal operating conditions. Because IEUs are typically associated with lesser environmental impacts than other emission units and present little or no potential for violations of generally applicable requirements, EPA has stated that the permitting authority can provide in some cases that the status quo (*i.e.,* no monitoring) meets the requirements of part 70.

In response to the Notice of Deficiency, Washington has also proposed to revise its IEU provisions so that IEUs are no longer exempt from compliance certification. As proposed, WAC 173–401–530(2)(d), which specifically states that sources did not need certify compliance under WAC 173–401–630(5) for IEUs, would be deleted. WAC 173–401–530(2)(c) would be revised to clarify that, if a title V permit does not require monitoring for IEUs, the permittee may certify continuous compliance if there were no observed, documented, or known instances of noncompliance during the reporting period and that, if the title V permit does require monitoring for IEUs, the permittee must also consider the required monitoring. The EPA interprets 70.5(c)(9) to allow for a certification of compliance where there is no required monitoring and, despite a ''reasonable inquiry'' to uncover other existing information, the responsible official has no information to the contrary. EPA believes that the proposed revisions to WAC 173–401–530(c) and the proposed deletion of WAC 173–401–530(d) meet the requirements of part 70 with respect to testing, monitoring, recordkeeping, reporting, and compliance certification for IEUs. See *White Paper Number 2 for Improved Implementation of the Part 70 Operating Permits Program*, pp. 30–31 (March 5, 1996). Therefore, EPA proposes to approve these changes as a revision to Washington's title V program if Washington finalizes the proposed changes consistent with this notice. Final adoption of these changes by Washington would also adequately address the deficiency identified in the Notice of Deficiency.

C. Other Proposed Changes to Washington's Title V Regulations

Washington has also proposed other minor changes to its regulations governing its title V operating permits program, which EPA also proposes to approve.

1. Continuous and Intermittent Compliance

Washington has proposed to add definitions for ''continuous compliance'' and ''intermittent compliance'' to implement the compliance certification requirements of its title V program. Although these terms are not currently defined in part 70, Washington's proposed definitions are identical to definitions in the instructions to the standard annual compliance certification form developed by EPA for use by permittees subject to the Federal operating permits program. See *http://www.epa.gov/oar/oaqps/permits/p71forms.html.* EPA therefore believes that these proposed new definitions are approvable. EPA notes, however, that it intends to propose changes to the compliance certification requirements of part 70 (40 CFR 70.6(c)(5)) in the near future, which may include definitions of the terms ''continuous compliance'' and ''intermittent compliance.'' Washington would be required to later revise its compliance certification requirements, including the definitions of ''continuous compliance'' and ''intermittent compliance,'' if Washington's provisions are not consistent with the compliance certification requirements adopted by EPA after notice and comment rulemaking.

2. Major Source

Washington has proposed to revise the definition of ''major source'' in response to recent amendments to the definition of ''major source'' in part 70. *See* 66 FR 59161 (November 27, 2001). EPA made two changes from the 1992 rule regarding when non-Hazardous Air Pollutant (HAP) fugitive emissions are included in determining major source status. The 1992 rule required that non-HAP fugitive emissions be counted for all industrial facilities in source categories covered by New Source Performance Standards (NSPS) or National Emission Standards for Hazardous Air Pollutants (NESHAP) standards, but only with regards to pollutants specifically regulated for the source category. The final amendment to part 70 changed this requirement: (1) To address only source categories covered by NSPS or NESHAP standards promulgated after August 7, 1980; and (2) to delete the limitation that only pollutants specifically regulated by the standard be included. Consistent with this amendment, Washington is proposing to revise its rule to delete the limitation on only pollutants specifically regulated by the standard. However, Washington is not limiting the applicability of this requirement to sources in categories regulated *after* August 7, 1980. Without this date, Washington's rule is more stringent than part 70 (*i.e.*, requires that fugitive emissions be included for more categories of sources). Therefore, Washington's proposed change in the definition of ''major source'' is approvable.

3. Standard Application Forms

Washington has also proposed to revise its regulations to clarify that the use of a standard title V operating permit application form is not required if the owner/operator provides all of the required data elements for a complete application. As EPA has previously stated, although part 70 clearly requires that States develop a standard permit application form, part 70 does not require permitting authorities to require permit applicants to use the standard form provided that all the required information is submitted by the permit applicant. *See Response to Comments Regarding Alleged Deficiencies in Washington's Title V Operating Permits Program*, dated December 14, 2001.

4. Prompt Reporting of Permit Deviations

Finally, Washington has proposed to amend its rules to provide that deviations that do not represent a potential threat to human health or safety must be reported no later than thirty days after the end of the month during which the deviation is discovered or as part of routine emission monitoring reports, whichever occurs first. Reporting of deviations that represent a potential threat to human health and safety continues to be required as soon as possible, but in no case later than twelve hours after the deviation is discovered. Currently in Washington, permitting authorities have the discretion to require reporting of ''other deviations'' (that is, deviations that do not represent a potential threat to human health or safety) either no later than thirty days after the end of the month during which the deviation is discovered or as part of routine emission monitoring reports. EPA raised concerns that this could allow the reporting of excess emissions six months after the deviation occurred. In response to EPA's concerns, all

Washington permitting authorities have committed to EPA to require reporting of all ''other'' deviations no later than 30 days after the end of the month in which the deviation is discovered. The proposed change to the provisions for prompt reporting of deviations would make Washington regulations consistent with the current practice of Washington permitting authorities, and EPA believes the change is consistent with the requirements of part 70.

II. Final Action

EPA is proposing to approve as a revision to Washington's title V air operating permits program proposed revisions to Washington's regulations for IEUs, specifically, revisions to WAC 173–401–530(2)(c) and deletion of WAC 173–401–530(2)(d). EPA has determined that the proposed changes meet the requirements of title V and part 70 relating to IEUs and adequately address the deficiency identified in the Notice of Deficiency published in the **Federal Register** on January 2, 2002 (67 FR 73). EPA is also proposing to approve the proposed addition of definitions for ''continuous compliance'' and ''intermittent compliance,'' the proposed change to the definition of ''major source,'' proposed changes to clarify that the use of a standard application form is not required if all required information is provided by the applicant, and a proposed change to the time frame for the prompt reporting of permit deviations. Because the proposed revisions Chapter 173–401 apply throughout the State of Washington, this proposed approval applies to all State and local agencies that implement Washington's operating permits program. As discussed above, those agencies include Ecology, EFSEC, BCCAA, NWAPA, OAPCA, PSCAA, SCAPCA, SWCAA, and YRCAA.

Consistent with EPA's action granting Washington full approval, this approval does not extend to ''Indian Country'', as defined in 18 USC 1151, except with respect to non-trust lands within the 1873 Survey Area of the Puyallup Reservation.[1] See 66 FR 42439, 42440 (August 13, 2001); 64 FR 8247, 8250–8251 (February 19, 1999); 59 FR 42552, 42554 (August 18, 1994).

III. Administrative Requirements

Under Executive Order 12866, ''Regulatory Planning and Review'' (58 FR 51735, October 4, 1993), this action is not a ''significant regulatory action'' and therefore is not subject to review by the Office of Management and Budget. Under the Regulatory Flexibility Act (5 U.S.C. 601 *et seq.*), the Administrator certifies that this rule will not have a significant economic impact on a substantial number of small entities because it merely approves State law as meeting Federal requirements and imposes no additional requirements beyond those imposed by State law. This rule does not contain any unfunded mandates and does not significantly or uniquely affect small governments, as described in the Unfunded Mandates Reform Act of 1995 (Pub. L. 104–4) because it approves pre-existing requirements under State law and does not impose any additional enforceable duties beyond that required by State law. This rule also does not have tribal implications because it will not have a substantial direct effect on one or more Indian tribes, on the relationship between the Federal Government and Indian tribes, or on the distribution of power and responsibilities between the Federal Government and Indian tribes, as specified by Executive Order 13175, ''Consultation and Coordination with Indian Tribal Governments'' (65 FR 67249, November 9, 2000). This rule also does not have Federalism implications because it 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, as specified in Executive Order 13132, ''Federalism'' (64 FR 43255, August 10, 1999). The rule merely approves existing requirements under State law, and does not alter the relationship or the distribution of power and responsibilities between the State and the Federal government established in the Clean Air Act. This rule also is not subject to Executive Order 13045, ''Protection of Children from Environmental Health Risks and Safety Risks'' (62 FR 19885, April 23, 1997) or Executive Order 13211, ''Actions Concerning Regulations That Significantly Affect Energy Supply, Distribution, or Use'' (66 FR 28355 (May 22, 2001), because it is not a significantly regulatory action under Executive Order 12866. This action will not impose any collection of information subject to the provisions of the Paperwork Reduction Act, 44 U.S.C. 3501 *et seq.*, other than those previously approved and assigned OMB control number 2060–0243. For additional information concerning these requirements, *see* 40 CFR part 70. 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.

In reviewing State operating permit programs submitted pursuant to title V of the Clean Air Act, EPA will approve State programs provided that they meet the requirements of the Clean Air Act and EPA's regulations codified at 40 CFR part 70. In this context, in the absence of a prior existing requirement for the State to use voluntary consensus standards (VCS), EPA has no authority to disapprove a State operating permit program for failure to use VCS. It would, thus, be inconsistent with applicable law for EPA, when it reviews an operating permit program, to use VCS in place of a State program that otherwise satisfies the provisions of the Clean Air Act. Thus, the requirements of section 12(d) of the National Technology Transfer and Advancement Act of 1995 (15 USC 272 note) do not apply.

List of Subjects in 40 CFR Part 70

Environmental protection, Administrative practice and procedure, Air pollution control, Intergovernmental relations, Operating permits, Reporting and recordkeeping requirements.

Dated: June 18, 2002.

John Iani,

Regional Administrator, Region 10.

[FR Doc. 02–16363 Filed 6–27–02; 8:45 am]

BILLING CODE 6560–50–P

[1] As these terms are defined in the Agreement dated August 27, 1988 among the Puyallup Tribe of Indians, local governments in Pierce County, the State of Washington, the United States, and certain private property owners.

ENVIRONMENTAL PROTECTION AGENCY

40 CFR Part 300

[FRL–7238–3]

National Oil and Hazardous Substances Pollution Contingency Plan; National Priorities List

AGENCY: Environmental Protection Agency.

ACTION: Notice of intent to delete the Hopkins Farm Superfund Site from the National Priorities List.

SUMMARY: The Environmental Protection Agency (EPA), Region 2, is issuing a Notice of Intent to Delete the Hopkins Farm Superfund Site (Site), located in Plumsted Township, Ocean County, New Jersey, from the National Priorities List (NPL) and requests public comment on this Notice of Intent.

The NPL is appendix B of the National Oil and Hazardous Substances Pollution Contingency Plan (NCP), 40 CFR part 300, which EPA promulgated

pursuant to section 105 of the Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA) of 1980, as amended. The EPA and the State of New Jersey, through the New Jersey Department of Environmental Protection, have determined that all responsible parties or other parties have implemented appropriate response actions and no further actions are required.

In the ''Rules and Regulations'' Section of today's **Federal Register**, EPA is publishing a Direct Final Notice of Deletion of the Hopkins Farm Superfund Site without prior notice because EPA views this as a noncontroversial revision and anticipates no significant adverse comment. EPA has explained our reasons for this deletion in the preamble to the Direct Final Deletion. If EPA receives no significant adverse comment(s) on the Direct Final Notice of Deletion, EPA will not take further action on this Notice of Intent to Delete. If EPA receives significant adverse comment(s), EPA will withdraw the Direct Final Notice of Deletion and it will not take effect. EPA will, as appropriate, address all public comments. If, after evaluating public comments, EPA decides to proceed with deletion, EPA will do so in a subsequent Final Deletion Notice based on this Notice of Intent to Delete. EPA will not institute a second comment period on this Notice of Intent to Delete. Any parties interested in commenting must do so at this time. For additional information, see the Direct Final Notice of Deletion which is located in the Rules section of this **Federal Register**.

DATES: Comments concerning this Site must be received by July 29, 2002.

ADDRESSES: Written comments should be addressed to: Trevor Anderson, Remedial Project Manager, Emergency and Remedial Response Division, U.S. Environmental Protection Agency, Region 2, 290 Broadway, 19th Floor, New York, New York 10007–1866.

FOR FURTHER INFORMATION CONTACT: Mr. Trevor Anderson at the address provided above, or by telephone at (212) 637–4425, by Fax at (212) 637–4429 or via e-mail at *Anderson.Trevor@EPA.GOV.*

SUPPLEMENTARY INFORMATION: For additional information, see the Direct Final Notice of Deletion which is located in the Rules section of this **Federal Register**.

Authority: 33 U.S.C. 1321(c)(2); 42 U.S.C. 9601–9675; E.O. 12777, 56 FR 54757, 3 CFR, 1991 Comp.; p. 351; E.O. 12580, 52 FR 2923, 3 CFR, 1987 Comp.; p. 193.

Dated: June 14, 2002.

Jane M. Kenny,

Regional Administrator, U.S. EPA, Region 2.

[FR Doc. 02–16269 Filed 6–27–02; 8:45 am]

BILLING CODE 6560–50–P

Notices

Federal Register
Vol. 67, No. 125
Friday, June 28, 2002

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

Forest Service

Grays Harbor Resource Advisory Committee

AGENCY: Forest Service, USDA.

ACTION: Notice of meeting.

SUMMARY: The Grays Harbor Resource Advisory Committee (RAC) will hold its next meeting on July 22, 2002. The meeting will be held at the Pacific Ranger District's Quinault Office, Quinault, Washington. The meeting will begin at 7 p.m. and end at approximately 9 p.m. Agenda topics are: Approval of minutes of previous meeting; Presentation of FY 2003 Title II project proposals; Selection of recommended projects and priorities; Public comments; and Identify next meeting date and location.

All Grays Harbor Resource Advisory Committee Meetings are open to the public. Interested citizens are encourage to attend.

FOR FURTHER INFORMATION CONTACT: Direct questions regarding this meeting to Ken Eldredge, RAC Liaison, USDA, Olympic National Forest Headquarters, 1835 Black Lake Blvd., Olympia, WA 98512–5623, (306) 956–2323 or Dale Hom, Forest Supervisory and Designated Federal Official, at (360) 965–2301.

Dated: June 21, 2002.

Dale Hom,

Forest Supervisor, Olympic National Forest.

[FR Doc. 02–16299 Filed 6–27–02; 8:45 am]

BILLING CODE 3410–11–M

DEPARTMENT OF AGRICULTURE

Natural Resources Conservation Service

L'Anguille River Watershed; Poinsett and Craighead Counties, AR

AGENCY: Natural Resources Conservation Service, USDA.

ACTION: Notice of intent to prepare an environmental impact statement.

SUMMARY: Pursuant to Section 102(2)(C) of the National Environmental Policy Act of 1969; the Council on Environmental Quality Guidelines (40 CFR Part 1500); the Natural Resources Conservation Service, U.S. Department of Agriculture, gives notice that an environmental impact statement is being prepared for the L'Anguille River Watershed, in Poinsett and Craighead Counties, Arkansas.

FOR FURTHER INFORMATION CONTACT: Kalven L. Trice, State Conservationist, Natural Resources Conservation Service, Room 3416 Federal Building, 700 West Capitol Avenue, Little Rock, Arkansas 72201, Telephone (501) 301–3100.

SUPPLEMENTARY INFORMATION: Due to the preliminary anticipated Federal cost of this project, NRCS policy requires that an environmental impact statement be prepared.

The project concerns a plan to address groundwater declines and measures to increase water use efficiency. Alternatives under consideration to reach this objective include the construction of on-farm water storage reservoirs, underground pipelines, tailwater recovery systems, and improved irrigation management.

A draft environmental impact statement will be prepared and circulated for review by agencies and the public. The Natural Resources Conservation Service invites participation and consultation of agencies and individuals that have special expertise, legal jurisdiction, or interest in the preparation of the draft environmental impact statement. NRCS held a combined public hearing and scoping meeting with the Arkansas Soil and Water Commission on February 1, 2001 at Weiner, Arkansas to discuss this watershed. Comments were received at and following this meeting. In order to comply with the National Environmental Policy Act of 1969 (NEPA), additional comments from the public and interested agencies will be accepted until July 15, 2002. Further information on the proposed action or future public meetings may be obtained from Kalven L. Trice, State Conservationist, at the above address and telephone number.

(This activity is listed in the Catalog of Federal Domestic Assistance under No. 10.904—Watershed Protection and Flood Prevention—and is subject to the provisions of Executive Order 12372 which requires intergovernmental consultation with State and local officials.)

Dated: June 5, 2002.

Kalven L. Trice,

State Conservationist.

[FR Doc. 02–16308 Filed 6–27–02; 8:45 am]

BILLING CODE 3210–16–P

COMMITTEE FOR PURCHASE FROM PEOPLE WHO ARE BLIND OR SEVERELY DISABLED

Agency Information Collection Activities; Proposed Information Collection; Comment Request

AGENCY: Committee for Purchase From People Who Are Blind or Severely Disabled.

ACTION: 60-day notice, proposed collection; comment request.

Title: Nonprofit Agency Responsibilities, 3037–0005.

SUMMARY: The Committee for Purchase From People Who Are Blind or Severely Disabled is announcing an opportunity for public comment on the proposed collection of certain information by the agency. Under the Paperwork Reduction Act of 1995, Federal agencies are required to publish notice in the **Federal Register** concerning each proposed collection of information, and to allow 60 days for public comment in response to the notice. This notice solicits comments on requirements relating to the record keeping requirements of nonprofit agencies serving people who are blind or severely disabled.

DATES: Submit comments on or before August 27, 2002.

ADDRESSES: Comments and requests for copies of the proposed information collection instruments should be submitted to: Janet Yandik, Information Management Specialist, Committee for Purchase From People Who Are Blind

or Severely Disabled, Jefferson Plaza 2, Suite 10800, 1421 Jefferson Davis Highway, Arlington, VA 22202–3259; e-mail: *jyandik@jwod.gov;* phone: (703) 603–7746, fax (703) 603–0655.

SUPPLEMENTARY INFORMATION: The Committee imposes certain requirements on nonprofit agencies that participate in the Javits-Wagner-O'Day (JWOD) Program. The requirements being proposed are recordkeeping for specific products and services sold under the JWOD Act. This is a change in current requirements that only require records be kept and reported in the aggregate, rather than by specific JWOD product or service. If approved, recordkeeping shall reflect dollar sales of each product and service sold under the authority of JWOD Act, direct labor hours performed by all workers on each product and service sold under the JWOD Act, and files which document the disability and competitive employability of each worker counted toward the nonprofit agencies' ratio of disabled direct labor. Such records and files are required to ensure the effective administration of the JWOD Program and to ensure that nonprofit agencies seeking to participate in the Committee's program meet the requirements of 41 U.S.C. 46–48(c).

Sheryl D. Kennerly,

Director, Information Management.

[FR Doc. 02–16355 Filed 6–27–02; 8:45 am]

BILLING CODE 6353–01–P

COMMITTEE FOR PURCHASE FROM PEOPLE WHO ARE BLIND OR SEVERELY DISABLED

Procurement List; Additions

AGENCY: Committee for Purchase from People Who Are Blind or Severely Disabled.

ACTION: Additions to Procurement List.

SUMMARY: This action adds to the Procurement List services to be furnished by nonprofit agencies employing persons who are blind or have other severe disabilities.

EFFECTIVE DATE: July 29, 2002.

ADDRESSES: Committee for Purchase From People Who Are Blind or Severely Disabled, Jefferson Plaza 2, Suite 10800, 1421 Jefferson Davis Highway, Arlington, Virginia 22202–3259.

FOR FURTHER INFORMATION CONTACT: Sheryl D. Kennerly, (703) 603–7740.

SUPPLEMENTARY INFORMATION: On April 12, April 19, May 3, and May 10, 2002, the Committee for Purchase From People Who Are Blind or Severely Disabled published notice (67 FR 17966, 19392, 22398, and 31765) of proposed additions to the Procurement List.

After consideration of the material presented to it concerning capability of qualified nonprofit agencies to provide the services and impact of the additions on the current or most recent contractors, the Committee has determined that the services listed below are suitable for procurement by the Federal Government under 41 U.S.C. 46–48c and 41 CFR 51–2.4.

I certify that the following action will not have a significant impact on a substantial number of small entities. The major factors considered for this certification were:

1. The action will not result in any additional reporting, recordkeeping or other compliance requirements for small entities other than the small organizations that will furnish the services to the Government.

2. The action will result in authorizing small entities to furnish the services to the Government.

3. There are no known regulatory alternatives which would accomplish the objectives of the Javits-Wagner-O'Day Act (41 U.S.C. 46–48c) in connection with the services proposed for addition to the Procurement List.Accordingly, the following services are added to the Procurement List:

Services

Service Type/Location: Administrative Support, Service School Command, Great Lakes, Illinois.
NPA: GWS, Inc., Waukegan, Illinois.
Contract Activity: Fleet and Industrial Supply Center Detachment Philadelphia.

Service Type/Location: Custodial Service, Veterans Affairs Nursing Home Care Unit, Pueblo, Colorado.
NPA: Pueblo Diversified Industries, Inc., Pueblo, Colorado.
Contract Activity: Department of Veterans Affairs, VA Medical Center, Denver, Colorado.

Service Type/Location: Food Service Attendant, Alabama Air National Guard, 226th Communication Group,Gadsden, Alabama.
NPA: Alabama Goodwill Industries, Inc., Birmingham, Alabama.
Contract Activity: Alabama Air National Guard, Gadsden, Alabama.

Service Type/Location: Grounds Maintenance, Environmental Protection Agency, Environmental Science Center, Fort Meade, Maryland.
NPA: Baltimore Association for Retarded Citizens, Inc., Baltimore, Maryland.
Contract Activity: Environmental Protection Agency, Philadelphia, Pennsylvania.

Service Type/Location: Janitorial/Custodial, Buildings 7680 and 428, Fort Polk, Louisiana.
NPA: Vernon Sheltered Workshop, Leesville, Louisiana.
Contract Activity: Directorate of Contracting, Fort Polk, Louisiana.

Service Type/Location: Janitorial/Custodial, 99th Regional Support Command Headquarters, Coraopolis, Pennsylvania.
NPA: Hancock County Sheltered Workshop, Weirton, West Virginia.
Contract Activity: 99th Regional Support Command.

This action does not affect current contracts awarded prior to the effective date of this addition or options that may be exercised under those contracts.

Sheryl D. Kennerly,

Director, Information Management.

[FR Doc. 02–16353 Filed 6–27–02; 8:45 am]

BILLING CODE 6353–01–P

COMMITTEE FOR PURCHASE FROM PEOPLE WHO ARE BLIND OR SEVERELY DISABLED

Procurement List; Proposed Additions

AGENCY: Committee for Purchase from People Who Are Blind or Severely Disabled.

ACTION: Proposed additions to Procurement List.

SUMMARY: The Committee is proposing to add to the Procurement List products and services to be furnished by nonprofit agencies employing persons who are blind or have other severe disabilities.

Comments must be received on or before: July 29, 2002.

ADDRESSES: Committee for Purchase From People Who Are Blind or Severely Disabled, Jefferson Plaza 2, Suite 10800, 1421 Jefferson Davis Highway, Arlington, Virginia 22202–3259.

FOR FURTHER INFORMATION CONTACT: Sheryl D. Kennerly, (703) 603–7740

SUPPLEMENTARY INFORMATION: This notice is published pursuant to 41 U.S.C 47(a) (2) and 41 CFR 51–2.3. Its purpose is to provide interested persons an opportunity to submit comments on the possible impact of the proposed actions.

If the Committee approves the proposed additions, the entities of the Federal Government identified in the notice for each product or service will be required to procure the products and services listed below from nonprofit agencies employing persons who are blind or have other severe disabilities.

I certify that the following action will not have a significant impact on a substantial number of small entities. The major factors considered for this certification were:

1. If approved, the action will not result in any additional reporting, recordkeeping or other compliance requirements for small entities other

than the small organizations that will furnish the products and services to the Government.

2. If approved, the action will result in authorizing small entities to furnish the products and services to the Government.

3. There are no known regulatory alternatives which would accomplish the objectives of the Javits-Wagner-O'Day Act (41 U.S.C. 46–48c) in connection with the products and services proposed for addition to the Procurement List. Comments on this certification are invited. Commenters should identify the statement(s) underlying the certification on which they are providing additional information.

The following products and services are proposed for addition to Procurement List for production by the nonprofit agencies listed:

Products

Product/NSN: Pen, Vista Gel, Blue, Medium Point/7520–00–NIB–0614
Product/NSN: Pen, Vista Gel, Black, Medium Point/7520–00–NIB–0615
Product/NSN: Pen, Refill, Vista Gel, Blue, Medium Point/7510–00–NIB–1588
Product/NSN: Pen, Refill, Vista Gel, Black, Medium Point/7510–00–NIB–1589
NPA: Industries of the Blind, Inc., Greensboro, NC
Contract Activity: Office Supplies & Paper Products Commodity Center, New York, NY

Product/NSN: Sash Cord/4020–00–551–3343
NPA: East Texas Lighthouse for the Blind, Tyler, TX
Contract Activity: GSA, General Products Commodity Center, Fort Worth, TX

Services

Service Type/Location: Family Housing Maintenance/Sheppard AFB, Texas
NPA: Work Services Corporation, Wichita Falls, Texas
Contract Activity: USAF, 82nd Contracting Squadron, Sheppard AFB, Texas

Service Type/Location: Fulfillment ServicesVeterans Affairs Blind Rehabilitation Center, Augusta, Georgia
NPA: Columbia Lighthouse for the Blind, Washington, DC
Contract Activity: Veterans Affairs Medical Center, Columbia, South Carolina

Service Type/Location: Janitorial/ CustodialAir Traffic Control Tower, Indianapolis, Indiana
NPA: Child-Adult Resource Services, Inc., Green Castle, Indiana
Contract Activity: Federal Aviation Administration, Des Plains, Illinois

Service Type/Location: Janitorial/ CustodialAir Traffic Control Tower, Peoria, Illinois
NPA: Community Workshop & Training Center, Peoria, Illinois
Contract Activity: Federal Aviation Administration, Des Plains, Illinois

Service Type/Location: Janitorial/Custodial/ Basewide, Fort Leavenworth, Kansas
NPA: The Helping Hand of Goodwill Industries Extended Employment SWS, Inc. Kansas City, Missouri
Contract Activity: USA, Director of Contracting, Fort Leavenworth, Kansas

Service Type/Location: Janitorial/Custodial/ U.S. Army Reserve Center, Danville, Illinois
NPA: Rehab Products & Services, Danville, Illinois
Contract Activity: USA, HQ, 88th Regional Support Command, Fort Snelling, Minnesota

Service Type/Location: Laundry Service/ Andrews AFB, Maryland
NPA: Rappahannock Goodwill Industries, Inc., Fredericksburg, Virginia
Contract Activity: USAF, 89th Contracting Squadron, Andrews AFB, Maryland

Service Type/Location: Mailing Services/ USDA, Animal and Plant Health Inspection ServiceFood Safety Inspection Service, Minneapolis, Minnesota
NPA: Tasks Unlimited, Inc., Minneapolis, Minnesota
Contract Activity: Animal & Plant Health Inspection Service, Minneapolis

Service Type/Location: Switchboard Operation/VA Medical Center, Salem, Virginia
NPA: Virginia Industries for the Blind, Charlottesville, Virginia
Contract Activity: Veterans Affairs Medical Center, Salem, Virginia

Sheryl D. Kennerly,

Director, Information Management.

[FR Doc. 02–16354 Filed 6–27–02; 8:45 am]

BILLING CODE 6353–01–P

DEPARTMENT OF COMMERCE

International Trade Administration

[A–580–848]

Certain Cold-Rolled Carbon Steel Flat Products from Korea: Postponement of Final Determination of Antidumping Investigation

AGENCY: Import Administration, International Trade Administration, Department of Commerce.

ACTION: Notice of Postponement of Final Determination of Antidumping Investigation.

EFFECTIVE DATE: June 28, 2002.

FOR FURTHER INFORMATION CONTACT: Brian Ledgerwood or Mark Young, AD/CVD Enforcement Office VI, Group II, Import Administration, International Trade Administration, U.S. Department of Commerce, 14th Street and Constitution Avenue, NW, Washington, DC 20230; telephone: (202) 482–3836 or (202) 482–6397, respectively.

SUPPLEMENTARY INFORMATION:

TIME LIMITS:

Statutory Time Limits

Section 735(a)(1) of the Tariff Act of 1930, as amended (the Act), requires the Department to issue (1) the final determination regarding sales at less than fair value (LTFV) in this investigation within 75 days after the date of its preliminary determination. However, section 735(a)(2) of the Act states that the Department may extend the time limit for the final determination until not later than 135 days after the date of publication of the preliminary determination if, in the case of a proceeding in which the preliminary determination by the administering authority under section 733(b) was affirmative, a request in writing for such a postponement is made by an exporter which accounts for a significant portion of the exports of the merchandise which is subject to the investigation. Section 351.210 of the Department's regulations further states that the exporter must also request that the Department extend the provisional measures from a four month period to a period of not more than 6 months. Alternatively, in the case of a proceeding in which the preliminary determination by the administering authority under section 733(b) was negative, the request for postponement may be made in writing by the petitioner.

Background

On May 9, 2002, the Department published the preliminary determination regarding sales at LTFV in this investigation (67 FR 31225). We preliminarily determined that certain cold-rolled carbon steel flat products (cold-rolled steel) from Korea are being, or likely to be, sold in the United States at LTFV, as provided in section 733(b) of the Tariff Act of 1930, as amended. On May 30, 2002, both respondents in this investigation, requested that the Department postpone the final determination to 135 days after the publication of the preliminary determination and requested that the Department extend the provisional measures period from four months to a period not longer than 6 months.

Postponement of Final Determination

Given the fact that the Department made an affirmative preliminary determination and the largest exporter/ producer of imports during the period of investigation requested postponement and also asked that the Department extend the provisional measures from a four month period to a period of not more than six months, as required by

the Department's regulations, we are postponing the final determination until no later than September 23, 2002 (*i.e.*, 135 days after the publication of the preliminary determination).

This extension is in accordance with section 735(a)(2)(A) of the Act.

Dated: June 21, 2002

Joseph A. Spetrini,

Acting Assistant Secretary for Import Administration.

[FR Doc. 02–16373 Filed 6–27–02; 8:45 am]

BILLING CODE 3510–DS–S

DEPARTMENT OF COMMERCE

International Trade Administration

[A–580–834]

Stainless Steel Sheet and Strip in Coils from the Republic of Korea: Notice of Final Results of Changed Circumstances Antidumping Duty Administrative Review

AGENCY: Import Administration, International Trade Administration, Department of Commerce.

ACTION: Notice of Final Results of Changed Circumstances Antidumping Duty Administrative Review.

SUMMARY: On December 31, 2001, the Department of Commerce (''Department'') published the notice of preliminary results of its changed circumstances review examining whether INI Steel Company (''INI'') is the successor-in-interest to Inchon Iron & Steel Co., Ltd. (''Inchon'') by virtue of its name change. *See Notice of Preliminary Results of Changed Circumstances Antidumping Duty Administrative Review: Stainless Steel Sheet and Strip in Coils from the Republic of Korea*, 66 FR 67513 (December 31, 2001) (''*Preliminary Results*''). In those *Preliminary Results*, the Department found that INI is the successor-in-interest to Inchon and that INI and Sammi Steel Co. (''Sammi'') remain separate legal entities.

After considering comments from interested parties, the Department continues to find that INI is the successor-in-interest to Inchon, and that INI should retain the deposit rate assigned to Inchon by the Department for all entries of the subject merchandise produced or exported by INI; and that INI's acquisition of Sammi has not changed the status of either company as separate legal entities. We have now completed this changed circumstances review in accordance with 19 C.F.R. 351.216 and 351.221(c)(3).

EFFECTIVE DATE: June 28, 2002.

FOR FURTHER INFORMATION CONTACT: Cheryl Werner or Laurel LaCivita, Import Administration, International Trade Administration, U.S. Department of Commerce, 14th Street and Constitution Avenue, N.W., Washington, D.C. 20230; telephone (202) 482–2667 and (202) 482–4243, respectively.

Applicable Statute and Regulations

Unless otherwise indicated, all citations to the statute are references to the provisions effective January 1, 1995, the effective date of the amendments made to the Tariff Act of 1930 (''the Act'') by the Uruguay Round Agreements Act. In addition, unless otherwise indicated, all citations to the Department's regulations are to the regulations at 19 CFR Part 351 (2001).

SUPPLEMENTARY INFORMATION:

Background

On October 1, 2001, the Department initiated this changed circumstances review.

See Stainless Steel Sheet and Strip in Coils from the Republic of Korea: Notice of Initiation of Changed Circumstances Antidumping Duty Administrative Review, 66 FR 49927 (October 1, 2001) (''*Notice of Initiation*''). On December 31, 2001, the Department published the preliminary results of its changed circumstances review in the above-named case. *See Preliminary Results*. We gave interested parties 21 days to comment on our preliminary results. On January 22, 2002, petitioners submitted comments and on January 28, 2002, INI submitted rebuttal comments. *See Comments* section below.

Scope of the Review

For purposes of this changed circumstances review, the products covered are certain stainless steel sheet and strip in coils. Stainless steel is an alloy steel containing, by weight, 1.2 percent or less of carbon and 10.5 percent or more of chromium, with or without other elements. The subject sheet and strip is a flat-rolled product in coils that is greater than 9.5 mm in width and less than 4.75 mm in thickness, and that is annealed or otherwise heat treated and pickled or otherwise descaled. The subject sheet and strip may also be further processed (e.g., cold-rolled, polished, aluminized, coated, etc.) provided that it maintains the specific dimensions of sheet and strip following such processing.

The merchandise subject to this review is classified in the *Harmonized Tariff Schedule of the United States* (HTSUS) at subheadings: 7219.13.0031, 7219.13.0051, 7219.13.0071, 7219.1300.81[1], 7219.14.0030, 7219.14.0065, 7219.14.0090, 7219.32.0005, 7219.32.0020, 7219.32.0025, 7219.32.0035, 7219.32.0036, 7219.32.0038, 7219.32.0042, 7219.32.0044, 7219.33.0005, 7219.33.0020, 7219.33.0025, 7219.33.0035, 7219.33.0036, 7219.33.0038, 7219.33.0042, 7219.33.0044, 7219.34.0005, 7219.34.0020, 7219.34.0025, 7219.34.0030, 7219.34.0035, 7219.35.0005, 7219.35.0015, 7219.35.0030, 7219.35.0035, 7219.90.0010, 7219.90.0020, 7219.90.0025, 7219.90.0060, 7219.90.0080, 7220.12.1000, 7220.12.5000, 7220.20.1010, 7220.20.1015, 7220.20.1060, 7220.20.1080, 7220.20.6005, 7220.20.6010, 7220.20.6015, 7220.20.6060, 7220.20.6080, 7220.20.7005, 7220.20.7010, 7220.20.7015, 7220.20.7060, 7220.20.7080, 7220.20.8000, 7220.20.9030, 7220.20.9060, 7220.90.0010, 7220.90.0015, 7220.90.0060, and 7220.90.0080. Although the HTSUS subheadings are provided for convenience and Customs purposes, the Department's written description of the merchandise under review is dispositive.

Excluded from the scope of this review are the following: (1) sheet and strip that is not annealed or otherwise heat treated and pickled or otherwise descaled, (2) sheet and strip that is cut to length, (3) plate (*i.e.*, flat-rolled stainless steel products of a thickness of 4.75 mm or more), (4) flat wire (*i.e.*, cold-rolled sections, with a prepared edge, rectangular in shape, of a width of not more than 9.5 mm), and (5) razor blade steel. Razor blade steel is a flat-rolled product of stainless steel, not further worked than cold-rolled (cold-reduced), in coils, of a width of not more than 23 mm and a thickness of 0.266 mm or less, containing, by weight, 12.5 to 14.5 percent chromium, and certified at the time of entry to be used in the manufacture of razor blades. *See* Chapter 72 of the HTSUS, ''Additional U.S. Note'' 1(d).

The Department has determined that certain additional specialty stainless steel products are also excluded from the scope of this review. These excluded products are described below.

Flapper value steel is excluded from this review. Flapper valve steel is defined as stainless steel strip in coils

[1] Due to changes to the HTSUS numbers in 2001, 7219.13.0030, 7219.13.0050, 7219.13.0070, and 7219.13.0080 are now 7219.13.0031, 7219.13.0051, 7219.13.0071, and 7219.13.0081, respectively.

containing, by weight, between 0.37 and 0.43 percent carbon, between 1.15 and 1.35 percent molybdenum, and between 0.20 and 0.80 percent manganese. This steel also contains, by weight, phosphorus of 0.025 percent or less, silicon of between 0.20 and 0.50 percent, and sulfur of 0.020 percent or less. The product is manufactured by means of vacuum arc remelting, with inclusion controls for sulphide of no more than 0.04 percent and for oxide of no more than 0.05 percent. Flapper valve steel has a tensile strength of between 210 and 300 ksi, yield strength of between 170 and 270 ksi, plus or minus 8 ksi, and a hardness (Hv) of between 460 and 590. Flapper valve steel is most commonly used to produce specialty flapper valves in compressors.

Also excluded is a product referred to as suspension foil, a specialty steel product used in the manufacture of suspension assemblies for computer disk drives. Suspension foil is described as 302/304 grade or 202 grade stainless steel of a thickness between 14 and 127 microns, with a thickness tolerance of plus-or-minus 2.01 microns, and surface glossiness of 200 to 700 percent Gs. Suspension foil must be supplied in coil widths of not more than 407 mm, and with a mass of 225 kg or less. Roll marks may only be visible on one side, with no scratches of measurable depth. The material must exhibit residual stresses of 2 mm maximum deflection, and flatness of 1.6 mm over 685 mm length.

Certain stainless steel foil for automotive catalytic converters is also excluded from the scope of this review. This stainless steel strip in coils is a specialty foil with a thickness of between 20 and 110 microns used to produce a metallic substrate with a honeycomb structure for use in automotive catalytic converters. The steel contains, by weight, carbon of no more than 0.030 percent, silicon of no more than 1.0 percent, manganese of no more than 1.0 percent, chromium of between 19 and 22 percent, aluminum of no less than 5.0 percent, phosphorus of no more than 0.045 percent, sulfur of no more than 0.03 percent, lanthanum of less than 0.002 or greater than 0.05 percent, and total rare earth elements of more than 0.06 percent, with the balance iron.

Permanent magnet iron-chromium-cobalt alloy stainless strip is also excluded from the scope of this review. This ductile stainless steel strip contains, by weight, 26 to 30 percent chromium, and 7 to 10 percent cobalt, with the remainder of iron, in widths 228.6 mm or less, and a thickness between 0.127 and 1.270 mm. It exhibits magnetic remanence between 9,000 and 12,000 gauss, and a coercivity of between 50 and 300 oersteds. This product is most commonly used in electronic sensors and is currently available under proprietary trade names such as ''Arnokrome III.''[2]

Certain electrical resistance alloy steel is also excluded from the scope of this review. This product is defined as a non-magnetic stainless steel manufactured to American Society of Testing and Materials (''ASTM'') specification B344 and containing, by weight, 36 percent nickel, 18 percent chromium, and 46 percent iron, and is most notable for its resistance to high temperature corrosion. It has a melting point of 1390 degrees Celsius and displays a creep rupture limit of 4 kilograms per square millimeter at 1000 degrees Celsius. This steel is most commonly used in the production of heating ribbons for circuit breakers and industrial furnaces, and in rheostats for railway locomotives. The product is currently available under proprietary trade names such as ''Gilphy 36.''[3]

Certain martensitic precipitation-hardenable stainless steel is also excluded from the scope of this review. This high-strength, ductile stainless steel product is designated under the Unified Numbering System (''UNS'') as S45500–grade steel, and contains, by weight, 11 to 13 percent chromium, and 7 to 10 percent nickel. Carbon, manganese, silicon and molybdenum each comprise, by weight, 0.05 percent or less, with phosphorus and sulfur each comprising, by weight, 0.03 percent or less. This steel has copper, niobium, and titanium added to achieve aging, and will exhibit yield strengths as high as 1700 Mpa and ultimate tensile strengths as high as 1750 Mpa after aging, with elongation percentages of 3 percent or less in 50 mm. It is generally provided in thicknesses between 0.635 and 0.787 mm, and in widths of 25.4 mm. This product is most commonly used in the manufacture of television tubes and is currently available under proprietary trade names such as ''Durphynox 17.''[4]

Finally, three specialty stainless steels typically used in certain industrial blades and surgical and medical instruments are also excluded from the scope of this review. These include stainless steel strip in coils used in the production of textile cutting tools (*e.g.*, carpet knives).[5] This steel is similar to AISI grade 420 but containing, by weight, 0.5 to 0.7 percent of molybdenum. The steel also contains, by weight, carbon of between 1.0 and 1.1 percent, sulfur of 0.020 percent or less, and includes between 0.20 and 0.30 percent copper and between 0.20 and 0.50 percent cobalt. This steel is sold under proprietary names such as ''GIN4 Mo.'' The second excluded stainless steel strip in coils is similar to AISI 420–J2 and contains, by weight, carbon of between 0.62 and 0.70 percent, silicon of between 0.20 and 0.50 percent, manganese of between 0.45 and 0.80 percent, phosphorus of no more than 0.025 percent and sulfur of no more than 0.020 percent. This steel has a carbide density on average of 100 carbide particles per 100 square microns. An example of this product is ''GIN5'' steel. The third specialty steel has a chemical composition similar to AISI 420 F, with carbon of between 0.37 and 0.43 percent, molybdenum of between 1.15 and 1.35 percent, but lower manganese of between 0.20 and 0.80 percent, phosphorus of no more than 0.025 percent, silicon ofbetween 0.20 and 0.50 percent, and sulfur of no more than 0.020 percent. This product is supplied with a hardness of more than Hv 500 guaranteed after customer processing, and is supplied as, for example, ''GIN6''.[6]

Analysis of Comments Received

All issues raised in the case and rebuttal briefs by parties to this administrative review are addressed in the ''Issues and Decision Memorandum'' (''Decision Memorandum'') from Joseph A. Spetrini, Deputy Assistant Secretary, AD/CVD Enforcement Group III, to Faryar Shirzad, Assistant Secretary for Import Administration, which is hereby adopted by this notice. A list of the issues which parties have raised and to which we have responded, all of which are in the Decision Memorandum, is attached to this notice as an Appendix. Parties can find a complete discussion of all issues raised in this review and the corresponding recommendations in this public memorandum which is on file in the Central Records Unit, Room B–099 of the main Department building. In addition, a complete version of the Decision Memorandum can be accessed directly on the Web at http://ia.ita.doc.gov/frn/frnhome.htm. The paper copy and electronic version of the Decision Memorandum are identical in content.

[2] ''Arnokrome III'' is a trademark of the Arnold Engineering Company.

[3] ''Gilphy 36'' is a trademark of Imphy, S.A.

[4] ''Durphynox 17'' is a trademark of Imphy, S.A.

[5] This list of uses is illustrative and provided for descriptive purposes only.

[6] ''GIN4 Mo,'' ''GIN5'' and ''GIN6'' are the proprietary grades of Hitachi Metals America, Ltd.

Successorship and Final Results

On the basis of the record developed in this proceeding, we determine INI to be the successor-in-interest to Inchon for purposes of determining antidumping duty liability. Since Inchon was excluded from the antidumping duty order based on a calculated weighted-average margin of zero in the original investigation, INI is entitled to Inchon's exclusion from the antidumping duty order. *See Notice of Final Determination of Sales at Less Than Fair Value: Stainless Steel Sheet and Strip in Coils From the Republic of Korea*, 64 FR 30664, 30688 (June 8, 1999) (''*Final Determination*'') and *Notice of Antidumping Duty Order; Stainless Steel Sheet and Strip in Coils from United Kingdom, Taiwan and South Korea*, 64 FR 40555 (July 27, 1999). For a complete discussion of the basis for this decision see Comment 2 of the Issues and Decision Memo associated with this notice.

Further, based on our analysis in the *Preliminary Results* and comments received, we find that INI and Sammi remain separate legal entities. INI's acquisition of 68.42 percent of Sammi's equity does not by itself provide a basis for the Department to collapse the producers nor assign Sammi's cash deposit rate to INI, which is excluded from the order. *See Final Determination*, 64 FR 30664 (June 8, 1999).

This notice also serves as a final reminder to parties subject to administrative protective orders (APOs) of their responsibility concerning the disposition of proprietary information disclosed under APO in accordance with 19 CFR 351.305(a)(3). Failure to timely notify the Department in writing of the return/destruction of APO material is a sanctionable violation.

We are issuing and publishing this finding and notice in accordance with sections 751(b)(1) and 777(i)(1) of the Act and 19 CFR 351.221(c)(3) and 19 CFR 351.216.

Dated: June 21, 2002

Joseph A. Spetrini,

Acting Assistant Secretary for Import Administration.

APPENDIX I

1. Collapsing INI and Sammi

2. Application of Sammi's antidumping duty rate to INI

[FR Doc. 02–16372 Filed 6–27–02; 8:45 am]

BILLING CODE 3510–DS–S

Department of Commerce

International Trade Administration

Public Hearing on the Addendum to the Agreement Concerning Trade in Certain Steel Products from the Russian Federation

AGENCY: Import Administration, International Trade Administration, Department of Commerce.

SUMMARY: Pursuant to section 125(f) of the Trade Act of 1974, the Department of Commerce has scheduled a public hearing on a potential change to the import restrictions on semifinished steel products from the Russian Federation to the United States.

EFFECTIVE DATE: June 28, 2002.

FOR FURTHER INFORMATION CONTACT: For procedural questions concerning the public hearing and/or public comments, contact Carrie Blozy at (202) 482–0165. All other questions should be directed to Edward Yang at (202) 482–0406.

SUPPLEMENTARY INFORMATION: On June 1, 1990, pursuant to Title IV of the Trade Act of 1974 (the Trade Act), the Governments of the United States of America and the Union of Soviet Socialist Republics entered into the Agreement on Trade Relations Between the United States of America and the Union of Soviet Socialist Republics. On June 17, 1992, this agreement became effective between the United States of America and the Russian Federation (''the 1992 Agreement''). Article XI of the 1992 Agreement provides that the Parties will consult with a view toward finding a means of remedying or preventing actual or threatened market disruption, and authorizes the Parties to take action, including the imposition of import restrictions, to achieve this goal.

On July 12, 1999, the United States Department of Commerce and the Ministry of Trade of the Russian Federation, (now the Ministry of Economic Development and Trade of the Russian Federation), concluded the Agreement Concerning Trade in Certain Steel Products From the Russian Federation (''the 1999 Agreement'') establishing import limitations on certain Russian steel products. On July 22, 1999, the President proclaimed the imposition of restraints on imports of certain steel products from the Russian Federation consistent with the 1999 Agreement. *See* Proclamation 7210 of July 22, 1999, 64 Fed.Reg. 40723 (July 27, 1999). On March 5, 2001, the President of the United States signed into effect the comprehensive relief program on steel imports pursuant to section 201 of the U.S. Tariff Act of 1974 (''201 Relief Program''). Recognizing that differences exist between the Tariff Rate Quotas established by the 201 Relief Program, and the export limits contained in the 1999 Agreement, the Parties agreed, ad referendum, to an Addendum to the Agreement Concerning Trade in Certain Steel Products From the Russian Federation (''Addendum'').

The United States is considering the acceptance of the Addendum and consequent modification to Proclamation 7210 in order to modify the terms of the 1999 Agreement with regards to semifinished steel products from the Russian Federation. This Addendum would modify the export limit, export limit period and reporting periods of the 1999 Agreement to comply with the 201 Relief Program. All other provisions of the 1999 Agreement not affected by this Addendum remain in effect and unchanged.

Section 125(c) of the Trade Act (19 U.S.C. §2135(c)) provides that whenever the United States, acting in pursuance of any of its rights or obligations under any trade agreement entered into pursuant to the Trade Act, modifies any obligation with respect to the trade of any foreign country or instrumentality, the President is authorized to proclaim increased duties or other import restrictions, to the extent, at such times, and for such periods as he deems necessary or appropriate, in order to exercise the rights or fulfill the obligations of the United States.

Section 125(f) of the Trade Act (19 U.S.C. §2135(f)) requires the President to provide the opportunity for interested parties to present views at a public hearing prior to taking action pursuant to section 125(b), (c), or (d) of the Trade Act (19 U.S.C. § §2135 (b), (c), or (d). Such an opportunity is being provided by the holding of such a hearing on July 17, 2002, at 10:00am, at the United States Department of Commerce. The Department has published a copy of the Addendum on its Import Administration website (http://www.ia.ita.doc.gov/newitems.htm).

Notice of Public Hearing: Pursuant to section 125(f) of the Trade Act of 1974 (19 U.S.C. §2135(f)), the International Trade Administration of the Department of Commerce, has scheduled a public hearing beginning at 10 am, on July 17, 2002, at Room (TBA) of the Herbert C. Hoover Building, U.S. Department of Commerce, 14th and Constitution Ave., NW, Washington, DC.

Requests to Present Oral Testimony: Parties wishing to testify orally at the hearing must provide written notification of their intention not later than 5:00 p.m., July 8, 2002, to Faryar Shirzad, Assistant Secretary for Import

Administration: Public Hearing on the Addendum to the Agreement Concerning Trade in Certain Steel Products from the Russian Federation, Room 3099B, Herbert C. Hoover Building, U.S. Department of Commerce, 14th and Constitution Ave., NW, Washington, DC. The notification should include (1) the name of the person presenting the testimony, their address and telephone number; (2) the organization or company they are representing, if appropriate; (3) a list of issues to be addressed; and (4), if applicable, any request for an extension of the time limitation for the oral presentation. This notification may be submitted via facsimile to Vicki Sullivan at (202) 273–0957. Those parties presenting oral testimony must also submit a written brief, in 20 copies, not later than 10:00am, July 15, 2002, to the above mentioned address. Hearing presentations should be limited to no more than five minutes to allow for possible questions from the Chairman and the panel. Additional time for oral presentations may be granted as time and the number of participants permit. Any business proprietary material must be clearly marked as such on the cover page (or letter) and succeeding pages. Such submissions must be accompanied by a public summary thereof.

Written Briefs: Those persons not wishing to participate in the hearing may submit written comments, in 20 types copies, not later than 10:00am, July 15, 2002, to Faryar Shirzad, Assistant Secretary for Import Administration: In re the Addendum to the Agreement Concerning Trade in Certain Steel Products from the Russian Federation, Room 3099B, Herbert C. Hoover Building, U.S. Department of Commerce, 14th and Constitution Ave., NW, Washington, DC. Comments should state clearly the position taken and describe with specificity, the evidence supporting that position. Any business proprietary material must be clearly marked as such on the cover page (or letter) and succeeding pages. Such submissions must be accompanied by a public summary thereof. Public submissions will be available for public inspection at the Import Administration Central Records Unit. An appointment to review the file may be made by contacting Thomas Hartley at (202) 482–1248.

Dated: June 21, 2002

Joseph A. Spetrini,

Acting Assistant Secretary for Import Administration.

[FR Doc. 02–16374 Filed 6–27–02; 8:45 am]

BILLING CODE 3510–DS–S

DEPARTMENT OF COMMERCE

National Oceanic and Atmospheric Administration

[I.D. 060302C]

Endangered Species; File No. 1051

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

ACTION: Issuance of permit modification.

SUMMARY: Notice is hereby given that John I. Galvez, Maryland Fisheries Resource Office, U. S. Fish and Wildlife service, 177 Admiral Cochran Drive, Annapolis, MD 21401, has been issued a modification to scientific research Permit No. 1051.

ADDRESSES: The modification and related documents are available for review upon written request or by appointment in the following offices:

Permits, Conservation and Education Division, Office of Protected Resources, NMFS, 1315 East-West Highway, Room 13705, Silver Spring, MD 20910; phone (301)713–2289; fax (301)713–0376;

Northeast Region, NMFS, One Blackburn Drive, Gloucester, MA 01930–2298; phone (978)281–9200; fax (978)281–9371.

FOR FURTHER INFORMATION CONTACT: Lillian Becker or Ruth Johnson, (301)713–2289.

SUPPLEMENTARY INFORMATION: The requested amendment has been granted under the authority of the Endangered Species Act of 1973, as amended (ESA; 16 U.S.C. 1531 et seq.). The modification extends the permit to May 31, 2003 with no increase in take.

Issuance of this amendment, as required by the ESA was based on a finding that such permit (1) was applied for in good faith, (2) will not operate to the disadvantage of the endangered species which is the subject of this permit, and (3) is consistent with the purposes and policies set forth in section 2 of the ESA.

Dated: June 21, 2002.

Trevor R. Spradlin,

Acting Chief, Permits, Conservation and Education Division, Office of Protected Resources, National Marine Fisheries Service.

[FR Doc. 02–16384 Filed 6–27–02; 8:45 am]

BILLING CODE 3510–22–S

DEPARTMENT OF COMMERCE

National Oceanic and Atmospheric Administration

[I.D. 062102C]

Marine Mammals; File No. 1007–1629

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

ACTION: Receipt of application for amendment.

SUMMARY: Notice is hereby given that Leszek Karczmarski, Ph.D., Marine Mammal Research Program, Texas A&M University, 4700 Avenue U, Building 303, Galveston, Texas 77551, has requested an amendment to scientific research Permit No. 1007–1629–00.

DATES: Written or telefaxed comments must be received on or before July 29, 2002.

ADDRESSES: The amendment request and related documents are available for review upon written request or by appointment in the following office(s):

Chief, Permits, Conservation and Education Division, Office of Protected Resources, NMFS, 1315 East-West Highway, Room 13705, Silver Spring, MD 20910; phone (301)713–2289; fax (301)713–0376; and

Protected Species Coordinator, Pacific Area Office, NMFS, 1601 Kapiolani Blvd., Room 1110, Honolulu, HI 96814-4700; phone (808)973–2935; fax (808)973–2941.

Written comments or requests for a public hearing on this request should be submitted to the Chief, Permits, Conservation and Education Division, F/PR1, Office of Protected Resources, NMFS, 1315 East-West Highway, Room 13705, Silver Spring, MD 20910. Those individuals requesting a hearing should set forth the specific reasons why a hearing on this particular amendment request would be appropriate.

Comments may also be submitted by facsimile at (301)713–0376, provided the facsimile is confirmed by hard copy submitted by mail and postmarked no later than the closing date of the comment period. Please note that comments will not be accepted by e-mail or other electronic media.

FOR FURTHER INFORMATION CONTACT: Jill Lewandowski or Trevor Spradlin, (301)713–2289.

SUPPLEMENTARY INFORMATION: The subject amendment to Permit No. 1007-1629-00, issued on August 13, 2001 (66 FR 42523), is requested under the authority of the Marine Mammal Protection Act of 1972, as amended (16

U.S.C. 1361 *et seq.*), and the Regulations Governing the Taking and Importing of Marine Mammals (50 CFR part 216).

Permit No. 1007–1629–00 authorizes the take of 1,400 individual Hawaiian spinner dolphins (*Stenella longirostris*) annually by behavioral observation and photo-identification, 400 individuals annually through genetic swabbing, and an unlimited number of individuals by close approach incidental to research activities. The purpose of the research is to compare population structure, genetic flow and social behavior between groups of Hawaiian spinner dolphins in Kure Atoll, Midway Atoll and Pearl & Hermes Reef.

The current request is to amend Permit No. 1007–1629–00 to: (1) expand the geographic area of study to include both the Hawaiian northwestern and main islands; (2) increase the take numbers, based on this expanded geographic area, to 5,000 individuals annually through behavioral observation and photo-identification and 600 individuals annually through the collection of genetic samples; and (3) authorize the use of biopsy sampling through pole-spearing in addition to swabbing.

In compliance with the National Environmental Policy Act of 1969 (42 U.S.C. 4321 *et seq.*), an initial determination has been made that the activity proposed is categorically excluded from the requirement to prepare an environmental assessment or environmental impact statement.

Concurrent with the publication of this notice in the **Federal Register**, NMFS is forwarding copies of this application to the Marine Mammal Commission and its Committee of Scientific Advisors.

Dated: June 21, 2002.

Trevor R. Spradlin,

Acting Chief, Permits, Conservation and Education Division, Office of Protected Resources, National Marine Fisheries Service.

[FR Doc. 02–16383 Filed 6–27–02; 8:45 am]

BILLING CODE 3510–22–S

DEPARTMENT OF COMMERCE

National Oceanic and Atmospheric Administration

[I.D. 062402B]

Marine Mammals; File No. 638–1519

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

ACTION: Issuance of permit amendment.

SUMMARY: Notice is hereby given that Thomas R. Kieckhefer, 1055 Lewis Road, Royal Oaks, California 95076, has been issued a minor amendment to scientific research Permit No. 638–1519–00.

ADDRESSES: The amendment and related documents are available for review upon written request or by appointment in the following office(s):

Permits, Conservation and Education Division, Office of Protected Resources, NMFS, 1315 East-West Highway, Room 13705, Silver Spring, MD 20910; phone (301)713–2289; fax (301)713–0376; and

Southwest Region, NMFS, 501 West Ocean Blvd., Suite 4200, Long Beach, CA 90802-4213; phone (562)980-4001; fax (562)980-4018.

FOR FURTHER INFORMATION CONTACT: Jill Lewandowski or Trevor Spradlin, (301)713–2289.

SUPPLEMENTARY INFORMATION: The subject amendment to Permit No. 638-1519-00, originally issued on November 23, 1999 (64 FR 66903) has been granted under the authority of the Marine Mammal Protection Act of 1972, as amended (16 U.S.C. 1361 *et seq.*), the Regulations Governing the Taking and Importing of Marine Mammals (50 CFR part 216), the Endangered Species Act of 1973, as amended (ESA; 16 U.S.C. 1531 *et seq.*), and the regulations governing the taking, importing, and exporting of endangered and threatened species (50 CFR 222–226).

The permit holder requested authorization to extend Permit No. 638–1519–00 for an additional 12 months. The new expiration date for the permit is November 30, 2005 and the permit number has been changed to No. 638–1519–01 to reflect that the permit has been amended.

Dated: June 24, 2002.

Trevor R. Spradlin,

Acting Chief, Permits, Conservation and Education Division, Office of Protected Resources, National Marine Fisheries Service.

[FR Doc. 02–16385 Filed 6–27–02; 8:45 am]

BILLING CODE 3510–22–S

DEPARTMENT OF DEFENSE

Department of the Army

Availability for Non-Exclusive, Exclusive, or Partially Exclusive Licensing of U.S. Patent Application Concerning Chemical Information Systems

AGENCY: Department of the Army, DOD.

ACTION: Notice.

SUMMARY: In accordance with 37 CFR 404.6 and 404.7, announcement is made of the availability for licensing of U.S. Patent Application No. 09/436,226 entitled ''Chemical Information Systems,'' filed November 9, 1999. The United States Government, as represented by the Secretary of the Army has rights in this invention.

ADDRESSES: Commander, U.S. Army Medical Research and Materiel Command, ATTN: Command Judge Advocate, MCMR–JA, 504 Scott Street, Fort Detrick, Frederick, MD 21702–5012.

FOR FURTHER INFORMATION CONTACT: For patent issues, Ms. Elizabeth Arwine, Patent Attorney, (301) 619–7808. For licensing issues, Dr. Paul Mele, Office of Research & Technology Assessment, (301) 619–6664, both at telefax (301) 619–5034.

SUPPLEMENTARY INFORMATION: A chemical information system having a graphical user interface that allows manipulation of multiple databases having related material and information. The system includes a server and multiple workstations communicating with the server. The databases reside on the server, which may include multiple servers.

Luz D. Ortiz,

Army Federal Register Liaison Officer.

[FR Doc. 02–16376 Filed 6–27–02; 8:45 am]

BILLING CODE 3710–08–M

DEPARTMENT OF DEFENSE

Department of the Army

Availability for Non-Exclusive, Exclusive, or Partially Exclusive Licensing of U.S. Patent Application Concerning Automated Method of Identifying and Archiving Nucleic Acid Sequences

AGENCY: Department of the Army, DOD.

ACTION: Notice.

SUMMARY: In accordance with 37 CFR 404.6 and 404.7, announced is made of the available for licensing of U.S. Patent Application No. 09/961,058 entitled ''Automated Method of Identifying and Archiving Nucleic Acid Sequences,'' filed September 24, 2001. Foreign rights are also available (PCT/US01/29761). The United States Government, as represented by the Secretary of the Army has rights in this invention.

ADDRESSES: Commander, U.S. Army Medical Research and Materiel Command, ATTN: Command Judge Advocate, MCMR–JA, 504 Scott Street, Fort Detrick, Frederick, MD 21702–5012.

FOR FURTHER INFORMATION CONTACT: For patent issues, Ms. Elizabeth Arwine, Patent Attorney, (301) 619–7807. For licensing issues, Dr. Paul Mele, Office of Research & Technology Assessment, (301) 619–6664, both at telefax (301) 619–5034.

SUPPLEMENTARY INFORMATION: A method of identifying and archiving a nucleic acid sequence.

Luz D. Ortiz,

Army Federal Register Liaison Officer.

[FR Doc. 02–16375 Filed 6–27–02; 8:45 am]

BILLING CODE 3710–08–M

DEPARTMENT OF DEFENSE

Department of the Army; Corps of Engineers

Availability of the Draft Supplement to the Final Environmental Statement for the Reallocation of Water Supply Storage Project, John Redmond Lake, KS

AGENCY: Department of the Army, U.S. Army Corps of Engineers, DoD.

ACTION: Notice of Availability.

SUMMARY: The Tulsa District of the U.S. Army Corps of Engineers (USACE) has prepared a Draft Supplement to the Final Environmental Statement (DSFES) for the Reallocation of Water Supply Storage Project, John Redmond Lake, KS. The purpose of the project is to assess potential significant environmental impacts associated with water storage reallocation and a higher conservation pool elevation at John Redmond Lake.

DATES: The DSFEIS will be available for public review when this announcement is published. The review period of the document will be until September 11, 2002. To request a copy of the supplement, please call (918) 669–4396.

FOR FURTHER INFORMATION CONTACT: For further information regarding the DSFEIS, please contact Stephen L. Nolen, Chief, Environmental Analysis and Compliance Branch, U.S. Army Corps of Engineers, ATTN: CESWT–PE–E, 1645 South 101st East Avenue, Tulsa OK, 74128–4629.

SUPPLEMENTARY INFORMATION: John Redmond Dam was initially authorized as the Strawn Dam and Reservoir under the Flood Control Act of May 17, 1950, for flood control, water conservation, recreation, and water supply for communities along the Neosho River in southeastern Kansas. Congress subsequently changed the name in 1958 to John Redmond Dam and Reservoir.

To perform its authorized purposes, the lake contains three types of water storage pools. The upper pool provides 574,918 acre-feet of flood control storage and is reserved for flood control operations. The conservation pool provides 50,501 acre-feet of storage for water supply, water quality, and sediment. The inactive pool has filled with sediment. Water supply storage was projected to occur within the conservation pool when maintained at the surface elevation of 1039.0 feet National Geodetic Vertical Datum(NGVD). Studies have determined that sediment is accumulating in the conservation pool and is reducing the amount of water stored there. The amount of water storage reduction predicted by calendar year (CY) 2014 is approximately 25% or 8,725 acre-feet of water supply.

The USACE has been directed by Congress to conduct a study to reallocate water supply storage, an action that would fulfill the water supply agreement with the State of Kansas. This supplement addresses the proposed water supply storage reallocation project.

A Final Environmental Statement for operation and maintenance of John Redmond, Marion, and Council Grove Lakes, KS, was filed on December 17, 1976. This supplement addresses the environmental impacts of making an equitable redistribution of the storage remaining between the flood control pool and the conservation pool due to uneven sediment distribution.

Sediment in John Redmond Lake has been collecting mainly in the conservation pool, thereby reducing the conservation pool storage faster than was designed, while the flood control pool has not received as much sediment and has retained more storage than it was designed to retain. The reallocation does not guarantee the water storage volume contracted to the State of Kansas per an agreement in 1975, but makes an equitable redistribution of the remaining storage.

A total of four alternatives were identified and addressed in the DSFES. These include: no action, raise the conservation pool elevation by two feet, raise the conservation pool by two feet incrementally, and dredge the sediment from the conservation pool. The preferred alternative is to reallocate water storage in the conservation pool by two feet in a single pool raise. This would achieve the water storage obligation.

Environmental consequences of the proposed action identified in the DSFES include: (1) The loss of approximately 270 acres of wetland habitat, 40 acres of grassland, 51 acres of cropland, and 195 acres of woodland, and (2) impacts to 31 potentially significant prehistoric and historic archeology sites.

Mitigation for impacts to biological resources is proposed and is based upon recommendations of the U.S. Fish and Wildlife Service. A Memorandum of Agreement between the USACE, the Advisory Council on Historic Preservation, and the Kansas and Nebraska State Historic Preservation Offices is being drafted to determine appropriate actions and mitigation measures for cultural resources that may be discovered and/or affected during the course of the project. Appropriate mitigation measures may include preservation in place for future study, recovery or partial recovery of site data through excavation, a public interpretive display, or a combination of these measures.

The DSFES has been coordinated and approved by offices and directorates affected by or interested in the subject matter, including the Office of Counsel and Executive Offices.

Stephen R. Zeltner,

Lieutenant Colonel, U.S. Army Acting District Engineer.

[FR Doc. 02–16378 Filed 6–27–02; 8:45 am]

BILLING CODE 3710–39–P

DEPARTMENT OF DEFENSE

Department of the Army; Corps of Engineers

Availability of the Draft Supplement to the Final Environmental Impact Statement for the Operation and Maintenance Program at Wister Lake and Poteau River, OK

AGENCY: Department of the Army, U.S. Army Corps of Engineers, DoD.

ACTION: Notice of availability.

SUMMARY: Notice is made of the availability of a Draft Supplement to the Final Environmental Statement (DSFES) for the Operation and Maintenance Program at Wister Lake and Poteau River, OK, prepared by the Tulsa District of the U.S. Army Corps of Engineers (USACE). The supplement describes and considers the potential environmental consequences resulting from operating the Wister Lake project with a conservation pool at 478.0 feet National Geodetic Vertical Datum (NGVD) and from raising the conservation pool from 471.6 to 478.0 feet (NGVD).

DATES: The DSFES will be available for public review when this announcement is published. The review period of the

document will be until September 11, 2002. To request a copy of the supplement, please call (918) 669–4396.

FOR FURTHER INFORMATION CONTACT: For further information regarding the DSFES, please contact Stephen L. Nolen, Chief, Environmental Analysis and Compliance Branch, U.S. Army Corps of Engineers, ATTN: CESWT–PE–E, 1645 South 101st East Avenue, Tulsa OK 74128–4629.

SUPPLEMENTARY INFORMATION: The Wister Lake Project is located in southeastern Oklahoma in LeFlore County and was authorized by the Flood Control Act of 1938 and completed in 1949. The project consists of the lake, dam, and downstream stations on the lower Poteau River to its confluence with the Arkansas River. It provides substantial flood control, municipal and industrial water supply, flow augmentation, water conservation, and sediment reduction. Wister Lake and its adjacent lands are also used for recreation, hunting, and wildlife management.

A Final Environmental Statement (FES) for operation and maintenance of the project was filed on November 19, 1973, and evaluated impacts to the environment from operating the project with a conservation pool level at 471.6 feet NGVD. Since 1974, the lake's conservation pool has been raised four times, either seasonally or permanently, principally to increase water supply and enhance recreation. The Water Resources Development Act of 1996 (WRDA 1996) instructed the United States Army Corps of Engineers (USACE) to permanently raise the conservation pool to its present elevation, 478.0 feet NGVD. However, impacts to resources and the environment were never documented or analyzed. To comply with the National Environmental Policy Act (NEPA), this supplement to the 1973 FES focuses on the impacts associated with maintaining the permanent pool level at 478.0 feet, as directed by Congress, and continuing current management practices. It also examines the historical impacts associated with raising the permanent conservation pool from its original level of 471.6 to 478.0 feet NGVD.

Raising the conservation pool to 478.0 feet NGVD has resulted in the loss and/or modification of approximately 3,254 acres of wildlife habitat and approximately 300 acres of a waterfowl marsh and green tree waterfowl management unit. Raising the conservation pool has inundated at least 10 archeological sites. Pool fluctuations and wave action between 471.6 and 478.0 feet NGVD have disturbed at least 18 archeological sites and may have affected as many as 36 sites.

Mitigation measures are proposed for those resources that have been negatively impacted from raising the conservation pool to 478.0 feet NGVD. These impacts are limited to biological and cultural resources. Mitigations for biological resources are based on recommendations of the U.S. Fish and Wildlife Service and include reimbursement to the Oklahoma Department of Wildlife Conservation for the loss of a green tree waterfowl management unit and the cost of reconstructing a new waterfowl management unit.

The USACE, Tulsa District is consulting with the Advisory Council on Historic Preservation, the Oklahoma State Historic Preservation Officer, the Caddo Tribe of Oklahoma, and the Wichita and Affiliated Tribes of Oklahoma to develop mitigation measures to minimize adverse effects of the proposed action on historic properties.

The DSFES has been coordinated and approved by offices and directorates affected by or interested in the subject matter, including the Office of Counsel and Executive Offices.

Stephen R. Zeltner,

Lieutenant Colonel, U.S. Army, Acting District Engineer.

[FR Doc. 02–16379 Filed 6–27–02; 8:45 am]

BILLING CODE 3710–39–P

DEPARTMENT OF DEFENSE

Department of the Army; Corps of Engineers

Intent To Prepare a Draft Environmental Impact Statement for Increasing Depths of the Existing Atchafalaya River and Bayous Chene, Boeuf and Black Project Up to 35 Feet, Including Channels in Atchafalaya Bay and the Gulf of Mexico, in Assumption, St. Mary, and Terrebone Parishes in the Vicinity of Morgan City, LA

AGENCY: Department of the Army, U.S. Army Corps of Engineers, DoD.

ACTION: Notice of intent.

SUMMARY: The U.S. Army Corps of Engineers, New Orleans District, is initiating this study under the authority of Section 430 of the Water Resources Development Act of 2000, Public Law 106–541, dated December 11, 2000, to determine the feasibility of deepening the navigation channel of the Atchafalaya River and Bayous Chene, Boeuf, and Black, LA, from 20 feet to 35 feet. Deepwater oil and gas exploration and development in the Gulf of Mexico and other deepwater areas has increased because of growth in demand; depletion of existing oil and gas fields, including those in the shallower areas of the gulf; and advancements in deepwater drilling technologies that include larger platforms. Many of the larger platforms required for deepwater activities are constructed in foreign countries because, among other factors, there are not enough competitive fabrication yards in the United States with adequate navigation access channels. The fabrication industry in the Morgan City-Amelia, LA area could capture a significant portion of the deepwater rig fabrication market if they had deeper navigation access channels to their facilities.

FOR FURTHER INFORMATION CONTACT: Questions concerning the Environmental Impact Statement (EIS) should be addressed to Mr. Michael Salyer at U.S. Army Corps of Engineers, PM–RS, PO Box 60267, New Orleans, LA 70160–0267, phone (504) 862–2037, fax number (504) 862–2572 or by E-mail at *michael.r.salyer@mvn02.usace.army.mil.*

SUPPLEMENTARY INFORMATION: 1. *Proposed Action.* The proposed action would include the deepening of the navigation channels included in the existing Atchafalaya River and Bayous Chene, Boeuf, and Black, Louisiana project and in the Lower Atchalaya River south of MorganCity, LA, to project depths up to 35 feet. These channels include the Atchafalaya River south of Morgan City, the existing channels in the Atchafalaya Bay and the Gulf of Mexico, and existing channels in Bayou Chene, Bayou Beouf, and Bayou Black located south of U.S. Highway 90 and south and east of Morgan City. The material dredged for the construction and maintenance of the channels would be used for wetlands restoration and construction, to the extent practicable. Economic and environmental analysis would be used to determine the most practical plan, which would provide for the greatest overall public benefit.

2. *Alternatives.* Alternatives recommended for consideration presently include the construction of deeper channels in the Atchafalaya River, Atchafalaya Bay, the Gulf of Mexico and Bayous Chene, Boeuf, and Black; and the relocation of the fabrication facilities to other U.S. locations with larger navigation access channels. Incremental 2 reaches of those channels with separable benefits and cost would be investigated. Various project depths for navigation channels would also be investigated.

3. *Scoping.* Scoping is the process for determining the scope of alternatives and significant resources and issues to be addressed in the EIS. For this analysis, a letter will be sent to all parties believed to have an interest in the analysis, requesting their input on alternatives and issues to be evaluated. The letter will also notify interested parties of public scoping meetings that will be held in the local area. Notices will also be sent to local news media. All interested parties are invited to comment at this time, and anyone interested in this study should request to be included in the study mailing list.

A public scoping meeting will be held in July 2002. The meeting will be held in the vicinity of Morgan City, LA. Additional meetings could be held, depending upon interest and if it is determined that further public coordination is warranted.

4. *Significant Resources.* The tentative list of resources and issues to be evaluated in the EIS includes tidal wetlands (marshes and swamps), aquatic resources, commercial and recreational fisheries, wildlife resources, essential fish habitat, water quality, air quality, threatened and endangered species, recreation resources, and cultural resources. Socioeconomic items to be evaluated in the EIS include: Navigation, flood protection, business and industrial activity, employment, land use, property values, public/community facilities and services, tax revenues, population, community and regional growth, transportation, housing, community cohesion, and noise.

5. *Environmental Consultation and Review.* The U.S. Fish and Wildlife Service (USFWS) will be assisting in the documentation of existing conditions and assessment of effects of project alternatives through Fish and Wildlife Coordination Act consultation procedures. The USFWS will provide a Fish and Wildlife Coordination Act report. Consultation will be accomplished with the USFWS and the National Marine Fisheries Service (NMFS) concerning threatened and endangered species and their critical habitat. The NMFS will be consulted on the effects of this proposed action on Essential FishHabitat. The draft EIS (DEIS) or a notice of its availability will be distributed to all interested agencies, organizations, and individuals.

6. *Estimated Date of Availability.* Funding levels will dictate the date when the DEIS is available. The earliest that the DEIS is expected to be available in the fall of 2004.

Dated: June 6, 2002.

Thomas F. Julich,

Colonel, U.S. Army, District Engineer.

[FR Doc. 02–16377 Filed 6–27–02; 8:45 am]

BILLING CODE 3710–84–P

DEPARTMENT OF DEFENSE

Department of the Army; Corps of Engineers

Intent To Prepare a Draft Environmental Impact Statement for the L–31N Seepage Management Pilot Project

AGENCY: Department of the Army, U.S. Army Corps of Engineers, DoD.

ACTION: Notice of intent.

SUMMARY: The Jacksonville District, U.S. Army Corps of Engineers (Corps), intends to prepare an integrated Pilot Project Design Report (PPDR) and Draft Environmental Impact Statement (DEIS) for the L–3IN Seepage Management Pilot Project. The project is a cooperative effort between the Corps and the South Florida Water Management District (SFWMD), which is also a cooperating agency for this DEIS. L–31N is a levee-canal system running north-south and is located south of the Tamiami Canal in Miami-Dade County. One of the environmentally detrimental effects resulting from the construction of the Central and South Florida Project is extensive water seepage from Everglades National Park (ENP). This project will investigate seepage management technologies to control seepage from ENP. The pilot project will provide necessary information to determine the appropriate amount of wet season groundwater flow to return to ENP while minimizing potential impacts to Miami-Dade County's West Wellfield and freshwater flows to Biscayne Bay; results of the pilot project will be used in the full-scale project.

FOR FURTHER INFORMATION CONTACT: U.S. Army Corps of Engineers, Planning Division, Environmental Branch, P.O. Box 4970, Jacksonville, FL, 32232–0019; Attn: Ms. Janet Cushing or by telephone at 904–232–2259 or email: *janet.a.cushing@usace.army.mil.*

SUPPLEMENTARY INFORMATION: a. *Authorization:* Section 601 of the Water Resources Development Act of 2000 (Pub. L. 106–541) authorized the implementation of the L–31N Pilot Project.

b. *Study Area:* The study area is along a portion of L–31N north of structure G–211, and the southern portion of L–30 just north of C–4 (Tamiami Canal), in Miami-Dade County.

c. *Project Scope:* The scope is to investigate seepage management technologies to control seepage from ENP and use the resulting data in the full-scale implementation of the proposed project features along the entire length of L–31N. The evaluation of alternatives and selection of a recommended plan will be documented in the PPDR and EIS.

d. *Preliminary Alternatives:* Technologies to be tested may include reducing levee seepage flow across L–31N via a levee cutoff wall and reducing groundwater flows during the wet season by capturing the groundwater with a series of wells adjacent to L–31N, then back-pumping the water to ENP.

e. *Issues:* The EIS will address the following issues; the relation between this project and related projects including Modified Water Deliveries to ENP; impacts to Miami-Dade West Wellfield and Biscayne Bay, impacts to aquatic and wetland habitats; water flows; hazardous and toxic waste; water quality; flood protection; the impacts of land acquisition on the tax base; aesthetics and recreation; fish and wildlife resources, including protected species; cultural resources; and other impacts identified through scoping, public involvement and interagency coordination.

f. *Scoping:* A scoping letter and public workshops will be used to invite comments on alternatives and issues from Federal, State, and local agencies, affected Indian tribes, and other interested private organizations and individuals. The next public worksop is scheduled for July 2002; more information about the workshop will be in the scoping letter.

g. *DEIS Preparation:* The integrated draft PPDR, including a DEIS, is currently scheduled for publication in November 2004.

Dated: June 18, 2002.

James C. Duck,

Chief, Planning Division.

[FR Doc. 02–16380 Filed 6–27–02; 8:45 am]

BILLING CODE 3710–AJ–M

DEPARTMENT OF DEFENSE

Department of the Army; Corps of Engineers

Intent To Prepare Supplement 1 to the Dallas Floodway Extension Environmental Impact Statement To Address Cumulative Impacts of Reasonably Foreseeable Similar Projects in the Geographic Area of the Authorized Dallas Floodway Extension, Trinity River, City of Dallas, Dallas County, TX

AGENCY: Department of the Army, United States Army Corps of Engineers, DoD.

ACTION: Notice of intent.

SUMMARY: The Dallas Floodway Extension was authorized for construction as one of five local flood protection projects by section 301 of the Rivers and Harbors Act (Pub. L. 89–298), approved on October 12, 1965. Ecosystem restoration was authorized for this project by Water Resources Development Act 1999. A General Reevaluation Report and Integrated Environmental Impact Statement was circulated for review in 1998 and 1999 and a Record of Decision was signed on December 1, 1999. Subsequent to that action, a coalition of eleven local groups challenged the legal sufficiency of the document to meet requirements of the National Environmental Policy Act, and the Administrative Procedures Act. Several specific allegations by the plaintiffs were made including that the document failed to fully disclose, discuss and consider the cumulative impacts of the various components of the Trinity River Corridor Project in the Dallas area including: The Trinity Parkway, the Woodall Rogers Bridge, the Elm Fork Levee and the Chain of Lakes. A summary decision was issued on April 10, 2002 that agreed with the plaintiffs' allegation that the document failed to adequately address cumulative impacts of other similar, reasonably foreseeable projects within the geographic area of the Dallas Floodway Extension Project. No further construction of the Dallas Floodway Extension Project may be pursued until the Corps of Engineers has completed further consideration of the cumulative impacts.

The Supplement to the Environmental Impact Statement (SEIS) will focus on the determination of similar projects in or affecting the geographic area and assessing cumulative impacts of those projects in relationship to the approved Dallas Floodway Extension project. The study area will include portions of the West Fork, Elm Fork and main stem Trinity Rivers and their floodplains within Dallas County.

FOR FURTHER INFORMATION CONTACT: Questions pertaining to the proposed action and SEIS can be answered by: Mr. Gene T. Rice, Jr., CESWF–PM–C, U.S. Army Corps of Engineers, Fort Worth District, PO Box 17300, Fort Worth, TX 76102–0300, (817) 886–1374.

SUPPLEMENTARY INFORMATION: The approved plan for the Dallas Floodway Extension includes construction of earthen fill levees on each side of the Trinity River downstream of the existing Dallas Floodway, construction of a chain of wetlands on the flood plain and realignment of a portion of the Trinity River underneath Interstate Highway 45. The plan would provide Standard Flood Protection for the area adjacent to the levees, and improve flood damage reduction benefits of the existing Dallas Floodway Project. In addition, the Chain of wetlands provides ecosystem restoration benefits to the study area. Recreational features in the approved project include trails and access points.

The public will be invited to participate in the scoping process, invited to attend public meetings, and given the opportunity to review the draft SEIS. A public meeting will be on Tuesday, July 16, 2002 at the Ramada Plaza Hotel, Magnolia Ballroom, 1011 South Akard Street, Dallas, Texas from 6 p.m. to 9 p.m. Subsequent public meetings, if deemed necessary, will be announced in the local news media. Release of the Draft SEIS for public comment is scheduled for late Summer 2002. The exact release date, once established, will be announced in the local news media.

Coordinated with other agencies in addition to the announced public scoping will be conducted to ensure full and open participation and aid in the development of the SEIS. All affected Federal, state, and local agencies, municipalities, affected Indian tribes, and other interested private organizations and parties are hereby invited to participate.

Dated: June 21, 2002.

Gordon M. Wells,

Colonel, Corps of Engineers, Commanding.

[FR Doc. 02–16381 Filed 6–27–02; 8:45 am]

BILLING CODE 3710–20–M

DEPARTMENT OF ENERGY

Office of Nonproliferation Policy

Proposed Subsequent Arrangement

AGENCY: Department of Energy.

ACTION: Subsequent arrangement.

SUMMARY: This notice has been issued under the authority of Section 131 of the AtomicEnergy Act of 1954, as amended (42 U.S.C. 2160). The Department is providing notice of a proposed ''subsequent arrangement'' under the Agreement for Cooperation Concerning Civil Uses of Atomic Energy between the United States and Canada and Agreement for Cooperation in the Peaceful Uses of Nuclear Energy between the United States and the European Atomic Energy Community (EURATOM).

This subsequent arrangement concerns the retransfer of 211,742 kg of U.S.-origin natural uranium hexafluoride, 143,137.6 kg of which is uranium, from the Cameco Corporation, Ontario, Canada to Urenco Capenhurst, England. The material, which is now located at Cameco Corp., Port Hope, Ontario, will be transferred to Urenco for enrichment. Upon completion of the enrichment, the material will be retransferred to Duke Energy Corp., Charlotte, NC for use as fuel. The uranium hexafluoride was originally obtained by the Cameco Corp. from Power Resources, Inc. pursuant to export license number XSOU8744.

In accordance with Section 131 of the Atomic Energy Act of 1954, as amended, we have determined that this subsequent arrangement is not inimical to the common defense and security.This subsequent arrangement will take effect no sooner than fifteen days after the date of publication of this notice.

Dated: June 24, 2002.

For the Department of Energy.

Trisha Dedik,

Director, Office of Nonproliferation Policy.

[FR Doc. 02–16334 Filed 6–27–02; 8:45 am]

BILLING CODE 6450–01–P

DEPARTMENT OF ENERGY

Office of Nonproliferation Policy; Proposed Subsequent Arrangement

AGENCY: Department of Energy.

ACTION: Subsequent arrangement.

SUMMARY: This notice has been issued under the authority of Section 131 of the Atomic Energy Act of 1954, as amended (42 U.S.C. 2160). The Department is providing notice of a proposed ''subsequent arrangement'' under the Agreement for Cooperation Concerning Civil Uses of Atomic Energy between the United States and Canada and Agreement for Cooperation in the Peaceful Uses of Nuclear Energy

between the United States and the European Atomic Energy Community (EURATOM).

This subsequent arrangement concerns the retransfer of 108,920 kg of U.S.–origin natural uranium hexafluoride, 73,629.7 kg of which is uranium, from the Cameco Corporation, Ontario, Canada to Urenco Capenhurst, England. The material, which is now located at Cameco Corp., Port Hope, Ontario, will be transferred to Urenco for enrichment. Upon completion of the enrichment, the material will be retransferred to Duke Energy Corp., Charlotte, NC for use as fuel. The uranium hexafluoride was originally obtained by the Cameco Corp. from Power Resources, Inc. pursuant to export license number XSOU8744.

In accordance with Section 131 of the Atomic Energy Act of 1954, as amended, we have determined that this subsequent arrangement is not inimical to the common defense and security.

This subsequent arrangement will take effect no sooner than fifteen days after the date of publication of this notice.

Dated: June 24, 2002.

For the Department of Energy.

Trisha Dedik,

Director, Office of Nonproliferation Policy.

[FR Doc. 02–16335 Filed 6–27–02; 8:45 am]

BILLING CODE 6450–01–P

ENVIRONMENTAL PROTECTION AGENCY

[FRL–7239–4]

Agency Information Collection Activities: Proposed Collection; Comment Request; Estimating the Value of Improvements to Coastal Waters

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 proposed Information Collection Request (ICR) to the Office of Management and Budget (OMB): Estimating the Value of Improvements to Coastal Waters [EPA ICR#2083.01]. Before submitting the ICR to OMB for review and approval, EPA is soliciting comments on specific aspects of the proposed information collection as described below.

DATES: Comments must be submitted on or before August 27, 2002.

ADDRESSES: Dr. Nicole Owens, National Center for Environmental Economics, US EPA, Mail Code 1809T, 1200 Pennsylvania Avenue, NW, Washington, DC 20460. Interested parties may obtain a copy of the ICR without charge by contacting Dr. Owens at 202–566–2297 or *owens.nicole@epa.gov.*

FOR FURTHER INFORMATION CONTACT: Dr. Nathalie Simon at 202–566–2299 or *simon.nathalie@epa.gov.*

SUPPLEMENTARY INFORMATION: *Affected entities:* Entities potentially affected by this action are those individuals who are contacted and voluntarily agree to participate in the survey. Individuals are contacted from an established panel of respondents who have been randomly recruited from the general public by Knowledge Networks, Inc. Respondents have agreed to participate in periodic surveys administered by Knowledge Networks, Inc.

Title: Estimating the Value of Improvements to Coastal Waters (EPA ICR#2083.01).

Abstract: The purpose of this study is to estimate willingness to pay (WTP) for water quality improvements in coastal waters. The United States Environmental Protection Agency's Office of Water is responsible for regulating and monitoring national water quality. In order to make sound policy decisions, policy makers need information on the benefits, costs, and other effects of alternative options for addressing environmental problems. In the case of policies affecting water quality, estimates of the public's WTP for improvements in fresh water quality generally begin with estimates provided by Mitchell and Carson (1993); however, this study does not address salt water areas.

The coasts and estuaries comprise a substantial part of our national resource base; these coastal areas are depended upon for the aesthetic, economic, ecosystem, and recreational services they provide. However, coastal areas are also the most highly developed and populated areas in the nation. These areas are home to more than 53% of the nation's population. As coastal population has increased, the environmental quality of some of these areas has declined or is threatened. Because serious water pollution problems exist in some of these areas, many future water policies will likely focus on coastal areas. The lack of estimates of the benefits of improvements to these areas makes designing effective policies to remedy these problems particularly difficult.

This study will estimate WTP for water quality improvements in coastal waters using a stated preference survey. Currently, States, tribes, and other jurisdictions measure water quality by determining if water bodies are clean enough to support basic uses, such as swimming, fishing, and aquatic life support. In keeping with these definitions of water quality, the study will estimate WTP for more fishable and swimmable coastal and estuarine waters as well as healthier marine and estuarine aquatic environments. Respondents will be asked a series of five questions in which they compare two programs with the status quo. The programs each affect water quality for the various uses in different ways and cost varying amounts to implement. Analysis of the resulting data will yield WTP estimates for improvements to each of the attributes.

Further development of the survey cannot be completed without a pilot survey. The pilot survey will take place in California using the survey instrument described in more detail below. The survey instrument is specific to the state of California and will be used to estimate WTP for water quality improvements for three specific uses: swimming, production of fish and shellfish safe for human consumption, and support of diverse aquatic life. Once the pilot survey is complete and EPA is confident of the adequacy of the questionnaire, EPA hopes to develop parallel versions of the survey instrument for the remaining 20 coastal states in the contiguous United States as well as a version for inland states. The coastal state versions of the survey will elicit resident's WTP for coastal water improvements within the state. The inland version of the survey will elicit WTP for coastal water improvements generally. While these surveys will not be able to gauge WTP of coastal state residents for improvements outside of their state of residence, it is anticipated that the information gathered from these surveys will nevertheless provide potentially useful information for benefits analysis.

The questionnaire for the California coastal survey is comprised of four distinct parts: an introductory section, a section focusing specifically on California's coastal waters, a section containing the choice questions, and finally a section containing standard questions about labor market activity.

a. Part 1: Introduction

The first section of the survey provides respondents with background information on coastal waters and their uses. Following a welcome statement, the respondent is provided with a concise definition of coastal waters and

a detailed description of their natural, commercial and recreational uses in simple tabular form. This table is followed by a map highlighting all of the coastal states in the 48 contiguous states in the U.S. The respondent's familiarity with coastal waters is then gauged through a series of questions about recent trips to coastal waters and water recreation activities. A number of these questions are borrowed from the National Survey on Recreation, allowing direct comparison of results. Similar information is collected for freshwater recreation activities.

b. Part 2: California's Coastal Waters

This section delves into a respondent's familiarity with pollution sources as well as his perception of California's coastal water quality. In addition, it defines and describes the three use categories: swimming, production of fish and shellfish that are safe for human consumption, and support of diverse aquatic life (including fish, shellfish, plants, mammals, birds, etc. that live near aquatic environments). The water quality rating system used by federal and state governments is then described to the respondents and information is given on the ratings California's coastal waters have received for the three defined uses. Information on California's coastal waters is provided in pie charts. The information provided is taken directly from The National Water Quality Inventory Report to Congress (305(b) report).

Comparisons of California's water quality by use with that of other coastal states is provided in a series of three bar charts—one for each use— showing the ranking of states by reported water quality level.

c. Part 3: Choice Questions

The third part of the questionnaire is comprised of the choice questions. Respondents are presented with a series of five questions in which they are asked to select between two programs to improve coastal water quality. In each choice set, respondents are also able to select the status quo, should they find neither of the two programs satisfactory. Each of the two programs has an associated household tax increase to cover the cost of implementation.

Information regarding water quality across three use definitions (swimming, production of fish and shellfish deemed safe for human consumption, and the support of diverse aquatic life) under each program, including the status quo, is provided in tabular format together with the cost to each household for each program. Color is used in the table to help respondents distinguish between the three alternatives. The programs differ not only in the level of household tax, but also in the degree to which they improve water quality across the three use definitions.

The questions are structured in such a way as to facilitate comparison between the programs with at most two water quality attributes varying at different levels across the two new programs being introduced. In some instances, however, respondents are asked to choose between two programs that offer varying magnitudes of uniform changes across uses.

d. Part 4: Labor Market Activity and Demographic Information

The fourth and final section of the survey is comprised not only of demographic questions but also a series of questions borrowed from the standard ''Panel Study of Income Dynamics (PSID),'' an ongoing survey examining trends in employment and income. Many of these questions ask specifically about the respondents' labor market activity as well as that of spouses. It is our intention to directly compare the responses of the PSID questions from the Knowledge Networks sample to those from the original PSID responses to determine if in fact they are similar. In so doing, we will be able to confirm the representativeness of our survey sample to the population in California.

The series of demographic questions required in our survey instrument is reduced due to the availability of this information from Knowledge Networks. As noted above, Knowledge Networks collects and routinely updates standard demographic information on each panel member and makes this information available to its clients. This reduces the burden on the panel members and shortens the length of the survey.

The pilot study will be conducted using 300 respondents. The survey is designed to collect information through an established panel of respondents using WebTV as the mode of administration. The data will be collected and stored electronically by the survey research firm. Based on previous experience and a limited number of cognitive pretest interviews, it is estimated that each survey will take approximately 30 minutes to complete.

Responses to the survey will be voluntary. Typically, panel members are free to choose whether or not to respond to any particular survey as long as they meet survey quotas set in their agreement with the research firm. The survey will fully conform to federal regulations—specifically the Privacy Act of 1974 (5 U.S.C. 552a), the Hawkins-Stafford Amendments of 1988 (Pub. L. 100–297), and the Computer Security Act of 1987.

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.

The EPA would like to solicit comments to:

(i) 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;

(ii) 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;

(iii) Enhance the quality, utility, and clarity of the information to be collected; and

(iv) 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: The proposed pilot survey will take advantage of an existing, pre-recruited panel of respondents. Thus, the only burden imposed by the pilot survey on respondents will be the time required to complete the survey. Based upon pretest interviews, the survey developers estimate that this will involve an average of 30 minutes per respondents. With a total of 300 respondents for the pilot survey this involves a total of 150 hours. Based on an average hourly rate of $22.15 (including employer costs of all employee benefits), the survey developers expect that the average per-respondent cost for the pilot survey will be $11.08 and the corresponding one-time total cost to all respondents will be $3324.00. Since this information collection is voluntary and does not involve any special equipment, respondents will not incur any capital or operation and maintenance (O&M) costs.

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 be able to respond to a collection of information; search data sources; complete and review the collection of information; and transmit or otherwise disclose the information.

Dated: June 12, 2002.

Al McGartland,

Office Director, National Center for Environmental Economics, Office of Policy, Economics and Innovation.

[FR Doc. 02–16359 Filed 6–27–02; 8:45 am]

BILLING CODE 6560–50–P

ENVIRONMENTAL PROTECTION AGENCY

[FRL–7239–2]

Agency Information Collection Activities: Submission for OMB Review; Comment Request; ''Reliability, Validity, and Variability in Behavioral Determinants of Drinking Water Disinfection By-Product Exposure''

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 the following Information Collection Request (ICR) has been forwarded to the Office of Management and Budget (OMB) for review and approval: Reliability, Validity, and Variability in Behavioral Determinants of Drinking Water Disinfection By-Product Exposure, EPA ICR No. 2030.01. The ICR describes the nature of the information collection and its expected burden and cost; where appropriate, it includes the actual data collection instrument.

DATES: Comments must be submitted on or before July 29, 2002.

ADDRESSES: Send comments, referencing EPA ICR No. 2030.01 to the following addresses: Susan Auby, U.S. Environmental Protection Agency, Collection Strategies Division (Mail Code 2822T), 1200 Pennsylvania Avenue, NW., Washington, DC 20460–0001; and to Office of Information and Regulatory Affairs, Office of Management and Budget (OMB), Attention: Desk Officer for EPA, 725 17th Street, NW., Washington, DC 20503.

FOR FURTHER INFORMATION CONTACT: For a copy of the ICR contact Susan Auby at EPA by phone at (202) 566–1672, by E-mail at *Auby.susan@epamail.epa.gov,* or download off the Internet at *http://www.epa.gov/icr* and refer to EPA ICR No. 2030.01. For technical questions about the ICR contact Dr. Patricia A. Murphy, phone 732–906–6830, fax 732–906–6845, email *murphy.patricia@epa.gov.*

SUPPLEMENTARY INFORMATION: Title: Reliability, Validity, and Variability in Behavior Determinants of Drinking Water Disinfection By-Product Exposure, EPA ICR No. 2030.01. This is a new collection.

Abstract: This study aims to characterize the reliability, validity, and variability of questionnaire-based information on water usage patterns collected in environmental epidemiologic studies. The study builds on a recently funded study entitled ''Drinking Water Disinfectant By-products and Spontaneous Abortion'' funded by the American Water Works Association Research Foundation (AWWARF) which was recently initiated. The present study will add a substudy component to the parent AWWARF study. It provides for reinterview of a 10% sample (300 women) of the parent study participants for a reliability substudy and an additional 10% sample (300 women) for a validity substudy. The human behavioral aspects, i.e., water usage patterns over time, that will affect one's coming into contact with an ambient level of a particular chemical, is an important source of variability and this has not been well characterized in previous drinking water epidemiology studies. Better characterization of the reliability, variability, and validity of this information, generally obtained through recall in a questionnaire, will decrease uncertainties related to misclassification of the exposure variables and enhance our ability to more clearly interpret the validity and accuracy of reported study findings. All participation and responses are voluntary. Confidentiality of responses will be maintained. 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. The **Federal Register** document required under 5 CFR 1320.8(d), soliciting comments on this collection of information was published on July 27, 2001 (FR 66 39159); No comments were received.

Burden Statement: The annual public reporting and record keeping burden for this collection of information is estimated to average 1 hour per response. 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 be able to respond to a collection of information; search data sources; complete and review the collection of information; and transmit or otherwise disclose the information.

Respondents/Affected Entities: Women of childbearing age who are currently voluntarily enrolled and participating in an ongoing epidemiologic study entitled ''Drinking Water Disinfectant By-Products and Spontaneous Abortion.''

Estimated Number of Respondents: 600 .

Frequency of Response: Once.

Estimated Total Annual Hour Burden: 525 hours.

Estimated Total Annualized Capital, O&M Cost Burden: $0.

Send comments on the Agency's need for this information, the accuracy of the provided burden estimates, and any suggested methods for minimizing respondent burden, including through the use of automated collection techniques to the addresses listed above. Please refer to EPA ICR No. 2030.01 in any correspondence.

Dated: June 19, 2002.

Oscar Morales,

Director, Collection Strategies Division.

[FR Doc. 02–16357 Filed 6–27–02; 8:45 am]

BILLING CODE 6560–50–P

ENVIRONMENTAL PROTECTION AGENCY

[FRL–7239–3]

Agency Information Collection Request Activities: Submission for OMB Review; Collection and Comment Request for the Outer Continental Shelf Air Regulation

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 the following Information Collection Request (ICR) has been forwarded to the Office of Management and Budget (OMB) for review and approval: Title: Outer Continental Shelf Air Regulations, ICR number 1601.05, and OMB Control Number 2060–0249, expiration date: June 30, 2002. The ICR describes the nature of the information collection and its expected burden and cost; where appropriate, it includes the actual data collection instrument.

DATES: Comments must be submitted on or before July 29, 2002.

ADDRESSES: Send comments, referencing EPA ICR No. 1601.05 and OMB Control No. 2060–0249, to the following addresses: Susan Auby, U.S. Environmental Protection Agency, Collection Strategies Division (Mail Code 2822T), 1200 Pennsylvania Avenue, NW., Washington, DC 20460–0001; and to Office of Information and Regulatory Affairs, Office of Management and Budget (OMB), Attention: Desk Officer for EPA, 725 17th Street, NW., Washington, DC 20503.

FOR FURTHER INFORMATION CONTACT: For a copy of the ICR contact Susan Auby at EPA by phone at (202) 566–1672, by E-Mail at *auby.susan@epa.gov* or download off the Internet at *http://www.epa.gov/icr* and refer to EPA ICR No. 1601.05. For technical questions about the ICR contact David Sanders at EPA by phone at (919) 541–3356.

SUPPLEMENTARY INFORMATION:

Title: Outer Continental Shelf Air Regulation, OMB Control Number 2060–0249, EPA ICR Number 1601.05, expiration date June 30, 2002. This is a request for extension of a currently approved collection.

Abstract: Section 328 (Air Pollution from Outer Continental Shelf Activities) of the Clean Air Act (CAA) as amended in 1990, gives EPA responsibility for regulating air pollution from OCS sources located offshore of the States along the Pacific, Arctic, and Atlantic Coasts, and along the eastern Gulf of Mexico coast (off the coast of Florida). The U.S. Department of Interior's Minerals Management Service (MMS) retains the responsibility for regulating air pollution from sources located in the western Gulf of Mexico.

There are five types of reporting requirements for the industrial respondent: Notice of intent (NOI) to construct, Preconstruction permit application, Compliance testing, Operating permit application, and Record keeping and reporting tasks. The owner or operator must submit not more than 18 months prior to submitting a permit application, a NOI to construct to the EPA Administrator through the EPA Regional Office and the air pollution control agency of the nearest onshore area (NOA) and adjacent onshore areas. All major sources must comply with all applicable preconstruction permit requirements including the need to submit an application for a preconstruction review permit. The owner or operator of an OCS source is responsible for developing or collecting all relevant information not otherwise available to the permit reviewing authority. Within 6 months of the start of operations, each new or modified major source is required to complete initial compliance tests to demonstrate compliance with control equipment design and performance specifications in its preconstruction permit. In addition, annual compliance tests are required for existing sources in California. A second type of permit which an owner or operator of major sources must obtain is the operating permit. The operating permits contain information on the ownership and location of a source, equipment and fuel parameters which cause emissions, the amount and type of emissions from each source, control techniques used to control emissions, and record keeping and reporting requirements to ensure that control techniques are properly implemented. Sources, in addition are required to monitor emissions and operating parameters to ensure compliance with operating requirements.

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. The **Federal Register** document required under 5 CFR 1320.8(d), soliciting comments on this collection of information was published on November 6, 2001; no comments were received.

Burden Statement: The annual public reporting and recordkeeping burden for this collection of information is estimated to average 410 hours per response. 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 be able to respond to a collection of information; search data sources; complete and review the collection of information; and transmit or otherwise disclose the information.

Respondents/Affected Entities: Owners or operators of existing or new or modified stationary sources associated with the recovery of oil and gas resources.

Estimated Number of Respondents: 49.

Frequency of Response: Annually.

Estimated Total Annual Hour Burden: 33,649.

Estimated Total Annualized Capital, O&M Cost Burden: $147,793.

Send comments on the Agency's need for this information, the accuracy of the provided burden estimates, and any suggested methods for minimizing respondent burden, including through the use of automated collection techniques to the addresses listed above. Please refer to EPA ICR No. 1601.05 and OMB Control No. 2060–0249 in any correspondence.

Dated: June 19, 2002.

Oscar Morales,

Director, Collection Strategies Division.

[FR Doc. 02–16358 Filed 6–27–02; 8:45 am]

BILLING CODE 6560–50–P

ENVIRONMENTAL PROTECTION AGENCY

[ER–FRL–6630–7]

Environmental Impact Statements and Regulations; Availability of EPA Comments

Availability of EPA comments prepared pursuant to the Environmental Review Process (ERP), under section 309 of the Clean Air Act and section 102(2)(c) of the National Environmental Policy Act as amended. Requests for copies of EPA comments can be directed to the Office of Federal Activities at (202) 564–7167.

An explanation of the ratings assigned to draft environmental impact statements (EISs) was published in FR dated April 12, 2002 (67 FR 17992).

Draft EISs

ERP No. D–USN–K11107–CA Rating EC2, Naval Station Treasure Island Disposal and Reuse Property, Implementation, Local Redevelopment Authority (LRA), City of San Francisco, San Francisco County, CA.

Summary: EPA raised environmental concerns about the lack of mitigation for projected air quality impacts; the absence of information on the location and amount of dredging and dredged material disposal associated with future reuse of Naval Station Treasure Island; and hazardous materials substances contamination at the site.

Final EISs

ERP No. F–AFS–J65350–MT West Lake Timber Sale and Road Decommissioning Project, Implementation, Gallatin National Forest, Hebgen Lake Ranger District, Gallatin County, MT.

Summary: EPA expressed environmental concerns and recommended that a higher level of road decommissioning be incorporated into the preferred alternative. Reductions in road density are critical to aquatic health and wildlife, including the threatened grizzly bear. EPA also believes that, to fully assess and mitigate all potential impacts of the management actions, additional information should be presented regarding aquatic monitoring.

ERP No. F–AFS–J65351–MT Beaverhead-DeerLodge National Forest, Noxious Weed Control Program, Implementation, Integrated Weed Management, Beaverhead, Butte-Silver Bow, Anaconda-Deer Lodge, Granite, Jefferson, Powell and Madison Counties, Dillon, MT.

Summary: EPA expressed environmental concerns regarding the potential for unwanted herbicide transport to surface and ground waters and other sensitive areas. EPA believes a minimal level of monitoring for herbicides in sensitive waters should be conducted.

ERP No. F–COE–E39054–FL Cape Sable Seaside Sparrow Protection, Interim Operating Plan (IOP), Alternative 7R Final Recommend Plan, Emergency Sparrow Protection Actions, Implementation, Everglades National Park, Miami-Dade County, FL.

Summary: EPA has no objection to the proposed action since Alternative 7R has addressed our previous water quality concerns, but still provides adequate protection to the Cape Sable Seaside Sparrow.

ERP No. F–COE–G30016–00 Programmatic—Mississippi River and Tributaries Morganza, Louisiana to the Gulf of Mexico Hurricane Protection Plan, Flood Damage Reduction from Tropical Storms and Hurricane Induced Tidal Flooding along Louisiana to the Gulf of Mexico.

Summary: EPA had no further comments to offer on the Final Programmatic EIS.

ERP No. F–COE–K39067–CA Salinas Valley Water Project, Construction, Monterey County Water Resources Agency (MCWRA), Issuing of Permits or Approval of Action, Monterey and San Luis Obispo Counties, CA.

Summary: No formal comment letter was sent to the preparing agency.

ERP No. F–NPS–G61041–AR Little Rock Central High School National Historic Site General Management Plan, Implementation, Future Management and Use, Little Rock, AR.

Summary: EPA expressed lack of objections to the preferred alternative.

ERP No. F–UAF–G11041–OK Altus Air Force Base (AFB), Proposed Airfield Repairs, Improvements and Adjustments to Aircrew Training and Installation of an Instrument Landing System (ILS) and a Microwave Landing System (MLS), Jackson County, OK.

Summary: EPA had no further comments to offer on the Final EIS. The Final adequately responded to comments offered on the Draft Statement.

ERP No. F–USA–E11049–KY U.S. Army Armor Center and Fort Knox Northern Training Complex, Construction and Operation of a Multi-Purpose Digital Training Ranger and a Series of Maneuver Areas, Drop and Landing Zones, Fort Knox, KY.

Summary: EPA has no objections to the proposed action.

ERP No. FA–COE–K36100–CA American River Watershed Long-Term Study, Updated Information concerning Flood Damage Reduction and Ecosystem Restoration between Folsom Dam and the Sacramento River, Sacramento, Placer and Sutter Counties, CA.

Summary: No formal comment letter was sent to the preparing agency.

ERP No. FA–FHW–K40105–CA Devil's Slide Bypass Improvement, CA–1 from Half Moon Bay Airport to Linda Mar Boulevard, Preferred Alternative Estimated Future Project-Generated Noise Study, Funding, Pacifica and San Mateo Counties, CA.

Summary: No formal comment letter was sent to the preparing agency.

ERP No. FA–NOA–A91065–00 Regulatory Adjustment 2 to the Atlantic Tunas, Swordfish and Sharks Fishery Management Plan, Updated Information concerning a Proposed Rule to Reduce Sea turtle Bycatch and Bycatch Mortality in Highly Migratory Species Fisheries, AtlanticOcean, Gulf of Mexico and Caribbean Sea.

Summary: No formal comment letter was sent to the preparing agency.

ERP No. FS–AFS–J65288–CO Uncompahgre National Forest Travel Plan Revision and Forest Plan Amendment, Updated Information concerning New Travel Restrictions for Resource Management, Recreational Opportunities and Winter Travel, Implementation, Gunnision, Hinsdale, Mesa, Montrose, Ouray, San Juan and San Miguel Counties, CO.

Summary: No formal comment letter was sent to the preparing agency.

Dated: June 25, 2002.

Clifford Rader,

Environmental Protection Specialist, NEPA Compliance Division, Office of Federal Activities.

[FR Doc. 02–16365 Filed 6–27–02; 8:45 am]

BILLING CODE 6560–50–P

ENVIRONMENTAL PROTECTION AGENCY

[ER–FRL–6630–6]

Environmental Impact Statements; Notice of Availability

Responsible Agency: Office of Federal Activities, General Information (202) 564–7167 or *http://www.epa.gov/compliance/nepa/.*

Weekly receipt of Environmental Impact Statements

Filed June 17, 2002 Through June 21, 2002

Pursuant to 40 CFR 1506.9.

EIS No. 020243, DRAFT EIS, COE, CA, Imperial Beach Shore Protection Project, To Provide Shore Protection and to Prevent Damage to Adjacent Beachfront Structures, Silver Strand Shoreline, City of Imperial Beach, San Diego County, CA, *Comment Period Ends:* August 12, 2002, Contact: Stephanie Hall (213) 452–3862.

EIS No. 020251, DRAFT EIS, AFS, MT, Post Fire Vegetation and Fuels Management Project, Proposing Fuel Reduction, Bark Beetle Sanitation, and the Maintenance, and/or Restoration of Vegetative Communities, Beaverhead Deerlodge National Forest, Wisdom and Pintler Ranger Districts, Beaverhead and Deerlodge Counties, MT, *Comment Period Ends:* August 12, 2002, Contact: Amy Nerbun (406) 683–3948.

EIS No. 020252, DRAFT EIS, FHW, IA, Avenue G Viaduct and Connecting Corridor, To Improve Access for Local Emergency Services and SafetyThrough Expanded Capacity across the Trail Corridor, Funding and NPDES Permit, Pottawattamie County, IA, *Comment Period Ends:* August 12, 2002,Contact: Bobby Blackmon (515) 233–7300.

EIS No. 020253, DRAFT EIS, AFS, CA, Sirretta Peak Trail Project, To Explore Locations for the Construction of Trail Routes Open to Off-Highway Vehicles, New Information Relating to the Sierra Nevada Forest Plan Amendment, Cannell Meadow Ranger District, Sequoia National Forest, Tulare County, CA, *Comment Period Ends:* August 12, 2002, Contact: Chris Ryan (661) 391–6107.

EIS No. 020254, FINAL EIS, FHW, WV, WV–65 Transportation Improvement Project, from Appalachian Corridor G near Belo to US 52 at Naugatuck, Funding and COE Section 404 Permit, Mingo County, WV,*Wait Period Ends:* August 23, 2002, Contact: Thomas J. Smith (304) 347–5928.

EIS No. 020255, DRAFT SUPPLEMENT, AFS, WY, Squirrel Meadows Grand Targhee Land Exchange Proposal, New Information and CurrentEnvironmental and Socioeconomic Conditions, Implementation, Targhee National Forest, Teton County, WY, *Comment Period Ends:* August 12, 2002, Contact: Cheryl Probert (208) 557–5760.

EIS No. 020256, FINAL EIS, AFS, AK, Helicopter Landing Tours on the Juneau Icefield 2002 to 2006, Combination Fixed-Wing and Helicopter Landing Tour Operations to Antler Glacier Lake, Special Use Permits Issuance, Tongass National Forest, City and Borough of Juneau, AK, *Wait Period Ends:* July 29, 2002, Contact: Laurie Thorpe (907)790–7439.

EIS No. 020257, DRAFT EIS, AFS, CA, Yosemite Fire Management Plan, Implementation, To Present and Analyze Alternative for Carrying out the Fire Management Program, Yosemite National Park, Sierra Nevada, Mariposa, Tuolumne, Madera and Mono Counties, CA, *Comment Period Ends:* August 27, 2002, Contact: Jerry Mitchell (303) 969–2219. This document is available on the Internet at: *http://www.nps.gov/yose/planning*.

EIS No. 020258, FINAL EIS, UAF, CA, EL Rancho Road Bridge Project, Flood-Free Crossing Construction at San Antonia Creek to access from the north of Vandenberg Air Force Base, Santa Barbara County, CA, *Wait Period Ends:* July 29, 2002, Contact: Maj Cabala (703) 697–1731.

EIS No. 020259, FINAL EIS, FRC, WY, NV, UT, CA, Kern River 2003 Gas Transmission Project, Expansion of the existing (KRGT) InterstatePipeline System from southwestern Wyoming to southern California, Right-of-Way Grant, NPDES and US Army COE Section 404 Permits Issuance, (FERC Docket NO.CP01–422–000), WY, UT, NV and CA, *Wait Period Ends:* July 29, 2002, Contact: Michael Boyle (202) 208–0839.

EIS No. 020260, DRAFT EIS, COE, TX, Corpus Christi Ship Channel Channel Improvements Project, To Provide Navigation Safety and Efficiency of the Deep Draft Navigation System, Corpus Christi and Nueces Bay, Nueces and San Patricio Counties, TX, Due: *Comment Period Ends:* August 12, 2002, Contact: Carolyn Murphy (409) 766–3044.

EIS No. 020261, FINAL EIS, FHW, WA, I–405 Corridor Transportation Improvements, I–5 in the City of Tukwila to I–5 in Snohomish County, Funding and Possible COE Section 404 Permits Issuance, King and Snohomish Counties, WA, *Wait Period Ends:* July 29, 2002, Contact: James Leonard, (FHWA) (360) 753–9408.

The USDOT's FHWA and FTA are Joint Lead Agencies for this project. John Witmer is the Contact Person for FTA, Phone No. 206–220–7964.

EIS No. 020262, DRAFT EIS, BLM, NM, Farmington Resource Management Plan, Implementation, Managing Public Lands within the Farmington Field Office (FF0) Boundaries and Federal Oil and Gas Resources within the New Mexico Portion of San Juan Basin, San Juan, McKinely, Rio Arriba and Sandoval Counties, NM, *Comment Period Ends:* September 26, 2002, Contact: Robert Moore (505) 599–6311. This document is available on the Internet at: *http://www.nm.blm.gov*.

EIS No. 020263, FINAL EIS, AFS, ID, Brush Boulder Project, Proposed Vegetation Management, Road Construction, Reconstruction and Decommissioning, North Fork Payette River, Boise National Forest, Cascade Ranger District, Valley County, ID, *Wait Period Ends:* July 29, 2002, Contact: David D. Ritterhouse (208) 373–4100.

EIS No. 020264, FINAL EIS, FAA, MA, Logan Airside Improvements Planning Project (EOEA #10458), Construction and Operation of a New Unidirectional Runway 14/32, Centerfield Taxiway and Add'l Taxiway Improvements, New Information, Providing Clarification of the Delay Problems, Boston Int'l Airport, Federal Funding, Airport Layout Plan and NPDES Permit, Boston, MA, *Wait Period Ends:* July 29, 2002, Contact: John Silva (781) 238–7602.

EIS No. 020265, FINAL EIS, BLM, AZ, Diamond Bar Road Improvement Project, To Pave the Road and Realign Sections through Grapevine Wash, Right-of-Way Permits, Mohave County, AZ, *Wait Period Ends:* July 29, 2002, Contact: Don McClure (928) 692–4400.

EIS No. 020266, DRAFT EIS, AFS, WA, Quartzite Watershed Management Project, Proposing Watershed Management Activities, Includes Vegetation Management, Riparian/Wetland Management, and Road Management, Colville National Forest, Thomason Sherwood-Cottonwood Creek, Three Rivers Ranger District, Stevens County, WA, *Comment Period Ends:* August 12, 2002, Contact: Sherri Schwenke (509) 739–7000.

EIS No. 020267, DRAFT EIS, AFS, MT, Moose Post-Fire Project, Proposed to Decrease Potential Mortality from Bark Beetles to Remaining Live Douglas-fir and Spruce Trees, Recover Merchantable Wood Fiber; Reduce Future Fire Risk; and Modify Existing Road Access, Glacier View Ranger District, Flathead National Forest, Flathead County, MT, *Comment Period Ends:* August 12, 2002, Contact: Michele Draggo (406) 387–3800.

EIS No. 020268, DRAFT SUPPLEMENT, COE, OK, AR, Wister Lake and Poteau River, Operation and Maintenance Program for the Present Conservation Pool Level of 478.0 feet and To Provide Mitigation Measures, LeFlore County, OK and Scott County, AR *Comment Period Ends:* August 12, 2002, Contact: Jim Randolph (918) 669–4396.

EIS No. 020269, DRAFT SUPPLEMENT, COE, TX, Red River Chloride Control Project, Authorized to Reduce the Natural Occurring Levels of Chloride in the Wichita River Only Portion, North, Middle and South Forks, Wichita River and Red River, Implementation, Tulsa District, Wichita County, TX, *Comment Period Ends:* August 12, 2002, Contact: Jim Randolph (918) 669–4396. This document is available on the Internet at: *http://www.swt.uasce.army.mil/LIBRARY/Library.CFM.*

Amended Notices

EIS No. 010305, DRAFT SUPPLEMENT, FAA, MN, Flying Cloud Airport, Substantive Changes to Alternatives and New Information, Extension of the Runways 9R/27L and 9L/27R, Long-Term Comprehensive Development, In the City of Eden Prairie, Hennepin County, MN, Due: August 21, 2002, Contact: Glen Orcutt

(612) 713–4354. Revision of FR Notice Published on 08/24/2001: CEQ Review Period Ending on 08/17/2001 has been Extended to 08/21/2002.

Dated: June 25, 2002.

Clifford Rader,

Environmental Protection Specialist, Office of Federal Activities.

[FR Doc. 02–16366 Filed 6–27–02; 8:45 am]

BILLING CODE 6560–50–P

ENVIRONMENTAL PROTECTION AGENCY

[OPP–2002–0066; FRL–7183–5]

Issuance of an Experimental Use Permit

AGENCY: Environmental Protection Agency (EPA).

ACTION: Notice.

SUMMARY: EPA has granted an experimental use permit (EUP) to the following pesticide applicant. An EUP permits use of a pesticide for experimental or research purposes only in accordance with the limitations in the permit.

FOR FURTHER INFORMATION CONTACT: By mail: S. Diana Hudson, Biopesticides and Pollution Prevention Division (7511C), Office of Pesticide Programs, Environmental Protection Agency, 1200 Pennsylvania Ave., NW., Washington, DC 20460. Office location, telephone number, and e-mail address: 1921 Jefferson Davis Hwy., Rm. 910, Crystal Mall #2, Arlington, VA; (703) 308–8713; e-mail address: hudson.diana@epa.gov.

SUPPLEMENTARY INFORMATION:

I. General Information

A. Does this Action Apply to Me?

This action is directed to the public in general. Although this action may be of particular interest to those persons who conduct or sponsor research on pesticides, the Agency has not attempted to describe all the specific entities that may be affected by this action. If you have any questions regarding the information in this action, consult the designated contact person listed for the individual EUP.

B. How Can I Get Additional Information, Including Copies of this Document and Other Related Documents?

You may obtain electronic copies of this document, and certain other related documents that might be available electronically, from the EPA Internet Home Page at http://www.epa.gov/. To access this document, on the Home Page select ''Laws and Regulations,'' ''Regulations and Proposed Rules,'' and then look up the entry for this document under the ''**Federal Register**—Environmental Documents.'' You can also go directly to the **Federal Register** listings at http://www.epa.gov/fedrgstr/.

II. EUP

EPA has issued the following EUP:

64500–EUP–2. Issuance. AVA Chemical Ventures, L.L.C., 80 Rochester Avenue, Suite 214, Portsmouth, NH 03801. This EUP allows the use of 274 pounds of the biochemical pesticide sucrose octanoate esters on 100 acres of non-bearing and/or post harvest citrus trees and grapes to evaluate the control of glassy-winged sharpshooter. The program is authorized only in the State of California. The EUP is effective from June 1, 2002 to June 1, 2003.

Persons wishing to review this EUP are referred to the designated contact person. Inquiries concerning this permit should be directed to the person cited above. It is suggested that interested persons call before visiting the EPA office, so that the appropriate file may be made available for inspection purposes from 8 a.m. to 4 p.m., Monday through Friday, excluding legal holidays.

Authority: 7 U.S.C. 136.

List of Subjects

Environmental protection, Experimental use permits.

Dated: June 18, 2002.

Janet L. Andersen,

Director, Biopesticides and Pollution Prevention Division, Office of Pesticide Programs.

[FR Doc. 02–16356 Filed 6–27–02; 8:45 am]

BILLING CODE 6560–50–S

ENVIRONMENTAL PROTECTION AGENCY

[FRL–7239–1]

Public Water System Supervision Program Revision for the State of Florida

AGENCY: Environmental Protection Agency (EPA).

ACTION: Notice of tentative approval.

SUMMARY: Notice is hereby given that the State of Florida is revising its approved Public Water System Supervision Program. Florida has adopted drinking water regulations for the Stage 1 Disinfection Byproducts Rule. EPA has determined that these revisions are no less stringent than the corresponding Federal regulations. Therefore, EPA intends on approving this State program revision.

DATES: All interested parties may request a public hearing. A request for a public hearing must be submitted by July 29, 2002, to the Regional Administrator at the address shown below. Frivolous or insubstantial requests for a hearing may be denied by the Regional Administrator. However, if a substantial request for a public hearing is made by July 29, 2002, a public hearing will be held. If no timely and appropriate request for a hearing is received and the Regional Administrator does not elect to hold a hearing on his own motion, this determination shall become final and effective on July 29, 2002.

Any request for a public hearing shall include the following information: (1) The name, address, and telephone number of the individual organization, or other entity requesting a hearing; (2) A brief statement of the requesting person's interest in the Regional Administrator's determination and a brief statement of the information that the requesting person intends to submit at such hearing; (3) The signature of the individual making the request, or, if the request is made on behalf of an organization or other entity, the signature of a responsible official of the organization or other entity.

ADDRESSES: All documents relating to this determination are available for inspection between the hours of 8 a.m. and 4:30 p.m., Monday through Friday, at the following offices: Florida Department of Environmental Protection, Twin Towers Office Building, 2600 Blair Stone Road, Tallahassee, Florida 32399–2400, or at the Environmental Protection Agency, Region 4, Drinking Water Section, 61 Forsyth Street Southwest, Atlanta, Georgia 30303.

FOR FURTHER INFORMATION CONTACT: Franklin Baker, EPA Region 4, Drinking Water Section at the Atlanta address given above or at telephone (404) 562–9442.

Authority: (Section 1420 of the Safe Drinking Water Act, as amended (1996), and 40 CFR Part 142 of the National Primary Drinking Water Regulations).

Dated: June 12, 2002.

A. Stanely Meiburg,

Acting Regional Administrator, Region 4.

[FR Doc. 02–16360 Filed 6–27–02; 8:45 am]

BILLING CODE 6560–50–P

FEDERAL EMERGENCY MANAGEMENT AGENCY

Agency Information Collection Activities: Submission for OMB review; comment request

ACTION: Notice and request for comments.

SUMMARY: The Federal Emergency Management Agency has submitted the following proposed information collection to the Office of Management and Budget for review and clearance in accordance with the requirements of the Paperwork Reduction Act of 1995 (44 U.S.C. 3507).

Title: Consultation with Local Officials to Assure Compliance with sections 110 and 206 of the Flood Disaster Protection Act.

Type of Information Collection: Revision of a currently approved collection.

OMB Number: 3067–0148.

Abstract: The certification forms are designed to assist requestors in gathering information that the Federal Emergency Management Agency (FEMA) needs to determine whether a certain property is likely to be flooded during a flood event that has a 1-percent chance of being equaled or exceeded in any given year (base flood).

Affected Public: Business or other for-profit, individuals or households, and State, Local or Tribal Government.

Number of Respondents: 1,400.

Estimated Time per Respondent:

FEMA forms	Number of respondents (A)	Frequency of response (B)	Hours per response (C)	Annual burden hours (A × B × C)
81–89	1,400	Annual	1.0	1,400
81–89A	1,400	Annual	3.0	4,200
81–89B	1,400	Annual	7.0	9,800
81–89C	1,400	Annual	1.0	1,400
81–89D	1,400	Annual	1.0	1,400
81–89E	1,400	Annual	1.0	1,400
Total	1,400		14.0	19,600

Estimated Total Annual Burden Hours: 19,600 hours.

Frequency of Response: On occasion.

Comments: Interested persons are invited to submit written comments on the proposed information collection to the Desk Officer for the Federal Emergency Management Agency, Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503 within 30 days of the date of this notice.

FOR FURTHER INFORMATION CONTACT: Requests for additional information or copies of the information collection should be made to Muriel B. Anderson, Chief, Records Management Section, Program Services and Systems Branch, Facilities Management and Services Division, Administration and Resource Planning Directorate, Federal Emergency Management Agency, 500 C Street, SW., Room 316, Washington, DC 20472, telephone number (202) 646–2625 or facsimile number (202) 646–3347, or e-mail *muriel.anderson@fema.gov.*

Dated: June 5, 2002.

Reginald Trujillo,

Branch Chief, Program Services and Systems Branch, Facilities Management and Services Division, Administration and Resource Planning Directorate.

[FR Doc. 02–16330 Filed 6–27–02; 8:45 am]

BILLING CODE 6718–01–P

FEDERAL EMERGENCY MANAGEMENT AGENCY

Agency Information Collection Activities: Submission for OMB Review; Comment Request

ACTION: Notice and request for comments.

SUMMARY: The Federal Emergency Management Agency has submitted the following proposed information collection to the Office of Management and Budget for review and clearance in accordance with the requirements of the Paperwork Reduction Act of 1995 (44 U.S.C. 3507).

Title: Right to Submit Technical or Scientific Data to correct Mapping Deficiencies.

Type of Information Collection: Revision of a currently approved collection.

OMB Number: 3067–0147.

Abstract: FEMA Forms 81–87, Property Information, 81–87A, Elevation Information and 81–87B, Community Acknowledgement (referred to as MT–1 series forms) are designed to assist requestors in gathering information that FEMA needs to determine whether a certain property is likely to be flooded during a flood event that has a 1-percent annual chance of being equaled or exceeded in any given year (base flood). FEMA Form 81–87, Property Information Form, describes the location of the property. FEMA Form 81–87A, Elevation Form, indicates the Base (1-percent annual chance) Flood Elevation (BFE) for the property, and FEMA Form 81–87B, Community Acknowledgment Form, requires that a community official certify that the request complies with minimum floodplain management criteria.

Affected Public: Individuals or households, business or other for profit, and State, Local or Tribal Government.

Number of Respondents: 3,300.

Estimated Total Annual Burden Hours: 11,583 hours.

FEMA Forms 25	Number of respondents (A)	Frequency of response (B)	Hours per response (C)	Annual burden hours (A × B × C)
81–87	3,300	Annual	1.63	5,379
81–87A	3,300	Annual	1.00	3,300
81–87B	3,300	Annual	0.88	2,904

FEMA Forms 25	Number of respondents (A)	Frequency of response (B)	Hours per response (C)	Annual burden hours (A × B × C)
Total	3,300		3.51	11,583

Frequency of Response: On Occasion.

COMMENTS: Interested persons are invited to submit written comments on the proposed information collection to the Desk Officer for the Federal Emergency Management Agency, Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503 within 30 days of the date of this notice.

FOR FURTHER INFORMATION CONTACT: Requests for additional information or copies of the information collection should be made to Muriel B. Anderson, Chief, Records Management Section, Program Services and Systems Branch, Facilities Management and Services Division, Administration and Resource Planning Directorate, Federal Emergency Management Agency, 500 C Street, SW, Room 316, Washington, DC 20472, telephone number (202) 646–2625 or facsimile number (202) 646–3347, or e:mail *muriel.anderson@fema.gov.*

Dated: June 7, 2002.

Muriel B. Anderson,

Acting Branch Chief, Program Services and Systems Branch,Facilities Management and Services Division,Administration and Resource Planning Directorate.

[FR Doc. 02–16331 Filed 6–27–02; 8:45 am]

BILLING CODE 6718–01–P

FEDERAL EMERGENCY MANAGEMENT AGENCY

[FEMA–1421–DR]

Colorado; Major Disaster and Related Determinations

AGENCY: Federal Emergency Management Agency (FEMA).

ACTION: Notice.

SUMMARY: This is a notice of the Presidential declaration of a major disaster for the State of Colorado (FEMA–1421–DR), dated June 19, 2002, and related determinations.

EFFECTIVE DATE: June 19, 2002.

FOR FURTHER INFORMATION CONTACT: Rich Robuck, Readiness, Response and Recovery Directorate, Federal EmergencyManagement Agency, Washington, DC 20472, (202) 646–2705 or *Rich.Robuck@fema.gov.*

SUPPLEMENTARY INFORMATION: Notice is hereby given that, in a letter dated June 19, 2002, the President declared a major disaster under the authority of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5121–5206 (Stafford Act), as follows:

I have determined that the damage in certain areas of the State of Colorado, resulting from wildfires beginning April 23, 2002, and continuing, is of sufficient severity and magnitude to warrant a major disaster declaration under the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5121–5206 (Stafford Act). I, therefore, declare that such a major disaster exists in the State of Colorado.

In order to provide Federal assistance, you are hereby authorized to allocate from funds available for these purposes, such amounts as you find necessary for Federal disaster assistance and administrative expenses.

You are authorized to provide Individual Assistance in the designated areas, and Hazard Mitigation throughout the State, and any other forms of assistance under the Stafford Act you may deem appropriate. Consistent with the requirement that Federal assistance be supplemental, any Federal funds provided under the Stafford Act for Hazard Mitigation and the Individual and Family Grant program will be limited to 75 percent of the total eligible costs. If Public Assistance is later requested and warranted, Federal funds provided under that program will also be limited to 75 percent of the total eligible costs.

Further, you are authorized to make changes to this declaration to the extent allowable under the Stafford Act.

The time period prescribed for the implementation of section 310(a), Priority to Certain Applications for Public Facility and Public Housing Assistance, 42 U.S.C. 5153, shall be for a period not to exceed six months after the date of this declaration.

Notice is hereby given that pursuant to the authority vested in the Director of the Federal Emergency Management Agency under Executive Order 12148, I hereby appoint Steven R. Emory of the Federal Emergency Management Agency to act as the Federal Coordinating Officer for this declared disaster.

I do hereby determine the following areas of the State of Colorado to have been affected adversely by this declared major disaster:

Adams, Alamosa, Arapahoe, Archuleta, Baca, Bent, Boulder, Broomfield City and County, Chaffee, Cheyenne, Clear Creek, Conejos, Costilla, Crowley, Custer, Delta, Denver City and County, Dolores, Douglas, Eagle, Elbert, El Paso, Fremont, Garfield, Gilpin, Grand, Gunnison, Hinsdale, Huerfano, Jefferson, Kiowa, Kit Carson, Lake, La Plata, Las Animas, Lincoln, Mesa, Mineral, Moffat, Montezuma, Montrose, Otero, Ouray, Park, Pitkin, Pueblo, Rio Blanco, Rio Grande, Routt, Saguache, San Juan, San Miguel, Summit, Teller, Washington, and Yuma Counties and the Southern Ute Reservation and Ute Mountain Reservation for Individual Assistance.

All counties and Indian Reservations within the State of Colorado are eligible to apply for assistance under the Hazard Mitigation Grant Program.

(The following Catalog of Federal Domestic Assistance Numbers (CFDA) are to be used for reporting and drawing funds: 83.537, Community Disaster Loans; 83.538, Cora Brown Fund Program; 83.539, Crisis Counseling; 83.540, Disaster Legal Services Program; 83.541, Disaster Unemployment Assistance (DUA); 83.542, Fire Suppression Assistance; 83.543, Individual and Family Grant (IFG) Program; 83.544, Public Assistance Grants; 83.545, Disaster Housing Program; 83.548, Hazard Mitigation Grant Program.)

Joe M. Allbaugh,

Director.

[FR Doc. 02–16327 Filed 6–27–02; 8:45 am]

BILLING CODE 6718–02–P

FEDERAL EMERGENCY MANAGEMENT AGENCY

[FEMA–1416–DR]

Illinois; Amendment No. 4 to Notice of a Major Disaster Declaration

AGENCY: Federal Emergency Management Agency (FEMA).

ACTION: Notice.

SUMMARY: This notice amends the notice of a major disaster declaration for the State of Illinois, (FEMA–1416–DR), datedMay 21, 2002, and related determinations.

EFFECTIVE DATE: June 20, 2002.

FOR FURTHER INFORMATION CONTACT: Rich Robuck, Readiness, Response and Recovery and Directorate, Federal Emergency Management Agency, Washington, DC 20472, (202) 646–2705 or Rich.Robuck@fema.gov.

SUPPLEMENTARY INFORMATION: The notice of a major disaster declaration for the State of Illinois is hereby amended to include the following areas among those areas determined to have been adversely affected by the catastrophe declared a major disaster by the President in his declaration of May 21, 2002:

Adams, Effingham, Fayette, Hancock, and Richland Counties for Public Assistance (already designated for Individual Assistance).

(The following Catalog of Federal Domestic Assistance Numbers (CFDA) are to be used for reporting and drawing funds: 83.537, Community Disaster Loans; 83.538, Cora Brown Fund Program; 83.539, Crisis Counseling; 83.540, Disaster Legal Services Program; 83.541, Disaster Unemployment Assistance (DUA); 83.542, Fire Suppression Assistance; 83.543, Individual and Family Grant (IFG) Program; 83.544, Public Assistance Grants; 83.545, Disaster Housing Program; 83.548, Hazard Mitigation Grant Program.)

Joe M. Allbaugh,

Director.

[FR Doc. 02–16328 Filed 6–27–02; 8:45 am]

BILLING CODE 6718–02–P

FEDERAL EMERGENCY MANAGEMENT AGENCY

[FEMA–1420–DR]

Iowa; Amendment No. 1 to Notice of a Major Disaster Declaration

AGENCY: Federal Emergency Management Agency (FEMA).

ACTION: Notice.

SUMMARY: This notice amends the notice of a major disaster for the State of Iowa (FEMA–1420–DR), dated June 19, 2002, and related determinations.

EFFECTIVE DATE: June 20, 2002.

FOR FURTHER INFORMATION CONTACT: Rich Robuck, Readiness, Response and Recovery Directorate, Federal Emergency Management Agency, Washington, DC 20472, (202) 646–2705 or *Rich.Robuck@fema.gov.*

SUPPLEMENTARY INFORMATION: Notice is hereby given that, effective this date and pursuant to the authority vested in the Director of the Federal Emergency Management Agency under Executive Order 12148, I hereby appoint Peter J. Martinasco of the Federal Emergency Management Agency to act as the Federal Coordinating Officer for this declared disaster.

This action terminates my appointment of Scott Wells as Federal Coordinating Officer for this disaster.

(The following Catalog of Federal Domestic Assistance Numbers(CFDA) are to be used for reporting and drawing funds: 83.537, Community Disaster Loans; 83.538, Cora Brown Fund Program; 83.539, Crisis Counseling; 83.540, Disaster Legal Services Program; 83.541, Disaster Unemployment Assistance (DUA); 83.542, Fire Suppression Assistance; 83.543, Individual and Family Grant (IFG) Program; 83.544, Public Assistance Grants; 83.545, Disaster Housing Program; 83.548, Hazard Mitigation Grant Program.)

Joe M. Allbaugh,

Director.

[FR Doc. 02–16326 Filed 6–27–02; 8:45 am]

BILLING CODE 6718–02–P

FEDERAL EMERGENCY MANAGEMENT AGENCY

[FEMA–1420–DR]

Iowa; Major Disaster and Related Determinations

AGENCY: Federal Emergency Management Agency (FEMA).

ACTION: Notice.

SUMMARY: This is a notice of the Presidential declaration of a major disaster for the State of Iowa (FEMA–1420–DR), dated June 19, 2002, and related determinations.

EFFECTIVE DATE: June 19, 2002.

FOR FURTHER INFORMATION CONTACT: Rich Robuck, Readiness, Response and Recovery Directorate, Federal EmergencyManagement Agency, Washington, DC 20472, (202) 646–2705 or *Rich.Robuck@fema.gov.*

SUPPLEMENTARY INFORMATION: Notice is hereby given that, in a letter dated June 19, 2002, the President declared a major disaster under the authority of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5121–5206 (Stafford Act), as follows:

I have determined that the damage in certain areas of the State of Iowa, resulting from severe storms and flooding beginning June 3, 2002, and continuing, is of sufficient severity and magnitude to warrant a major disaster declaration under the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5121–5206 (Stafford Act). I, therefore, declare that such a major disaster exists in the State of Iowa.

In order to provide Federal assistance, you are hereby authorized to allocate from funds available for these purposes, such amounts as you find necessary for Federal disaster assistance and administrative expenses.

You are authorized to provide Individual Assistance and Public Assistance in the designated areas, and Hazard Mitigation throughout the State, and any other forms of assistance under the Stafford Act you may deem appropriate. Consistent with the requirement that Federal assistance be supplemental, any Federal funds provided under the Stafford Act for Public Assistance, Hazard Mitigation, and the Individual and Family Grant program will be limited to 75 percent of the total eligible costs.

Further, you are authorized to make changes to this declaration to the extent allowable under the Stafford Act.

The time period prescribed for the implementation of section 310(a), Priority to Certain Applications for Public Facility and Public Housing Assistance, 42 U.S.C. 5153, shall be for a period not to exceed six months after the date of this declaration.

Notice is hereby given that pursuant to the authority vested in the Director of the Federal Emergency Management Agency under Executive Order 12148, I hereby appoint Scott Wells of the Federal Emergency Management Agency to act as the Federal Coordinating Officer for this declared disaster.

I do hereby determine the following areas of the State of Iowa to have been affected adversely by this declared major disaster:

Allamakee, Benton, Buchanan, Cedar, Clayton, Clinton, Delaware, Dubuque, Fayette, Iowa, Jackson, Johnson, Jones, Linn, Muscatine, Scott, and Winneshiek Counties for Individual Assistance.

Clayton, Clinton, Delaware, Dubuque, Jackson, Jones and Linn Counties for Public Assistance.

All counties within the State of Iowa are eligible to apply for assistance under the Hazard Mitigation Grant Program.

(The following Catalog of Federal Domestic Assistance Numbers(CFDA) are to be used for reporting and drawing funds: 83.537, Community Disaster Loans; 83.538, Cora Brown Fund Program; 83.539, Crisis Counseling; 83.540, Disaster Legal Services Program; 83.541, Disaster Unemployment Assistance (DUA); 83.542, Fire Suppression Assistance; 83.543, Individual and Family Grant (IFG) Program; 83.544, Public Assistance Grants; 83.545, Disaster Housing Program; 83.548, Hazard Mitigation Grant Program.)

Joe M. Allbaugh,

Director.

[FR Doc. 02–16329 Filed 6–27–02; 8:45 am]

BILLING CODE 6718–02–P

FEDERAL EMERGENCY MANAGEMENT AGENCY

[FEMA–1419–DR]

Minnesota; Major Disaster and Related Determinations

AGENCY: Federal Emergency Management Agency (FEMA).

ACTION: Notice.

SUMMARY: This is a notice of the Presidential declaration of a major disaster for the State of Minnesota (FEMA–1419–DR), dated June 14, 2002, and related determinations.

EFFECTIVE DATE: June 14, 2002.

FOR FURTHER INFORMATION CONTACT: Rich Robuck, Readiness, Response and Recovery Directorate, Federal EmergencyManagement Agency,

Washington, DC 20472, (202) 646–2705 or *Rich.Robuck@fema.gov.*

SUPPLEMENTARY INFORMATION: Notice is hereby given that, in a letter dated June 14, 2002, the President declared a major disaster under the authority of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5121–5206 (Stafford Act), as follows:

I have determined that the damage in certain areas of the State of Minnesota, resulting from severe storms, tornadoes and flooding on June 9, 2002, and continuing, is of sufficient severity and magnitude to warrant a major disaster declaration under the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5121–5206 (Stafford Act). I, therefore, declare that such a major disaster exists in the State of Minnesota.

In order to provide Federal assistance, you are hereby authorized to allocate from funds available for these purposes, such amounts as you find necessary for Federal disaster assistance and administrative expenses.

You are authorized to provide Individual Assistance in the designated area and Hazard Mitigation throughout the State, and any other forms of assistance under the Stafford Act you may deem appropriate. Consistent with the requirement that Federal assistance be supplemental, any Federal funds provided under the Stafford Act for Hazard Mitigation and the Individual and Family Grant program will be limited to 75 percent of the total eligible costs. If Public Assistance is later warranted, Federal funds provided under that program will also be limited to 75 percent of the total eligible costs.

Further, you are authorized to make changes to this declaration to the extent allowable under the Stafford Act.

The time period prescribed for the implementation of section 310(a), Priority to Certain Applications for Public Facility and Public Housing Assistance, 42 U.S.C. 5153, shall be for a period not to exceed six months after the date of this declaration.

Notice is hereby given that pursuant to the authority vested in the Director of the Federal Emergency Management Agency under Executive Order 12148, I hereby appoint C. Michel Butler of the Federal Emergency Management Agency to act as the Federal Coordinating Officer for this declared disaster.

I do hereby determine the following area of the State of Minnesota to have been affected adversely by this declared major disaster:

Roseau County for Individual Assistance.

All counties within the State of Minnesota are eligible to apply for assistance under the Hazard Mitigation Grant Program.

(The following Catalog of Federal Domestic Assistance Numbers(CFDA) are to be used for reporting and drawing funds: 83.537, Community Disaster Loans; 83.538, Cora Brown Fund Program; 83.539, Crisis Counseling; 83.540, Disaster Legal Services Program; 83.541, Disaster Unemployment Assistance (DUA); 83.542, Fire Suppression Assistance; 83.543, Individual and Family Grant (IFG) Program; 83.544, Public Assistance Grants; 83.545, Disaster Housing Program; 83.548, Hazard Mitigation Grant Program.)

Joe M. Allbaugh,

Director.

[FR Doc. 02–16325 Filed 6–27–02; 8:45 am]

BILLING CODE 6718–02–P

FEDERAL HOUSING FINANCE BOARD

[No. 2002–N–6]

Proposed Collection; Comment Request

AGENCY: Federal Housing Finance Board.

ACTION: Notice.

SUMMARY: In accordance with the requirements of the Paperwork Reduction Act of 1995, the Federal Housing Finance Board (Finance Board) is seeking public comments concerning a three-year extension by the Office of Management and Budget (OMB) of the previously approved information collection currently known as ''Advances to Housing Associates.'' The information collection formerly was titled ''Advances to Nonmember Mortgagees.''

DATES: Interested persons may submit comments on or before August 27, 2002.

ADDRESSES: Address comments and requests for copies of the information collection to Elaine L. Baker, Secretary to the Board, by telephone at 202/408–2837, by electronic mail at *bakere@fhfb.gov,* or by regular mail at the Federal Housing Finance Board, 1777 F Street, NW., Washington, DC 20006.

FOR FURTHER INFORMATION CONTACT: Jonathan F. Curtis, Senior Financial Analyst, Market Research and System Analysis Division, Office of Policy, Research and Analysis, by telephone at 202/408–2866, by electronic mail at *curtsj@fhfb.gov,* or by regular mail at the Federal Housing Finance Board, 1777 F Street, NW., Washington, DC 20006.

SUPPLEMENTARY INFORMATION:

A. Need For and Use of the Information Collection

Section 10b of the Federal Home Loan Bank Act (Bank Act) authorizes the Federal Home Loan Banks (FHLBanks) to make advances under certain circumstances to certified nonmember mortgagees.[1] The Finance Board refers to nonmember mortgagees as housing associates. In order to be certified as a housing associate, an applicant must meet the eligibility requirements set forth in section 10b of the Bank Act. Part 926 of the Finance Board regulations implements the statutory eligibility requirements and establishes uniform review criteria an applicant must meet in order to be certified as a housing associate by an FHLBank.[2] More specifically, sections 926.3 and 926.4 of the rule implement the statutory eligibility requirements and provide guidance to an applicant on how it may satisfy such requirements.[3] Section 926.5 authorizes the FHLBanks to approve or deny all applications for certification as a housing associate, subject to the statutory and regulatory requirements.[4] Section 926.6 permits an applicant to appeal an FHLBank decision to deny certification to the Finance Board.[5]

Section 950.17 of the Finance Board regulations establishes the terms and conditions under which an FHLBank may make advances to a certified housing associate. Section 950.17 also imposes a continuing obligation on a housing associate to provide information necessary to determine if it remains in compliance with applicable statutory and regulatory requirements.[6]

The information collection contained in sections 926.1 through 926.6 and section 950.17 of the Finance Board regulations is necessary to enable the FHLBanks to determine whether an applicant satisfies the statutory and regulatory requirements to be certified initially and maintain its status as a housing associate eligible to receive FHLBank advances. The Finance Board requires and uses the information collection to determine whether to uphold or overrule an FHLBank decision to deny housing associate certification to an applicant.

The OMB number for the information collection is 3069–0005. The OMB clearance for the information collection expires on November 30, 2002.

The likely respondents include applicants for housing associate

[1] *See* 12 U.S.C. 1430b.

[2] *See* 12 CFR 926.1–926.6. Formerly codified at 12 CFR 935.22—935.23. *See* 65 FR 8253, at 8256 (Feb. 18, 2000) and 65 FR 44414, at 44424–25, 44426–28 (July 18, 2000).

[3] *See* 12 CFR 926.3–926.4. Formerly codified at 12 CFR 935.22. *See* 65 FR at 8256 and 65 FR at 44427.

[4] *See* 12 CFR 926.5. Formerly codified at 12 CFR 935.23(a). *See* 65 FR at 8256 and 65 FR at 44427.

[5] *See* 12 CFR 926.6. Formerly codified at 12 CFR 935.23(c)(4). *See* 65 FR at 8256 and 65 FR at 44428.

[6] *See* 12 CFR 950.17. Formerly codified at 12 CFR 935.24. *See* 65 FR at 8256 and 65 FR at 444330–31.

certification and current housing associates.

B. Burden Estimate

The Finance Board estimates the total annual average number of applicants at five, with one response per applicant. The estimate for the average hours per application is ten hours. The estimate for the annual hour burden for applicants is 50 hours (5 applicants × 1 response per applicant × 10 hours).

The Finance Board estimates the total annual average number of maintenance respondents, that is, certified housing associates, at 57, with 1 response per housing associate. The estimate for the average hours per maintenance response is 0.5 hours. The estimate for the annual hour burden for certified housing associates is 28.5 hours (57 certified housing associates × 1 response per associate × 0.5 hours).

The estimate for the total annual hour burden is 78.5 hours (57 housing associates × 1 response per associate × 0.5 hours + 5 applicants × 1 response per applicant × 10 hours).

C. Comment Request

The Finance Board requests written comments on the following: (1) Whether the collection of information is necessary for the proper performance of Finance Board functions, including whether the information has practical utility; (2) the accuracy of the Finance Board estimates of the burdens of the collection of information; (3) ways to enhance the quality, utility and clarity of the information collected; and (4) ways to minimize the burden of the collection of information on applicants and housing associates, including through the use of automated collection techniques or other forms of information technology.

By the Federal Housing Finance Board.

Dated: June 24, 2002.

Arnold Intrater,

Acting General Counsel.

[FR Doc. 02–16320 Filed 6–27–02; 8:45 am]

BILLING CODE 6725–01–P

GENERAL SERVICES ADMINISTRATION

Governmentwide Per Diem Advisory Board

AGENCY: General Services Administration.

ACTION: Notice of meeting.

SUMMARY: Notice is hereby given that the Governmentwide Per Diem Advisory Board will hold an open meeting from 9:30 a.m. to 2:30 p.m. on Wednesday, July 10, 2002. The meeting will be held at The American Institute of Architects Board Room, 1735 New York Ave., NW, Washington, DC 20006. This meeting is open to the public. Members of the public who wish to file a statement with the advisory committee may do so in writing c/o Rob Miller, General Services Administration, 1800 F St., NW, Room G–219, Washington, DC 20405, or via email at *robl.miller@gsa.gov.* Due to critical mission and schedule requirements, there is insufficient time to provide the full 15 calendar days' notice in the **Federal Register** prior to this meeting, pursuant to the final rule on Federal Advisory Committee Management codified at 41 CFR 102–3.150.

Purpose: To review the current process and methodology that is used by GSA's Office of Governmentwide Policy to determine the per diem rates for destinations within the continental United States (CONUS). The Board will develop recommendations for improvements to the process and/or methodology. In addition, the Board will provide advice regarding best practices for a Governmentwide lodging program.

For security and building access: (1) Attendees should be prepared to present a government issued photo identification; (2) ADA accessible facility; (3) Public seating may be limited.

FOR FURTHER INFORMATION CONTACT: Rob Miller at (202) 501–4621, Designated Federal Officer, or Joddy Garner at (202) 501–4857, Per Diem Program Manager, General Services Administration. Also, inquiries may be sent to *robl.miller@gsa.gov.*

Dated: June 25, 2002.

Becky Rhodes,

Deputy Associate Administrator, Office of Governmentwide Policy.

[FR Doc. 02–16408 Filed 6–27–02; 8:45 am]

BILLING CODE 6820–34–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–02–65]

Proposed Data Collections Submitted for Public Comment and Recommendations

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for opportunity for public comment on proposed data collection projects, the Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call the CDC Reports Clearance Officer on (404) 498–1210.

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 the burden 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. Send comments to Anne O'Connor, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS–D24, Atlanta, GA 30333. Written comments should be received within 60 days of this notice.

Proposed Project: Health and Safety Outcomes Related to Work Schedules in Nurses—NEW—The National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC). The mission of the National Institute for Occupational Safety and Health is to promote safety and health at work for all people through research and prevention.

In the United States, approximately 1.1 million registered nurses work shift schedules to provide essential nursing services that are required around the clock. A recent U.S. government report indicates that the average nurse works more than 40 hours per week. Both shift work and overtime have been independently associated with increased health and safety risks. Little is known about the combined influence of shift work and overtime. In addition, most previous shift work studies of nurses have used young participants. However, the age of the average working U.S. registered nurse is now 43.3 years and has been increasing over the past 20 years. This aging workforce will be more vulnerable to the adverse health and safety risks associated with shift work and overtime. This study will examine the combined influence of shift work and overtime on health and safety in the current registered nurse workforce. The study will provide data for work schedule design recommendations. Potential secondary benefits to society will be improved patient outcomes.

Specific Aim 1. Examine if certain characteristics of shift work schedules,

such as shift length (ie. 12-hour, 8-hour shifts), night work, and rotating work schedules are associated with increased health and safety risks.

Specific Aim 2. Examine how shift work and overtime interact to influence health and safety risks.

Specific Aim 3. Examine if disturbances of sleep, family life, and social life mediate effects of work schedules on health and safety.

The study is based on the theoretical model by Barton et al. (1995) who propose that shift work exerts a negative effect on health and safety outcomes by disturbing sleep, family life, and social life. The study will use a cross-sectional design to survey 1,000 registered nurses who will be randomly selected from 10 large hospitals. Participants will be asked to complete a survey, complete a 7-day sleep/activity diary, provide one set of blood pressure readings, and provide a copy of their work schedule from their hospital records for the previous 3-month period. The survey includes items for personal characteristics such as age and weight; health history; lifestyle factors such as smoking and alcohol use; sleep characteristics and problems; factors at work and other responsibilities such as child care; work schedule factors; musculoskeletal discomfort; gastrointestinal and cardiovascular symptoms; mood; automobile crashes and near misses; needlestick injuries; and job satisfaction.

The study will compute a list of work characteristics based on the actual work start and end times. Statistical modeling will be used to examine characteristics of work schedules associated with increased risk while controlling for demographic, health history, lifestyle, and work-related risk factors. A base model will be developed with significant control variables for each outcome. Work schedule variables will then be added to the base model to test for significant relationships while controlling for co-variates. There are no costs to respondents.

Form name	No. of respondents	No. of responses/respondent	Avg. burden/response (in hours)	Total burden (in hours)
Survey	1000	1	30/60	500
7-day sleep/activity diary	1000	*7	5/60	583
Total				1,083

*1 response per day × 7 days = 7.

Dated: June 21, 2002.

Nancy E. Cheal,

Acting Associate Director for Policy, Planning and Evaluation, Centers for Disease Control and Prevention.

[FR Doc. 02–16302 Filed 6–27–02; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–02–64]

Proposed Data Collections Submitted for Public Comment and Recommendations

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for opportunity for public comment on proposed data collection projects, the Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call the CDC Reports Clearance Officer on (404)498–1210.

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 the burden 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. Send comments to Anne O'Connor, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS–D24, Atlanta, GA 30333. Written comments should be received within 60 days of this notice.

Proposed Project: A and B Reader Surveys—New—National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC).

Since 1970, under the U.S. Code of Federal Regulations [42 CFR 37], screening chest radiographic examinations have been provided to underground miners at approximate five-year intervals. As part of the mandated Coal Workers' X-ray Surveillance Program (CWXSP), the NIOSH B Reader Program requires x-ray classification by physicians who have demonstrated proficiency in the International Labour Office (ILO) radiographic classification system. Competence in the ILO system is demonstrated by physicians who have completed a NIOSH approved educationalseminar (A Reader) or have passed the NIOSH B Reader certification examination (B Reader). The ILO has recently completed a revision of its radiographic classification system (ILO 2000) that will soon be published. As a result,modifications of the B Reader examinations and related training activities and materials will be needed. These revisions provide an opportunity to evaluate the current B Reader Program by surveying A and B Readers. The survey responses from these physicians will be used to develop a workshop agenda and contract specifications to improve the B Reader Program. There are no costs to respondents.

Respondents	Number of respondents	Number of responses/respondent	Avg. burden/response (in hrs.)	Total burden in hours
Physicians/B Reader	531	1	10/60	89
Physicians/Former B Reader	333	1	10/60	56
Physicians/A Reader	2834	1	10/60	472

Respondents	Number of respondents	Number of responses/respondent	Avg. burden/response (in hrs.)	Total burden in hours
Total				617

Dated: June 21, 2002.

Nancy E. Cheal,

Acting Associate Director for Policy, Planning and Evaluation, Centers for Disease Control and Prevention.

[FR Doc. 02–16303 Filed 6–27–02; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Center for Disease Control and Prevention

[Program Announcement 02193]

Centers of Excellence in Health Statistics; Notice of Availability of Funds

A. Purpose

The Centers for Disease Control and Prevention (CDC), through the Office of Public Health Practice Program Office ''PHPPO'' and the National Center for Health Statistics (NCHS) announce the availability of fiscal year (FY) 2002 funds for a cooperative agreement to support Centers of Excellence in Health Statistics (CEHS). This program addresses the ''Healthy People 2010'' focus area(s) of Disability and Secondary Conditions; Environmental Health; Maternal, Infant, and Child Health; Public Health Infrastructure; Cancer; Heart Disease and Stroke; Tobacco Use.

The purpose of this program is to: Support Infrastructure (Administrative Core): Enhance the organizational setting to promote research on methods for health statistics, drawing upon multiple disciplines and involving collaboration with multiple partners.

Support Research Projects (Research Component): Support methodology and analytic research projects aimed at advancing the state of the art of collection, analysis, and interpretation of health statistics. Integrate the fields of statistics, health services research, survey research, public health, epidemiology, behavioral and social sciences, computer science and technology among others. Through such multi-disciplinary research, explore new approaches to enhance the capability of the statistical system to meet the rapidly changing needs of disease surveillance, public health research, and prevention research.

Measurable outcomes of the program will be in alignment with one or more of the following performance goals for the National Center for Health Statistics:

1. Monitor trends in the nation's health through high-quality data systems; addressing issues relevant to decision makers.

2. Improve the nation's vital statistics system.

3. Improve racial and ethnic data for programmatic and policy decision-making.

4. Disseminate health data in innovative ways.

B. Authority and Catalog of Federal Domestic Assistance Number

This program is authorized under section 306 of the Public Health Service Act, [42 U.S.C. section 242k] as amended. The Catalog of Federal Domestic Assistance number is 99.283.

C. Eligible Applicants

Applications may be submitted by public and private nonprofit organizations and by governments and their agencies; that is, universities, colleges, technical schools, research institutions, hospitals, other public and private nonprofit organizations, community-based organizations, faith-based organizations, State and local governments or their bona fide agents, including the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Mariana Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, the Republic of Palau, federally recognized Indian tribal governments, Indian tribes, or Indian tribal organizations.

Note: Title II of the United States Code section 1611 states that an organization described in section 501(c)(4) of the Internal Revenue Code that engages in lobbying activities is not eligible to receive Federal funds constituting an award, grant or loan.

D. Availability of Funds

Approximately $1,200,000 is available in FY 2002 to fund approximately three awards. It is expected that the average award will be $400,000 in total costs, ranging from $350,000 to $450,000. It is anticipated that the awards will begin on or about September 30, 2002, and will be made for a 12-month budget period. Funding estimates may change. Project period for one year.

Continuation awards within an approved project period will be made on the basis of satisfactory progress as evidenced by required reports and the availability of funds.

Use of Funds

Applicants should include sufficient travel funds within their budgets to travel to the NCHS, Hyattsville Maryland, facility for an annual meeting of all awarded research center principal investigators.

Funding Preferences

There is programmatic interest in supporting Centers that conduct a wide range of research, analytic, and implementation activities pertaining to health statistics and information systems for health promotion and disease prevention research and application. Examples of relevant research topics include, but are not limited to, those listed below:

1. *Survey methodology:* New sampling approaches, new designs for hard-to-reach populations, new approaches for linking and integrating health surveys, improved capabilities for conducting longitudinal and cross-sectional studies, improved methods for addressing language and cognitive issues in conducting surveys.

2. *Health Promotion and Disease Prevention:* Development of standards in terms, definitions, and methods; development of health status indicators for within-population group comparison; examination of protective or wellness factors and health seeking behaviors particular to population groups; assessment of limitations of and alternatives to randomized designs for community intervention trials.

3. *Data linkages:* Improved use of existing administrative data sets (e.g., Medicare, Medicaid, Veterans Administration, National Death Index, hospital discharges, and employer health files), expanded use of data sources from outside the public health arena, approaches to tracking patient health episodes across different providers, and methods for linking or matching different data sources to move toward population coverage.

4. *Data analysis:* Analytic approaches to interpreting poverty and socioeconomic status and their effect on

population subgroups, analytic approaches to assessing the impact of managed care on health as well as impact of other changes in health care systems, and enhancement of epidemiological studies of disease and illness including the impact of behavior and environmental exposures, improved strategies for combining qualitative data to enhance insight into statistical research, examination of demographic aspects of health morbidity, disability, and mortality, including issues related to the influence of early life on later life, algorithms for measuring health outcomes and quality of care, and validation of aggregated variables.

5. *Information technology:* Expanded research and development of automation technologies, including the development of new electronic methods for data collection, improved analytic tools, and new approaches to electronic data dissemination.

6. *Special populations:* Improved data on populations particularly vulnerable to change in the health care system and those with unique health problems (racial/ethnic minorities, poor, disabled, elderly, highly mobile populations); of particular interest is the reliability of race and ethnic information on vital and medical records (self-report versus proxy) with a focus on mortality statistics and misreporting.

7. *Medical informatics:* Approaches to defining, accessing, and using computerized patient records, the development of uniform data elements and definitions, developing methods for greater linkage between medical informatics and population-based health information, developing standardized instruments for recording utilization (especially preventive services) for illness episodes that can be used by primary care service providers in a variety of settings.

8. *Measurement:* Improved techniques for describing and measuring health status, functional status, health outcomes, and the impact of care and the environment, behavior, family, and community on health status.

9. *Non-sampling error:* Examination of biases associated with the sampling frame, mode of survey, non-response, and measurement bias.

10. *Confidentiality and data sharing:* Development of innovative methods and techniques to ensure the confidentiality of information provided by respondents, while at the same time maximizing the sharing of micro-data for analysis, e.g., employing random transformations and imputed synthetic variables and evaluating the resulting analytic losses; development and evaluation of alternative approaches to obtain informed consent.

E. Program Requirements

In conducting activities to achieve the purpose of this program, the recipient will be responsible for the activities under 1. Recipient Activities, and CDC will be responsible for the activities listed under 2. CDC Activities.

1. Recipient Activities

a. Support Infrastructure (Administrative Core)

(1) Maintain an appropriate organizational setting and institutional infrastructure (administrative core) that sustains a set of research projects. This setting must facilitate collaboration between multiple disciplines and involve multiple partners.

(2) Establish relationship(s) with organizations relevant to the success of the Center's research agenda, demonstrated by letters of agreement.

b. Research Component

(1) Develop and organize a prevention/promotion research theme (or set of themes) and a research agenda. For example, themes and research agendas can address Programmatic Interest research topics outlined in that section of the announcement or can be focused on problems unique to the community in which the CEHS would be located.

(2) Design and conduct one or more research projects within the research agenda developed by the particular CEHS that involves specialists or experts in sophisticated methodology and individuals or organizations from the community, if appropriate, to identify priorities and link research activities to important public health, prevention, and health statistics research issues.

(3) Develop and implement a plan to disseminate research findings as widely as is practicable.

2. CDC Activities

a. Provide technical assistance on projects as necessary.

b. Assist in the development of a controlled access environment that allows micro-data applications.

c. Assist in the development of a research protocol for Institutional Review Board (IRB) review by all cooperating institutions participating in the research. The CDC (IRB) will review and approve the protocol initially and on at least an annual basis until the research project is completed.

F. Content

Applications

The program announcement title and number must appear in the application. Use the information in the Program Requirements, Other Requirements, and Evaluation Criteria sections to develop the application content. Your application will be evaluated on the criteria listed, so it is important to follow them in laying out your program plan. The narrative should be no more than 25 pages, single-spaced, printed on one side, with one-inch margins and unreduced fonts.

The narrative should consist of, at a minimum, a Plan, Objectives, Methods, Evaluation and Budget

G. Submission and Deadline

Applications

Submit the original and two copies of PHS 398 (OMB Number 0925–0001). Forms are available at the following Internet address: *http://www.cdc.gov/od/pgo/forminfo.htm*. Forms may also be obtained by contacting the Grants Management Specialist identified in the ''Where to obtain Additional Information'' section of this announcement.

Application forms must be submitted in the following order:

Cover Letter
Table of Contents
Application
Budget Information Form
Budget Justification
Checklist
Assurances
Certifications
Disclosure Form
HIV Assurance Form (if applicable)
Human Subjects Certification (if applicable)
Indirect Cost Rate Agreement (if applicable)
Narrative

Applications must be received before 5 p.m. Eastern Time August 5, 2002, submit the application to the: Technical Information Management Section, 2920 Brandywine Road, Suite 3000, Atlanta, Georgia 30341.

Deadline: Applications shall be considered as meeting the deadline if they are received before 5 p.m. Eastern Time on the deadline date. Applicants sending applications by the United States Postal Service or commercial delivery services must ensure that the carrier will be able to guarantee delivery of the application by the closing date and time. If an application is received after closing due to (1) carrier error, when the carrier accepted the package with a guarantee for delivery by the

closing date and time, or (2) significant weather delays or natural disasters, CDC will upon receipt of proper documentation, consider the application as having been received by the deadline.

Applications that do not meet the above criteria will not be eligible for competition and will be discarded. Applicants will be notified of their failure to meet the submission requirements.

H. Evaluation Criteria

Application

Applicants are required to provide Measures of Effectiveness that will demonstrate the accomplishment of the various identified objectives of the grant or cooperative agreement. Measures of Effectiveness must relate to the performance goal (or goals) as stated in section ''A. Purpose'' of this announcement. Measures must be objective and quantitative and must measure the intended outcome. The Measures of Effectiveness shall be submitted with the application and shall be an element of evaluation.

A Special Emphasis Panel (SEP) appointed by CDC will evaluate each application individually against the following criteria's:

1. Infrastructure (Administrative Core)

a. *Organizational Infrastructure:* Does the structure lead to the development of a body of knowledge that can yield results beyond that accomplished with individual projects alone? Does the CEHS include established investigators and develop genuine collaborations among investigators with diverse backgrounds and areas of expertise?

b. *Environment:* Does the scientific, technical, and administrative environment of the center contribute to excellence and the probability of success? Does the center take advantage of unique features of the scientific and public health environments or employ useful collaborative arrangements? Is there evidence of a high level of institutional commitment and support? Does the Center Director (Principal Investigator) have specific authority and responsibility to carry out the project? Is the Center Director located organizationally at a level to garner the support needed for the center (i.e., report to an appropriate institutional official, e.g., dean of a school, vice president of a university, or commissioner of health)? Is the time and effort indicated for the Center Director adequate (minimum of 25 percent effort devoted solely to this project with an anticipated range of 25 to 50 percent)?

c. *Organization:* The quality and appropriateness of the organizational structure, the quality and experience of the administrative staff, and the quality of the plans for the allocating and monitoring of resources.

d. *Budget:* Reasonableness of proposed budget and time frame for the project in relation to the work proposed.

e. *Measures of Effectiveness:* What measures will be used to compare outputs to the performance goal (or goals) as stated in section ''A. Purpose'' of this announcement? Measures must be objective and quantitative and must measure the intended outcome.

2. Research Component

a. *Research Theme:* Is the concept of a center fulfilled, i.e., is there an organizing prevention/promotion research theme (or set of themes) and a research agenda that defines the mission of the particular CEHS?

b. *Public Health Significance:* Does the center address an important public health problem? If the aims of the application are achieved, how will the field or health statistics and prevention research benefit? What will be the effect of the center and its affiliated studies on fundamental advances in the development, testing, and dissemination of health statistics and prevention research and on informing public health policy?

c. *Leadership:* Are the center director and other senior investigators at the forefront of their respective fields? Do they have the experience and authority to organize, administer and direct the center?

d. *Research projects:* Are the specific research projects of exceptional scientific merit?

e. *Innovation:* Does the Center propose to develop novel concepts, approaches, measures or methods in basic research that will inform and guide health promotion and disease prevention? Are the aims original and innovative? Do the projects extend existing approaches or develop new methodologies or technologies?

f. *Study Populations:* The degree to which the applicant has met the CDC Policy requirements regarding the inclusion of women, ethnic, and racial groups in the proposed research. This includes:

(1) The proposed plan for the inclusion of both sexes and racial and ethnic minority populations for appropriate representation.

(2) The proposed justification when representation is limited or absent.

(3) A statement as to whether the design of the study is adequate to measure differences when warranted.

(4) A statement as to whether the plans for recruitment and outreach for study participants include the process of establishing partnerships with community(ies) and recognition of mutual benefits.

g. *Human Subjects:* When applicable, the adequacy of the proposed means for protecting human subjects. Does the application adequately address the requirements of Title 45 CFR 46 for the protection of human subjects? (Not scored; however, an application can be disapproved if the research risks are sufficiently serious and protection against risks is so inadequate as to make the entire application unacceptable.)

h. *Budget:* Reasonableness of proposed budget.

I. Other Requirements

Technical Reporting Requirements

Provide CDC with original plus two copies of

1. Annual progress reports (The progress reports will include a data requirement that demonstrates measures of effectiveness.)

2. Financial status report, no more than 90 days after the end of the budget period.

3. Final financial and performance reports, no more than 90 days after the end of the project period.

4. Applicants are required to provide Measures of Effectiveness that will demonstrate the accomplishment of the various identified objectives of the grant or cooperative agreement.

Send all reports to the Grants Management Specialist identified in the ''Where to Obtain Additional Information'' section of this announcement.

The following additional requirements are applicable to this program. For a complete description of each, see attachment I of the application kit.

AR–1 Human Subjects Requirements
AR–2 Requirements for Inclusion of Women and Racial Ethnic Minorities in Research
AR–9 Paperwork Reduction Act Requirements
AR–10 Smoke-Free Workplace Requirements
AR–11 Healthy People 2010
AR–12 Lobbying Restrictions

J. Where To Obtain Additional Information

This and other CDC announcements, the necessary applications, and associated forms can be found on the CDC home page Internet address—*http://www.cdc.gov*. Click on ''Funding'' then ''Grants and Cooperative Agreements.''

For business management technical assistance, contact:Merlin Williams,

Grants Management Specialist, Procurement and Grants Office,Centers for Disease Control and Prevention,2920 Brandywine Road, Room 3000,tlanta, GA 30341–4146,Telephone number: 770–488–2765,Email address: *mqw6@cdc.gov.*

For programmatic technical assistance, contact:Jennifer Madans, Ph.D., National Center for Health Statistics, 6525 Belcrest Road, Room 1140,Hyattsville, MD 20782,Telephone Number: 301–458–4500,Email address: *jhm4@cdc.gov.*

Dewey LaRochelle, MPA, National Center for Health Statistics, 6525 Belcrest Road, Room 1140,Hyattsville, MD 20782,Telephone Number: 301–458–4607,Email address: *dhl1@cdc.gov.*

Dated: June 21, 2002.

Sandra R. Manning,

CGFM, Director, Procurement and Grants Office, Centers for Disease Control and Prevention.

[FR Doc. 02–16226 Filed 6–28–02; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Program Announcement 02195]

Linkages of Acute Care and Emergency Medical Services to State and Local Injury Prevention Programs; Notice of Availability of Funds

A. Purpose

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 2002 funds for a cooperative agreement program for Linkages of Acute Care and Emergency Medical Services to State and Local Injury Prevention Programs. This program addresses the ''Healthy People 2010'' focus area of Injury and Violence Prevention.

The purpose of this program is to support collaboration between national organizations of professionals in acute medical care, trauma, emergency medical services (EMS) with State and local injury prevention programs and CDC (Part 1). The recipient of Part 2 of this cooperative agreement assumes a coordination role among award recipients, to assure successful collaborative activities. This cooperative agreement will facilitate the development of relationships that will be critical during routine operations of acute care, trauma, and EMS services, and in response to terrorism or disasters.

Measurable outcomes of this program will be in alignment with the National Center for Injury Prevention and Control (NCIPC) performance goal of building State capacity to enhance injury prevention efforts.

B. Authority and Catalog of Federal Domestic Assistance Number

This program announcement is authorized under 391 (a) [42 U.S.C. 280b] of the Public Health Service Act. The catalog of Federal Domestic Assistance number is 93.136.

C. Eligible Applicants

Assistance will be provided only to national nonprofit and for profit professional organizations, with at least 25 members, that address either acute care, trauma, or EMS.

Since the ultimate purpose of this program is to develop the capacity of local injury prevention programs to respond effectively to situations of national disaster or emergency, assistance is being provided to those organizations (acute care, trauma or EMS) best equipped to develop that capacity.

Note: Public law 104–65 states that an organization described in section 501(c)(4) of the Internal Revenue Code of 1986 which engages in lobbying activities shall not be eligible for the receipt of Federal funds constituting an award, grant, contract, loan, or any other form.

D. Availability of Funds

Approximately $450,000 is available in FY 2002 to fund approximately three to six awards. It is expected that the average award will be $75,000, ranging from $60,000 to $125,000 under Part 1. Applicants under Part 2 of this announcement are eligible for an additional award, approximately $50,000 to 75,000, to conduct coordination activities as described in ''Recipient Activities—Part 2'' below.

Note: Applicants for Part 2 funding must apply for and be approved for funding under Part 1 of this announcement.

It is expected that the awards will begin on or about September 30, 2002, and will be made for a 12-month budget period, for a one-year project period. Funding estimates may change.

Use of Funds

Grant funds will not be made available to support the provision of direct care. Eligible applicants may enter into contracts, including consortia agreements (as set forth in the PHS Grants Policy Statement, dated April 1, 1994), as necessary to meet the requirements of the program and strengthen the overall application.

E. Program Requirements

In conducting activities to achieve the purpose of this program, the recipient will be responsible for the activities under 1. ''Recipient Activities,'' and CDC will be responsible for the activities listed under ''2. CDC Activities.''

1. Recipient Activities—Part 1

a. Develop a project that will build relationships with State and local injury prevention programs. Possible projects include:

1. Collecting data or information about relationships between the national organization's membership or State and local chapters and State and local injury programs, for use in planning purposes, or

2. Developing and implementing a planning process to build relationships with State and local injury programs, or

3. Developing web-based or other information or communications linkages that result in increased information sharing among these organizations, or

4. Holding meetings or other events, or conducting joint projects at the national level or in selected States or cities to build relationships with State and local injury programs.

b. Communicate to members of the national organization about the importance of linkages with State and local injury prevention programs.

c. Work with State and/or local chapters and affiliates of the national organization to build awareness of potential benefits of linkages with State and local injury prevention programs.

d. Identify a person or persons to serve as liaisons to CDC and to organizations affiliated with as well as organizations representing local health officials and other governmental and non-governmental prevention partners for timely distribution and dissemination of Injury program and policy information.

e. Collaborate with CDC to: (a) Provide perspectives on policy formulation and (b) communicate rapidly with, and obtain and share feedback from, members of the national professional organization.

f. At project initiation, participate in a CDC-organized conference call with other funded award recipients to identify potential collaboration opportunities, and in conference calls among other CDC grantees as necessary.

g. Work with the coordinating center funded under Part 2 below, including participating in conference calls, meetings, and other joint activities.

Recipient Activities—Part 2

a. Develop a plan of outreach and coordination to facilitate linkages

between acute care, trauma, and EMS organizations and State and local injury programs. This may include meetings at the national, State, or local level.

b. Conduct a periodic formal or informal information gathering activity with these organizations and State and local injury programs, regarding the status of their linkages with State and local injury control programs, obstacles to building of relationships, and opportunities for collaboration.

c. Conduct an assessment to determine what needs exist following implementation of efforts, and how to best fill those needs.

2. CDC Activities (applicable to both Part 1 and Part 2)

a. Provide technical advice in the development of systems to identify potential issues of interest.

b. Provide consultation and scientific and technical assistance in the planning of the project.

c. Work with the organization funded under Part 2 to identify opportunities for collaboration.

d. Provide program and policy information for dissemination to award recipients.

F. Content

Applications

The Program Announcement title and number must appear in the application. Use the information in the Program Requirements, Other Requirements, and Evaluation Criteria sections to develop the application content. Your application will be evaluated on the criteria listed, so it is important to follow them in laying out your program plan. The narrative should be no more than six double-spaced pages, printed on one side, with one-inch margins, and unreduced font. Applicants interested in conducting optional (Part 2) coordination activities may submit a narrative not to exceed nine pages.

The narrative should consist of, at a minimum, a plan, objectives, methods, evaluation and budget addressing the ''Recipient Activities'' above.

G. Submission and Deadline

Application

Submit the original and two copies of PHS 5161–1 (OMB Number 0920–0428). Applications must be submitted in hard copy and may not be submitted electronically. Forms are available in the application kit and at the following Internet address: *http://www.cdc.gov/od/pgo/forminfo.htm*

Application forms must be submitted in the following order:

Cover Letter

Table of Contents

Application

Budget Information Form

Budget Justification

Checklist

Assurances

Certifications

Disclosure Form

Indirect Cost Rate Agreement (if applicable)

Narrative

The application must be received by 5:00 p.m. Eastern Time August 2, 2002. Submit the application to: Technical Information Management, PA 02195, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 2920 Brandywine Road, Room 3000, Atlanta, GA 30341–4146.

Deadline: Applications shall be considered as meeting the deadline if they are received before 5:00 p.m. Eastern Time on the deadline date. Applicants sending applications by the United States Postal Service or commercial delivery services must ensure that the carrier will be able to guarantee delivery of the application by the closing date and time. If an application is received after closing due to (1) carrier error, when the carrier accepted the package with a guarantee for delivery by the closing date and time, or (2) significant weather delays or natural disasters, CDC will upon receipt of proper documentation, consider the application as having been received by the deadline.

Applications which do not meet the above criteria will not be eligible for competition and will be discarded. Applicants will be notified of their failure to meet the submission requirements.

H. Evaluation Criteria

Application—Part 1

Applicants are required to provide Measures of Effectiveness that will demonstrate the accomplishment of the various identified objectives of the cooperative agreement. Measures of Effectiveness must relate to the performance goal as stated in section ''A. Purpose'' of this announcement. Measures must be objective and quantitative and must measure the intended outcome. These Measures of Effectiveness shall be submitted with the application and shall be an element of evaluation.

Each application will be evaluated individually against the following criteria by an independent review group appointed by CDC.

1. Staffing, Facilities, and Management (35 points)

The degree to which the applicant provides evidence of an ability to carry out the proposed project, the extent to which the applicant institution documents the capability to achieve objectives of this project, and the extent to which professional personnel involved in this project are qualified, including evidence of past achievements appropriate to this project.

2. Program Plan (25 points)

The adequacy of the applicant's plan for administering the proposed project.

3. Objectives (20 points)

The degree to which proposed objectives are clearly stated, realistic, measurable, time-phased, related to the purpose of this project, and regularly monitored and evaluated.

4. Background (15 points)

The extent to which the applicant understands the requirements, problems, objectives, complexities, and interactions required of this cooperative agreement.

5. Measures of Effectiveness (5 points)

The extent to which the applicant's Measures of Effectiveness are clearly designed to measure the intended outcome.

6. Budget (not scored)

Extent to which the estimated cost to the Government of the project is reasonable and clearly justified.

Application—Part 2

In addition to addressing the criteria for Part 1 above, applicants for Part 2 funding must separately address the following criteria:

1. Outreach Plan (40 points)

The adequacy of the plan of outreach and coordination to facilitate linkages between acute care, trauma, and EMS organizations and State and local injury programs.

2. Information gathering (30 points)

The adequacy of the applicant's plan to conduct a periodic survey of these organizations regarding the status of linkages with and local injury control programs.

3. Needs Assessment (30 points)

The adequacy of the applicant's plan to conduct an assessment to determine what needs exist following implementation of efforts, and make recommendations as to how best to fill those needs.

I. Other Requirements

Technical Reporting Requirements

Provide CDC with original plus two copies of:

1. Quarterly progress reports. (The progress report will include a data requirement that demonstrates measures of effectiveness.)

2. Financial status report, no more than 90 days after the end of the budget period.

3. Final financial status and performance reports, no more than 90 days after the end of the project period.

Send all reports to the Grants Management Specialist identified in the ''Where to Obtain Additional Information'' section of this announcement.

The following additional requirements are applicable to this program. For a complete description of each, see Attachment 1 of the application kit.

AR–9 Paperwork Reduction Act Requirements

AR–10 Smoke-Free Workplace Requirements

AR–11 Healthy People 2010

AR–12 Lobbying Restrictions

AR–13 Prohibition on Use of CDC Funds for Certain Gun Control Activities

AR–14 Accounting System Requirements

AR–15 Proof of Non-Profit Status

J. Where To Obtain Additional Information

This and other CDC announcements, the necessary applications, and associated forms can be found on the CDC home page Internet address—*http://www.cdc.gov* Click on ''Funding'' then ''Grants and Cooperative Agreements.''

For business management assistance, contact: Van A. King, Grants Management Specialist, Procurement and Grants Office, Centers for Disease Control and Prevention, 2920 Brandywine Road, Room 3000, Atlanta, GA 30341–4146, Telephone number (770) 488–2751, email address: *vbk5@cdc.gov.*

For program technical assistance, contact: Doug Browne, Project Officer, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, 4770 Buford Highway, Mailstop F–41, Atlanta, GA 30341, Telephone number (770) 488–1569, email address: *drb7@cdc.gov.*

Dated: June 21, 2002.

Sandra R. Manning,

CGFM, Director, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC).

[FR Doc. 02–16234 Filed 6–27–02; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS–2155–PN]

Medicare and Medicaid Programs; Application by the Accreditation Association for Ambulatory Health Care, Inc. for Continued Deeming Authority for Ambulatory Surgical Centers

AGENCY: Centers for Medicare & Medicaid Services, HHS.

ACTION: Proposed notice.

SUMMARY: This proposed notice acknowledges the receipt of a renewal application by the Accreditation Association for Ambulatory Health Care, Inc. for continued recognition as a national accreditation program for ambulatory surgical centers that wish to participate in the Medicare or Medicaid programs. Section 1865(b)(3)(A) of the Social Security Act requires that within 60 days of receipt of an organization's complete application we publish a proposed notice that identifies the national accrediting body making the request, describes the nature of the request, and provides at least a 30-day public comment period.

DATES: We will consider comments if we receive them at the appropriate address, as provided below, no later than 5 p.m. on July 29, 2002.

ADDRESSES: In commenting, please refer to file code CMS–2155–PN. Because of staff and resource limitations, we cannot accept comments by facsimile (FAX) transmission. Mail written comments (1 original and 3 copies) to the following address: Centers for Medicare & Medicaid Services, Department of Health and Human Services, Attention: CMS–2155–PN, P.O. Box 8013, Baltimore, MD 21244–8013.

Please allow sufficient time for mailed comments to be timely received in the event of delivery delays.

If you prefer, you may deliver (by hand or courier) your written comments (1 original and 3 copies) to one of the following addresses: Room 445–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 access to the interior of the HHH Building is not readily available to persons without Federal Government identification, commenters are encouraged to leave their comments in the CMS drop slots located in the main lobby of the building. A stamp-in clock is available for commenters wishing to retain a proof of filing by stamping in and retaining an extra copy of the comments being filed.)

Comments mailed to the addresses identified for hand or courier delivery may be delayed and could be considered late.

For information on viewing public comments see the beginning of the **SUPPLEMENTARY INFORMATION** section.

FOR FURTHER INFORMATION CONTACT: Milonda Mitchell, (410) 786–3511.

SUPPLEMENTARY INFORMATION: *Inspection of Public Comments:* Comments received timely will be available for public inspection as they are received, generally beginning approximately 3 weeks after publication of a document, at the headquarters of the Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Baltimore, Maryland 21244, Monday through Friday of each week from 8:30 a.m. to 4 p.m. To schedule an appointment to view public comments, call (410) 786–7197.

Copies: Additional copies of the **Federal Register** containing this proposed notice can be made at most libraries designated as Federal Depository libraries and at many other public and academic libraries throughout the country that receive the **Federal Register**.

This **Federal Register** document is also available from the **Federal Register** online database through *GPO Access,* a service of the U.S. Government Printing Office. The web site address is: *http://www.access.gpo.gov /nara/index.html.*

SUPPLEMENTARY INFORMATION:

I. Background

Under the Medicare program, eligible beneficiaries may receive covered services in an ambulatory surgical center (ASC) provided the ASC meets certain requirements. Section 1832(a)(2)(F)(i) of the Social Security Act (the Act) authorizes the Secretary to establish distinct criteria for facilities seeking designation as an ASC. Under this authority, the Secretary has set forth in regulations minimum requirements that an ASC must meet to participate in Medicare. The regulations at title 42, part 416 (Ambulatory Surgical Services) of the Code of Federal Regulations (CFR)

determine the basis and scope of covered services provided by an ASC, and Conditions for Medicare payment for ASCs. Applicable regulations concerning provider agreements are at part 489 (Provider Agreements and Supplier Approval) and those pertaining to the survey and certification of facilities are at part 488 (Survey Certification and Enforcement Procedures), subpart A (General Provisions) and B (Special Requirements).

In order for an ASC to be approved for participation in the Medicare program, the ASC must comply with State licensure requirements. The ASC must be certified by a State survey agency as complying with the conditions or requirements, as set forth in § 416.26(b) of our regulations. Then, the ASC is subject to regular surveys by a State survey agency to determine whether it continues to meet these requirements. There is an alternative, however, to surveys by State agencies.

Section 1865(b)(1) of the Act permits provider entities that are accredited by CMS-approved accrediting organizations to be exempt from routine surveys by State survey agencies to determine compliance with Medicare conditions of coverage. Accreditation by an accreditation organization is voluntary and is not required of ASCs for Medicare participation. Section 1865(b)(1) of the Act provides that, if an ASC demonstrates through accreditation that all applicable Medicare conditions are met or exceeded, we shall ''deem'' those ASCs as having met the requirements.

If an accreditation organization is recognized by the Secretary as having standards for accreditation that meet or exceed Medicare requirements, any provider entity accredited by the national accrediting body's approved program would be deemed to meet the Medicare conditions. A national accreditation organization applying for approval of deeming authority under part 488, subpart A must provide us with reasonable assurance that the accreditation organization requires the accredited provider entities to meet requirements that are at least as stringent as the Medicare conditions. Our regulations concerning renewal of an accreditation organization's deeming authority are set forth at §§ 488.4 and 488.8(d)(3). The regulations at § 488.8(d)(3) require accreditation organizations to reapply for continued approval of deeming authority every 6 years or sooner, as determined by us. Our current recognition of the Accreditation Association for Ambulatory Health Care Inc.'s (AAAHC) accreditation program for ASCs will terminate on December 19, 2002.

II. Approval of Deeming Organizations

Section 1865(b)(2) of the Act requires that our findings concerning review of a national accrediting organization's requirements consider, among other factors, the reapplying accreditation organization's requirements for accreditation; survey procedures; resources for conducting required surveys; capacity to furnish information for use in enforcement activities; monitoring procedures for provider entities found not in compliance with the conditions or requirements; and ability to provide us with the necessary data for validation.

Section 1865(b)(3)(A) of the Act further requires that we publish, within 60 days of receipt of an organization's complete application, a notice identifying the national accreditation body making the request, describing the nature of the request, and providing at least a 30-day public comment period. We have 210 days from our receipt to publish approval or denial of the application.

The purpose of this proposed notice is to inform the public of our receipt of the AAAHC's request for renewal and continuation of its deeming authority for ASCs. This notice also solicits public comment on the ability of AAAHC requirements to meet or exceed the Medicare conditions for coverage for ASCs.

II. Evaluation of Deeming Authority Request

On April 18, 2002, AAAHC submitted all the necessary materials concerning its request for renewal as a deeming organization for ASCs to enable us to make a determination. Under section 1865(b)(2) of the Act and our regulations at § 488.8 (Federal review of accreditation organizations), our review and evaluation of AAAHC will be conducted in accordance with, but not necessarily limited to, the following factors:

- The equivalency of AAAHC standards for an ASC as compared with our comparable ASC conditions of coverage.
- AAAHC's survey process to determine the following:

—The composition of the survey team, surveyor qualifications, and the ability of the organization to provide continuing surveyor training.

—The comparability of AAAHC's processes to those of State agencies, including survey frequency, and the ability to investigate and respond appropriately to complaints against accredited facilities.

—AAHC's processes and procedures for monitoring providers or suppliers found out of compliance with AAAHC's program requirements. These monitoring procedures are used only when AAAHC identifies noncompliance. If noncompliance is identified through validation reviews, the survey agency monitors corrections as specified at § 488.7(d).

—AAAHC's capacity to report deficiencies to the surveyed facilities and respond to the facility's plan of correction in a timely manner.

—AAAHC's capacity to provide us with electronic data in ASCII comparable code, and reports necessary for effective validation and assessment of the organization's survey process.

—The adequacy of AAAHC's staff and other resources, and its financial viability.

—AAAHC's capacity to adequately fund required surveys.

—AAAHC's policies with respect to whether surveys are announced or unannounced.

—AAAHC's agreement to provide us with a copy of the most current accreditation survey together with any other information related to the survey as we may require (including corrective action plans).

IV. Response to Comments and Notice Upon Completion of Evaluation

Because of the large number of items of correspondence we normally receive on **Federal Register** documents published for comment, we are not able to acknowledge or respond to them individually. We will consider all public comments we receive by the date and time specified in the **DATES** section of this preamble, and when we proceed with a final notice, we will respond to the public comments in the preamble to the document.

Upon completion of our evaluation, including evaluation of comments received as a result of this notice, we will publish a final notice in the **Federal Register** announcing the result of our evaluation.

In accordance with the provisions of Executive Order 12866, the Office of Management and Budget did not review this proposed notice.

In accordance with Executive Order 13132, we have determined that this proposed notice would not have a significant effect on the rights, roles, and responsibilities of States, local, or tribal governments.

Authority: Section 1865 of the Social Security Act (42 U.S.C. 1395bb)

(Catalog of Federal Domestic Assistance Program No. 93.778, Medical Assistance Program; No. 93.773 Medicare—Hospital Insurance Program; and No. 93.774, Medicare—Supplementary Medical Insurance Program)

Dated: June 19, 2002.

Thomas A. Scully,

Administrator, Centers for Medicare & Medicaid Services.

[FR Doc. 02–15969 Filed 6–27–02; 8:45 am]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS–2154–PN]

Medicare and Medicaid Programs; Application by the Joint Commission on Accreditation of Healthcare Organizations for Continued Deeming Authority for Ambulatory Surgical Centers

AGENCY: Centers for Medicare & Medicaid Services, HHS.

ACTION: Proposed notice.

SUMMARY: This proposed notice acknowledges the receipt of an application from the Joint Commission on Accreditation of Healthcare Organization for continued recognition as a national accreditation program for Ambulatory Surgical Centers that wish to participate in the Medicare or Medicaid programs. Section 1865(b)(3)(A) of the Social Security Act requires that within 60 days of receipt of an organization's complete application, we publish a notice that identifies the national accrediting body making the request, describes the nature of the request, and provides at least a 30-day public comment period.

DATES: We will consider comments if we receive them at the appropriate address, as provided below, no later than 5 p.m. on July 29, 2002.

ADDRESSES: In commenting, please refer to file code CMS–2154–PN. Because of staff and resource limitations, we cannot accept comments by facsimile (FAX) transmission. Mail written comments (1 original and 3 copies) to the following address: Centers for Medicare & Medicaid Services, Department of Health and Human Services, Attention: CMS–2154–PN, P.O. Box 8013, Baltimore, MD 21244–8013.

Please allow sufficient time for mailed comments to be timely received in the event of delivery delays.

If you prefer, you may deliver (by hand or courier) your written comments (1 original and 3 copies) to one of the following addresses: Room 445–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 access to the interior of the HHH Building is not readily available to persons without Federal Government identification, commenters are encouraged to leave their comments in the CMS drop slots located in the main lobby of the building. A stamp-in clock is available for commenters wishing to retain a proof of filing by stamping in and retaining an extra copy of the comments being filed.)

Comments mailed to the addresses identified for hand or courier delivery may be delayed and could be considered late.

For information on viewing public comments see the beginning of the **SUPPLEMENTARY INFORMATION** section.

FOR FURTHER INFORMATION CONTACT: Cindy Melanson, (410) 786–0310.

SUPPLEMENTARY INFORMATION: *Inspection of Public Comments:* Comments received timely will be available for public inspection as they are received, generally beginning approximately 3 weeks after publication of a document, at the headquarters of the Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Baltimore, Maryland 21244, Monday through Friday of each week from 8:30 a.m. to 4 p.m. To schedule an appointment to view public comments, call (410) 786–7197.

Copies: Additional copies of the **Federal Register** containing this notice can be made at most libraries designated as Federal Depository libraries and at many other public and academic libraries throughout the country that receive the **Federal Register**.

This **Federal Register** document is also available from the **Federal Register** online database through *GPO Access,* a service of the U.S. Government Printing Office. The web site address is: *http://www.access.gpo.gov/nara/index.html.*

I. Background

Under the Medicare program, eligible beneficiaries may receive covered services in an ambulatory surgical center (ASC) provided certain requirements are met. Section 1832(a)(2)(F)(i) of the Social Security Act (the Act) authorizes the Secretary to establish distinct criteria for facilities seeking designation as an ASC. Regulations concerning supplier agreements are at title 42, part 489 of the Code of Federal Regulations (CFR) and those pertaining to activities relating to the survey and certification of facilities are at 42 CFR part 488. The regulations at part 416 specify the conditions that an ASC must meet in order to participate in the Medicare program, the scope of covered services, and the conditions for Medicare payment for facility services.

Generally, in order to enter into an agreement, an ASC must first be certified by a State survey agency as complying with the conditions or requirements set forth in part 416 of our regulations. Then, the ASC is subject to regular surveys by a State survey agency to determine whether it continues to meet these requirements. There is an alternative, however, to surveys by State agencies.

Section 1865(b)(1) of the Act provides that, if a provider entity demonstrates through accreditation that all applicable Medicare conditions are met or exceeded, we shall ''deem'' those provider entities as having met the requirements. Accreditation by an accreditation organization is voluntary and is not required for Medicare participation.

If an accreditation organization is recognized by the Secretary as having standards for accreditation that meet or exceed Medicare requirements, any provider entity accredited by the national accrediting body's approved program would be deemed to meet the Medicare conditions. A national accreditation organization applying for approval of deeming authority under part 488, subpart A must provide us with reasonable assurance that the accreditation organization requires the accredited provider entities to meet requirements that are at least as stringent as the Medicare conditions. Our regulations concerning reapproval of accrediting organizations are set forth at §§ 488.4 and 488.8(d)(3). The regulations at § 488.8(d)(3) require accreditation organizations to reapply for continued approval of deeming authority every 6 years or sooner, as determined by us.

The Joint Commission on Accreditation of Healthcare Organizations' (JCAHO) current term of approval as a recognized accreditation program for ASCs expires December 19, 2002.

II. Approval of Deeming Organizations

Section 1865(b)(2) of the Act and our regulations at § 488.8(a) require that our findings concerning review and reapproval of a national accrediting organization's requirements consider, among other factors, the reapplying accreditation organization's

requirements for accreditation; survey procedures; resources for conducting required surveys; capacity to furnish information for use in enforcement activities; monitoring procedures for provider entities found not in compliance with the conditions or requirements; and ability to provide us with the necessary data for validation.

Section 1865(b)(3)(A) of the Act further requires that we publish, within 60 days of receipt of an organization's complete application, a notice identifying the national accreditation body making the request, describing the nature of the request, and providing at least a 30-day public comment period. We have 210 days from our receipt of a completed application to publish approval or denial of the application.

The purpose of this proposed notice is to inform the public of our receipt of JCAHO's request for approval of continued deeming authority for ASCs. This notice also solicits public comment on the ability of JCAHO requirements to meet or exceed the Medicare conditions for coverage for ASCs.

III. Evaluation of Deeming Authority Request

On April 15, 2002, JCAHO submitted all the necessary materials concerning its request for reapproval as a deeming organization for ASCs to enable us to make a determination. Under section 1865(b)(2) of the Act and our regulations at § 488.8 (Federal review of accreditation organizations), our review and evaluation of JCAHO will be conducted in accordance with, but not necessarily limited to, the following factors:

- The equivalency of JCAHO standards for an ASC as compared with our comparable ASC conditions of coverage.
- JCAHO's survey process to determine the following:

—The composition of the survey team, surveyor qualifications, and the ability of the organization to provide continuing surveyor training.

—The comparability of JCAHO processes to those of State agencies, including survey frequency, and the ability to investigate and respond appropriately to complaints against accredited facilities.

—JCAHO's processes and procedures for monitoring providers or suppliers found out of compliance with JCAHO program requirements. These monitoring procedures are used only when JCAHO identifies noncompliance. If noncompliance is identified through validation reviews, the survey agency monitors corrections as specified at § 488.7(d).

—JCAHO's capacity to report deficiencies to the surveyed facilities and respond to the facility's plan of correction in a timely manner.

—JCAHO's capacity to provide us with electronic data in ASCII comparable code, and reports necessary for effective validation and assessment of the organization's survey process.

—The adequacy of JCAHO's staff and other resources, and its financial viability.

—JCAHO's capacity to adequately fund required surveys.

—JCAHO's policies with respect to whether surveys are announced or unannounced.

—JCAHO's agreement to provide us with a copy of the most current accreditation survey together with any other information related to the survey as we may require (including corrective action plans).

IV. Response to Public Comments and Notice Upon Completion of Evaluation

Because of the large number of items of correspondence we normally receive on **Federal Register** documents published for comment, we are not able to acknowledge or respond to them individually. We will consider all comments we receive by the date and time specified in the DATES section of this preamble and will respond to the public comments in the preamble to that document.

Upon completion of our evaluation, including evaluation of comments received as a result of this notice, we will publish a final notice in the **Federal Register** announcing the result of our evaluation.

In accordance with the provisions of Executive Order 12866, the Office of Management and Budget did not review this proposed notice.

In accordance with Executive Order 13132, we have determined that this proposed notice would not have a significant effect on the rights, roles, or responsibilities of States, local, or tribal governments.

Authority: Sec. 1865 of the Social Security Act (42 U.S.C. 1395bb)

(Catalog of Federal Domestic Assistance Program No. 93.778, Medical Assistance Program; No. 93.773 Medicare—Hospital Insurance Program; and No. 93.774, Medicare—Supplementary Medical Insurance Program)

Dated: June 19, 2002.

Thomas A. Scully,

Administrator, Centers for Medicare & Medicaid Services.

[FR Doc. 02–15970 Filed 6–27–02; 8:45 am]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS–3082–NC]

Medicare Program; Revised Evaluation Criteria for the End-Stage Renal Disease (ESRD) Networks

AGENCY: Centers for Medicare & Medicaid Services (CMS), HHS.

ACTION: Notice with comment period.

SUMMARY: This notice describes the criteria we will use to evaluate the performance of the ESRD Network Organizations. We are required by the Social Security Act to publish standards, criteria, and procedures used to evaluate the performance of ESRD Network Organizations under the Medicare program to ensure the effective administration of ESRD program benefits.

DATES: We will consider comments if we receive them at the appropriate address, as provided below, no later than 5 p.m. on August 27, 2002.

ADDRESSES: In commenting, please refer to file code CMS–3082–NC. Because of staff and resource limitations, we cannot accept comments by facsimile (FAX) transmission. Mail written comments (one original and three copies) to the following address only: Centers for Medicare & Medicaid Services, Department of Health and Human Services,Attention: CMS–3082–NC, P.O. Box 3016, Baltimore, MD 21244–3016.

Please allow sufficient time for mailed comments to be timely received in the event of delivery delays.

If you prefer, you may deliver (by hand or courier) your written comments (one original and three 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.

Comments mailed to the addresses indicated as appropriate for hand or courier delivery may be delayed and could be considered late.

(Because access to the interior of the HHH Building is not readily available to persons without Federal government identification, commenters are encouraged to leave their comments in the CMS drop slots located in the main lobby of the building. A stamp-in clock is available for commenters wishing to retain a proof of filing by stamping in and retaining an extra copy of the comments being filed.)

For information on viewing public comments, see the beginning of the **SUPPLEMENTARY INFORMATION** section.

FOR FURTHER INFORMATION CONTACT: Linda Okimoto, (410) 786–6877.

SUPPLEMENTARY INFORMATION:

Inspection of Public Comments: Comments received timely will be available for public inspection as they are received, generally beginning approximately 3 weeks after publication of a document, at the headquarters of the Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Baltimore, Maryland 21244, Monday through Friday of each week from 8:30 a.m. to 4 p.m. To schedule an appointment to view public comments, please call Yolanda Hayes at (410) 786–7195.

I. Background

The Social Security Amendments of 1972 (Pub. L. 92–603) extended Medicare coverage to individuals with end-stage renal diseases (ESRD) that require maintenance dialysis treatments or kidney transplantation. The ESRD Amendments of 1978 (Pub. L. 95–292) amended title XVIII of the Social Security Act (the Act) by adding section 1881. Section 1881(c) of the Act authorized the establishment of, among other things, ESRD network areas and Network Organizations under the Medicare program, to ensure the effective administration of the ESRD program benefits. This amendment provided an approach for Network operation and performance as well as other quality assurance issues that relate to treatment of ESRD. Section 9335(d)(1) of the Omnibus Budget Reconciliation Act of 1986 (Pub. L. 99–509) amended section 1881(c) of the Act to require us to publish in the **Federal Register** criteria, standards, and procedures with which to evaluate an applicant organization's ability to perform, or actual performance of, required network functions.

Section 1881(c)(2) of the Act requires the Network Organizations to perform the following functions:

- Encourage participation in vocational rehabilitation programs, and develop criteria and standards relating to this participation.
- Evaluate the procedures used by facilities and providers in the network to assess patients for placement in appropriate treatment modalities.
- Implement a procedure for evaluating and resolving patient grievances.
- Conduct onsite reviews of facilities and providers using standards of care established by the Network Organization to ensure proper medical care, as a medical review board or as we have determined.
- Collect, analyze, and validate the data that are necessary to prepare the required annual report to the Secretary and to ensure the maintenance of a national ESRD registry.
- Identify facilities and providers that are not cooperating toward meeting network goals, and assist those facilities and providers in developing plans for correction, as well as report on those facilities and providers that are not providing appropriate care.
- Submit an annual report to the Secretary on July 1 of each year.

II. Current Evaluation Criteria

The criteria, standards, and procedures that we used to evaluate the performance of Network Organizations have not been revised since they were published on October 2, 1987 in the **Federal Register** (52 FR 37018). The criteria, standards, and procedures were based on reviewing individual cases to identify errors in treatment. To respond to the need to improve the quality of care of Medicare ESRD patients, we reshaped the role of the ESRD Networks program approach to quality assurance and improvement. This approach, implemented July 1, 1994 by the ESRD networks, has been named the ESRD Health Care Quality Improvement Program (HCQIP). HCQIP gives us, along with the Networks an opportunity to demonstrate that health care furnished to Medicare renal beneficiaries can be measurably improved. HCQIP is based on the principle that the Networks can do more to improve the quality and cost effectiveness of care by bringing typical care into line with the best practices rather than by inspecting individual cases to identify erroneous treatment. We are also planning to publish a proposed rule to update the ESRD conditions for coverage of suppliers of end-stage renal disease services (found at 42 CFR 405) in the **Federal Register**.

The goals for updating the ESRD conditions, which were implemented in 1976, include: Transitioning to a more patient centered focus; reflecting the current standards of practice; shifting from a procedural approach to a more outcome oriented approach; and improving the quality of care. Clinical performance measures are important in meeting these goals and will be proposed in the rule.

In its June 2000 report entitled ''External Quality Review of Dialysis Facilities—A Call for Greater Accountability,'' the Office of Inspector General (OIG) made two main recommendations to CMS: (1) CMS should hold individual dialysis facilities fully accountable for the quality of care they provide; and (2) CMS should hold the Networks and State survey agencies fully accountable for their performance in overseeing the quality of care furnished by dialysis facilities. Under its first recommendation, OIG suggested that CMS focus its efforts on two central areas: (1) How effectively Network Organizations draw on standardized performance data to improve the overall clinical performance of facilities in their region and ensure that poor performers meet minimum standards of care; and (2) how effectively Network Organizations use a complaint system as a quality of care safeguard.

III. Measuring ESRD Network Organizations Performance

Currently, the ESRD Network Organizations are awarded contracts for 1 base year and 2 option years. The current contracts were effective July 1, 2000. In conjunction with the ESRD Network Organizations, we have developed in-depth evaluation criteria based on contract tasks and deliverables. In addition, a score calculator was developed to score each Network Organization based on the results of the evaluation elements. The final scores are used to determine how well a Network Organization has performed and if a performance improvement plan or other action (that is, termination) is warranted. The four contract task categories to be scored are the following:

- Quality Improvement.
- Community Information and Resources.
- Administration.
- Information Management.

The tasks listed above are specified in the Network Organization's Statement of Work, which can be found on the web site at: *http://www.hcfa.gov/quality/5d2.htm.*

The Quality Improvement section contains performance indicators that pertain to the Network Organization's quality improvement projects, clinical performance measures, and other quality improvement activities.

The Community Information and Resources section contains elements that pertain to the Network Organization's provision of educational information and technical assistance, and its resolution of difficult situations and grievances.

The Administration section contains elements that pertain to the organizational structure of the Network, the Network staff, required administrative reports, the Network's

internal quality control program, our meetings, cooperative activities with State agencies and Peer Review Organizations, and sanctions and referrals.

The Information Management section contains elements on maintaining, updating, validating, and submitting data.

The Network Organization must meet the performance standards for each of the four contract task areas to be eligible for a noncompetitive renewal in the next contract cycle. The success of the Network Organization's work in the four contract task areas will be judged on the basis of subjective, qualitative assessments.

IV. Standards for Minimum Performance

Included in the evaluation criteria document that is assessed by the project officers are indicators to judge the performance of the Network Organization on improving current clinical performance measures. Since the regional office project officers evaluate ESRD Network Organizations on an annual basis, the intention is to compare the current year's performance to that of the past total 3-year contract. The ESRD Network Organization's work will be judged to have been successful for each of the categories only if it conducts the work in accordance with the requirements set forth in Parts 1 through 9 of the ESRD Manual and its ESRD contract.

The Network Organization must score at least 80 percent on the overall score with a minimum of 80 percent in each of the major contract category areas to meet the standards for minimum performance level. If the initial assessment suggests that the Network Organization has scored at least 80 percent on its overall score, but has not met or exceeded the 80 percent minimum criteria scoring for one or more of the four contract areas, it will have passed the evaluation, but its performance of the contract area(s) will be subject to a performance improvement plan. If the Network Organization does not achieve at least 80 percent on its overall score, it will fail the evaluation and will be subject to a performance improvement plan and a more in-depth assessment of its contract performance up to and including possible nonrenewal or contract termination.

Task-Specific Standards

1. Quality Improvement

a. Quality Improvement Projects

The Network Organization is required to implement two Quality Improvement Projects (QIPs) during its 3-year contract period. We will evaluate the success of the Network Organization's work in two ways. We will assess whether the Network Organization has achieved measurable improvement on the quality indicators, particularly when the projects have employed project tools and indicators that have previously been well developed. In the event that a project fails to achieve measurable improvement, we will use as a second standard of success the amount of knowledge that has been gained through the experience of the project. We will consider these projects successful only if the Network Organization completed the proposed projects according to its narrative project plans. This includes all dimensions of the plans, including, but not limited to populations and facilities including all aspects of study design, intervention, analyses, and timelines. The project officer must have approved all significant changes to the project (deviations from the project plan) in advance. In the final evaluation of a project, contractual compliance in completion of QIPs is defined as adherence to the approved project plan, including any modifications agreed to by the Network and the project officer before their implementation, including timelines and milestones.

b. Clinical Performance Measures and Other Quality Improvement Activities

The Network Organization will be required to submit a plan to its regional office Project Officer that specifies what types of activities are planned for each of the targeted clinical performance outcome measures and the rationale for its decision. The project officer will assess the success of the Network Organization's efforts on the level of activity relating to attaining or maintaining these target performance levels.

2. Community Information and Resources

The project officer will continuously review the work of the Network Organization under Community Information and Resources primarily on the required quarterly reports and through reports generated from the Standard Information Management System (SIMS) reporting system. The Network Organization's work will be judged to be successful for each of the categories and mandated activities only if it conducts the work in accordance with the requirements in its contractual statement of work and Parts 2, 6, and 7 of the ESRD Network Organization Manual.

3. Administration

The Network Organization must have an organizational structure, basic administrative staff, and infrastructure to operate its statutory requirements and other work activities, as required in its contract. The project officer will continuously review the work of the Network Organization under this contract task area primarily on the required administrative reports. The principal evaluation element for this task will be the timeliness and completeness of all required reports.

4. Information Management

The project officer will continuously review the work of the Network Organization to perform data management and reporting activities using SIMS. We use the data collected by the Networks to report various dialysis facility characteristics and specific quality measures on its Dialysis Facility Compare website (*http://www.medicare.gov/Dialysis/Home.asp*). The Network Organization will be determined to be successful if it conducts the work in accordance with the requirements set forth in Part 4 of the ESRD Network Organizations Manual, and its data management system provides for collection, analyses, verification, and timely reporting.

V. Response to Comments

Because of the large number of items of correspondence we normally receive on **Federal Register** documents published for comment, we are not able to acknowledge or respond to them individually. We will consider all comments we receive by the date and time specified in the **DATES** section of this preamble, and, when we proceed with a subsequent document, we will respond to the comments in the preamble to that document.

VI. Regulatory Impact Statement

We have examined the impacts of this notice as required by Executive Order 12866 (September 1993, Regulatory Planning and Review), the Regulatory Flexibility Act (RFA) (September 16, 1980 Pub. L. 96–354), section 1102(b) of the Social Security Act, the Unfunded Mandates Reform Act of 1995 (Pub. L. 104–4), and Executive Order 13132.

Executive Order 12866 directs agencies to assess all costs and benefits of available regulatory alternatives and,

if 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). We have determined that this notice is not a major rule because it does not impose a significant economic impact to preferred provider organizations or the Medicare program.

The RFA requires agencies to analyze options for regulatory relief of small businesses. For purposes of the RFA, small entities include small businesses, nonprofit organizations, and government agencies. For purposes of the RFA, most preferred provider organizations are considered to be small entities, either by nonprofit status or by having revenues of $6 to $29 million or less annually. (For details, see the Small Business Administration's regulation that set forth size standards for health care industries (65 FR 69432).) The criteria described in this notice will not significantly impact the ESRD Network Organizations that are considered small entities because the notice reflects what is already being done. Individuals and States are not included in the definition of a small entity.

In addition, 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. This analysis must conform to the provisions of section 604 of the RFA. For purposes of section 1102(b) of the Act, we define a small rural hospital as a hospital that is located outside of a Metropolitan Statistical Area and has fewer than 100 beds.

Section 202 of the Unfunded Mandates Reform Act of 1995 also requires that agencies assess anticipated costs and benefits before issuing any rule that may result in expenditure in any 1 year by State, local, or tribal governments, in the aggregate, or by the private sector, of $110 million. This notice will not mandate any requirements for State, local, or tribal governments.

Executive Order 13132 establishes certain requirements that an agency must meet when it promulgates a notice with comment that imposes substantial direct requirement costs on State and local governments, preempts State law, or otherwise has Federalism implications. We have reviewed this notice under these requirements and have determined that it will not impose substantial direct requirement costs on State or local governments.

In accordance with Executive Order 12866, this notice was reviewed by the Office of Management and Budget.

Authority: Section 1881 of the Social Security Act (42 U.S.C. 1395rr).

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

Dated: December 19, 2001.

Thomas A. Scully,

Administrator, Centers for Medicare & Medicaid Services.

Editorial note: This document was received at the Office of the Federal Register June 25, 2002.

[FR Doc. 02–16410 Filed 6–27–02; 8:45 am]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS–1198–NC]

RIN 0938–AL16

Medicare Program; Update to the Prospective Payment System for Home Health Agencies for FY 2003

AGENCY: Centers for Medicare & Medicaid Services (CMS), HHS.

ACTION: Notice with comment period.

SUMMARY: This notice with comment period sets forth an update to the 60-day national episode rates and the national per-visit amounts under the Medicare prospective payment system for home health agencies.

DATES: *Effective Date:* The rate updates in this notice with comment period are effective on October 1, 2002.

Comment Period: We will consider comments if we receive them at the appropriate address, as provided below, no later than 5 p.m. on August 27, 2002.

ADDRESSES: In commenting, please refer to file code CMS–1198–NC. Because of staff and resource limitations, we cannot accept comments by facsimile (FAX) transmission. Mail written comments (one original and three copies) to the following address only: Centers for Medicare & Medicaid Services, Department of Health and Human Services, Attention: CMS–1198–NC, P.O. Box 8016,Baltimore, MD 21244–8016.

Please allow sufficient time for mailed comments to be timely received in the event of delivery delays.

If you prefer, you may deliver (by hand or courier) your written comments (one original and three 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.

Comments mailed to the addresses indicated as appropriate for hand or courier delivery may be delayed and could be considered late.

For information on viewing public comments, see the beginning of the **SUPPLEMENTARY INFORMATION** section.

FOR FURTHER INFORMATION CONTACT: Susan Levy, (410) 786–9364; Chester Robinson, (410) 786–6959

SUPPLEMENTARY INFORMATION:

Inspection of Public Comments: Comments received timely will be available for public inspection as they are received, generally beginning approximately 3 weeks after publication of a document, at the headquarters of the Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Baltimore, Maryland 21244, Monday through Friday of each week from 8:30 a.m. to 4 p.m. To schedule an appointment to view public comments, phone (410) 786–7197.

Copies: To order copies of the **Federal Register** containing this document, send your request to: New Orders, Superintendent of Documents, P.O. Box 371954, Pittsburgh, PA 15250–7954. Specify the date of the issue requested and enclose a check or money order payable to the Superintendent of Documents, or enclose your Visa or Master Card number and expiration date. Credit card orders can also be placed by calling the order desk at (202) 512–1800 or by faxing to (202) 512–2250. The cost for each copy is $9. 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**.

This **Federal Register** document is also available from the **Federal Register** online database through GPO Access, a service of the U.S. Government Printing Office.

I. Background

Payment to Home Health Agencies

A. Balanced Budget Act of 1997

The Balanced Budget Act of 1997 (BBA), Public Law 105–33, enacted on August 5, 1997, significantly changed the way Medicare pays for Medicare home health services. Until the implementation of a home health

prospective payment system (HH PPS) on October 1, 2000, home health agencies (HHAs) received payment under a cost-based reimbursement system. Section 4603 of the BBA governed the development of the HH PPS by adding section 1895 to the Social Security Act (the Act).

B. System for Payment of Home Health Services

Generally, Medicare makes payment under the home health prospective payment system on the basis of a national standardized 60-day episode payment, adjusted for case-mix and wage index. For episodes with four or fewer visits, Medicare pays on the basis of a national per-visit amount by discipline, referred to as a low utilization payment adjustment (LUPA). Medicare also adjusts the 60-day episode payment for certain intervening events that give rise to a partial episode payment (PEP) adjustment or a significant change in condition (SCIC) adjustment. For certain cases that exceed a specific cost threshold, an outlier adjustment may also be available. For a complete and full description of the home health prospective payment system as required by the BBA and as refined by the Omnibus Consolidated and Emergency Supplemental Appropriations Act (OCESAA) for FY 1999, Pub. L. 105–277, enacted on October 21, 1998, and the Medicare, Medicaid and SCHIP Balanced Budget Refinement Act of 1999 (BBRA), Public Law 106–113, enacted on November 29, 1999, see the July 3, 2000 HH PPS final rule (65 FR 41128).

C. Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act of 2000

Section 1895(b)(3)(A)(i)(III) of the Act, as redesignated by section 501 of the Medicare, Medicaid and SCHIP Benefits Improvement and Protection Act of 2000 (BIPA), Public Law 106–554, enacted on December 21, 2000, delays until FY 2003 the application of the 15 percent reduction on the interim payment limits for home health services as applied to the home health prospective payment rates required by earlier legislation. Section 501 of BIPA also amends section 302(c) of the BBRA, to now require a report to the Congress by the Comptroller General of the United States no later than April 1, 2002 on the 15 percent reduction issue.

Section 502 of the BIPA sets forth a special rule for payment for FY 2001 based on adjustment of the published prospective payment amounts. This special payment rule has the effect of restoring the market basket reduction already incorporated into the home health prospective payment system (HH PPS) rates. The adjustment provides the effect of a full market basket adjustment to the HH PPS rates for FY 2001. The statute also requires paying episodes and national per-visit amounts for low utilization payment adjustments (LUPAs) ending on or after April 1, 2001 and before October 1, 2001 an additional 2.2 percent.

Section 508 of the BIPA also requires, for home health services furnished in a rural area (as defined in section 1886(d)(2)(D) of the Act) on or after April 1, 2001 and before April 1, 2003, that the Secretary increase the payment amount otherwise made under section 1895 of the Act for the services by 10 percent. The statute waives budget neutrality for purposes of this increase since it specifically states that the Secretary not reduce the standard prospective payment amount (or amounts) under section 1895 of the Act applicable to home health services furnished during a period to offset the increase in payments resulting in the application of this section of the statute.

II. Analysis of and Responses to Comments on the Home Health Prospective Payment System June 29, 2001 Notice With Comment Period

On June 29, 2001, we published a notice with comment period in the **Federal Register** (66 FR 34687) that set forth an update to the 60-day national episode rates and the national per-visit amounts under the Medicare prospective payment system for home health agencies (HHAs) for FY 2002. In this section, we respond to the two public comments that we received on the FY 2002 HH PPS:

Comment: Commenters recommended that we use the hospital wage index with consideration of statutorily established floors and administratively determined classifications. Further the commenter asked that the wage index used in determining the home health payment rate should be the same hospital wage index used and published for hospitals during the same fiscal year.

Response: As we have explained in the June 29, 2001 notice with comment period, we believe the use of the most recent available pre-floor and pre-reclassified hospital wage index data results in the appropriate adjustment to the labor portion of the costs as required by statute. By statute, the hospital wage index is adjusted to account for geographic reclassification of hospitals. The geographic reclassification applies only to hospitals. In addition, the hospital wage index has specific floors that are required by statute and apply only to hospitals. Because these reclassifications and floors do not apply to HHAs, we use the most recent available pre-floor and pre-classified hospital wage index data to adjust the home health payment rates. We recognize that the pre-floor and pre-classified hospital wage index differs slightly from the numbers published in the Medicare inpatient hospital prospective payment system (PPS) regulations but note that the wage indices published in the July 3, 2000 HH PPS final rule and subsequent annual updates reflect the most recent available pre-floor and pre-classified hospital wage index available at the time of publication.

Comment: Commenters suggested that we recalculate the base HH PPS rates to incorporate a different assumption than the published assumption of the 5 percent low utilization payment adjustment episodes in the base year of HH PPS. The commenters believe the recalculation should be characterized as an error on the face of the original calculation rather than viewed as a rebasing.

Response: In establishing the payment unit for HH PPS, including the 5 percent low utilization payment adjustment episode, we used the best available data in determining the payment rates for the base year for HH PPS. The statute provides for an annual update of the HH PPS payment rates. The statute does not contemplate a recalculation of the initial base year after the rates are established. We further note that the statute provides for a limitation on review of the HH PPS, in particular the establishment of the payment unit and the computations of the initial standardized prospective payment amounts.

III. Provisions of this Notice with Comment Period

A. National Standardized 60-Day Episode Rate

Medicare HH PPS has been effective since October 1, 2000. As set forth in the final rule published July 3, 2000 in the **Federal Register** (65 FR 41128), the unit of payment under Medicare HH PPS is a national standardized 60-day episode rate. As set forth in the July 3, 2000 final rule at 42 CFR 484.220, we adjust the national standardized 60-day episode rate by case-mix and wage index based on the site of service for the beneficiary. The FY 2003 HH PPS rates use the same case-mix methodology and application of the wage index adjustment to the labor portion of the HH PPS rates as set forth in the July 3, 2000 final rule. We multiply the national 60-day episode

rate by the patient's applicable case-mix weight. We divide the case-mix adjusted amount into a labor and nonlabor portion. We multiply the labor portion by the applicable wage index based on the site of service of the beneficiary. The labor portion of the rate continues to be .77668 and the nonlabor portion of the rate continues to be .22332. We add the wage adjusted portion to the nonlabor portion yielding the case-mix and wage adjusted 60-day episode rate subject to applicable adjustments.

For FY 2003, we use again the design and case-mix methodology described in section III.G of the July 3, 2000 HH PPS final rule (65 FR 41192 through 41203). For FY 2003, we base the wage index adjustment to the labor portion of the PPS rates on the most recent pre-floor and pre-reclassified hospital wage index available at the time of publication of this notice, which is discussed in section III.D of this notice with comment period.

As discussed in the July 3, 2000 HH PPS final rule, for episodes with four or fewer visits, Medicare pays the national per-visit amount by discipline, referred to as a LUPA. We update the national per-visit amounts by discipline annually by the applicable home health market basket. We adjust the national per-visit amount by the appropriate wage index based on the site of service for the beneficiary as set forth in § 484.230. We adjust the labor portion of the updated national per-visit amounts by discipline used to calculate the LUPA by the most recent pre-floor and pre-reclassified hospital wage index available at the time of publication of this notice, as discussed in section III.D of this notice with comment period.

As outlined in the July 3, 2000 HH PPS final rule, Medicare pays the 60-day case-mix and wage adjusted episode payment on a split percentage payment approach. The split percentage payment approach includes an initial percentage payment and a final percentage payment as set forth in § 484.205(b)(1) and (b)(2). We may base the initial percentage payment on the submission of a request for anticipated payment and the final percentage payment on the submission of the claim for the episode, as discussed in regulations in § 409.43. The claim for the episode that the HHA submits for the final percentage payment determines the total payment amount for the episode and whether we make an applicable adjustment to the 60-day case-mix and wage adjusted episode payment. The end date of the 60-day episode as reported on the claim determines the rate level at which Medicare will pay the claim for the fiscal period.

As discussed in the July 3, 2000 HH PPS final rule, we may adjust the 60-day case-mix and wage adjusted episode payment based on the information submitted on the claim to reflect the following:

- A low utilization payment provided on a per-visit basis as set forth in § 484.205(c) and § 484.230.
- A partial episode payment adjustment as set forth in § 484.205(d) and § 484.235.
- A significant change in condition adjustment as set forth in § 484.205(e) and § 484.237.
- An outlier payment as set forth in § 484.205(f) and § 484.240.

This notice with comment period reflects the updated national 60-day episode rate, the national per-visit amounts used to calculate the LUPA, and imputed costs for the outlier payment for FY 2003 that are effective October 1, 2002.

B. FY 2003 Update to the Home Health Market Basket Index

Section 1895(b)(3)(B)(ii) of the Act requires the standard prospective payment amounts to be increased by a factor equal to the home health market basket minus 1.1 percentage points for FY 2003. This has been codified in regulations in § 484.225.

- *FY 2003 Adjustments*

In calculating the annual update for the FY 2003 60-day episode rates, we first looked at the FY 2002 rates as a starting point. The FY 2002 national 60-day episode rate is $2,274.17. Second, we took into account section 501 of BIPA.

As stated in the background section of this update notice, section 501 of BIPA revised the statute to require the application of the 15 percent reduction on payment limits under the interim payment system (IPS), which is no longer in effect for home health services, for FY 2003. This statutory provision required an estimation of what Medicare spending would have been in FY 2001 if the IPS were still in effect and its limits reduced by 15 percent updated to FY 2003 in determining the HH PPS rates. It is important to note that HH PPS, not the interim payment system, has been in effect since October 1, 2000. Originally, the Balanced Budget Act of 1997 (BBA), Public Law 105–33, enacted on August 5, 1997, statutory language required the base year PPS rates to be budget neutral to what we would have paid under the IPS if the per-beneficiary and per-visit limits had been reduced by 15 percent. At the time of the BBA, when HHAs were paid the lower of their actual costs or the cost limits, most HHAs were paid at their limits. Absent any behavioral offset, lowering the IPS limits by 15 percent would have resulted in a straight reduction of 15 percent of Medicare spending for home health services.

At the time the BBA was enacted, we believed that the industry would eventually alter their behavior to avoid reaching the cost limits, and therefore upon implementation of the 15 percent reduction, not all HHAs would reach the level of the limits as reduced. We believed that the industry would respond to the reduced limits by increasing the number of low-cost beneficiaries served, thereby increasing the costs and decreasing the effect of the limits.

As a result of this anticipated behavior, we determined that the level by which actual payments would be reduced by lowering the limits would not be the same as the percent by which the limits themselves would be lowered. That is, the application of the 15 percent reduction in cost limits would lead to a 7 percent reduction in aggregate home health spending, hence, equivalently a 7 percent reduction in HH PPS payments. The statute requires us to look at the 15 percent reduction to the IPS limits updated to FY 2003. In determining how to calculate and implement the HH PPS rates using the required 15 percent reduction in cost limits, we still believe the HHAs would have altered their behavior to avoid reaching the limits. Thus, we retain our assumptions that result in the 7 percent reduction in overall payments. Based on the latest available reliable date, our best estimate is that a 15 percent reduction in cost limits would result in a 7 percent reduction in aggregate home health spending and, therefore, equivalently a 7 percent reduction on home health spending.

Accordingly, we calculate the FY 2003 HH PPS rates by first reducing the FY 2002 HH PPS rates by 7 percent. That amount is updated by the applicable home health market basket increase minus 1.1 percentage points, as required by the statute. It is important to note that Medicare home health payments are projected to continue to grow, even with the effect of the 15 percent reduction to the IPS limits. Under President Bush's FY 2003 budget, which assumes no further delays in the reduction, Medicare's total home health spending is projected to increase 12.2 percent in FY 2003, 8.3 percent in FY 2004, and 7.4 percent in FY 2005.

In order to calculate the FY 2003 national 60-day episode rate, the FY 2002 national 60-day episode rate ($2,274.17) is multiplied by .93 to take into account section 501 of BIPA. The annual update for FY 2003 is the home

health market basket minus 1.1 percentage points as defined in section 1895(b)(3)(B)(ii) of the Act. The home health market basket increase for FY 2003 is 3.2 percent. The previous amount is increased by the FY 2003 home health market basket increase minus 1.1 percentage points (2.1 percent) to yield the updated FY 2003 national 60-day episode rate ($2,159.39).

NATIONAL 60-DAY EPISODE AMOUNTS REDUCED BY 7% PER ANALYSIS OF SECTION 501 OF BIPA, UPDATED BY THE HOME HEALTH MARKET BASKET MINUS 1.1% FOR FY 2003 BEFORE CASE-MIX ADJUSTMENT, WAGE INDEX ADJUSTMENT BASED ON THE SITE OF SERVICE FOR THE BENEFICIARY OR APPLICABLE PAYMENT ADJUSTMENT

Total standardized prospective payment amount per 60-day episode for FY 2002	7% Reduction Due to Section 501 of BIPA	Multiply by 1 plus the Home Health Market Basket minus 1.1%	Final FY 2003 Updated National 60-day Episode Rate
$2,274.17	× .93	× 1.021	$2,159.39

• *National Per-visit Amounts Used to Pay LUPAs and Compute Imputed Costs used in Outlier Calculations.*

As discussed previously in this notice with comment period, the policies governing the LUPAs and outlier calculations set forth in the July 3, 2000 HH PPS final rule will continue during FY 2003. In calculating the annual update for the FY 2003 national per-visit amounts we use to pay LUPAs and to compute the imputed costs in outlier calculations, we again looked at the FY 2002 rates as a starting point. We used the same approach to implement section 501 of BIPA. The statute requires us to look at the 15 percent reduction to the IPS limits in FY 2003, 2 years after HH PPS has been implemented and the IPS has ended. As stated previously, we believe the HHAs would have altered their behavior to avoid reaching the IPS limits. We have determined that behavioral response would translate the required 15 percent reduction in cost limits into a 7 percent reduction in overall payments in FY 2003. In response to section 501 of BIPA, we reduced the national per-visit amounts by home health discipline by 7 percent. Those amounts are then increased by the FY 2003 home health market basket increase minus 1.1 percentage points to yield the updated per-visit amounts for each home health discipline for FY 2003. (See table below.)

NATIONAL PER-VISIT AMOUNTS FOR LUPAS AND OUTLIER CALCULATIONS REDUCED BY 7% PER ANALYSIS OF SECTION 501 OF BIPA, UPDATED BY THE HOME HEALTH MARKET BASKET MINUS 1.1% FOR FY 2003 BEFORE WAGE INDEX ADJUSTMENT BASED ON THE SITE OF SERVICE FOR THE BENEFICIARY OR APPLICABLE PAYMENT ADJUSTMENT UPDATED BY THE HOME HEALTH MARKET BASKET MINUS 1.1% FOR FY 2003

Home Health Discipline type	Final per-visit amounts per 60-day episode for FY 2002 for LUPAs	7% Reduction Due to section 501 of BIPA	Multiply by 1 plus Home Health Market Basket minus 1.1%	Final per-visit payment amount per discipline for FY 2003 for LUPAs
Home Health Aide	$44.95	× .93	× 1.021	$42.68
Medical Social Services	$159.14	× .93	× 1.021	$151.11
Occupational Therapy	$109.28	× .93	× 1.021	$103.77
Physical Therapy	$108.55	× .93	× 1.021	$103.07
Skilled Nursing	$99.28	× .93	× 1.021	$94.27
Speech-Language Pathology	$117.95	× .93	× 1.021	$112.00

C. Rural Add-On as Required by the BIPA

Section 508 of the BIPA requires, for home health services furnished in a rural area (as defined in section 1886(d)(2)(D) of the Act) on or after April 1, 2001 and before April 1, 2003, that the Secretary increase by 10 percent the payment amount otherwise made under section 1895 of the Act for services. The statute waives budget neutrality related to this provision as it specifically states that the Secretary shall not reduce the standard prospective payment amount (or amounts) under section 1895 of the Act applicable to home health services furnished during a period to offset the increase in payments resulting in the application of this section of the statute.

Section 508 provides for payment for the national standardized episode amounts and LUPA national per-visit amounts for the first half of FY 2003 by an additional 10 percent for home health services furnished in rural areas where the site of service for the beneficiary is a non-MSA area. By statute, the 10 percent rural add-on applies to home health services furnished in a rural area (as defined in section 1886(d)(2)(D) of the Act) on or after April 1, 2001 and before April 1, 2003. Therefore, the 10 percent rural add-on ends mid-FY 2003 for episodes ending on or after April 1, 2003. The applicable case-mix and wage index adjustment is subsequently applied for the provision of home health services where the site of service is the non-Metropolitan Statistical Area (MSA) of the beneficiary. Similarly, the applicable wage index adjustment is subsequently applied to the LUPA per-visit amounts adjusted for the provision of home health services where the site of service for the beneficiary is a non-MSA area. We implemented this provision for FY 2001 on April 1, 2001 through the Program Memorandum, ''Restoration of Full Home Health Market Basket Update for Home Health Services for Fiscal Year 2001 and Temporary 10 Percent Payment Increase for Home Health Services Furnished in a Rural Area for 24 Months Under the

Home Health Prospective Payment System (HH PPS)'' (Transmittal A–01–06 issued January 16, 2001) and for FY 2002 through the FY 2002 annual HH PPS update notice published on June 29, 2001 in the **Federal Register** (66 FR 34687). (See FY 2003 add-on noted in tables below.)

FY 2003 RURAL ADD-ON TO 60-DAY EPISODE PAYMENT AMOUNTS ENDING BEFORE APRIL 1, 2003 FOR BENEFICIARIES WHO RESIDE IN A NON-MSA AREA BEFORE CASE-MIX ADJUSTMENT, WAGE INDEX ADJUSTMENT BASED ON THE SITE OF SERVICE OF THE BENEFICIARY, OR APPLICABLE PAYMENT ADJUSTMENT

Payment amount per 60-day episode for FY 2003	10% add-on	FY 2003 Final payment amount per 60-day episode ending before April 1, 2003 for a beneficiary who 60-day resides in a rural non-MSA area
$2,159.39	× 1.10	$2,375.33

FY 2003 RURAL ADD-ON TO LUPA PER-VISIT AMOUNTS FOR EPISODES ENDING BEFOREAPRIL 1, 2003 BEFORE WAGE ADJUSTMENT BASED ON THE SITE OF SERVICE OF THE BENEFICIARY WHO RESIDES IN A NON-MSA AREA OR PAYMENT APPLICABLE ADJUSTMENT

Home Health Discipline type	Final per-visit payment amount per 60-day episodes for FY 2003 for LUPAs	10% add-on	FY 2003 Final per-visit payment amount per 60-day episodes ending Before April 1, 2003 for LUPAs for a beneficiary who resides in a non-MSA area
Home Health Aide	$ 42.68	× 1.10	$ 46.95
Medical Social Services	$151.11	× 1.10	$166.22
Occupational Therapy	$103.77	× 1.10	$114.15
Physical Therapy	$103.07	× 1.10	$113.38
Skilled Nursing	$ 94.27	× 1.10	$103.70
Speech-Language pathology	$112.00	× 1.10	$123.20

D. Wage Index

Sections 1895(b)(4)(A)(ii) and (b)(4)(C) of the Act require the Secretary to establish area wage adjustment factors that reflect the relative level of wages and wage-related costs applicable to the furnishing of home health services and to provide appropriate adjustments to the episode payment amounts under HH PPS to account for area wage differences. We apply the appropriate wage index value to the labor portion of the HH PPS rates based on the geographic area in which the beneficiary received home health services. We determine each HHA's labor market area based on definitions of MSAs issued by the Office of Management and Budget (OMB).

As discussed previously and set forth in the July 3, 2000 final rule, the statute provides that the wage adjustment factors may be the factors used by the Secretary for purposes of section 1886(d)(3)(E) of the Act for hospital wage adjustment factors. Again, as discussed in the July 3, 2000 final rule, we used the most recent pre-floor and pre-reclassified hospital wage index available at the time of publication of this notice to adjust the labor portion of the HH PPS rates based on the geographic area in which the beneficiary receives the home health services. We believe the use of the most recent available pre-floor and pre-reclassified hospital wage index data results in the appropriate adjustment to the labor portion of the costs as required by statute. (See addenda A and B of this notice with comment period, respectively, for the rural and urban hospital wage indexes.)

E. Clarification of Policy Governing Current Accelerated Payment Policy

Since the implementation of the HH PPS in 2000, we have received questions concerning the regulations governing accelerated payments under HH PPS. We wish to clarify the provisions for accelerated payments for HHAs set forth in § 484.245(a). This general rule was not meant to be restrictive, but to complement the regulations governing intermediary accelerated payments to providers in § 413.64(g). The regulations at § 413.64(g) governing the criteria for accelerated payments to providers have not changed under HH PPS. Accelerated payments are permitted under HH PPS for HHAs that meet the longstanding qualifying criteria. When a provider requests an accelerated payment, it may be made to the provider, as set forth in § 413.64(g). This provision includes an HHA that is receiving payment under the HH PPS under several conditions. For example, an HHA continues to be eligible to receive accelerated payment under § 413.64(g) if it is experiencing financial difficulties because there is a delay by the intermediary in making payments or in exceptional situations, in which the HHA has experienced a temporary delay in preparing and submitting bills to the intermediary beyond its normal billing cycle.

IV. Waiver of Proposed Rulemaking

We ordinarily publish a proposed notice in the **Federal Register** to provide

a period for public comment before the provisions of a notice such as this take effect. We can waive this procedure, however, if we find good cause that a notice-and-comment procedure is impracticable, unnecessary, or contrary to the public interest and we incorporate a statement of finding and its reasons in the notice issued.

We believe it is unnecessary to undertake a proposed notice with comment period as the statute requires annual updates to the HH PPS rates, the methodologies used to update the rate have been previously subject to public comment, and this notice reflects the application of previously established methodologies. Further, the rural add-on and adjustments to FY 2001 HH PPS rates that were required by the BIPA before this annual update for the FY 2003 PPS rates are dictated by statute and do not require an exercise of discretion. In addition, the clarification to the accelerated payment policy reflects no substantive change in policy and practice. Therefore, for good cause, we waive prior notice and comment procedures. As indicated previously, we are, however, providing a 60-day comment period for public comment.

V. Collection of Information Requirements

This document does not impose information collection and recordkeeping requirements. Consequently, it need not be reviewed by the Office of Management and Budget under the authority of the Paperwork Reduction Act of 1995 (44 U.S.C. 3501 *et seq.*).

VI. Response to Comments

Because of the large number of items of correspondence we normally receive on **Federal Register** documents published for comment, we are not able to acknowledge or respond to them individually. We will consider all comments we receive by the date and time specified in the **DATES** section of this preamble, and, if we proceed with a subsequent document, we will respond to the major comments in the preamble to that document.

VII. Regulatory Impact Analysis

A. Overall Impact

We have examined the impacts of this notice as required by Executive Order 12866 (September 1993, Regulatory Planning and Review) and the Regulatory Flexibility Act (RFA) (September 19, 1980 Pub. L. 96–354). Executive Order 12866 directs agencies to assess all costs and benefits of available regulatory alternatives and, if 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 in any 1 year). The update set forth in this notice applies to Medicare payments under HH PPS in FY 2003. Accordingly, the analysis that follows describes the impact in FY 2003 only. We estimate that there will be an additional $320 million in FY 2003 expenditures attributable to the FY 2003 market basket increase of 2.1 percent. The statute requires the FY 2003 home health market basket increase of 3.2 percent to be reduced by 1.1 percentage points. Section 501 of BIPA requires the application of the 15 percent reduction on payment limits under the IPS, which is no longer in effect, for home health services updated to FY 2003. This statutory provision requires the estimation of what Medicare spending would have been if the IPS limits were reduced by 15 percent and updated to FY 2003. To achieve this level of home health spending, we will reduce the HH PPS rates by 7 percent. The impact on providers due to the implementation of the 7 percent reduction is to reduce Medicare home health spending by $821 million in FY 2003, $1,132 million in FY 2004, and $1,212 million in FY 2005. As stated above, the expenditures outlined in this notice exceed the $100 million yearly threshold for a major rule as defined in title 5, USC, section 804(2), and for a significant regulatory action as defined in E.O. 12866.

In addition, section 1102(b) of the Act requires us to prepare a regulatory impact analysis if a rule may have a significant impact on the operations of a substantial number of small rural hospitals. This analysis must conform to the provisions of section 604 of the 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 MSA and has fewer than 100 beds. We have determined that this notice with comment period will not have a significant economic impact on the operations of a substantial number of small rural hospitals.

The RFA requires agencies to analyze options for regulatory relief of small businesses. For purposes of the RFA, small entities include small businesses, nonprofit organizations, and government agencies. Most hospitals and most other providers and suppliers are small entities, either by nonprofit status or by having revenues of $10 million or less annually. For purposes of the RFA, we consider most HHAs to be small entities. Individuals and States are not included in the definition of a small entity. This notice with comment period reflects the statutory update to the HH PPS rates published in the July 3, 2000 final rule as amended by the BIPA, but will have a significant positive effect upon small entities.

Section 202 of the Unfunded Mandates Reform Act of 1995 also requires that agencies assess anticipated costs and benefits before issuing any rule that may result in expenditure in any 1 year by State, local, or tribal governments, in the aggregate, or by the private sector, of $110 million. We believe this notice with comment period will not mandate expenditures in that amount.

Executive Order 13132 establishes certain requirements that an agency must meet when it publishes a notice with comment period that imposes substantial direct requirement costs on State and local governments, preempts State law, or otherwise has Federalism implications. We have reviewed this notice under the threshold criteria of Executive Order 13132, Federalism. We have determined that this notice will not have substantial direct effects on the rights, roles, and responsibilities of States.

B. Anticipated Effects

In accordance with the requirements of section 1895(b)(3) of the Act, we publish an update for each subsequent fiscal year that will provide an update to the payment rates. Section 1895(b)(3) of the Act requires us, for FY 2003, to increase the prospective payment amounts by the home health market basket increase minus 1.1 percentage points. The home health market basket increase for FY 2003 is 3.2 percent. Taking into account the provisions of section 1895(b)(3) of the Act, the FY 2003 home health market basket increase of 3.2 percent is reduced by 1.1 percentage points yielding a 2.1 percent increase for FY 2003. For the sake of clarity, we have also included the amounts as increased by the rural add-on provision under section 508 of the BIPA.

Before we determine the impact of the update of the FY 2002 national 60-day episode rate by the applicable home health market basket increase, we need to review prior legislation affecting home health payment systems. Section 4602 of the BBA implemented IPS for FY 1998 through FY 1999, which was composed of both per-visit limits and a per-beneficiary limit. The per-visit limits were similar to the per-visit limits

previously in place but reduced to 105 percent of the median (previous limits were set at 112 percent of the mean) and applied in the aggregate (that is, across disciplines, while the limits were specified for each of six disciplines). The per-beneficiary limit was a blend of an agency-specific rate and a national rate for agencies having a 1994 cost report and a national rate for those agencies not in existence in FY 1994. An agency was paid the lower of the following:

- Its actual costs.
- The costs from applying each of the per-discipline limits to the number of visits of that discipline, in the aggregate.
- The costs from applying the agency-specific limit to the number of beneficiaries served by that agency.

Section 4603 of BBA required that a PPS be implemented beginning with FY 2000. The implementation of PPS was, however, postponed until FY 2001 by section 5101(c) of OCESAA. BBA required that initial budget neutrality under HH PPS for FY 2000 be calculated for what expenditures would have been in FY 2000 if the IPS had continued to be in effect, but with both the per-visit and per-beneficiary limits in effect on September 30, 1999 (the last day of FY 1999) reduced by 15 percent. That is, we had to estimate what Medicare expenditures would have been if the IPS had continued for another year, but with the per-visit and per-beneficiary limits reduced by 15 percent. This further reduction of the per-visit and per-beneficiary limits was to ensure that home health spending was below the levels of the IPS.

BIPA did not delay the starting date for HH PPS. However, it did delay application of the 15-percent reduction in the IPS cost limits. The statute requires that HH PPS rates, beginning with FY 2003, be equal to the amounts that would have been effective for the IPS for FY 2001 with a 15-percent reduction in per-visit and per-beneficiary cost limits in effect on September 30, 2000, the last day of the IPS. The updates for FY 2003, as otherwise applied, would be added to the HH PPS reduced rates.

The key to the calculation is the estimation of what Medicare home health expenditures would have been in FY 2001. The determination of those expenditures requires, by statute, an estimation of those expenditures with the per-visit and per-beneficiary limits reduced by 15 percent. The estimate entails three key elements.

First, it requires an estimate of the distribution of agencies' costs relative to per-visit and per-beneficiary aggregate limits. For example, if all agencies' costs were at or above the per-visit or per-beneficiary limits, lowering the limits by 15 percent would have saved 15 percent. Similarly, if some agencies' costs were between 85 percent and 100 percent of either cost limit, lowering the cost limits by 15 percent would achieve less than 15 percent savings. Likewise, if some agencies' costs were below 85 percent of both cost limits, lowering the limits by 15 percent would not achieve savings (since agencies would be paid their actual costs).

Second, an estimation of home health expenditures for FY 2001 requires an estimate of the annual increase in the cost limits under IPS if the IPS cost limits were continued. Since IPS did not apply for FY 2001, the annual increase in cost limits that would have applied must be estimated. We also need to estimate how costs have increased relative to the cost limits. For example, the cost limits were increased by the market basket but agency costs would have most likely increased by some higher percentage.

Finally, under the statutory parameters, the estimate requires an assessment of the behavioral response of HHAs to a lowering of the per-visit and per-beneficiary limits that we estimate for FY 2001 home health expenditures. An assessment of behavioral response is particularly important given the patterns of Medicare home health spending and utilization that have fluctuated dramatically over the last 10 years. Dramatic increases in home health spending reflect very large increases in the number of visits per person served and increases in the number of persons receiving home health services. This is the behavioral response expected under a cost-based reimbursement system. Furthermore, HH PPS provides an incentive for agencies to provide fewer visits than before since they are paid a flat dollar amount to cover all services within a 60-day time period. Preliminary FY 2001 data show that the number of home health visits in the first year of HH PPS has decreased by a significant percentage compared to FY 2000, the last year of IPS. Meanwhile, reimbursement per visit is projected to increase substantially. This is the type of behavioral response that is consistent with the incentives of the new payment system.

Taking into account all these considerations and using the latest available reliable data, we have determined that at the time the BBA was passed, the 15-percent reduction in the limits would result in a 7-percent reduction in aggregate home health spending. We continue to believe that this is the best estimate of the level to which spending would have been reduced under the conditions prescribed by the BBA, namely extension of the IPS through FY 2001 (the first year of HH PPS) but with a 15-percent reduction in each of the IPS cost limits. Therefore, to achieve this level of home health spending, we will reduce the HH PPS payments by 7 percent.

At the time the BBA's enactment, the most recent settled cost report data for HHAs showed that most agencies' costs were at about the level of the existing cost limits. If the limits were lowered by 15 percent then, absent changes in the level of services provided, the resulting reduction in the HH PPS rates would be 15 percent. For example, if home health spending costs were $10 billion and all agencies were at the level of the limits, this level would also be $10 billion. If the level of the cost limits were lowered to $10 billion multiplied by (1 minus .15) it would be equal to $8.5 billion. Then savings to the Medicare program would be cost-limits divided by costs, for example, 1.5 billion divided by 10 billion or 15 percent.

CMS actuaries believed, based on past experience, that agencies would alter the nature and quantity of the services provided to achieve costs below the cost limits. Therefore, a full 15 percent reduction would not be required. The actuaries assumed that 50 percent of total HHA costs would be for agencies that reached the per beneficiary limits and 45 percent of total HHA costs would be for agencies that reached the per-visit limit. The actuaries further assumed that the remaining 5 percent of total HHA costs were under both limits before the 15 percent reduction. After the reduction, about 5 percent of their costs would now be over the limits. The actuaries assumed that 65 percent of the savings from the per beneficiary limit reduction would be lost and 50 percent of the savings from the per-visit limit reduction would be lost. For example, (.65 multiplied by .5) added to (.5 multiplied by .45) or 55 percent of the 15 percent reduction would be lost. This results in a net savings of (1–.55) multiplied by .15) added to (.05 multiplied by.05), or 7 percent. Thus, the actuaries estimate that HHAs faced with a potential 15 percent reduction would alter HHA behavior and would likely sustain a real reduction of only 7 percent. Because the real conditions under which behavior would change cannot be replicated, the actuaries continue to believe this model is the most appropriate expression of the statute's requirement for an estimate.

Both the applicable home health market basket increase of 2.1 percent for

FY 2003 and the 7 percent reduction in aggregate home health PPS payments due to the required 15 percent reduction in the estimation of the IPS limits apply to all Medicare participating HHAs. We do not believe there is a differential impact due to the aggregate nature of the update.

We implemented the rural add-on amounts for FY 2002, effective on April 1, 2001 through the Program Memorandum, ''Restoration of Full Home Health Market Basket Update for Home Health Services for Fiscal Year 2001 and Temporary 10 Percent Payment Increase for Home Health Services Furnished in a Rural Area for 24 Months Under the Home Health Prospective Payment System (HH PPS)'' (Transmittal A–01–06, issued January 16, 2001) and the FY 2002 HH PPS Update Notice (66 FR 34687). Section 508 of the BIPA provides a 10 percent rural add-on for home health services furnished to beneficiaries whose site of service is a rural area (non-MSA) for 24 months beginning with episodes ending on or after April 1, 2001 and before April 1, 2003. The 10 percent rural add on applies to episodes ending before April 1, 2003 and, therefore, will end mid FY 2003, as required by the statute.

1. Effects on the Medicare Program

This notice with comment period merely provides a percentage update to all Medicare HHAs. Therefore, we have not furnished any impact tables. We increase the payment to each Medicare HHA equally by the home health market basket update for FY 2003, as required by statute. There is no differential impact among provider types. The impact is in the aggregate. We estimate that there will be an additional $320 million in FY 2003 expenditures attributable to the applicable FY 2003 market basket increase of 2.1 percent. As stated above, expenditures outlined in this notice exceed the $100 million yearly threshold for a major rule, as defined in Title 5, U.S.C., section 804(2) and for a significant regulatory action, as defined in E.O. 12866.

As discussed previously, section 501 of BIPA impacts the estimated Medicare home health expenditures in FY 2003. Section 1864(b)(3)(A)(i)(III) of the Act, as redesignated by section 501 of the BIPA, requires for FY 2003 the estimation of what would have been paid under the IPS with the IPS cost limits reduced by 15 percent, if the IPS had been updated to FY 2003. At that time of the BBA, lowering the limits by 15 percent would have resulted in a reduction of 15 percent from Medicare home health spending, without any behavioral offset. However, as explained previously, we anticipate that due to the behavioral responses, the level by which actual payments would be reduced by lowering the IPS cost limits would not be the same as the percent by which the cost limits themselves would be lowered. The full impact of Medicare savings attributable to the 15 percent reduction in the IPS limits is lower due to the behavioral responses of the industry. The total savings reflecting the behavioral responses is divided by the estimates for spending, which yields the percent at which aggregate home health spending is lowered. That is, implementation of the 15 percent reduction in IPS cost limits would lead to a 7 percent reduction in aggregate home health spending and, therefore, equivalently a 7 percent reduction in home health payments. The statute requires us to look at the 15 percent reduction to the IPS limits updated to FY 2003. We believe the HHAs would have altered their behavior to avoid the cost limits and maintain that our assumptions surrounding the 7 percent reduction in overall payments is correct. Based on the latest available data, our best estimate is that a 15 percent reduction in cost limits would result in a 7 percent reduction in aggregate home health spending and, therefore yield a 7 percent increase in home health payments. Both the home health market basket increase of 2.1 percent for FY 2003 and the 7 percent reduction in aggregate home health PPS payments due to the application of the required 15 percent reduction in estimated IPS cost limits apply to all Medicare participating HHAs. We do not believe there is a differential impact because of the aggregate nature of the update.

As discussed above, we implemented a rural add-on of a 10-percent payment increase to the episode and per-visit payment amounts under the HH PPS for Medicare home health services furnished in a rural area for a 24-month period. The 10-percent rural add-on increases estimated Medicare home health expenditures by $220 million in FY 2003.

(Source: President's FY 2003 Budget)

We provide impact tables below that display projected Medicare home health spending, which includes the 15 percent reduction in the IPS cost limits, as required by statute, that translate into a 7 percent reduction in HH PPS rates in FY 2003. Under the President's FY 2003 Budget, which assumes no further delays in the reduction, Medicare's total home health spending is projected to increase 12.2 percent in FY 2003, 8.3 percent in FY 2004, and 7.4 percent in FY 2005.

The President's Budget for FY 2003 projects a 12.2 percent increase in home health spending in FY 2003. Approximately 6.8 percent of this increase is because payments for services rendered in FY 2002 will not be actually paid until FY 2003, hence a ''cash lag'' occurs. Per episode payments incurred in FY 2002 but not paid until FY 2003 will be at higher levels than payments for the same services both provided and paid in FY 2003 because per-episode rates will be reduced in FY 2003 to reflect the payment reduction required by BIPA. The remaining 5.4 percent is accounted for by additional assumptions concerning projected increases in utilization and case mix, a 2.1 percent inflation increase, and the 10 percent rural add-on required by BIPA. These factors interact with the rate reduction required by BIPA to produce the 5.4 percent increase in overall spending.

INCLUDES 7% REDUCTION DUE TO THE ''15% CUT IN IPS LIMITS'' EFFECTIVE 10/1/2002 AS REQUIRED BY SECTION 501 OF BIPA

FY	2003	2004	2005
In millions	$14,851	$16,080	$17,268
% increase	12.2	8.3	7.4

FY 2003 update to Home Health PPS rates required by the Act	Additional FY 2003 Medicare Home Health estimated expenditures due to annual update required by statute
Section 1895(b)(3)(B) of the Act requires HH PPS rates increased by home health market basket minus 1.1 percentage points in FY 2003 (2.4% increase).	$320 million.

Provision of Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act of 2000 (BIPA)	Additional FY 2003 Medicare Home Health estimated expenditures due to the BIPA provision
Section 508—10-percent rural add-on for Medicare home health services furnished in a rural area.	$220 million.

(Source: President's FY 2003 Budget)

2. Effects on Providers

This notice implements statutorily required adjustments to Medicare HH PPS rates for providers of Medicare home health services. We do not anticipate specific effects on other providers. This notice with comment period reflects the statutorily required annual update to the Medicare HH PPS rates published in the July 3, 2000 final rule and applies to the Medicare HHAs. We do not believe there is a differential impact because of the consistent and aggregate nature of the update.

C. Alternatives Considered

As discussed in section II, this notice with comment period reflects an annual update to the HH PPS rates as required by statute. Due to the lack of discretion provided in the statutory requirements governing this notice with comment period, we believe the statute provides no latitude for alternatives other than the approach set forth in this notice reflecting the FY 2003 annual update to the HH PPS rates. Also, as discussed in section II, for clarification this notice addresses the 10 percent rural add-on required under section 508 of the BIPA for home health services furnished to beneficiaries who reside in a rural non-MSA area. Other than the positive effect of the market basket increase, this notice with comment period will not have a significant economic impact nor will it impose an additional burden on small entities. When a regulation or notice imposes additional burden on small entities, we are required under the RFA to examine alternatives for reducing burden. Since this notice with comment period will not impose an additional burden, we have not examined alternatives.

D. Conclusion

We have examined the economic impact of this notice with comment period on small entities and have determined that the economic impact is positive, significant, and that all HHAs will be affected. To the extent that small rural hospitals are affiliated with HHAs, the impact on these facilities will also be positive. Finally, we have determined that the economic effects described above are largely the result of BIPA provisions that this notice addresses. We continue to analyze the appropriateness and accuracy of payments for differing case mixes.

In accordance with the provisions of Executive Order 12866, this notice with comment period was reviewed by the Office of Management and Budget.

ADDENDUM A.—FY 2002 WAGE INDEX FOR RURAL AREAS—PRE-FLOOR AND PRE-RECLASSIFIED

MSA Name	Wage Index
ALABAMA	0.7339
ALASKA	1.1862
ARIZONA	0.8681
ARKANSAS	0.7489
CALIFORNIA	0.9659
COLORADO	0.8811
CONNECTICUT	1.2077
DELAWARE	0.9589
FLORIDA	0.8794
GEORGIA	0.8295
GUAM	0.9611
HAWAII	1.1112
IDAHO	0.8718
ILLINOIS	0.8053

ADDENDUM A.—FY 2002 WAGE INDEX FOR RURAL AREAS—PRE-FLOOR AND PRE-RECLASSIFIED—Continued

MSA Name	Wage Index
INDIANA	0.8721
IOWA	0.8147
KANSAS	0.7812
KENTUCKY	0.7963
LOUISIANA	0.7596
MAINE	0.8721
MARYLAND	0.8859
MASSACHUSETTS	1.1454
MICHIGAN	0.9000
MINNESOTA	0.9035
MISSISSIPPI	0.7528
MISSOURI	0.7891
MONTANA	0.8655
NEBRASKA	0.8142
NEVADA	0.9727
NEW HAMPSHIRE	0.9779
NEW JERSEY [1]	.....
NEW MEXICO	0.8676
NEW YORK	0.8547
NORTH CAROLINA	0.8535
NORTH DAKOTA	0.7879
OHIO	0.8668
OKLAHOMA	0.7566
OREGON	1.0027
PENNSYLVANIA	0.8607
PUERTO RICO	0.4800
RHODE ISLAND [1]	.....
SOUTH CAROLINA	0.8512
SOUTH DAKOTA	0.7861
TENNESSEE	0.7928
TEXAS	0.7712
UTAH	0.9051
VERMONT	0.9466
VIRGINIA	0.8241
VIRGIN ISLANDS	0.6747
WASHINGTON	1.0209
WEST VIRGINIA	0.8067
WISCONSIN	0.9066
WYOMING	0.8747

[1] All counties within the State are classified as Urban.

ADDENDUM B.—FY 2002 WAGE INDEX FOR URBAN AREAS—PRE-FLOOR AND PRE-RECLASSIFIED

MSA	Urban area (Constituent Counties)	Wage index
0040	ABILENE, TX	0.7965
0060	AGUADILLA, PR	0.4683
0080	AKRON, OH	0.9876
0120	ALBANY, GA	1.0640
0160	ALBANY-SCHENECTADY-TROY, NY	0.8500
0200	ALBUQUERQUE, NM	0.9759
0220	ALEXANDRIA, LA	0.8029
0240	ALLENTOWN-BETHLEHEM-EASTON, PA	1.0077
0280	ALTOONA, PA	0.9126
0320	AMARILLO, TX	0.8711
0380	ANCHORAGE,AK	1.2570
0440	ANN ARBOR, MI	1.1098
0450	ANNISTON, AL	0.8276
0460	APPLETON-OSHKOSH-NEENAH, WI	0.9241

ADDENDUM B.—FY 2002 WAGE INDEX FOR URBAN AREAS—PRE-FLOOR AND PRE-RECLASSIFIED—Continued

MSA	Urban area (Constituent Counties)	Wage index
0470	ARECIBO, PR	0.4630
0480	ASHEVILLE, NC	0.9200
0500	ATHENS, GA	0.9842
0520	ATLANTA, GA	1.0058
0560	ATLANTIC-CAPE MAY, NJ	1.1293
0580	AUBURN-OPELIKA, AL	0.8230
0600	AUGUSTA-AIKEN, GA–SC	0.9970
0640	AUSTIN-SAN MARCOS, TX	0.9630
0680	BAKERSFIELD, CA	0.9519
0720	BALTIMORE, MD	0.9856
0733	BANGOR, ME	0.9593
0743	BARNSTABLE-YARMOUTH, MA	1.3626
0760	BATON ROUGE, LA	0.8149
0840	BEAUMONT-PORT ARTHUR, TX	0.8442
0860	BELLINGHAM, WA	1.1826
0870	BENTON HARBOR, MI	0.8887
0875	BERGEN-PASSAIC, NJ	1.1689
0880	BILLINGS, MT	0.9352
0920	BILOXI-GULFPORT-PASCAGOULA, MS	0.8440
0960	BINGHAMTON, NY	0.8446
1000	BIRMINGHAM, AL	0.8808
1010	BISMARCK, ND	0.7984
1020	BLOOMINGTON, IN	0.8842
1040	BLOOMINGTON-NORMAL, IL	0.9038
1080	BOISE CITY, ID	0.9050
1123	BOSTON-WORCESTER-LAWRENCE-LOWELL-BROCKTON, M	1.1383
1125	BOULDER-LONGMONT, CO	0.9799
1145	BRAZORIA, TX	0.8209
1150	BREMERTON, WA	1.0758
1240	BROWNSVILLE-HARLINGEN-SAN BENITO, TX	0.9012
1260	BRYAN-COLLEGE STATION, TX	0.9328
1280	BUFFALO-NIAGARA FALLS, NY	0.9459
1303	BURLINGTON, VT	0.9883
1310	CAGUAS, PR	0.4699
1320	CANTON-MASSILLON, OH	0.8956
1350	CASPER, WY	0.9496
1360	CEDAR RAPIDS, IA	0.8699
1400	CHAMPAIGN-URBANA, IL	0.9306
1440	CHARLESTON-NORTH CHARLESTON, SC	0.9206
1480	CHARLESTON, WV	0.9264
1520	CHARLOTTE-GASTONIA-ROCK HILL, NC–SC	0.9336
1540	CHARLOTTESVILLE, VA	1.0566
1560	CHATTANOOGA, TN–GA	0.9369
1580	CHEYENNE, WY	0.8288
1600	CHICAGO, IL	1.1046
1620	CHICO-PARADISE, CA	0.9856
1640	CINCINNATI, OH–KY–IN	0.9473
1660	CLARKSVILLE-HOPKINSVILLE, TN–KY	0.8337
1680	CLEVELAND-LORAIN-ELYRIA, OH	0.9457
1720	COLORADO SPRINGS, CO	0.9744
1740	COLUMBIA, MO	0.8686
1760	COLUMBIA, SC	0.9492
1800	COLUMBUS, GA–AL	0.8440
1840	COLUMBUS, OH	0.9565
1880	CORPUS CHRISTI, TX	0.8341
1890	CORVALLIS, OR	1.1646
1900	CUMBERLAND, MD–WV	0.8306
1920	DALLAS, TX	0.9936
1950	DANVILLE, VA	0.8613
1960	DAVENPORT-ROCK ISLAND-MOLINE, IA–IL	0.8638
2000	DAYTON–SPRINGFIELD, OH	0.9225
2020	DAYTONA BEACH, FL	0.8972
2030	DECATUR, AL	0.8775
2040	DECATUR, IL	0.7987
2080	DENVER, CO	1.0328
2120	DES MOINES, IA	0.8779
2160	DETROIT, MI	1.0487
2180	DOTHAN, AL	0.7948
2190	DOVER, DE	1.0296
2200	DUBUQUE, IA	0.8519
2240	DULUTH-SUPERIOR, MN–WI	1.0284

ADDENDUM B.—FY 2002 WAGE INDEX FOR URBAN AREAS—PRE-FLOOR AND PRE-RECLASSIFIED—Continued

MSA	Urban area (Constituent Counties)	Wage index
2281	DUTCHESS COUNTY, NY	1.0532
2290	EAU CLAIRE, WI	0.8899
2320	EL PASO, TX	0.9215
2330	ELKHART-GOSHEN, IN	0.9638
2335	ELMIRA, NY	0.8415
2340	ENID, OK	0.8357
2360	ERIE, PA	0.8716
2400	EUGENE-SPRINGFIELD, OR	1.1471
2440	EVANSVILLE-HENDERSON, IN–KY	0.8514
2520	FARGO-MOORHEAD, ND–MN	0.9267
2560	FAYETTEVILLE, NC	0.9027
2580	FAYETTEVILLE-SPRINGDALE-ROGERS, AR	0.8445
2620	FLAGSTAFF, ARIZONA-UTAH	1.0556
2640	FLINT, MI	1.0913
2650	FLORENCE, AL	0.7845
2655	FLORENCE, SC	0.8722
2670	FORT COLLINS-LOVELAND, CO	1.0045
2680	FORT LAUDERDALE, FL	1.0293
2700	FORT MYERS-CAPE CORAL, FL	0.9374
2710	FORT PIERCE-PORT ST. LUCIE, FL	1.0214
2720	FORT SMITH, AR–OK	0.8053
2750	FORT WALTON BEACH, FL	0.9002
2760	FORT WAYNE, IN	0.9203
2800	FORT WORTH-ARLINGTON, TX	0.9394
2840	FRESNO, CA	0.9984
2880	GADSDEN, AL	0.8792
2900	GAINESVILLE, FL	0.9481
2920	GALVESTON-TEXAS CITY, TX	1.0313
2960	GARY, IN	0.9530
2975	GLENS FALLS, NY	0.8336
2980	GOLDSBORO, NC	0.8709
2985	GRAND FORKS, ND–MN	0.9069
2995	GRAND JUNCTION, CO	0.9569
3000	GRAND RAPIDS-MUSKEGON-HOLLAND, MI	1.0048
3040	GREAT FALLS, MT	0.8870
3060	GREELEY, CO	0.9495
3080	GREEN BAY, WI	0.9208
3120	GREENSBORO-WINSTON-SALEM-HIGH POINT, NC	0.9539
3150	GREENVILLE, NC	0.9289
3160	GREENVILLE-SPARTANBURG-ANDERSON, SC	0.9217
3180	HAGERSTOWN, MD	0.8365
3200	HAMILTON-MIDDLETOWN, OH	0.9287
3240	HARRISBURG-LEBANON-CARLISLE, PA	0.9425
3283	HARTFORD, CT	1.1533
3285	HATTIESBURG, MS	0.7476
3290	HICKORY-MORGANTON-LENOIR, NC	0.9367
3320	HONOLULU, HI	1.1539
3350	HOUMA, LA	0.7975
3360	HOUSTON, TX	0.9631
3400	HUNTINGTON-ASHLAND, WV–KY–OH	0.9616
3440	HUNTSVILLE, AL	0.8883
3480	INDIANAPOLIS, IN	0.9698
3500	IOWA CITY, IA	0.9859
3520	JACKSON, MI	0.9257
3560	JACKSON, MS	0.8491
3580	JACKSON, TN	0.9013
3600	JACKSONVILLE, FL	0.9223
3605	JACKSONVILLE, NC	0.7622
3610	JAMESTOWN, NY	0.8050
3620	JANESVILLE-BELOIT, WI	0.9739
3640	JERSEY CITY, NJ	1.1178
3660	JOHNSON CITY-KINGSPORT-BRISTOL, TN–VA	0.8617
3680	JOHNSTOWN, PA	0.8723
3700	JONESBORO, AR	0.8425
3710	JOPLIN, MO	0.8727
3720	KALAMAZOO–BATTLE CREEK, MI	1.0639
3740	KANKAKEE, IL	0.9889
3760	KANSAS CITY, MO–KS	0.9536
3800	KENOSHA, WI	0.9568
3810	KILLEEN–TEMPLE, TX	0.8471
3840	KNOXVILLE, TN	0.8890

ADDENDUM B.—FY 2002 WAGE INDEX FOR URBAN AREAS—PRE-FLOOR AND PRE-RECLASSIFIED—Continued

MSA	Urban area (Constituent Counties)	Wage index
3850	KOKOMO, IN	0.9126
3870	LA CROSSE, WI–MN	0.9250
3880	LAFAYETTE, LA	0.8544
3920	LAFAYETTE, IN	0.9121
3960	LAKE CHARLES, LA	0.7765
3980	LAKELAND–WINTER HAVEN, FL	0.9067
4000	LANCASTER, PA	0.9296
4040	LANSING–EAST LANSING, MI	0.9653
4080	LAREDO, TX	0.7849
4100	LAS CRUCES, NM	0.8621
4150	LAWRENCE, KS	0.7812
4120	LAS VEGAS, NV–AZ	1.1182
4200	LAWTON, OK	0.8682
4243	LEWISTON–AUBURN, ME	0.9287
4280	LEXINGTON, KY	0.8791
4320	LIMA, OH	0.9470
4360	LINCOLN, NE	1.0173
4400	LITTLE ROCK–NORTH LITTLE ROCK, AR	0.8955
4420	LONGVIEW–MARSHALL, TX	0.8571
4480	LOS ANGELES–LONG BEACH, CA	1.1948
4520	LOUISVILLE, KY–IN	0.9529
4600	LUBBOCK, TX	0.8449
4640	LYNCHBURG, VA	0.9103
4680	MACON, GA	0.8957
4720	MADISON, WI	1.0337
4800	MANSFIELD, OH	0.8708
4840	MAYAGUEZ, PR	0.4860
4880	MCALLEN–EDINBURG–MISSION, TX	0.8378
4890	MEDFORD–ASHLAND, OR	1.0314
4900	MELBOURNE–TITUSVILLE–PALM BAY, FL	0.9913
4920	MEMPHIS, TN–AR–MS	0.8978
4940	MERCED, CA	0.9947
5000	MIAMI, FL	0.9950
5015	MIDDLESEX–SOMERSET–HUNTERDON, N	1.1469
5080	MILWAUKEE–WAUKESHA, WI	0.9971
5120	MINNEAPOLIS–ST. PAUL, MN–WI	1.0930
5140	MISSOULA, MONTANA	0.9364
5160	MOBILE, AL	0.8082
5170	MODESTO, CA	1.0820
5190	MONMOUTH–OCEAN, NJ	1.0851
5200	MONROE, LA	0.8201
5240	MONTGOMERY, AL	0.7359
5280	MUNCIE, IN	0.9939
5330	MYRTLE BEACH, SC	0.8771
5345	NAPLES, FL	0.9699
5360	NASHVILLE, TN	0.9754
5380	NASSAU–SUFFOLK, NY	1.3643
5483	NEW HAVEN-BRIDGEPORT-STAMFORD-WATERBURY-DANB	1.2238
5523	NEW LONDON–NORWICH, CT	1.1526
5560	NEW ORLEANS, LA	0.9036
5600	NEW YORK–NEWARK, NY–NJ–PA	1.4427
5640	NEWARK, NJ	1.1622
5660	NEWBURGH, NY–PA	1.1113
5720	NORFOLK-VIRGINIA BEACH-NEWPORT NEWS, VA–NC	0.8579
5775	OAKLAND, CA	1.5319
5790	OCALA, FL	0.9556
5800	ODESSA-MIDLAND, TX	1.0104
5880	OKLAHOMA CITY, OK	0.8694
5910	OLYMPIA, WA	1.1350
5920	OMAHA, NE–IA	0.9712
5945	ORANGE COUNTY, CA	1.1123
5960	ORLANDO, FL	0.9642
5990	OWENSBORO, KY	0.8334
6015	PANAMA CITY, FL	0.9061
6020	PARKERSBURG-MARIETTA, WV–OH	0.8133
6080	PENSACOLA, FL	0.8361
6120	PEORIA-PEKIN, IL	0.8773
6160	PHILADELPHIA, PA–NJ	1.0947
6200	PHOENIX-MESA, AZ	0.9638
6240	PINE BLUFF, AR	0.7895
6280	PITTSBURGH, PA	0.9560

ADDENDUM B.—FY 2002 WAGE INDEX FOR URBAN AREAS—PRE-FLOOR AND PRE-RECLASSIFIED—Continued

MSA	Urban area (Constituent Counties)	Wage index
6323	PITTSFIELD, MA	1.0278
6340	POCATELLO, ID	0.9448
6360	PONCE, PR	0.5218
6403	PORTLAND, ME	0.9427
6440	PORTLAND-VANCOUVER,OR–WA	1.1111
6483	PROVIDENCE-WARWICK-PAWTUCKET, RI	1.0805
6520	PROVO-OREM, UT	0.9843
6560	PUEBLO, CO	0.8604
6580	PUNTA GORDA, FL	0.9015
6600	RACINE, WI	0.9333
6640	RALEIGH-DURHAM-CHAPEL HILL, NC	0.9818
6660	RAPID CITY, SD	0.8869
6680	READING, PA	0.9583
6690	REDDING, CA	1.1155
6720	RENO, NV	1.0421
6740	RICHLAND-KENNEWICK-PASCO, WA	1.0960
6760	RICHMOND-PETERSBURG, VA	0.9678
6780	RIVERSIDE-SAN BERNADINO, CA	1.1112
6800	ROANOKE, VA	0.8371
6820	ROCHESTER, MN	1.1462
6840	ROCHESTER, NY	0.9347
6880	ROCKFORD, IL	0.9204
6895	ROCKY MOUNT, NC	0.9109
6920	SACRAMENTO, CA	1.1831
6960	SAGINAW-BAY CITY-MIDLAND, MI	0.9590
6980	ST. CLOUD, MN	0.9851
7000	ST JOSEPH, MO	0.7891
7040	ST. LOUIS, MO–IL	0.8931
7080	SALEM, OR	1.0011
7120	SALINAS, CA	1.4684
7160	SALT LAKE CITY-OGDEN, UT	0.9863
7200	SAN ANGELO, TX	0.8193
7240	SAN ANTONIO, TX	0.8584
7320	SAN DIEGO, CA	1.1265
7360	SAN FRANCISCO, CA	1.4140
7400	SAN JOSE, CA	1.4193
7440	SAN JUAN-BAYAMON, PR	0.4762
7460	SAN LUIS OBISPO-ATASCADERO-PASO ROBLES, CA	1.0990
7480	SANTA BARBARA-SANTA MARIA-LOMPOC, CA	1.0802
7485	SANTA CRUZ-WATSONVILLE, CA	1.3970
7490	SANTA FE, NM	1.0194
7500	SANTA ROSA, CA	1.3034
7510	SARASOTA-BRADENTON, FL	1.0090
7520	SAVANNAH, GA	1.0018
7560	SCRANTON-WILKES-BARRE-HAZLETON, PA	0.8683
7600	SEATTLE-BELLEVUE-EVERETT, WA	1.1361
7610	SHARON, PA	0.7926
7620	SHEBOYGAN, WI	0.8427
7640	SHERMAN-DENISON, TX	0.9373
7680	SHREVEPORT-BOSSIER CITY, LA	0.9050
7720	SIOUX CITY, IA–NE	0.8767
7760	SIOUX FALLS, SD	0.9139
7800	SOUTH BEND, IN	0.9993
7840	SPOKANE, WA	1.0668
7880	SPRINGFIELD, IL	0.8676
7920	SPRINGFIELD, MO	0.8567
8003	SPRINGFIELD, MA	1.0881
8050	STATE COLLEGE, PA	0.9133
8080	STEUBENVILLE-WEIRTON, OH–WV	0.8637
8120	STOCKTON-LODI, CA	1.0815
8140	SUMTER, SC	0.7794
8160	SYRACUSE, NY	0.9621
8200	TACOMA, WA	1.1616
8240	TALLAHASSEE, FL	0.8527
8280	TAMPA-ST. PETERSBURG-CLEARWATER, FL	0.8925
8320	TERRE HAUTE, IN	0.8532
8360	TEXARKANA, TX-TEXARKANA, AR	0.8327
8400	TOLEDO, OH	0.9809
8440	TOPEKA, KS	0.8912
8480	TRENTON, NJ	1.0416
8520	TUCSON, AZ	0.8967

ADDENDUM B.—FY 2002 WAGE INDEX FOR URBAN AREAS—PRE-FLOOR AND PRE-RECLASSIFIED—Continued

MSA	Urban area (Constituent Counties)	Wage index
8560	TULSA, OK	0.8902
8600	TUSCALOOSA, AL	0.8171
8640	TYLER, TX	0.9641
8680	UTICA-ROME, NY	0.8329
8720	VALLEJO-FARIFIELD-NAPA, CA	1.3562
8735	VENTURA, CA	1.0994
8750	VICTORIA, TX	0.8328
8760	VINELAND-MILLVILLE-BRIDGETON, NJ	1.0441
8780	VISALIA-TULARE-PORTERVILLE, CA	0.9628
8800	WACO, TX	0.8129
8840	WASHINGTON, DC–MD–VA–WV	1.0962
8920	WATERLOO-CEDAR FALLS, IA	0.8041
8940	WAUSAU, WI	0.9696
8960	WEST PALM BEACH-BOCA RATON, FL	0.9777
9000	WHEELING, WV–OH	0.7985
9040	WICHITA, KS	0.9606
9080	WICHITA FALLS, TX	0.7867
9140	WILLIAMSPORT, PA	0.8628
9160	WILMINGTON-NEWARK, DE–MD	1.0877
9200	WILMINGTON, NC	0.9409
9260	YAKIMA, WA	1.0567
9270	YOLO, CA	0.9701
9280	YORK, PA	0.9441
9320	YOUNGSTOWN-WARREN, OH	0.9563
9340	YUBA CITY, CA	1.0359
9360	YUMA, AZ	0.8989

(Catalog of Federal Domestic Assistance Program No. 93.773, Medicare—Hospital Insurance; and Program No. 93.774, Medicare—Supplementary Medical Insurance Program)

Dated: March 12, 2002.

Thomas A. Scully,

Administrator, Health Care Financing Administration.

Dated: May 10, 2002.

Tommy G. Thompson,

Secretary.

[FR Doc. 02–16409 Filed 6–27–02; 8:45 am]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS–4023–FN]

RIN 0938–ZA16

Medicare Program; Medicare+Choice Organizations—Approval of the Accreditation Association for Ambulatory Health Care, Inc. (AAAHC) for Medicare+Choice (M+C) Deeming Authority of M+C Organizations That Are Licensed as Health Maintenance Organizations (HMOs) or Preferred Provider Organizations (PPOs)

AGENCY: Centers for Medicare & Medicaid Services (CMS), HHS.

ACTION: Final notice.

SUMMARY: This final notice announces the approval of the Accreditation Association for Ambulatory Health Care, Inc. (AAAHC) for deeming authority of Medicare+Choice (M+C) organizations that are licensed as health maintenance organizations (HMOs) or preferred provider organizations (PPOs). We have found that the AAAHC's standards for managed care plans submitted to us and amended during the application process, meet or exceed those established by the Medicare program. Therefore, M+C organizations that are licensed as HMOs or PPOs and are accredited by AAAHC may receive, at their request, deemed status for the M+C requirements in the six areas—Quality Assurance, Information on Advance Directives, Antidiscrimination, Access to Services, Provider Participation Rules, and Confidentiality and Accuracy of Enrollee Records—that are specified in section 1852(e)(4)(B) of the Social Security Act (the Act).

Regulations set forth in § 422.157(b)(2) specify that the Secretary will publish a **Federal Register** notice that indicates whether an accreditation organization's request for approval has been granted and the effective date and term of the approval, which may not exceed 6 years.

FOR FURTHER INFORMATION CONTACT: Trisha Kurtz, (410) 786–4670.

I. Background

Under the Medicare program, eligible beneficiaries may receive covered services through a managed care organization that has a Medicare+Choice (M+C) contract with us. To enter into an M+C contract, the organization must be licensed by the State as a risk-bearing entity and must meet the requirements that are set forth in 42 CFR part 422. Those regulations implement Part C of Title XVIII of the Social Security Act (the Act), that specifies the services that a managed care organization must provide and the requirements that the organization must meet to be an M+C contractor. Other relevant sections of the Act are Parts A and B of Title XVIII and Part A of Title XI pertaining to the provision of services by Medicare certified providers and suppliers.

Following approval of the M+C contract, we engage in routine monitoring of the M+C organization to ensure continuing compliance. The monitoring process is comprehensive and uses a written protocol that specifies the Medicare requirements the M+C organization must meet.

A M+C organization may be exempt from our monitoring of the requirements that are in the areas listed in section 1852(e)(4)(B) of the Act if the organization is accredited by a CMS-approved accrediting organization. In essence, the Secretary ''deems'' that the Medicare requirements are met based on

a determination that the accrediting organization's standards are at least as stringent as Medicare requirements. Regulations for the M+C deeming program are set forth in §§ 422.156, 422.157, and 422.158. The term for which we may approve an accrediting organization may not exceed 6 years as stated in § 422.157(b)(2). For continuing approval, the accrediting organization will have to re-apply to us.

II. Provisions of the Proposed Notice

On August 1, 2001, we published a proposed notice in the **Federal Register** (66 FR 39773) announcing the receipt of an application from AAAHC for approval of deeming authority for M+C organizations that are licensed as health maintenance organizations (HMOs) or preferred provider organizations (PPOs). In the proposed notice, we provided the factors on which we would base our evaluation. In accordance with § 422.157(b)(1)(iii) of the M+C regulations, we provided a 30-day public comment period. We received one public comment in support of AAAHC's application for M+C deeming authority.

III. Deeming Approval Review and Evaluation

As set forth in section 1852(e)(4) of the Act and our regulations at § 422.158, the review and evaluation of the AAAHC's accreditation program (including their standards and monitoring protocol) were compared to the requirements set forth in part 422 for the M+C program.

A. Components of the Review Process

The review of AAAHC's application for approval of M+C deeming authority included the following components.

1. Site Visit

We conducted a site visit to AAAHC's headquarters to assess—

- The corporate policies and procedures that relate to the managed care accreditation program;
- The survey, decision-making, and report-writing processes used in AAAHC's managed care accreditation program;
- The resources available for accreditation reviews and AAAHC's ability to financially sustain an M+C deeming program;
- The staff and surveyor training and evaluation programs;
- The communication, customer support, and public accessibility of accreditation information; and
- AAAHC's ability to investigate and respond appropriately to complaints against accredited managed care organizations.

2. Desk-Top Review

We conducted a desk-top review of AAAHC's managed care accreditation program, including—

- A description of AAAHC's survey process for managed care plans, including the frequency of surveys performed, whether the surveys are announced or unannounced, surveyor instructions, the review and accreditation status decision-making process, procedures used to notify accredited M+C organizations of deficiencies and monitoring of the correction of deficiencies, and the procedures used to enforce compliance with accreditation requirements;
- Information about the individuals who perform network accreditation reviews, including the size and composition of the survey team, the methods of compensation, the education and experience requirements, the content and frequency of the in-service training, the evaluation system used to monitor performance, and conflict of interest requirements governing AAAHC staff and surveyors;
- A description of the data management and analysis system, the types (full, partial, or denial) and categories (provisional, conditional, temporary) of accreditation offered by AAAHC, the duration of each category of accreditation, and a statement identifying the types and categories that would serve as a basis for accreditation, if we grant AAAHC M+C organization deeming authority;
- The procedures used to respond to and investigate complaints or identify other problems with accredited organizations, including coordination of these activities with licensing bodies and ombudsmen programs;
- A description of how AAAHC provides accreditation information to the general public;
- The policies and procedures for (1) withholding, denying and removing accreditation status, and the other actions AAAHC may take in response to noncompliance with their standards and requirements, and (2) how AAAHC treats accreditation of organizations that are acquired by another organization, have merged with another organization, or that undergo a change of ownership or management;
- Lists of all (1) AAAHC-accredited M+C organizations, (2) managed care plans surveyed by AAAHC in the past 3 years, and (3) managed care plans that were scheduled to be surveyed by AAAHC within 3 months of submitting their application;
- A written presentation of AAAHC's ability to furnish data electronically, via telecommunications;
- A resource analysis that included financial statements for the past 3 years (audited, if possible) and the projected number of deemed status surveys for the upcoming year; and
- A statement acknowledging that, as a condition of approval, AAAHC agreed to comply with the ongoing responsibility requirements stated in § 422.157(c).

3. Assessment of AAAHC's Standards and Methods of Evaluation

As part of the application, AAAHC submitted a crosswalk that compared its standards and methods of evaluations with corresponding M+C requirements. A multicomponent team of our regional and central office staff then reviewed and evaluated AAAHC's standards and processes and compared them to the M+C requirements in six areas: Quality Assurance, Access to Services, Antidiscrimination, Information on Advance Directives, Provider Participation Rules, and Confidentiality and Accuracy of Enrollee Records.

4. Observation of a AAAHC Accreditation Survey

An observation of an AAAHC accreditation survey of a managed care organization allowed our staff to (1) validate that the accreditation review methods described in AAAHC's application were equal to (or exceeded) the corresponding Medicare requirements, and (2) resolve outstanding issues that were identified during the review of AAAHC's application materials.

B. Results of the Review Process

We determined that AAAHC's current accreditation program for managed care plans either did not address or did not ''meet or exceed'' several of the M+C requirements contained in the six categories set forth in section 1852(e)(4)(C) of the Act. To address this issue, AAAHC agreed to complement their current managed care accreditation program. Thus, when assessing M+C organizations that seek deemed status for the Medicare requirements contained in the six categories established in the Act (including delegation requirements, which are contained in five of the six deeming categories), AAAHC will add the requirements described below.

1. Quality Assurance (§ 422.152)

AAAHC will add to its accreditation standards requirements for M+C organizations to—

• Conduct quality improvement projects that meet or exceed the requirements specified in § 422.152;
• Achieve and report minimum performance levels when we establish them;
• Designate a policymaking body and senior official that are accountable for the quality assurance program and that encourage providers and consumers to participate actively;
• Collect data related to (1) acute and chronic conditions as related to preventive services and care outcomes, (2) the use of clinical resources for high volume services, and (3) the availability, accessibility, and cultural competency of services;
• Select quality indicators that are objective, clearly defined, based upon current research, and generally used in the public health community. Indicators must be measured over time, monitored for at least 1 year after the desired level of performance is achieved (sustained improvement), and benchmarked to targets if we specify targets;
• Correct significant systemic problems that come to their attention through internal surveillance, complaints, enrollee satisfaction surveys, or other mechanisms, such as the use of appeals and grievances; and
• Evaluate the effectiveness of the quality assurance program strategy on an annual basis and modify as necessary.

2. Provider Participation Rules (42 CFR Part 422 Subpart E)

AAAHC will add to its accreditation standards requirements for M+C organizations to—
• Provide written notice of rules of participation regarding terms of payment, credentialing, participation decisions that are adverse to physicians and material changes in participation rules before changes are put into effect;
• Provide at least 60 days written notice (applies to provider as well) before terminating a contract without cause;
• Establish a formal mechanism to consult with physicians regarding medical policy, quality assurance programs, and medical management procedures;
• Communicate practice guidelines and any admission, continued stay, and discharge criteria to all providers and enrollees when appropriate;
• Apply participation procedures equally to physicians within all contracted subgroups;
• Address notice requirements when suspending or terminating physician agreements;
• Communicate a physician's right to appeal a suspended or terminated agreement and ensure that the hearing panel is composed of members who are peers of the affected physician;
• Address procedures for initial credentialing (including verification for Medicare payment and attestation by the applicant of the completeness of the application) and for recredentialing (time frame) that are consistent with the Medicare requirements;
• Determine and redetermine that the institutional provider or supplier is licensed to operate in the State and is approved for participation in Medicare (if applicable) and that the M+C organization does not employ or contract with providers who have been excluded from the Medicare program;
• Enable providers to communicate treatment options to all Medicare beneficiaries;
• Make available information on the plan's policies about objecting to cover, furnish, or pay for a particular service on the basis of moral or religious reasons; and
• Provide for limitations on provider indemnification that is stated in § 422.212.

AAAHC agreed to a Physician Incentive Plan (PIP) review strategy that we proposed. M+C organizations will continue to provide PIP information directly to us. We will notify AAAHC when a M+C organization that they have deemed is ''noncompliant'' for any of the PIP requirements; AAAHC will then contact the M+C organization to inform it that it must comply with the PIP provisions. If, at the end of the accrediting organization's corrective action process, the M+C organization continues to be noncompliant, the accrediting organization will refer the case to us.

3. Information on Advance Directives (§ 422.128)

AAAHC will add to its accreditation standards requirements for M+C organizations to—
• Maintain written policies and procedures on advance directives;
• Give information to patients (directly or by contracting with other entities) regarding advance directives that (1) are written, (2) address the right to accept or refuse treatment and formulate advance directives, and (3) reflect changes in State law within 90 days of the effective date;
• Comply with State laws that allow the provider to decline care that conflicts with an advance directive and to conscientiously object to implementing certain advance directives; and
• Inform individuals that complaints concerning noncompliance with the advance directive requirements may be filed with the State survey and certification agency.

4. Antidiscrimination (§ 422.110, § 422.502(h))

AAAHC will add to its accreditation standards requirements for M+C organizations to—
• Prohibit the denial, limitation, or conditioning of coverage or benefits to eligible enrollees on the basis of any factor that relates to health status, except in the case of an individual with end-stage renal disease;
• Implement procedures to ensure that enrollees are not discriminated against in the delivery of services or that health care professionals are not discriminated against on the basis of license or certification;
• Furnish written notice (with a reason for the decision) to any provider whose application for participation in a network has been declined; and
• Comply with all applicable laws and regulations related to discrimination and payment sources.

5. Access to Services (§ 422.112)

AAAHC will add to its accreditation standards requirements for M+C organizations to—
• Instruct enrollees regarding their right to access emergency health care services without prior authorization when the enrollee determines need based upon a prudent layperson standard;
• Offer a panel of primary care providers and arrange for necessary specialty care, including women's health services;
• Ensure that services are provided in a culturally competent manner to all enrollees and that the organization establishes standards for timeliness of access to care and member services that meet or exceed any related standards that we may establish;
• Ensure that each enrollee has an ongoing source of primary care or that each enrollee has been offered a primary care source and that, for each enrollee who accepts the offer, a primary care source exists;
• Provide coordination-of-care programs that include (1) an initial health care needs assessment and a follow-up process, (2) policies regarding ongoing coordination of care by primary care providers or other means, (3) procedures for the identification of, and treatment plans for, individuals with complex or serious needs, and (4) coordination of plan services with community and social services; and

• Transmit information about services used by the enrollee to their primary care provider when a point of service or nonnetwork benefit is offered.

6. Delegation Requirements (Contained in Five of the Six Deeming Categories)

AAAHC will ensure that M+C organizations oversee and are accountable for any functions or responsibilities that are described in the standards for which AAAHC receives deeming authority, if the area (or standard) is delegated to another entity.

C. Term of Approval

Regulations at § 422.157(b)(2) permit us to grant a term of approval for deeming authority for accreditation organizations of up to 6 years. On June 15, 2002, we notified AAAHC of our approval of their application as a national accreditation organization for managed care plans that request participation in the M+C program. We are granting this deeming authority for 4 years—from June 15, 2002 through June 14, 2006.

IV. Paperwork Reduction Act

The requirements associated with granting and withdrawal of deeming authority to national accreditation organization, codified in part 422, Medicare+Choice Program, are currently approved by OMB under OMB approval number 0938–0690, with an expiration date of September 30, 2002. Consequently, this notice does not need to be reviewed by the Office of Management and Budget (OMB) under the authority of the PRA.

V. Regulatory Impact Statement

We have examined the impact of this notice as required by Executive Order 12866 (September 1993, Regulatory Planning and Review) and the Regulatory Flexibility Act (RFA) September 19, 1980 (Pub. L. 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).

The RFA requires agencies to analyze options for regulatory relief for small businesses, nonprofit organizations, and government agencies. Most hospitals and most other providers and suppliers are small entities, either by nonprofit status or by having revenues of $5 million to $25 million or less in any 1 year (for details, see the Small Business Administration's publication that set forth size standards for health care industries at 65 FR 69432). For purposes of the RFA, States and individuals are not considered small entities.

Also, section 1102(b) of the Act requires the Secretary to prepare a regulatory impact analysis for any notice that may have a significant impact on the operations of a substantial number of small rural hospitals. Such an analysis must conform to the provisions of section 604 of the RFA. For purposes of section 1102(b) of the Act, we consider a small rural hospital as a hospital that is located outside of a Metropolitan Statistical Area and has fewer than 100 beds.

This notice merely recognizes AAAHC as a national accreditation organization that has approval for deeming authority for HMOs or PPOs that are participating in the M+C program. Since M+C organizations are monitored every 2 years by CMS's regional office staff to determine compliance with M+C requirements, we believe that the M+C deeming program has the potential to reduce both the regulatory and administrative burdens associated with the Medicare+Choice program. In FY 2001, there were 179 M+C contracts and 5,578,605 enrollees. Approximately 6 of those M+C organizations were accredited by AAAHC. This notice, however, is not a major rule as defined in Title 5, United States Code, section 804(2) and is not an economically significant rule under Executive Order 12866.

Therefore, we have determined, and the Secretary certifies, that this notice will not result in a significant impact on small entities and will not have an effect on the operations of small rural hospitals. Therefore, we are not preparing analyses for either the RFA or section 1102(b) of the Act.

Section 202 of the Unfunded Mandates Reform Act of 1995 also requires that agencies assess anticipated costs and benefits before issuing any rule that may result in expenditure in any 1 year by State, local, or tribal governments, in the aggregate, or by the private sector, of $110 million. This notice has no consequential effect on State, local, or tribal governments. We believe the private sector costs of this notice fall below this threshold as well.

In accordance with Executive Order 13132, this notice will not significantly affect the rights of States and does not significantly affect State authority.

In accordance with the provisions of Executive Order 12866, this notice was not reviewed by OMB.

Authority: Secs. 1851 and 1855 of the Social Security Act (42 U.S.C. 1395w–21 and 42 U.S.C. 1395w–25)

(Catalog of Federal Domestic Assistance Program No. 93.773, Medicare—Hospital Insurance; and Program No. 93.774, Medicare—Supplementary Medical Insurance Program)

Dated: May 12, 2002.

Thomas A. Scully,

Administrator, Centers for Medicare & Medicaid Services.

[FR Doc. 02–15971 Filed 6–27–02; 8:45 am]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

Statement of Organization, Functions, and Delegations of Authority

Part F of the Statement of Organization, Functions, and Delegations of Authority for the Department of Health and Human Services, Centers for Medicare & Medicaid Services (CMS), (**Federal Register**, Vol. 67, No. 81, pp. 20804–20805 dated April 26, 2002) is amended to reflect a change to the organizational structure of CMS by establishing the Office of Operations Management.

The specific amendments to part F are described below:

• Section F.10. (Organization) is amended to read as follows:

1. Public Affairs Office (FAC)
2. Center for Beneficiary Choices (FAE)
3. Office of Legislation (FAF)
4. Center for Medicare Management (FAH)
5. Office of Equal Opportunity and Civil Rights (FAJ)
6. Office of Research, Demonstration, and Information (FAK)
7. Office of Communications and Operations Support (FAL)
8. Office of Clinical Standards and Quality (FAM)
9. Office of the Actuary (FAN)
10. Center for Medicaid and State Operations (FAS)
11. Northeastern Consortium (FAU)
12. Southern Consortium (FAV)
13. Midwestern Consortium (FAW)
14. Western Consortium (FAX)
15. Office of Operations Management (FAY)
16. Office of Internal Customer Support (FBA)
17. Office of Information Services (FBB)
18. Office of Financial Management (FBC)

• Section F.20. (Functions) is amended by adding the functional statement for the Office of Operations Management. The new functional statement reads as follows:

7. Office of Operations Management (FAY)

• Analyzes and evaluates project time lines, schedules, and new methodologies. Evaluates and recommends project management alternatives to the Deputy Administrator/Chief Operating Officer (COO) and the Agency.

• Prepares and presents recommendations to the Administrator, Deputy Administrator/ COO, other high level CMS, and Department officials on planning, leadership, implementation, and policy issues concerning modifications to existing and proposed operating policies that will improve the administration and operations of programs and the Agency as a whole.

• With appropriate CMS components to collect and disseminate data on health care and insurance market trends that affect CMS's business risk profile. The Risk Management Staff has the lead for monitoring indicators of risk associated with the operations of CMS and our business partners.

• Surveys risk assessment techniques in use in the private and public sectors and identifies and applies the most useful ones for CMS. Helps develop new risk assessment techniques and keeps abreast of methodological developments in the professional literature.

• Promotes and teaches risk assessment methods to business owners throughout CMS. Promotes awareness of the importance of risk analysis as a component of business planning and trains CMS staff in specific techniques and their applicability in particular situations.

• Educates and reaches out to the public and internal CMS staff on the Health Insurance Portability and Accountability Act (HIPAA) issues. Formulates and coordinates a public relations campaign, prepares and delivers presentations and speeches, responds to inquires on HIPAA issues, and liaisons with industry representatives.

• Provides technical coordination regarding development of HIPAA tools, including transaction testing, and coordinates requirements for Enumeration systems.

• Provides consulting services internally to Agency management and staff to identify processes or contracts that need improvement, to develop improvement strategies, and to monitor processes and improvements over time.

• Participates in Agency-wide initiatives to streamline operations, improve accountability and performance, and implement management best practices. Provides leadership, training, and coaching in the implementation of the initiatives. Promotes a continuous improvement ethos.

Specific Project Management Functions

• Develops, in conjunction with staff in CMS centers and offices, major project plans, implementation schedules and post implementation evaluations.

• Promotes project planning principles throughout the Agency and provides technical guidance to the Agency on project planning and management techniques.

• Reports to the Deputy Administrator/COO and senior officials on progress of Agency priority projects. Negotiates with and supports project and component heads regarding project schedules, progress, etc.

• Prepares and presents recommendations to senior officials regarding major projects.

• Analyzes and evaluates project time lines, schedules, and new methodologies. Evaluates and recommends project management alternatives to the Deputy Administrator/COO and the Agency.

• Conducts process control analysis and tracking to ensure projects are running smoothly.

• Prepares and presents recommendations to the Administrator, Deputy Administrator/COO, and other high level CMS and Department officials on planning, leadership, implementation and policy issues concerning modifications to existing and proposed operating policies that will improve the administration and operations of programs and the Agency as a whole.

Specific Operational Review Functions

• Plans and conducts targeted operational reviews and recommends process and policy improvements to improve the operations of the Agency. The subjects of these reviews will be determined through regular periodic consultation with the Project Management Staff, Risk Management Staff, the Director of the Office of Operations Management, and the Deputy Administrator/COO. Drafts written reports summarizing conclusions and presents findings to appropriate officials for follow-up actions.

• Reviews and evaluates enterprise-wide programs, projects, and processes to assess their effectiveness and efficiency, compliance with laws and regulations, or adequacy of management processes.

• Provides consulting services internally to Agency management and staff to identify processes or contracts that need improvement, to develop improvement strategies, and to monitor processes and improvements over time.

• Participates in agency-wide initiatives to streamline operations, improve accountability and performance, and implement management best practices. Provides leadership, training, and coaching in the implementation of the initiatives. Promotes a continuous improvement ethos.

• Collaborates with the Risk Management Staff, Project Management Staff, and CMS senior management to identify and address enterprise-wide risk factors that lead to ineffective or inefficient operations.

• Identifies operational vulnerabilities in CMS and develops and executes an operational review plan for each fiscal year, subject to approval by the Deputy Administrator/COO and other senior leadership of CMS.

Dated: June 5, 2002.

Ruben J. King-Shaw, Jr.,

Deputy Administrator and Chief Operating Officer, Centers for Medicare & Medicaid Services.

[FR Doc. 02–14949 Filed 6–27–02; 8:45 am]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. 02N–0102]

Agency Information Collection Activities; Submission for OMB Review; Comment Request; Medical Devices; Notification of a Health Claim or Nutrient Content Claim Based on an Authoritative Statement of a Scientific Body

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing that the proposed collection of information listed below has been submitted to the Office of Management and Budget (OMB) for review and clearance under the Paperwork Reduction Act of 1995.

DATES: Submit written comments on the collection of information by July 29, 2002.

ADDRESSES: Submit written comments on the collection of information to the Office of Information and Regulatory Affairs, OMB, New Executive Office Bldg., 725 17th St. NW., rm. 10235,

Washington, DC 20503, Attn: Stuart Shapiro, Desk Officer for FDA.

FOR FURTHER INFORMATION CONTACT: Peggy Schlosburg, Office of Information Resources Management (HFA–250), Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20857, 301–827–1223.

SUPPLEMENTARY INFORMATION: In compliance with 44 U.S.C. 3507, FDA has submitted the following proposed collection of information to OMB for review and clearance.

Guidance for Industry: Notification of a Health Claim or Nutrient Content Claim Based on an Authoritative Statement of a Scientific Body (OMB Control Number 0910–0374)—Extension

Section 403(r)(2)(G) and (r)(3)(C) of the Federal Food, Drug, and Cosmetic Act (the act) (21 U.S.C. 343(r)(2)(G) and (r)(3)(C)), as amended by the Food and Drug Administration Modernization Act of 1997 (FDAMA), provides that a food producer may market a food product whose label bears a nutrient content claim or a health claim that is based on an authoritative statement of a scientific body of the U.S. Government or the National Academy of Sciences. Under these sections of the act, a food producer that intends to use such a claim must submit a notification of its intention to use the claim 120 days before it begins marketing the product bearing the claim. In the **Federal Register** of June 11, 1998 (63 FR 32102), FDA announced the availability of a guidance entitled ''Guidance for Industry: Notification of a Health Claim or Nutrient Content Claim Based on an Authoritative Statement of a Scientific Body.'' The guidance provides the agency's interpretation of terms central to the submission of a notification and the agency's views on the information that should be included in the notification. The agency believes that the guidance will enable food producers to meet the criteria for notifications that are established in section 403(r)(2)(G) and (r)(3)(C) of the act. In addition to the information specifically required by the act to be in such notifications, the guidance states that the notifications should also contain information on analytical methodology for the nutrient that is the subject of a claim based on an authoritative statement. FDA intends to review the notifications it receives to ensure that they comply with the criteria established for them by the act.

In the **Federal Register** of March 26, 2002 (67 FR 13786), the agency requested comments on the proposed information collection. One comment was received that did not pertain to the information collection.

FDA estimates the burden of this collection of information as follows:

TABLE 1.— ESTIMATED ANNUAL REPORTING BURDEN[1]

Basis of Burden	No. of Respondents	Annual Frequency per Response	Total Annual Responses	Hours per Response	Total Hours
Section 403(r)(2)(G) nutrient content claims	.....	1	250	250	.....
Section 403(r)(3)(c)	2	1	2	450	900
Guidance for notifications	3	1	3	1	3
Totals					1,153

[1] There are no capital costs or operating and maintenance costs associated with this collection of information.

These estimates are based on FDA's experience with health claims and nutrient content claims and with other similar notification procedures that fall under its jurisdiction. Because the claims are based on authoritative statements of certain scientific bodies of the Federal Government or the National Academy of Sciences or one of its subdivisions, FDA believes that the information submitted with a notification will either be provided as part of the authoritative statement or readily available as part of the scientific literature to firms wishing to make claims. Presentation of a supporting bibliography and a brief balanced account or analysis of this literature should be fairly straightforward.

Dated: June 21, 2002.

Margaret M. Dotzel,

Associate Commissioner for Policy.

[FR Doc. 02–16343 Filed 6–27–02; 8:45 am]

BILLING CODE 4160–01–S

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

Cardiovascular and Renal Drugs 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). The meeting will be open to the public.

Name of Committee: Cardiovascular and Renal Drugs 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 July 18, 2002, from 8 a.m. to 5 p.m. and on July 19, 2002, from 8 a.m. to 3 p.m.

Location: Holiday Inn, Versailles Ballroom, 8120 Wisconsin Ave., Bethesda, MD, 301–652–2000.

Contact Person: Jayne E. Peterson, Center for Drug Evaluation and Research (HFD–21), Food and Drug Administration, 5600 Fishers Lane (for express delivery, 5630 Fishers Lane, rm. 1093), Rockville, MD 20857, 301–827–7001, petersonj@cder.fda.gov, or FDA Advisory Committee Information Line, 1–800–741–8138 (301–443–0572 in the Washington, DC area), code 12533. Please call the Information Line for up-to-date information on this meeting.

Agenda: On July 18, 2002, beginning at 8 a.m., the committee will discuss supplemental new drug application (SNDA) 20–838/S–015, ATACAND (candesartan cilexetil) Tablets, AstraZeneca LP, for a proposed claim of comparative efficacy of candesartan cilexetil and losartan in hypertension. Beginning at 1 p.m., the committee will discuss new drug application (NDA) 21–387, PRAVIGARD PAC (pravastatin sodium/aspirin co-packaged product), Bristol-Myers Squibb Co., proposed for long-term management to reduce the risk of cardiovascular events (death, nonfatal myocardial infarction, myocardial revascularization procedures, and ischemic stroke) in patients with clinically evident coronary heart disease. On July 19, 2002, the committee will discuss NDA

21–188, VANLEV (omapatrilat) Bristol-Myers Squibb Co., proposed for the treatment of hypertension. The background material for this meeting will be posted 1 working day before the meeting on the FDA Web site at http://www.fda.gov/ohrms/dockets/ac/acmenu.htm.

Procedure: 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 July 11, 2002. Oral presentations from the public will be scheduled between approximately 10:15 a.m. and 10:45 a.m. and 3:15 p.m. and 3:45 p.m. on July 18, 2002, and between approximately 10:15 a.m. and 10:45 a.m. on July 19, 2002.

Time allotted for each presentation may be limited. Those desiring to make formal oral presentations should notify the contact person before July 11, 2002, 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.

Persons attending FDA's advisory committee meetings are advised that the agency is not responsible for providing access to electrical outlets.

FDA welcomes the attendance of the public at its advisory committee meetings and will make every effort to accommodate persons with physical disabilities or special needs. If you require special accommodations due to a disability, please contact Jayne E. Peterson at least 7 days in advance of the meeting.

Notice of this meeting is given under the Federal Advisory Committee Act (5 U.S.C. app. 2).

Dated: June 21, 2002.

William K. Hubbard,

Senior Associate Commissioner for Policy, Planning, and Legislation.

[FR Doc. 02–16351 Filed 6–27–02; 8:45 am]

BILLING CODE 4160–01–S

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

National Mammography Quality Assurance 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). The meeting will be open to the public.

Name of Committee: National Mammography Quality Assurance 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 August 26, 2002, from 9 a.m. to 6 p.m.

Location: Holiday Inn, Walker/Whetstone Rooms, Two Montgomery Village Ave., Gaithersburg, MD.

Contact Person: Charles Finder, Center for Devices and Radiological Health (HFZ–240), Food and Drug Administration, 1350 Piccard Dr., Rockville, MD 20850, 301–594–3332, or FDA Advisory Committee Information Line, 1–800–741–8138 (301–443–0572 in the Washington, DC area), code 12397. Please call the Information Line for up-to-date information on this meeting.

Agenda: The committee will receive information on the American College of Radiology Imaging Network trial of full field digital mammography (FFDM), potential new applications of FFDM such as tomosynthesis, facility inspection findings, and the status of current inspection followup actions, and changes to the Mammography Quality Standards Act (the MQSA) compliance guidance. The committee will also receive updates on the status of accreditation and certification of FFDM, States as certification agencies under the MQSA, reauthorization of the MQSA, and the inspection demonstration project. The MQSA compliance guidance documents, which are in a question-and-answer format, are available to the public on the Internet at http://www.fda.gov/cdrh/mammography/guidance-docs.html. This guidance is being updated continually in response to questions that FDA receives from the public.

Procedure: 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 August 16, 2002. Oral presentations from the public will be scheduled between approximately 9:30 a.m. and 10:30 a.m. Time allotted for each presentation may be limited. Those desiring to make formal oral presentations should notify the contact person before August 16, 2002, 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.

Persons attending FDA's advisory committee meetings are advised that the agency is not responsible for providing access to electrical outlets.

FDA welcomes the attendance of the public at its advisory committee meetings and will make every effort to accommodate persons with physical disabilities or special needs. If you require special accommodations due to a disability, please contact Shirley Meeks, Conference Management Staff, at 301–594–1283, ext. 105, at least 7 days in advance of the meeting.

Notice of this meeting is given under the Federal Advisory Committee Act (5 U.S.C. app. 2).

Dated: June 21, 2002.

William K. Hubbard,

Senior Associate Commissioner for Policy, Planning, and Legislation.

[FR Doc. 02–16352 Filed 6–27–02; 8:45 am]

BILLING CODE 4160–01–S

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

[Docket No. FR–4736–N–06]

Notice of Proposed Information Collection for Public Comment for Correcting and Challenging Date for the Indian Housing Block Grant Formula Allocation

AGENCY: Office of the Assistant Secretary for Public and Indian Housing, HUD.

ACTION: Notice.

SUMMARY: The proposed information collection requirement described below will be submitted to the Office of Management and Budget (OMB) for review, as required by the Paperwork Reduction Act. The department is soliciting public comments on the subject proposal.

DATES: *Comment Due Date:* August 27, 2002.

ADDRESSES: Interested persons are invited to submit comments regarding this proposal. Comments should refer to the proposal by name and/or OMB Control Number and should be sent to: Mildred M. Hamman, Reports Liaison Officer, Public and Indian Housing, The Department of Housing & Urban Development, 451—7th Street, SW., Room 8226, Washington, DC 20410–6000.

FOR FURTHER INFORMATION CONTACT: Mildred M. Hamman, (202) 708–3642,

extension 4128, for copies of the proposed forms and other available documents. (This is not a toll-free number).

SUPPLEMENTARY INFORMATION: The Department will submit the proposed information collection to OMB for review, as required by the Paperwork Reduction Act of 1995 (44 U.S.C. Chapter 35, as amended).

This notice is soliciting comments from members of the public and affected agencies concerning the proposed collection of information 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; (3) enhance the quality, utility, and clarity of the information to be collected; and (4) minimize the burden of the collection of information on those who are to respond; including through the use of appropriate automated collection techniques or other forms of information technology, e.g., permitting electronic submissions of responses.

This Notice also lists the Following Information:

Title of Proposal: Correcting and Challenging Data for the Indian Housing Block Grant Formula Allocation.

OMB Control Number: 2577–0218.

Description of the Need for the Information and Proposed Use: The Native American Housing Assistance and Self-Determination Act of 1996 (NAHASDA or the Act) mandated that funding for Native American housing programs be allocated through use of a block grant formula. The block grant formula, as developed by the NAHASDA negotiated rulemaking committee, uses data from multiple sources, including the 1990 and soon 2000 U.S. Census, HUD records, and the Indian Health Services. In developing the formula, the negotiated rulemaking committee recognized that the data available had significant limitations and may be inaccurate for some tribes. The group agreed to include the option that allows tribes to challenge the data. This information request is the guidance to tribes on how they can challenge, or simply make corrections, to the data so that it is fair and equitable for all tribes receiving funds through the formula.

Agency form numbers: None.

Members of the Affected Public: 579 Native American and Alaskan Native Tribes participating in the Indian Housing Block Grant Program may submit corrections or challenge the data.

Estimation of the Total Number of Hours Needed to Prepare the Information Collection including the Number of Respondents, Frequency of response, and hours of response: The Tribally Designated Housing Entities (TDHEs) are able to submit corrections and challenges to the data at any time. However, all corrections to have impact on the next fiscal year are due by September 15th of the current fiscal year and challenges to have impact on the next fiscal year are due by June 15th of the current fiscal year. The number of hours needed to prepare the information collection, frequency of response, and hours of response will depend on each tribe's specific correction or challenge. The average amount of time to make corrections will likely be 30 minutes for all 579 tribes. We anticipate only 15 tribes a year challenging the data at an average burden of 150 hours per challenge. In total, the department expects this request will have a total annual reporting burden of 2,540 hours.

Status of the Proposed Information Collection: Revision.

Authority: Section 3506 of the Paperwork Reduction Act of 1995, 44 U.S.C. Chapter 35, as amended.

Dated: June 25, 2002.

Paula O. Blunt,

General Deputy Assistant Secretary for Public and Indian Housing.

BILLING CODE 4210–33–M

Challenging U.S. Decennial Census Data:
Guidelines for the Indian Housing Block Grant Formula

This document, in question and answer format, outlines the steps HUD is preliminarily requiring for a tribe to challenge the U.S. Decennial Census data used in the "Needs" component of the Indian Housing Block Grant formula.

In order for a Census challenge to be considered for the upcoming Fiscal Year (FY) allocation, documentation must be submitted to HUD by June 15. Therefore, for FY 2004, documentation must be submitted to HUD by June 15, 2003. The discussion of what documentation needs to be submitted to HUD begins on page eight of this document.

Q: What are the variables in the formula that allocate funds for housing need?

A: The "needs" component of the block grant formula is based on 2000 U.S. Census sample data as adjusted by Indian Health Service (IHS) data on American Indian and Alaskan Native (AIAN) Births and Deaths. The weights and variables proposed to be used in the formula are the following:

Weight	Variable
11%	Number of American Indian and Alaskan Native (AIAN) Persons
13%	Number of AIAN Households with incomes less than 30% of local area median income
7%	Number of AIAN Households with incomes between 30% and 50% of local area median income
7%	Number of AIAN Households with incomes between 50% and 80% of local area median income
25%	Number of AIAN Households overcrowded (more than 1.01 persons per room) and/or without complete kitchen or plumbing
22%	Number of AIAN Households paying more than 50 percent of their monthly gross income for housing costs
15%	Number of AIAN Households with income less than 80% of local area median income less the number of assisted housing units.

The "weight" indicates the relative importance of a variable. The higher the weight, the more important the variable for allocating funds.

Q: Will HUD accept Tribal Enrollment Numbers?

A: Yes, HUD will accept tribal enrollment data in lieu of the number of AIAN persons listed under the Needs Data section of the Formula Response Form in computing the IHBG formula allocation but only if the tribal enrollment data is used by the Tribe to disburse significant per capita payments to tribal members and if only persons living within a Tribe's Formula Area is counted in the enrollment. HUD believes when tribal enrollment is used for disbursing funds there is a built-in incentive to update and purge records on a regular basis. Source: *NAHASDA Guidance: NO: 98-12, PG.2: 10-30-98.*

Q: Will HUD accept BIA Labor Statistics?

A: In most cases, HUD will not accept BIA Labor Statistics in lieu of the number of AIAN persons listed under the Needs Data section of the Formula Response Form when computing the IHBG. BIA Labor Statistics are not collected by a consistent method across the country. In order for HUD to consider BIA Labor Statistics in lieu of AIAN persons, a tribe would first have to submit the method that was used in collecting their BIA Labor Statistics. Sources of data for the need variables shall be data that are collected in a uniform manner that can be confirmed and verified for all AIAN households and persons living in an identified area. In most cases BIA Labor Statistics come from tribal data and this often comes from enrollment records. Data based upon enrollment records would only be accepted as described in the response to the previous question, " Will HUD accept Tribal Enrollment Numbers"?

Q: Will HUD accept Indian Health Service Information?

A: HUD will accept Indian Health Service records in lieu of the numbers of AIAN persons listed under the Needs Data section of the Formula Response Form in computing the IHBG Formula Allocation but only if the IHS data are made available to HUD. This availability will allow HUD to verify that only those users who reside within the Tribe's Formula Area, and have used the tribal health service within the last three years, are included in the Formula data. Source: *NAHASDA Guidance: NO: 98-12, PG. 2: 10-30-98.*

Q: Are the Census variables based on the number of tribal members?

A: No. The Census data used are for all AIAN households within a tribe's service area.

On the technical side, the Census data used are based on a sample of households who were given the 2000 Census "long form". That is the Census Bureau identified all of the housing units in an area. Each housing unit was then assigned a weight such that the data collected about the household in the sampled housing unit was multiplied times 2 or 6 or 8 to represent 2 or 6 or 8 other households in addition to themselves. For small areas with a relatively few people, the Census Bureau surveyed 1 of every 2 households. For areas with higher density, the Bureau sampled as high as 1 out of every 8 households. Most researchers agree that for large enough populations, sampling is less expensive and more reliable than trying to survey every household. However, because many tribal areas are relatively small in population and quite remote the chance of statistical error and undercount does increase. Undercount occurs when the Bureau does not *initially* identify all of the housing units while

statistical error occurs when not a high enough share of the households is surveyed to accurately represent the population.

Q: What if my tribe's service area is different than the service area currently identified by HUD?

A: Service Area is a term used by other programs. For IHBG purposes you should use Formula Area. You can correct the Formula Area being used for the formula. Guidance for making those corrections are in the document "Formula Response Form: Correcting Data for the Indian Housing Block Grant Formula".

Q: What if my tribe's geography is correct but the Census did not count all of the AIANs in our "formula area"?

A: The tribe may challenge the data. Any data the tribe provides to HUD to dispute the Census Bureau figures must be collected in a manner consistent with all other tribes. HUD makes the ruling on whether the data can be used. There are two options a tribe may take to challenge the data. The first option makes the case that there has been a miscount of AIAN households in the "Formula Area". The second option involves challenging each of the variables used in the formula. Both challenges require a survey. The first challenge would only require the first three questions in Appendix A. The second challenge would require all 10 questions in Appendix A to be asked.

As background for both of these challenges, the Census Bureau believes that the 1990 Census had a 12 percent "undercount" of persons in tribal areas. Unfortunately, they do not know how that undercount is distributed among tribes. Undoubtedly some tribes have a greater undercount than others. Furthermore, the housing and income data are based on a sample. The smaller a tribe's population, the more likely it is the data on income and housing condition are incorrect. The Census Bureau has worked very hard to do a better job of data collection in tribal areas during the year 2000 census. The cost of challenging data can be very expensive.

Q: How does a tribe challenge the data?

A: By providing data collected in a manner acceptable to HUD. This data may come from administrative records (see earlier answers on Tribal Enrollment and IHS data) or they may come from a survey conducted by the tribe. Regardless of whether a tribe decides to challenge only the population data or all of the variables, HUD's basic rules for reviewing data submitted, as part of a challenge is the following:

- Questions used in the tribal survey must obtain data equivalent to the data originally from the 2000 U.S. Census.

- The method of data collection is unbiased and statistically acceptable to HUD.

While this paper is to assist people without a background in survey research in conducting a successful survey that meets the above objectives, we strongly recommend trying to locate a person or organization independent from the tribe to manage the survey. Independent survey data is inherently more acceptable to other tribes and to HUD. For example, if there is a local college, a professor might be persuaded to conduct the survey as part of a course.

Step 1: Selecting the Type of Survey

The most commonly used surveys are: (a) telephone surveys; (b) door-to-door surveys; and (c) mail surveys.

Telephone surveys - An interviewer calls up, identifies an appropriate respondent, and proceeds with the interview. It is important to recognize that the steps that must be taken before the interviewer reaches the point of telephoning may prove difficult. In a telephone survey, the telephone numbers of all the households in the formula service area must be acquired and a method devised for contacting households without telephones or those with unlisted numbers.

Door-to-door surveys - The interviewers must go to each household, knock on doors, and do the "leg work" necessary to obtain interviews. In very small areas this type of survey may be the easiest because the interviewers can define the formula service area by its geographic boundaries.

Mail/Drop-off surveys-The interviewers need a list of all the addresses/location for all AIAN households in the formula service area, a questionnaire, and postage. However, mail/drop-off surveys often yield a very low rate of response, which means a low degree of accuracy. Also, provisions must be made to provide non-English-speaking residents with a questionnaire in their own language. If this method is chosen the interviewers should mail a stamped self-addressed return envelope and count on doing at least one follow-up letter or telephone call to encourage everyone to respond. If some households still do not respond, interviewers may need to be sent to the residence to conduct the survey.

Of course, it is possible, and sometimes quite useful, to combine these types of surveys. For example, if in a door-to-door survey someone is not home, the interviewers can leave a note for the resident to telephone. Or the telephone can be used to schedule a time when an interviewer will call at the door to conduct an interview. Similarly, a letter can be sent to residents of the target area to let them know in advance when an interviewer will call or visit. In each case, a last resort process may be needed for non-respondents. See Step 4: Last Resort Process for more information.

Step 2 - Developing a Questionnaire

After deciding on the survey method the questionnaire should be developed. The appendix of this paper includes the list of questions needed to challenge the data used in the Indian Housing allocation formula. It is important that all of the individuals surveyed are asked exactly the same questions and that their responses are recorded correctly. Each question should be clear, written in simple language, and convey only one meaning. It is usually best to test a draft questionnaire on a few people to ensure that they understand the questions as you think you are writing them.

Step 3 - Assembling an Address List & Selecting a Sample

To challenge the data a tribe must first assemble a list of addresses of all households believed to be home to one or more AIANs in the tribe's formula area as defined by HUD and shown in the Formula Response Form. Tribes may wish to use their enrollment lists, telephone directories, and/or the post office to assemble this list. Of all the steps of challenging the data, this is the most important. If you cannot identify every household to be surveyed you will have an undercount. In fact, the Census

Bureau spends many years before a Census attempting to assemble a complete list of addresses/locations for the year 2000 Census. The more remote an area, the more difficult it is to assemble a complete list of addresses/locations.

Depending on the size of the list of households, a tribe may wish to survey every household or just a sample of households. The purpose of a sample survey is to ask questions of a portion of the population in order to make estimates about the entire population. If we ask proper questions of a randomly drawn sample of adequate size, we can be reasonably sure of the degree of accuracy of our overall estimates.

Note that if a tribe is sampling data, they should anticipate a certain degree of non-response. The highest level of non-response generally considered to be acceptable is 20 percent. Therefore, a tribe who wants 696 completed surveys should actually try to survey 835 households (696 * 1.20) in order to get an 80 percent response rate of 696 responses. Tribes should plan to send reminder cards, follow-up surveys, and conduct telephone or in-person follow-up visits to get households to respond that did not respond to the first survey.

The list below provides an example of how large sample sizes should be if the tribe wishes to sample households for the survey[1]:

Minimum Total Households	Completed Surveys	Sample Size
Less than 75	63	All
76- 100	79	95
101- 125	94	113
126- 150	108	129
151- 200	132	158
201- 300	168	202
301- 400	196	235
401- 500	217	261
501- 750	254	305
751- 1,000	278	333
1,001- 1,500	306	367
1,501- 2,000	322	387
2,001- 3,000	341	409
3,001- 4,000	350	421
4,001- 5,000	357	428
5,001-10,000	370	444
10,000 or more	377	450

[1] These sample sizes would provide an estimator that is within 3% of the population percentage with 95% probability. To calculate the sample size for a different population the formula is:
(Total Population * (50*50/9)) / (Total Population + (50*50/9))

In sampling you are looking at a portion of everyone in a group and making inferences about the whole group from the portion you are looking at. For those inferences to be most accurate, everyone who is in the group should have an equal chance of being included in the sample. That is, the sample needs to be random. To accomplish this, each household on the full list will be assigned a number. Then using a random numbers table the sample will be selected. For example, if the household list has 2,000 households, 835 would be randomly selected to be surveyed. When sampling using a random numbers table, which can be found in a statistical textbook appendix, you take a list of your universe and draw from it according to the table. If, for example, the first three random numbers are 087, 384, and 102, then you would go through your universe list and take the 87th, 384th, and 102nd households to try to interview. Continue until you have achieved the desired sample size.

Random numbers can also be created through built in functions in spreadsheet programs. Using this method, random numbers are usually generated in a range between 0 and 1. The random numbers must then be multiplied by the total number of households.

If all of the individuals or households can be listed systematically, i.e. alphabetically by last name or by mail address, a systematic sample will be adequate. (Systematic samples are often described as pseudo-random samples.) To draw this sample, you need to determine the sampling interval. You do this by dividing the sample size that you want by the total number on the list of names. For example, if you had a list of 1,000 names and you wanted a sample of 333 persons, the sampling interval would be 333/1000, or approximately three. After you determine the sampling interval, obtain a random starting point and apply the interval. For example if the interval was three, randomly select to start with the 1st, 2nd, or 3rd name on the list, then select every 3rd name until reaching 333 selected names.

Step 4 - Conducting the Survey

To carry out the survey, you have to reproduce sufficient questionnaires, recruit and train interviewers, schedule the interviewing, and develop procedures for editing, tabulating, and analyzing the results.

Publicity. To promote citizen participation in your effort it may prove worthwhile to arrange some advance notice. A notice in a local newspaper or announcements at a tribal meeting can let people living in your formula service area know that you will be conducting a survey. People will more likely cooperate if you let people know in advance how, when, and why you will contact them.

Interviewers for phone and in-person surveys. Anyone who is willing to follow the established procedures can serve as an interviewer. It usually is not necessary to go to great expense to hire professional interviewers. Volunteers from local community groups will serve well. Also, schools or colleges doing courses on civics, public policy, or survey research frequently may be persuaded to assist in the effort as a means of providing students with practical experience and credit.

Generally, it is best if interviewers are chosen to make the respondents feel most at home. For this reason, survey research companies often employ mature women as their interviewers. When interviewers are of the same race and social class as the respondent, the survey usually generates a better response rate and more accurate results. What is most important, though, is that the interviewer will command the attention of the respondent, ask the questions as they are written, follow respondent selection procedures, and write down the responses as given.

Preparing for the Survey. As part of your preparation for the survey, you should develop an introduction to the actual interview. This should be a standard introduction identifying the purpose of the survey, and request the participation of respondent. Usually, it is also a good idea to note the expected amount of time to complete the survey.

You also should emphasize to respondents that their answers will be kept confidential -- people are more likely to give you honest answers if they will remain anonymous. You should do your very best to maintain this confidentiality. Usually, the respondent's name, address, and telephone number appear only on a cover sheet. After you receive the completed survey, you can throw away the cover sheet or at least separate it from the actual interview. If you number both the cover sheets and the questionnaires, you can then match them up if absolutely necessary. What is important is that people will not just be able to pick up a questionnaire and see what the Jones' family income is.

Interviewers also should follow set procedures for number of times you will attempt to reach an individual before they are considered "unreachable". No matter what you do, some households just will not return a written survey or be home during the time you are interviewing, some probably will refuse to be interviewed, some will terminate the interview before you finish, and some will complete the interview, but fail to provide an answer to the key question on income level. In order to be considered an adequate response, the interview must be conducted, and you must obtain complete and accurate information. You can establish a procedure for collecting information when individuals are unavailable. This procedure is called collecting last resort information.

Last Resort Information Collection Procedure. You may introduce a rule about getting information regarding occupied dwellings when it is impossible to get answers directly from the residents. Imagine that there is a dwelling that is known to be occupied. Either the residents refuse to speak with any interviewer or no one is found at home after a series of six calls or visits. In such a case, it may be necessary to ask a neighbor or some other knowledgeable person – i.e. a letter carrier, etc. – for some minimal information about the residents, for example: how many individuals live there. Do not ask the knowledgeable person any questions about income. This procedure should be used extremely rarely, if at all. The interviewer should document how many AIAN households were counted through this last resort data collection method.

You will achieve more accurate estimates if you are not too quick to write off a household as unreachable. You are most certain of randomness if you obtain interviews from the households you selected first. Thus, if you are doing a door-to-door survey, you probably should make two or more passes through the area (possibly at different times) to try to catch a family at home. Frequently they will be busy, but will say that they can do the interview later -- you should make an appointment and return. Only after at least two tries or an outright refusal should a sampled household be replaced. With a telephone survey, at least three or four calls should be made before replacing a household. With mail/drop-off surveys, reminder cards should be sent to each household soon after they receive the survey indicating the importance of the information. If they do not respond within 10 to 15 days, a second survey should be sent/dropped off. Still if you receive no response on the mail survey, you may wish to send in-person interviewers or attempt a phone call.

Training interviewers. Prior to beginning the regular interviews, supervisors should bring the interviewers together for one or more training sessions. In these sessions, the supervisors should teach:

- How to introduce yourself when you call or visit,
- How to explain the survey,
- How to explain that the person's answers will be confidential,
- How to ask the questions (asking the questions as written not improvised),
- How to listen carefully and to record answers,
- How to ask follow-up or probe questions, if the person fails to answer the question.

At the training sessions, there should be some practice interviews in which the interviewers interview each other.

Contact and Follow-Up. Interviewers should attempt to contact respondents at a time when they are most likely to get a high rate of response from most types of people. Telephone interviews usually are conducted early in the evening, when most people are home. Door-to-door interviews also may be conducted early in the evening (especially before dark) or on weekends. You should try again at a different time to reach anyone in the initial sample who is missed by this initial effort.

In general, you should know best the residents of your community and when they can be reached. What you should avoid is selecting a time or method that will yield biased results. For example, interviewing only during the day from Monday to Friday probably will miss families where both the husband and wife work. Since these families may have higher incomes than families with only one employed member, your timing may lead to the biased result of finding an excessively high proportion of low- and moderate-income households.

Of course, in making contact with a member of the household, the interviewer first has to determine that the person being interviewed is knowledgeable and competent to answer the questions being asked. The interviewer thus should ask to speak to the head of the household or the spouse of the head of the household. If it is absolutely necessary to obtain an interview at the residence that is sampled, the interviewer may conduct an interview with other resident adults or children of at least high school age only after determining that they are mature and competent to provide accurate information.

The Interview. Interviewers should read the questions exactly as they are written. If the respondent does not understand the question or gives an unresponsive answer, it usually is best to have the interviewer just repeat the question. Questions should be read in the order in which they are written. The respondents' answers should be recorded neatly and accurately immediately as they are provided. At the end of the interview, and before proceeding to the next interview, the interviewer should always do a quick edit of the questionnaire to be sure that they have completed every answer correctly. This simple check helps to avoid the frustrating mistake of having gone to the time and expense of conducting the interview, but without getting the information you sought.

Editing. The completed surveys should be provided to the person who will tabulate and analyze them. That person should review each survey to ensure that it is complete and that each question is answered once and only once in a way that is clear and unambiguous. If the survey is in-person or telephone, an unclear responses may be resolved by the interviewer. It also may be desirable to call back the respondent, if necessary, to clarify incomplete or ambiguous responses. Note that editing is an ongoing process. Even after you have started to tabulate or analyze the data, you may come across errors, which you need to correct.

Step 5 - Analyzing the Data

After you have your data collected and edited, you just need to add up the numbers to see what you have learned. Actually, it is useful to think of this in two parts: (1) tabulating up the responses from the questionnaires and calculating the information needed for the formula; and (2) determining the accuracy of the estimate. The first of these parts can be taken care of by completing the worksheet in the appendix.

Tabulation. For ease of processing, it is important to enter the responses onto a computer, if one is available. A database program, such as DBase, or a spreadsheet program such as Lotus 1-2-3 or Microsoft Excel would work fine.

References. Listed below are a few clearly written books that may be helpful:

- F. J. Fowlern. *Survey Research Methods*. Sage.
- Arlene Fink. *The Survey Handbook*. Sage.
- Linda B. Bourque and Eva P. Fielder. *How To Conduct Self-Administered And Mail Surveys*. Sage.
- James H. Frey and Sabine M. Oishi. *How to Conduct Interviews By Telephone And In Person*. Sage.

The Sage Publications information address and email is:

Sage Publications, Inc.
2455 Teller Road
Thousand Oaks, Ca 91320

e-mail: order@sagepub.com

These books and others that are similar may be available in a local public or university library.

Q: After collecting and analyzing the data, what do we send to HUD?

A: Send to HUD a detailed copy of your methodology. This includes:

1) The name, organization, and phone number for the person(s) who managed the survey
2) Your source(s) of data for the addresses
3) The geographic areas of the addresses (by county, city, reservation, and/or trust land) include a map or maps of the geographic area you are surveying, from http://ftp2.census.gov/plmap/pl_blk/ web site or equivalent.
4) The number of addresses identified (i.e. the number of households used for drawing your sample)
5) The number of AIAN households sampled (if applicable)
6) The number of AIAN households responding
7) A copy of your questionnaire
8) An explanation of your survey method(s) - (a) if the survey is telephone, in-person, mail, or some combination, (b) number of repeat attempts before dropping a household

from the sample, (c) what recruitment and training was done for interviewers, and (d) what kinds of quality checks were done to assure the accuracy of the data collected.

9) If weighting is done, a detailed explanation of how each households response is weighted.

Also send to HUD a table with your results. If this is only a population challenge, include only the number of AIAN persons and AIAN households (where the head and/or spouse is AIAN) in the formula service area. If this is a full challenge, provide the following information:

1) Number of AIAN Persons
2) Number of AIAN Households with incomes less than 30% of local area median income
3) Number of AIAN Households with incomes between 30% and 50% of local area median income
4) Number of AIAN Households with incomes between 50% and 80% of local area median income
5) Number of AIAN Households overcrowded (more than 1.01 persons per room) and/or without complete kitchen or plumbing
6) Number of AIAN Households paying more than 50 percent of their monthly gross income for housing costs

In some cases, HUD may request the household level data collected in order to confirm the accuracy of the results and/or to randomly survey the respondents to insure the accuracy of the survey.

All challenges should be sent to:

Formula Allocation, Customer Service Office
Stephen Winter Associates
1331 H Street NW
Suite 1000
Washington, DC 20005
Toll Free Number: 1-800-410-8808
FAX: 202-393-5043
E-mail: IHBGformula@swinter.com

Q: Under the proposed rule, HUD can challenge the data used in the formula. Why would HUD challenge the data?

A: Because the formula is based on all AIANs in a tribe's "formula area", some tribes may receive funding for AIAN households they would never serve even if they had enough funding. Such cases can occur especially when a tribe's "formula area" encompasses a major urban area. In order for the formula to be fair for all tribes, HUD has the authority to challenge the data so that one tribe is not receiving a disproportionate amount of funding at the expense of all other tribes. Because a formula is a "zero sum game", that is the size of the pie does not change, if one tribe is getting more than its fair share all of the other tribes are receiving less.

Appendix A - Survey Questions

Please Note: The definition for American Indian and Alaskan Native (AIAN) Household for this special tabulation is a household where the head of household and/or spouse is AIAN. In addition, HUD uses the U.S. Census Bureau's definition of a household: a person or group of persons who live in a housing unit. This definition equals the count of occupied housing units used in the census.

1. This survey must count every person living or staying in this house, apartment, or mobile home on the day of the survey.

   How many persons lived here on Sunday (survey day), including all persons staying here who have no other permanent place to stay? (Count the number of persons living in this place, do not be concerned with family relationships or the number of families living in this place).

Include

- Everyone who usually lives here such as family members, housemates and roommates, foster children, roomers, boarders, and live-in employees
- Persons who are temporarily away on a business trip, on vacation, or in a general hospital
- College students who stay here while attending college
- Persons in the Armed Forces who live here
- Newborn babies still in the hospital
- Children in boarding schools below the college level
- Persons who stay here most of the week while working, even if they have another permanent place to stay
- Persons, who are staying here (on survey day), with no other permanent place to stay

Do NOT include

- Persons who usually live somewhere else
- Persons who are away in an institution such as a correctional facility, a mental hospital, or a nursing home
- College students who live somewhere else while attending college
- Persons in the Armed Forces who live somewhere else
- Persons who stay somewhere else most of the week while working

_____ Total Number of Persons

2. How many of the persons indicated above are AIAN?

_____ Total AIAN Persons

3. Is the head of household and/or their spouse an AIAN? The "head of household" is the person in whose name this house or apartment is owned, being bought, or rented.

__ YES
__ NO

4. How many rooms do you have in THIS house, apartment, or mobile home? *Be sure to count bedrooms, living rooms, kitchens, a separate dining room and rooms in a finished basement. Do not count bathrooms, porches, balconies, entry areas, halls, or half-rooms. Count multipurpose room only one time; for example count a combination kitchen and dining room or a living room that is used as a bedroom at night only once.*

_____ Total Number of Rooms

5. Do you have COMPLETE plumbing facilities in THIS house, apartment, or mobile home? That is 1) hot and cold piped water, 2) a flush toilet, and 3) a bathtub or shower.

__ YES, have all three facilities
__ NO

6. Do you have COMPLETE kitchen facilities in THIS house, apartment, or mobile home? That is 1) a sink with piped water, 2) a range or stove, and 3) a refrigerator.

__ YES, have all three facilities
__ NO

7a. Answer only if you PAY RENT for this house or apartment - What is the monthly rent?

$_____ Monthly Rent

7b. Does the monthly rent include any meals?

__ YES
__ NO

8. What are the ANNUAL costs of utilities and fuels for this house, apartment, or mobile home? Utility and fuel costs include the cost of ELECTRICITY, GAS, WATER and SEWAGE, OIL, COAL, KEROSENE, WOOD, ETC. If you have lived here less than 1 year, estimate the annual cost.

a. Electricity

$_____Yearly Cost - Dollars

OR
_____ Included in rent or in condominium fee
_____ No charge

b. Gas

$_____Yearly Cost - Dollars

OR
_____ Included in rent or in condominium fee
_____ No charge

c. Water and sewer

$_____Yearly Cost - Dollars

OR
_____ Included in rent or in condominium fee
_____ No charge

d. Oil, coal, kerosene, wood, etc.

$_____Yearly Cost - Dollars

OR
_____ Included in rent or in condominium fee
_____ No charge

9. Answer questions 9a to 12 only if this is a one-family house, a condominium or a mobile home that someone in this household OWNS OR IS BUYING; otherwise go to question 13.

a. If not included in mortgage payments, what were the real estate taxes on THIS property last year?

__ Yes, mortgage, deed of trust, or similar debt
__ Yes, contract to purchase
__ No, sip to 10

b. How much is your regular monthly mortgage payment on THIS property? Include payment only on first mortgage or contract to purchase.

$_____ Monthly Amount – Dollars
OR
__ No regular payment required, go to question 10

c. Does your regular monthly mortgage payments include payments for real estate taxes on THIS property?

_____ Yes, taxes included in mortgage payment
_____ No, taxes paid separately or taxes not required

d. Does your regular monthly mortgage payment include payments for fire, hazard, or flood insurance on THIS property?

_____ Yes, insurance included in mortgage payment
_____ No, insurance paid separately or no insurance

10a. Do you have a second mortgage or a home equity loan on THIS property? Mark all that apply.
_____ Yes, a second mortgage
_____ Yes, a home equity loan
_____ No, skip to question 11

b. How much is your regular monthly mortgage payment on all second or junior mortgages and all home equity loans on THIS property?

$_____ Monthly Amount – Dollars
OR
___ No regular payment required

11. What ere the real estate taxes on THIS property last year?

$_____Yearly Amount - Dollars
OR
__ None

12. What was the annual payment for fire, hazard, and flood insurance on THIS property?

$_____ Annual Amount – Dollars
OR
___ None

13. Answer ONLY is this is a CONDOMINIUM. What is the monthly condominium fee?

$_____ Monthly Amount - Dollars

14. Answer ONLY if this is a MOBILE HOME.

a. Do you have an installment loan or contract on THIS mobile home?
_____ Yes
_____ No

b. What is the total cost for installment loan payments, personal property taxes, site rent, registration fees, and license fees for THIS mobile home and its site last year? Exclude real estate taxes.

$_____ Yearly Amount - Dollars

15. INCOME LAST YEAR. What was this household's total income last year, include: all wages, salary, commissions, bonuses, or tips from all jobs; self-employment income from own farm or non-farm business, include proprietorships and partnerships, report net income after business expenses; interest, dividends, net rental income, royalty income, or income from estates and trusts; Social Security or Railroad Retirement; Supplemental Security Income (SSI), Aid to Families with Dependent Children (AFDC), or other public assistance or public welfare payments from state or local welfare office; Retirement, survivor, or disability pensions; and any other income received regularly such as Veterans' (VA) payments, unemployment compensation, child support, or alimony, or per capita payments for all household members. Do not include lump sum payments such as money from an inheritance or sale of a home.

$_____ Annual Amount - Dollars

OR

_____ None

(This question may be replaced by one that asks the respondent to select the category that best represents the household's total income last year). The categories should be based upon 30%, 50% and 80% values of the median income for the local county(ies) or the National median income.)

Appendix B - U.S. Census Bureau: Government Specialists for Tribal Programs

Atlanta
Bea Piddock
Dwight Danzy
404-730-3832

Boston
Cesar Monzon
617-424-0510
Cesar.Augusto.Monzon@census.gov

Charlotte
Ken Wright
704-344-6142
W.Kenneth.Wright@census.gov

Chicago
Marilyn Stephens
708-531-9572
Marilyn.E.Stephens@census.gov

Dallas
Paula Wright
Janice People
800-835-9752
Paula.K.Wright@census.gov

Denver
Pat Rodriguez
303-969-7750
Patricia.Eloise.Rodriguez@census.gov

Detroit
Vincent Kountz
800-564-3978
Vincent.L.Kountz@census.gov

Kansas City
Matthew Milbrodt
Paula Givens-Bolder
913-551-6711
Matthew. S.Milbrodt@census.gov

Los Angeles
Tommy Randle
818-904-6522
Tommy.Randle@census.gov

New York
Kewulay Kamara
Ron Uba
212-264-4730
nypds@census.gov

Philadelphia
Phil Lutz
215-656-7580
Philip.M.Lutz@census.gov

Seattle
Patty Farnam
206-553-5835

Additional information on the 1990 Federal Census of Population and Housing can be found on the Census Bureau Web Page: http://www.census.gov/population/www/socdemo/race/indian.html

Appendix C - Formula Needs Worksheet for Population Challenge

Please Note: The definition for American Indian and Alaskan Native (AIAN) Household for this special tabulation is a household where the head of household and/or spouse is AIAN. In addition, HUD uses the U.S. Census Bureau's definition of a household: a person or group of persons who live in a housing unit. This definition equals the count of occupied housing units used in the census.

RAW DATA

1. Total Number of Households in "formula area" (from list compiled for survey).
   _____ Households listed

2. Total Number of Households sampled for survey.
   _____ Households sampled

3. Total Number of Households responding to survey.
   _____ Households responding

4. Total persons in households responding to survey. The sum of survey question 1. (For example, if the sample was 2 households, with household #1 having 5 persons and household #2 having 4 persons, the sum of survey question 1 would result in a total of 9 persons).
   _____ Persons

5. Total Number of persons in households responding to survey who are AIAN. The sum of survey question 2.
   _____ AIAN Persons

6. The total number of AIAN households responding to the survey. The number of households responding "YES" to survey question 3.
   _____ AIAN Households responding

CALCULATIONS

7. Response Rate = Line 3 divided by Line 2 (Line 3 / Line 2)

8. Weight of each responding household = Line 1 divided by Line 3 (Line 1 / Line 3)

9. Total AIAN Persons = Line 5 times Line 8 (Line 5 * Line 8)

10. Total AIAN Households = Line 6 times Line 8 (Line 6 * Line 8)

Appendix D - Formula Needs Worksheet for All Variable Challenge

Please Note: The definition for American Indian and Alaskan Native (AIAN) Household for this special tabulation is a household where the head of household and/or spouse is AIAN. In addition, HUD uses the U.S. Census Bureau's definition of a household: a person or group of persons who live in a housing unit. This definition equals the count of occupied housing units used in the census.

RAW DATA

1. Total Number of Households in "formula area" (from list compiled for survey).

2. Total Number of Households sampled for survey.

3. Total Number of Households responding to survey.

4. Total persons in households responding to survey. The sum of survey question 1. (For example, if the sample was 2 households, with household #1 having 5 persons and household #2 having 4 persons, the sum of survey question 1 would result in a total of 9 persons).

5. Total Number of persons in households responding to survey who are AIAN . The sum of survey question 2.

6. The total number of AIAN households responding to the survey. The number of AIAN households responding "YES" to survey question 3.

7. Total number of AIAN households with incomes less than 30 percent of Median Income. The number of households responding "YES" to survey question 3 and whose population equals line 1 and income is below line 2:

Persons in household (response to survey question 1)	30% of Local Area Median Income (From table supplied by HUD)	Total Number of AIAN Households with income below 30% of area Median (question 10 of survey)
1. Person:		
2. Person:		
3. Person:		
4. Person:		
5. Person:		
6. Person:		
7. Person:		
	TOTAL:	

8. Total number of AIAN households with incomes less than 50 percent of Median Income. The number of households responding "YES" to survey question 3 and whose population equals line 1 and income is below line 2:

Persons in household (response to survey question 1)	50% of Local Area Median Income (From table supplied by HUD)	Total Number of AIAN Households with income below 30% of area Median (question 10 of survey)
1. Person:		
2. Person:		
3. Person:		
4. Person:		
5. Person:		
6. Person:		
7. Person:		
	TOTAL:	

9. Total number of AIAN households with incomes less than 80 percent of Median Income. The number of households responding "YES" to survey question 3 and whose population equals line 1 and income is below line 2:

Persons in household (response to survey question 1)	80% of Local Area Median Income (From table supplied by HUD)	Total Number of AIAN Households with income below 30% of area Median (question 10 of survey)
1. Person:		
2. Person:		
3. Person:		
4. Person:		
5. Person:		
6. Person:		
7. Person:		
	TOTAL:	

10. Total Number of AIAN Households Overcrowded and or without complete kitchen or plumbing are all of those AIAN households that meet one or more of the following requirements:

    a) It is overcrowded -> Question 1 divided by Question 4 is 1.01 or greater.

    b) It is without complete plumbing -> responded NO to Question 5.

    c) It is without complete kitchen -> responded NO to Question 6.

11. Total Number of AIAN households with severe housing cost burden are all those AIAN households who meet the following requirements:

    For AIAN renters: ((Question 7e times 12 months) + Question 8)) / Question 15 is greater than or equal to .50

    For AIAN owners: ((Question 9b times 12 months) + Question 11[2] + Question 12[2] + Question 8)) / Question 15 is greater than or equal to .50

[2] Note, if the respondent said yes to 13 then 11 should not be included in the calculation. If respondent said yes to 14 then 12 should not be included in the calculation.

FY 2003 Formula Response Form
Indian Housing Block Grant Formula Data for the « 1» Tribe

This document provides notice to tribes/TDHEs of the data to be used in calculating their Indian Housing Block Grant (IHBG) Program allocation for Fiscal Year (FY) 2003. It also provides an estimate of their FY 2003 allocation. Please carefully review your Tribe's data then report discrepancies, including updated information, to the IHBG Formula Customer Service Center as described below.

All tribes/TDHEs are responsible for reporting discrepancies in the following sections along with appropriate documentation to the IHBG Formula Customer Service Center:

- Formula Current Assisted Stock.
- Formula Area.
- Overlapping Formula Areas.
- Formula Area Population Cap.

The submission must be postmarked or faxed by **September 15, 2002**, for consideration in the FY 2003 allocation. For questions regarding appropriate documentation, please contact the Formula Customer Service Center at the address listed below.

Tribes/TDHEs wishing to challenge their Census data should review the **Needs section** of this form. In January 2002, tribes/TDHEs were notified of their FY 2002 Allocation and Formula Data. They were also reminded of the June 15, 2002, deadline for FY 2003 Census challenges. The Needs data in this document should include any successful Census Challenges approved to date. You should check the Needs section and verify that successful challenges have been incorporated.

In January 2003, tribes/TDHEs will be notified of their FY 2003 Allocation and Formula Data. Also at that time, we will remind tribes/TDHEs of the **June 15, 2003**, deadline for FY 2004 Census challenges. Should you wish to challenge your Needs data, please consult the guide titled, "*Challenging U.S. Decennial Census Data: Guidelines for the Indian Housing Block Grant Formula*". The guide outlines procedures for conducting a Census challenge and can be obtained from the IHBG Formula Customer Service Center. Page 10 of the document contains a discussion on the documentation required for a Census challenge submission. HUD may also correct or challenge any formula data. In accordance with 24 CFR 1000.336, tribes will receive proper notification if HUD proposes such a challenge.

The IHBG Formula Customer Service Center can be contacted at:

1331 H Street NW	E-mail:	IHBGformula@swinter.com
Suite 1000	Phone:	1 (800) 410-8808
Washington, DC 20005 Phone:	Fax:	1 (202) 393-5043

« 1»

Formula Current Assisted Stock
Homeownership and Rental

HUD records show your Tribe/TDHE having the following Formula Current Assisted Stock (FCAS) funded by 1937 Housing Act programs. Please compare the project numbers, number of units, type of units, and Date of Full Availability (DOFA) with your records. Then postmark or fax any discrepancies, including updated information, to the IHBG Formula Customer Service Center by **September 15, 2002**, for inclusion in the FY 2003 allocation.

Count

- Low-Rent, Mutual Help and Turnkey III units funded under 1937 Housing Act (i.e., units that were subject to an Annual Contributions Contract (ACC))
- Units converted prior to October 1, 1997, as the type of unit funded on the latest ACC.
- Units converted after October 1, 1997, as the type of unit to which it was converted.

Do Not Count

- Units built with NAHASDA, HOME or ICDBG funds.
- Units built with BIA, State or tribal funds.
- Units built over number specified in original ACC for Projects that DOFA after October 1, 1997.
- Units used for non-dwelling purposes.
- Units that have been conveyed.
- Units that are paid-off but not conveyed unless the conveyance was beyond the entity's control (see NAHASDA Guidance 98-19).

Please complete and submit appropriate forms.

- Use **Appendix A1** to report changes due to conveyances.
- Use **Appendix A2** to report changes due to DOFAs.
- Use **Appendix A3** to report changes due to conversions.
- Use **Appendix A4** to report all other FCAS changes.

Please note that to maintain fairness to all tribes, back-funding is not provided for previously unreported units. However, since it is each tribe's responsibility to report all discrepancies, over-funding for ineligible units will be recovered.

Project Number	Low-Rent	Mutual Help	Turnkey III	Development	DOFA

« 2»

« 1»

Formula Current Assisted Stock
Section 8

As of September 30, 1997, HUD records show your Tribe/TDHE having the following Section 8 contracts with respective contract expiration dates. By regulation, Section 8 units are counted under the IHBG formula only:

- After the original Section 8 contract has expired.
- When the tribe/TDHE continues to operate these units as low-income rental units.

Please indicate any changes to the number of Section 8 units your tribe manages or to their contract expiration dates. When a voucher or certificate expires, credit will be prorated based on the remaining part of the Fiscal Year. For example, if the voucher or certificate expires in the middle of the Fiscal Year, a tribe will receive funding for half a year.

Please note that Section 1003(k) of Public Law 106-568 amends Section 502(a) of NAHASDA by adding the following language at the end of 502(a), "Any housing that is the subject of a contract for tenant-based assistance between the Secretary and an Indian housing authority that is terminated under this section shall, for the following fiscal year and each fiscal year thereafter, be considered to be a dwelling unit under section 302(b)(1)." The Department believes that a regulatory change is needed to implement this provision and is currently in the process of selecting members for the negotiated rulemaking committee. Therefore, these changes have not yet been incorporated.

Contract Number	Number of Section 8 Units	Contract Expiration Date

« 3»

« 1»
Needs Data
(Please note: Census challenges must be postmarked or fax by June 15 for upcoming fiscal year)

Listed below are the data currently being used for your Tribe's allocation based on 1990 U.S. Census data available for your Tribe's "Formula Area" (see Formula Area section of this document). The Census data are from a special tabulation of 1990 Sample Census Data that separated the American Indian and Alaska Native (AIAN) population of each county into counts for reservation lands and for the balance of the county. This Census data is adjusted by the Native American population growth rate for the county between 1990 and 2000 based on Indian Health Service data for Native American births and deaths.

Please note that the definition for Native American Household for this special tabulation is a household where the head of household and/or spouse is Native American. This is a broader definition than what standard Census tabulations report. In addition, HUD uses the US Census Bureau's definition of a household. A household by this definition is a person or group of persons who live in a housing unit. Therefore, a house with 3 families residing in that house would be counted as one household, not 3 households. This is important to note when submitting a Census challenge.

If you disagree with the data below, **first check to see if the Formula Area, as listed on the following page, is correct for your Tribe**. If the Formula Area is not correct, submit that correction. If the Formula Area for your tribe is correct, or if you believe that the Formula Area correction will not resolve the data discrepancies, you may wish to challenge these data. If so, please review the guidelines in, "*Challenging U.S. Decennial Census Data: Guidelines for the Indian Housing Block Grant Formula".* This document can be obtained from the IHBG Formula Customer Service Center at the address listed on the first page of this form.

AIAN persons**« 12»**:	« 5»
AIAN households with annual income less than 30% of median income:	« 6»
AIAN households with annual income between 30% and 50% of median income:	« 7»
AIAN households with annual income between 50% and 80% of median income:	« 8»
AIAN Households which are overcrowded or without kitchen or plumbing:	« 9»
AIAN Households with housing cost burden greater than 50% of annual income:	« 10»
Housing Shortage (Number of low-income AIAN households less total number of NAHASDA and Formula Current Assisted Stock):	« 11»

If there is a "*" next to "AIAN persons" above, the tribe's data have been "capped". This occurs when the Native American population in the tribe's service area is greater than 200% of its total tribal enrollment.

« 1»
Formula Area

Formula Area is the geographic area over which an Indian tribe could exercise court jurisdiction or is providing substantial housing services and, where applicable, the Indian tribe or TDHE has agreed to provide housing services pursuant to a Memorandum of Agreement with the governing entity or entities (including Indian tribes) of an area, including but not limited to:

(1) A reservation;
(2) Trust land;
(3) Alaska Native Village Statistical Area;
(4) Alaska Native Claims Settlement Act Corporation Service Area;
(5) Department of the Interior Near-Reservation Service Area;
(6) Former Indian Reservation Areas in Oklahoma as defined by the Census as Tribal Jurisdictional Statistical Area;
(7) Congressionally Mandated Service Area; and
(8) State legislatively defined Tribal Areas as defined by the Census as Tribal Designated Statistical Areas.

The geographic areas currently contained in your Formula Area are listed below. If any of these areas do not meet the above criteria, please indicate so below.

A "+" next to a geographic area listed below indicates that area overlaps with another tribe. For overlapping areas, be sure to include the information in the next section "Overlapping Formula Areas". If a tribe's Formula Area extends beyond reservation or Trust Land boundaries into a county, the geographic area for that county is listed as "Balance", implying the balance of the county less any reservations or trust lands within that county.

The tribe's current Formula Area is: **« 4»**

If you wish to request other geographic areas to be included in your Tribe's Formula Area, please complete the Formula Area table in **Appendix B**. HUD will review this submission and determine whether or not to include these areas. HUD will make its judgment using as its guide whether this addition is fair and equitable for all tribes receiving a formula allocation.

« 1»

Overlapping Formula Areas

Only for tribes with a "+" next to a geographic area
(see previous section on Formula Area)

To provide an allocation of Formula Area Needs Data (population) to tribes with overlapping IHBG Formula Areas, HUD is currently using Bureau of Indian Affair (BIA) and HUD estimates for Total Resident Indian Service Area Population to proportionately allocate U.S. Census data to affected tribes. Although the geography represented by BIA data is not always consistent with the geography of the Census data, HUD finds that the BIA data is a good estimate available at a national level.

The Total Resident Indian Service Area Population being used for your Tribe is: **« 16»**

If you wish to correct your Tribe's Total Resident Indian Service Area Population, please contact your BIA Area Office to correct your Tribe's number. HUD will only accept written correspondence from the BIA to correct Total Resident Indian Service Area Population figures.

However, HUD recognizes that tribes may be able to provide better data. To improve this method, HUD is requesting that each tribe provide their tribal enrollment within each of the geographic areas described in the preceding section as overlapping geographical areas. Tribes also need to provide a letter addressed to HUD verifying the tribe's continued commitment to serve the housing needs of AIAN families in that area. If **all tribes in an overlapping area submit corrected information** to HUD, HUD will then use this information to divide the funds for the affected area. Otherwise, HUD will continue to use the BIA and HUD estimates to make the allocations. On the form in **Appendix C** list the overlapping geographic area (indicated earlier under the Formula Area section by a "+" next to the geographic area) and your tribe's enrollment in the area.

Tribal Enrollment & Formula Area Population Cap

Tribal enrollment is used to cap AIAN persons data under the Needs section of this form. A cap is placed at twice your tribal enrollment. If there is a "*" next to "AIAN persons" under the Needs section above, your Tribe's data have been "capped".

The tribal (Alaskan Corporation) enrollment being used for your tribe is: **« 16»**

If your Tribe's enrollment is different than what is listed above, please follow the instructions in **Appendix D** for correcting your Tribe's enrollment.

If the number of AIAN persons exceeds **twice** your tribal enrollment and you are providing housing services to more than twice as many Native Americans who are non-members of your tribe than members, please follow the instructions in **Appendix D** for correcting your Tribe's Population Cap. Attach supporting documentation demonstrating your Tribe's commitment to providing housing services to substantially more non-member Native Americans who are members of another federally recognized tribe and include a breakdown by tribal affiliation of the Native Americans that you are serving.

Please note that the **Formula Area Population Cap Adjustments must be submitted on an annual basis** to the IHBG Formula Customer Service Center for approval. The requests must be postmarked or faxed by **September 15** of each fiscal year.

« 1»

Adjustment Factors & Preliminary Grant Amount

Local Area Cost Adjustments

Annual Expense Level (AEL):	« 13»
Fair Market Rent (FMR):	« 14»
Total Development Cost (TDC):	« 15»

Inflation Rate Factor

16

Preliminary Grant Amount

(based on an estimated $XXX million Congressional allocation)

1. Current Assisted Stock:	« 17»
2. Need:	« 18»
3. Adjustments to achieve FY 1996 Base Year Amount [2]:	« 19»
4. FY 2001 Grant [3]:	« 20»
5. FY 1998 Adjustments:	21
6. FY 1999 Adjustments:	**22**
7. FY 2000 Adjustments:	**23**
8. FY 2001 Adjustments:	**24**
9. FY 2002 Adjustments:	**25**
10. Repayments	**26**
11. FY 2003 Grant with Adjustments[3]:	**27**

[2] FY 1996 base year amount is the amount of funds a tribe received in FY 1996 for operating subsidy and modernization. NAHASDA mandates that the formula cannot allocate less than this amount to a tribe.

[3] This is only a preliminary estimate to be used for planning purposes based on an estimated $XXX million appropriation for the Indian Housing Block Grant. It will change based on (1) corrections to the data used for all tribes (any change in one tribe's data affects the allocation for all tribes) and/or (2) actual FY 2000 appropriations.

Appendix A1:
Conveyance of Formula Current Assisted Stock (FCAS) Units

Conveyance Regulation:

According to 24 CFR 1000.318, "Mutual Help and Turnkey III units shall no longer be considered Formula Current Assisted Stock (FCAS) when the housing entity no longer has the legal right to own, operate, or maintain the units, whether such right is lost by conveyances, demolition, or otherwise."

According to NAHASDA Guidance Number 98-19, "The tribe/TDHE shall not include units that have been paid-off but not conveyed unless the they can demonstrate that reasons beyond their control have not made conveyance practical. The tribe/TDHE or IHA must demonstrate that they have actively enforced strict compliance by the homebuyers with the terms and conditions of the MHOA, including the requirements for full and timely payment. Because promissory notes can be issued, Tenant Account Receivables alone are not adequate for non-conveyance."

- Report units that have been conveyed.
- Report units that are paid-off but not conveyed unless the conveyance was beyond the entity's control (see NAHASDA Guidance 98-19).

Please note that to maintain fairness to all tribes, over-funding for ineligible units will be recovered. Please provide information below for each unit conveyed*.

Project number:

Conveyed Unit Number:	Paid-off date	Conveyance date	Explanation for conveyance delays greater than two (2) years
1			
2			

Project number:

Conveyed Unit Number:	Paid-off date	Conveyance date	Explanation for conveyance delays greater than two (2) years
1			
2			

Project number:

Conveyed Unit Number:	Paid-off date	Conveyance date	Explanation for conveyance delays greater than two (2) years
1			
2			

*Please postmark or fax discrepancies with appropriate supporting documentation to the IHBG Formula Customer Service Center by **September 15, 2002**, for inclusion in the FY 2003 allocation.

Appendix A2:
Date of Full Availability (DOFA) of Formula Current Assisted Stock (FCAS) Units

DOFA Regulation:

According to 24 CFR 1000.312 and 1000.314 "Formula Current Assisted Stock (FCAS) consists of Housing units owned or operated pursuant to an ACC. This includes all low rent, Mutual Help, and Turnkey III units under management as of September 30, 1997, and all 1937 act units in the development Pipeline when they become owned or operated by recipients and are under management as indicated in the Formula Response Form."

- Report only Low-Rent, Mutual Help and Turnkey III units funded under 1937 Housing Act (i.e., units that were subject to an Annual Contributions Contract (ACC))
- Do not report units built with NAHASDA, HOME or ICDBG funds.
- Do not report units built with BIA, State or tribal funds.
- Do not report units built over number specified in original ACC for Projects that DOFA after Oct 1, 1997.

Please note that to maintain fairness to all tribes, back-funding is not provided for previously unreported units. Please provide the information below for each new reported project DOFA*. Please provide a copy of the Annual Contribution Contract (ACC) for each reported project.

Project Number	Number of Units	Type of Units	DOFA DATE

*Please postmark or fax discrepancies with appropriate supporting documentation to the IHBG Formula Customer Service Center by **September 15, 2002**, for inclusion in the FY 2003 allocation.

Appendix A3:
Conversion of Formula Current Assisted Stock (FCAS) Units

Conversion Regulation:

According to NAHASDA Guidance No. 98-12, "If FCAS units were converted prior to Oct.1, 1997, as evidenced by an amended Annual Contribution Contract (ACC), then those units will be counted as the type of unit to which they were converted [for formula purposes]. If units were converted on or after October 1, 1997, than those units will be counted as the type of unit specified on the original ACC [for formula purposes]."

- Count units converted prior to Oct 1, 1997, as the type of unit converted to.
- Count units converted after Oct 1, 1997, as the type of unit on the original ACC.

Please provide the information below for each project converted prior to October 1, 1997*. Please provide a copy of the Amended (ACC) for each project.

Project Number	Number of Units on Formula Response Form	Number of Units after Conversion			Date of Conversion
		Low Rent	Mutual Help	Turnkey III	

*Please postmark or fax discrepancies with appropriate supporting documentation to the IHBG Formula Customer Service Center by **September 15, 2002**, for inclusion in the FY 2003 allocation.

Appendix A4:
All Other Corrections to Formula Current Assisted Stock (FCAS)

FCAS Correction Regulation:

According to 24 CFR 1000.312 and 1000.314 "Formula Current Assisted Stock (FCAS) consists of Housing units owned or operated pursuant to an ACC. This includes all low rent, Mutual Help, and Turnkey III units under management as of September 30, 1997, and all 1937 act units in the development Pipeline when they become owned or operated by recipients and are under management as indicated in the Formula Response Form."

- Report units used for non-dwelling purposes.
- Report discrepancies that cannot be explained by conveyances, DOFAs and/or conversion. For these types of corrections, use Appendices A1, A2 and A3.

Please provide the information below for each project requiring a correction that is not a conveyance, DOFA, or conversion. To add units or projects to your FCAS, an Annual Contributions Contract (ACC) must be provided. To remove units or projects the date and reason for change must be reported.

Project Number	FRF Units & Type	Correction	Difference	Reason for Correction

Appendix B:
Request to include Other Geographies to Formula Area

Formula Area Regulation:

According to 24 CFR 1000.302, "(1) Formula area is the geographic area over which an Indian Tribe could exercise court jurisdiction or is providing substantial housing services and, where applicable, the Indian tribe or TDHE has agreed to provide housing services pursuant to a Memorandum of Agreement with the governing entity or entities (including Indian tribes) of the area, including but not limited to: (i) A reservation; (ii) Trust land; (iii) Alaska Native Village Statistical Area; (iv) Alaska Native Claims Settlement Act Corporation Service Area; (v) Department of the Interior Near-Reservation Service Area; (vi) Former Indian Reservation Areas in Oklahoma as defined by the Census as Tribal Jurisdictional Statistical Area; (vii) Congressionally Mandated Service Area; and (viii) State legislatively defined Tribal Areas as defined by the Census as Tribal Designated Statistical Areas.

(2) For additional areas beyond those identified in the above list of eight, the Indian tribe must submit on the Formula Response Form the area that it wishes to include in its Formula Area and what previous and planned investment it has made in the area. HUD will review this submission and determine whether or not to include this area. HUD will make its judgment using as its guide whether this addition is fair and equitable for all Indian tribes in the formula."

Please provide the following information below for each geographic area you want included in your Tribe's Formula Area if it meets Part (1) of 24 CFR 1000.302:

- Map of the reservation.
- Map of the Trust land.
- Map of the Alaska Native Village Statistical Area.
- Map of the Alaska Native Claims Settlement Act Corporation Service Area.
- Federal Register notice publishing designation Department of Interior Near-Reservation Service Areas.
- Map of the Former Indian Reservation Areas in Oklahoma (attach map of Tribal Jurisdictional Statistical Area).
- Public Law document legislating Congressionally Mandated Service Areas.
- Map of the State legislatively defined Tribal Areas.

If the geography is not included in this list, please provide the information below and a MAP* for each area that you want included in your Tribe's Formula Area:

Geographic Area Name	American Indian / Alaska Native (AIAN) Population	AIAN Households	AIAN Households Receiving Assistance (Tribal Members)	AIAN Households Receiving Assistance (Non-members)	Percent of AIAN Households Receiving Assistance	Total Dollar Amount of Assistance for all Programs	Dollar Amount of Assistance per AIAN Household

Appendix B (con't):
Request to Include Other Geographies to Formula Area

Please provide the information below for each area that you want included in your Tribe's Formula Area. In addition, please provide a brief narrative describing each program.

Geographic Area Name	Affordable Housing Program	Program Purpose	Total Dollar Amount of Program Investment

*Maps are available from the US Census Bureau. http://ftp2.census.gov/geo/maps/blk2000/

Appendix C:
Enrollment in Overlapping Areas

Overlapping Area Regulation:

According to 24 CFR 1000.326, "(a) If an Indian tribe's formula area overlaps with the formula area of one or more other Indian tribes, the funds allocated to that Indian tribe for the geographic area in which the formula area in which the formula areas overlap will be based on: (1) The Indian tribe's proportional share of the population in the overlapping geographic area; and (2) The Indian tribe's commitment to serve that proportional share of the population in such geographic area. (3) In cases where a State recognized Indian tribe's formula area overlaps with a Federally recognized Indian tribe, the Federally recognized Indian tribe receives the allocation for the overlapping area. (b) Tribal membership in the geographic area (not to include dually enrolled tribal members) will be based on data that all Indian tribes involved agree to use. Suggested data sources include tribal enrollment lists, Indian Health Service User Data, and Bureau of Indian Affairs data. (c) If the Indian tribes involved cannot agree on what data source to use, HUD will make the decision on what data will be used to divide the funds between the Indian tribes by August 1."

Please provide the information below for each portion of your Tribe's Formula Area. **This information will only be used if ALL tribes in the overlapping area submit data.**

Geographic Area Name	Tribal Enrollment

If you wish to correct your Tribe's Total Resident Indian Service Area Population, please contact your BIA Area Office to correct your Tribe's number. HUD will only accept written correspondence from the BIA to correct Total Resident Indian Service Area Population figures.

Appendix D:
Tribal Enrollment & Population Cap

Population Cap Regulation:

According to 24 CFR 1000.302, "(3) In some cases the population data for an Indian tribe within its formula area is greater than its tribal enrollment. In general, for those cases to maintain fairness for all Indian tribes, the population data will not be allowed to exceed twice an Indian tribe's enrolled population. However, an Indian tribe subject to this cap may receive an allocation based on more than twice its total enrollment if it can show that it is providing housing assistance to substantially more non-member Indians and Alaska Natives who are members of another Federally recognized Indian tribe than it is to members. (4) In cases where an Indian tribe is seeking to receive an allocation more than twice its total enrollment, the tribal enrollment multiplier will be determined by the total number of Indians and Alaska Natives the Indian tribe is providing housing assistance (on July 30 of the year before funding is sought) divided by the number of members the Indian tribe is providing housing assistance. For example, an Indian tribe which provides housing to 300 Indians and Alaska Natives, of which 100 are members, would then be able to receive an allocation for up to three times its tribal enrollment if the Indian and Alaska Native population in the area is three or more times the tribal enrollment."

According to NAHASDA Guidance 98-12, "A tribe must demonstrate that it is serving substantially more non-member Indians and Alaska Natives who are members of another federally recognized tribe than members. For Population Cap purposes, Housing Assistance refers to grants or subsidies provided within the year before funding is sought to make housing more affordable for low-income Indians and Alaska Natives who are member of Federally recognized Indian tribes including but are not limited to: HOME programs, energy assistance; home improvement assistance; mortgage or downpayment assistance; homeless or emergency shelter assistance; and, programs similar to the programs formerly known as Mutual Help, Low Rent, Turnkey 3, and Section 8."

If you wish to correct your Tribe's enrollment, have your Tribe's enrollment officer submit a signed letter stating your Tribe's enrollment.

Tribal Enrollment: _____

If you wish to adjust your Tribe's population cap to a level greater than twice your Tribe's enrollment, please provide the information below and a brief narrative describing the programs.

A Tribal Enrollment	B Total Persons Served	C Tribal Members Served	D Members of other Federally recognized Tribes served	Factor (C+D)/C

[FR Doc. 02–16401 Filed 6–27–02; 8:45 am]
BILLING CODE 4210–33–C

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

[Docket No. FR–4736–N–05]

Notice of Proposed Information Collection for Public Comment—Public Housing Agency (PHA) Plan

AGENCY: Office of the Assistant Secretary for Public and Indian Housing, HUD.

ACTION: Notice.

SUMMARY: The proposed information collection requirement described below will be submitted to the Office of Management and Budget (OMB) for review, as required by the Paperwork Reduction Act. The Department is soliciting public comments on the subject proposal.

DATES: *Comment Due Date:* August 27, 2002.

ADDRESSES: Interested persons are invited to submit comments regarding this proposal. Comments should refer to the proposal by name and/or OMB Control number and should be sent to: Mildred M. Hamman, Reports Liaison Officer, Public and Indian Housing, Department of Housing and Urban Development, 451 7th Street, SW., Room 4238, Washington, DC 20410–5000.

FOR FURTHER INFORMATION CONTACT: Mildred M. Hamman, (202) 708–3642, extension 4128, for copies of the proposed forms and other available documents. (This is not a toll-free number).

SUPPLEMENTARY INFORMATION: The Department will submit the proposed information collection to OMB for review, as required by the Paperwork Reduction Act of 1995 (44 U.S.C. chapter 35, as amended).

This Notice is soliciting comments from members of the public and affected agencies concerning the proposed collection of information 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; (3) enhance the quality, utility, and clarity of the information to be collected; and (4) minimize the burden of the collection of information on those who are to respond, including through the use of appropriate automated collection techniques or other forms of information technology; e.g., permitting electronic submission of responses.

This Notice also lists the following information:

Title of Proposal: Public Housing Agency (PHA) Plan.

OMB Control Number: 2577–0226.

Description of the need for the information and proposed use: Public Housing Agencies (PHAs) submit an annual plan for each fiscal year for which the PHA receives tenant-based assistance and public housing operating subsidy. This plan provides a framework for local accountability and to the extend possible, an easily identifiable source by which public housing residents, participants in the housing choice voucher program, and other members of the public may locate PHA policies, rules and requirements concerning its operations, programs and services. The PHA plan is a web-based application (allowing PHAs to retrieve the applicable templates) that allows PHAs to provide their plans to HUD via the Internet. The system allows HUD to track plan submission and to post received and approved plans. Small PHAs update plans every year with limited reporting and any changes for the previous submission.

Agency form numbers, if applicable: Not applicable.

Members of affected public: State, or Local Government.

Estimation of the total number of hours needed to prepare the information collection including number of respondents, frequency of response, and hours of response: 4,100 respondents total, for annual plan update for small PHAs (approximately 2800) reporting on specific categories and any changes from the previous submission, 16 hours per plan, 43,000 total reporting burden and, for annual plan submission for other PHAs, 56 hours per plan, 43,000 total reporting burden. The total annual reporting burden is 86,000 hours.

Status of the proposed information collection: Extension.

Authority: Section 3506 of the Paperwork Reduction Act of 1995, 44 U.S.C. chapter 35, as amended.

Dated: June 21, 2002.

Paula O. Blunt,

General Deputy Assistant Secretary for Public and Indian Housing.

[FR Doc. 02–16404 Filed 6–27–02; 8:45 am]

BILLING CODE 4210–33–M

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

[Docket No. FR–4723–C–2C]

FY 2002 Super Notice of Funding Availability for HUD's Discretionary Grants Programs for Fiscal Year 2002; Technical Corrections

AGENCY: Office of the Assistant Secretary for Fair Housing and Equal Opportunity, HUD.

ACTION: Super Notice of Funding Availability (SuperNOFA) for HUD's Discretionary Grant Programs; Technical Corrections.

SUMMARY: On March 26, 2002, HUD published its Fiscal Year 2002 Super Notice of Funding Availability (SuperNOFA) for HUD's discretionary grant programs. This document makes certain technical corrections and revisions to the Fair Housing Initiatives Program (FHIP).

DATES: The application due date of May 22, 2002 for applications submitted under the FHIP remains unchanged from the application due date as published in the **Federal Register** of March 26, 2002.

FOR FURTHER INFORMATION CONTACT: Myron Newry, Public Trust Officer, FHIP/FHAP Support Division, Office of Programs, Office of Fair Housing and Equal Opportunity, Department of Housing and Urban Development, 451 Seventh Street, SW., Washington, DC. Telephone (202) 708–0800 (this is not a toll free number). Persons with speech or hearing impairments may call the FHIP/FHAP Division at 1–800–290–1671 or 1–800–HUD–2209 (SuperNOFA Clearinghouse TTY). You may also call the SuperNOFA Clearinghouse Information Center at 1–800–HUD–8929 or the Center's TTY number at 1–800–HUD 2209 (these are toll-free numbers).

SUPPLEMENTARY INFORMATION: On March 26, 2002 (67 FR 13825), HUD published its Fiscal Year (FY) 2002 Super Notice of Funding Availability (SuperNOFA) for HUD's Housing, Community Development, and Empowerment Programs. The FY 2002 SuperNOFA announced approximately $2.2 billion in HUD program funds covering 41 grant categories within programs operated and administered by HUD program offices.

This document makes certain corrections to the FY 2002 funding availability announcement for the Fair Housing Initiatives Program (FHIP). The funding availability announcement for FHIP (FHIP NOFA) begins at page 14003 (67 FR 14003) of the March 26, 2002 SuperNOFA.

Accordingly, in the Super Notice of Funding Availability (SuperNOFA) for HUD's Discretionary Grants Programs for Fiscal Year 2002 [Docket No. FR–4723 N 01] in the issue of Tuesday, March 26, 2002, the following revisions and corrections are made to the FHIP NOFA, beginning at 67 FR 14003:

On page 14015, second column, under Rating Factor 3 (Soundness of Approach), HUD removes paragraphs A(i)(V)(a) and (b). Also, on page 14015, second column, under Rating Factor 3, HUD removes paragraphs A(ii)(V)(a) and (b).

This document did not extend the application due date (which has already expired) because the removal of paragraphs A(i)(V)(a) and (b) and A(ii)(V)(a) and (b) under Rating Factor 3 does not prejudice any applicant nor potential applicant. The removal has no effect on the substance nor the score of any one applicant, i.e., it is neutral in its effect on all applicants.

Dated: June 7, 2002.

Kenneth L Marcus,

General Deputy Assistant Secretary, Office of Fair Housing and Equal Opportunity.

[FR Doc. 02–16300 Filed 6–27–02; 8:45 am]

BILLING CODE 4210–28–P

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

[Docket No. FR–4730–N–26]

Federal Property Suitable as Facilities To Assist the Homeless

AGENCY: Office of the Assistant Secretary for Community Planning and Development, HUD.

ACTION: Notice.

SUMMARY: This Notice identifies unutilized, underutilized, excess and surplus Federal property reviewed by HUD for suitability for possible use to assist the homeless.

FOR FURTHER INFORMATION CONTACT: Mark Johnston, room 7266, Department of Housing and Urban Development, 451 Seventh Street SW., Washington, DC 20410; telephone (202) 708–1234; TTY number for the hearing- and speech-impaired (202) 708–2565 (these telephone numbers are not toll-free), or call the toll-free Title V information line at 1–800–927–7588.

SUPPLEMENTARY INFORMATION: In accordance with 24 CFR part 581 and section 501 of the Stewart B. McKinney Homeless Assistance Act (42 U.S.C. 11411), as amended, HUD is publishing this Notice to identify Federal buildings and other real property that HUD has reviewed for suitability for use to assist the homeless. The properties were reviewed using information provided to HUD by Federal landholding agencies regarding unutilized and underutilized buildings and real property controlled by such agencies or by GSA regarding its inventory of excess or surplus Federal property. This Notice is also published in order to comply with the December 12, 1988 Court Order in *National Coalition for the Homeless* v. *Veterans Administration,* No. 88–2503–OG (D.D.C.).

Properties reviewed are listed in this Notice according to the following categories: Suitable/available, suitable/unavailable, suitable/to be excess, and unsuitable. The properties listed in the three suitable categories have been reviewed by the landholding agencies, and each agency has transmitted to HUD: (1) Its intention to make the property available for use to assist the homeless, (2) its intention to declare the property excess to the agency's needs, or (3) a statement of the reasons that the property cannot be declared excess or made available for use as facilities to assist the homeless.

Properties listed as suitable/available will be available exclusively for homeless use for a period of 60 days from the date of this Notice. Where property is described as for ''off-site use only'' recipients of the property will be required to relocate the building to their own site at their own expense. Homeless assistance providers interested in any such property should send a written expression of interest to HHS, addressed to Brian Rooney, Division of Property Management, Program Support Center, HHS, room 5B–41, 5600 Fishers Lane, Rockville, MD 20857; (301) 443–2265. (This is not a toll-free number.) HHS will mail to the interested provider an application packet, which will include instructions for completing the application. In order to maximize the opportunity to utilize a suitable property, providers should submit their written expressions of interest as soon as possible. For complete details concerning the processing of applications, the reader is encouraged to refer to the interim rule governing this program, 25 CFR part 581.

For properties listed as suitable/to be excess, that property may, if subsequently accepted as excess by GSA, be made available for use by the homeless in accordance with applicable law, subject to screening for other Federal use. At the appropriate time, HUD will publish the property in a Notice showing it as either suitable/available, or suitable/unavailable.

For properties listed as suitable/unavailable, the landholding agency has decided that the property cannot be declared excess or made available for use to assist the homeless, and the property will not be available.

Properties listed as unsuitable will not be made available for any other purpose for 20 days from the date of this Notice. Homeless assistance providers interested in a review by HUD of the determination of unsuitability should call the toll free information line at 1–800–927–7588 for detailed instructions or write a letter to Mark Johnston at the address listed at the beginning of this Notice. Included in the request for review should be the property address (including zip code), the date of publication in the **Federal Register**, the landholding agency, and the property number.

For more information regarding particular properties identified in this Notice (*i.e.*, acreage, floor plan, existing sanitary facilities, exact street address), providers should contact the appropriate landholding agencies at the following addresses: *DOT:* Mr. Rugene Spruill, Principal, Space Management, SVC–140, Transportation Administration Service Center, Department of Transportation, 400 7th Street, SW., Room 2310, Washington, DC 20590; (202) 366–4246; *Energy:* Mr. Tom Knox, Department of Energy, Office of Engineering & Construction Management, CR–80, Washington, DC 20585; (202) 586–8715; *GSA:* Mr. Brian K. Polly, Assistant Commissioner, General Services Administration, Office of Property Disposal, 18th and F Streets, NW., Washington, DC 20405; (202) 501–0052; *Navy:* Mr. Charles C. Cocks, Director, Department of the Navy, Real Estate Policy Division, Naval Facilities Engineering Command, Washington Navy Yard, 1322 Patterson Ave., SE., Suite 1000, Washington, DC 20374–5065; (202) 685–9200; (These are not toll-free numbers).

Dated: June 19, 2002.

John D. Garrity,

Director, Office of Special Needs Assistance Programs.

TITLE V, FEDERAL SURPLUS PROPERTY PROGRAM FEDERAL REGISTER REPORT FOR 6/28/02

Suitable/Available Properties

Buildings (by State)

California

Merced Federal Bldg.
415 W. 18th St.
Merced Co: CA 95340–
Landholding Agency: GSA
Property Number: 54200220012
Status: Surplus

Comment: 15,492 sq. ft., presence of asbestos/lead paint, Historic Preservation Covenant will be included in deed, relocation issue
GSA Number: 9–G–CA–1567

Unsuitable Properties

Buildings (by State)

California

Bldgs. 154, 157
Navy Region South West
San Diego Co: CA
Landholding Agency: Navy
Property Number: 77200220072
Status: Excess
Reason: Extensive deterioration

Bldg. P–1019
Marine Corps Base
Camp Pendleton Co: CA 92055–
Landholding Agency: Navy
Property Number: 77200220073
Status: Excess
Reason: Extensive deterioration

Bldg. P–4039
Marine Corps Base
Camp Pendleton Co: CA 92055–
Landholding Agency: Navy
Property Number: 77200220074
Status: Excess
Reason: Extensive deterioration

Bldg. P–5011
Marine Corps Base
Camp Pendleton Co: CA 92055–
Landholding Agency: Navy
Property Number: 77200220075
Status: Excess
Reason: Extensive deterioration

Bldg. P–7058
Marine Corps Base
Camp Pendleton Co: CA 92055–
Landholding Agency: Navy
Property Number: 77200220076
Status: Excess
Reason: Extensive deterioration

Bldg. 354
Naval Weapons Station
Seal Beach Co: CA
Landholding Agency: Navy
Property Number: 77200220077
Status: Unutilized
Reason: Extensive deterioration

Bldg. 356
Naval Weapons Station
Seal Beach Co: CA
Landholding Agency: Navy
Property Number: 77200220078
Status: Unutilized
Reason: Extensive deterioration

Bldg. 357
Naval Weapons Station
Seal Beach Co: CA
Landholding Agency: Navy
Property Number: 77200220079
Status: Unutilized
Reason: Extensive deterioration

Bldg. 358
Naval Weapons Station
Seal Beach Co: CA
Landholding Agency: Navy
Property Number: 77200220080
Status: Unutilized
Reason: Extensive deterioration

Qtrs. D
USCG Pt. Conception
Light Station
Lompoc Co: CA
Landholding Agency: DOT
Property Number: 87200220008
Status: Unutilized
Reason: Extensive deterioration

Qtrs. A&B
USCG Pt. Arguello
LORAN Station
Lompoc Co: CA
Location: Vandenberg AFB
Landholding Agency: DOT
Property Number: 87200220009
Status: Unutilized
Reasons: Secured Area; Extensive deterioration

Garage
USCG Pt. Arguello
LORAN Station
Lompoc Co: CA
Location: Vandenberg AFB
Landholding Agency: DOT
Property Number: 87200220010
Status: Unutilized
Reasons: Secured Area; Extensive deterioration

Qtrs. C&D
USCG Pt. Arguello
LORAN Station
Lompoc Co: CA
Location: Vandenberg AFB
Landholding Agency: DOT
Property Number: 87200220011
Status: Unutilized
Reasons: Secured Area; Extensive deterioration

Transmitter Bldg.
USCG Pt. Arguello
LORAN Station
Lompoc Co: CA
Location: Vandenberg AFB
Landholding Agency: DOT
Property Number: 87200220012
Status: Unutilized
Reasons: Secured Area; Extensive deterioration

Tennessee

Bldgs. 2013, 2506, 6003
Oak Ridge National Lab
Oak Ridge Co: Roane TN 37831–
Landholding Agency: Energy
Property Number: 41200220060
Status: Unutilized
Reasons: Secured Area; Extensive deterioration

Unsuitable Properties

Buildings (by State)

Virginia

4 Bldgs.
Naval Amphibious Base, Little Creek
2080, 3892, 3898, 3904
Norfolk Co: VA 23521–
Landholding Agency: Navy
Property Number: 77200220081
Status: Excess
Reasons: Within 2000 ft. of flammable or explosive material; Secured Area

Bldg. 3890
Naval Amphibious Base
Little Creek
Norfolk Co: VA 23521–
Landholding Agency: Navy
Property Number: 77200220082
Status: Excess
Reasons: Within 2000 ft. of flammable or explosive material; Secured Area

Bldgs. 3894, 3896
Naval Amphibious Base
Little Creek
Norfolk Co: VA 23521–
Landholding Agency: Navy
Property Number: 77200220083
Status: Excess
Reasons: Within 2000 ft. of flammable or explosive material; Secured Area

Bldg. CAD40
Naval Weapons Station
Yorktown Co: VA 23691–
Landholding Agency: Navy
Property Number: 77200220084
Status: Excess
Reason: Secured Area

Bldg. CAD41
Naval Weapons Station
Yorktown Co: VA 23691–
Landholding Agency: Navy
Property Number: 77200220085
Status: Excess
Reason: Secured Area

Bldg. CAD479
Naval Weapons Station
Yorktown Co: VA 23691–
Landholding Agency: Navy
Property Number: 77200220086
Status: Excess
Reason: Secured Area

Pier 14
Naval Shipyard
St. Helena Annex
Norfolk Co: VA
Landholding Agency: Navy
Property Number: 77200220087
Status: Excess
Reason: Extensive deterioration

Bldg. 871
Naval Ship Yard
Portsmouth Co: VA
Landholding Agency: Navy
Property Number: 77200220088
Status: Excess
Reason: Extensive deterioration

Bldg. 108
Dam Neck Naval Base
Virginia Beach Co: VA 23461–
Landholding Agency: Navy
Property Number: 77200220089
Status: Excess
Reason: Secured Area

Bldg. 150
Naval Air Station Oceana
Virginia Beach Co: VA 23461–
Landholding Agency: Navy
Property Number: 77200220090
Status: Excess
Reason: Secured Area

Bldg. 413
Naval Air Station Oceana
Virginia Beach Co: VA 23461–
Landholding Agency: Navy
Property Number: 77200220091
Status: Excess
Reason: Secured Area

Bldg. 422
Naval Air Station Oceana
Virginia Beach Co: VA 23461–

Landholding Agency: Navy
Property Number: 77200220092
Status: Excess
Reason: Secured Area

Bldg. 501
Naval Air Station Oceana
Virginia Beach Co: VA 23461–
Landholding Agency: Navy
Property Number: 77200220093
Status: Excess
Reason: Secured Area

Bldg. 528
Naval Air Station Oceana
Virginia Beach Co: VA 23461–
Landholding Agency: Navy
Property Number: 77200220094
Status: Excess
Reason: Secured Area

Bldg. 553
Naval Air Station Oceana
Virginia Beach Co: VA 23461–
Landholding Agency: Navy
Property Number: 77200220095
Status: Excess
Reason: Secured Area

Bldg. 557
Naval Air Station Oceana
Virginia Beach Co: VA 23461–
Landholding Agency: Navy
Property Number: 77200220096
Status: Excess
Reason: Secured Area

Bldg. 565
Naval Air Station Oceana
Virginia Beach Co: VA 23461–
Landholding Agency: Navy
Property Number: 77200220097
Status: Excess
Reason: Secured Area

Bldg. 582
Naval Air Station Oceana
Virginia Beach Co: VA 23461–
Landholding Agency: Navy
Property Number: 77200220098
Status: Excess
Reason: Secured Area

Bldg. 584
Naval Air Station Oceana
Virginia Beach Co: VA 23461–
Landholding Agency: Navy
Property Number: 77200220099
Status: Excess
Reason: Secured Area

Bldg. 606
Naval Air Station Oceana
Virginia Beach Co: VA 23461–
Landholding Agency: Navy
Property Number: 77200220100
Status: Excess
Reasons: Within airport runway clear zone; Secured Area

Bldg. 607
Naval Air Station Oceana
Virginia Beach Co: VA 23461–
Landholding Agency: Navy
Property Number: 77200220101
Status: Excess
Reasons: Secured Area; Extensive deterioration

Bldg. 614
Naval Air Station Oceana
Virginia Beach Co: VA 23461–
Landholding Agency: Navy
Property Number: 77200220102
Status: Excess
Reason: Secured Area

Bldg. 821
Naval Air Station Oceana
Virginia Beach Co: VA 23461–
Landholding Agency: Navy
Property Number: 77200220103
Status: Excess
Reasons: Within airport runway clear zone; Secured Area

Bldg. 824
Naval Air Station
Virginia Beach Co: VA 23461–
Landholding Agency: Navy
Property Number: 77200220104
Status: Excess
Reasons: Within airport runway clear zone; Secured Area

Bldg. 1420
Naval Air Station Oceana
Virginia Beach Co: VA 23461–
Landholding Agency: Navy
Property Number: 77200220105
Status: Excess
Reasons: Within 2000 ft. of flammable or explosive material; Within airport runway clear zone; Secured Area

Bldg. A–2
Naval Air Station Oceana
Virginia Beach Co: VA 23461–
Landholding Agency: Navy
Property Number: 77200220106
Status: Excess
Reasons: Within airport runway clear zone; Secured Area; Extensive deterioration

Facility F–11
Naval Air Station Oceana
Virginia Beach Co: VA 23460–
Landholding Agency: Navy
Property Number: 77200220107
Status: Excess
Reasons: Within airport runway clear zone; Secured Area

[FR Doc. 02–16038 Filed 6–27–02; 8:45 am]

BILLING CODE 4210–29–M

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

[Docket No. FR–4456–N–19]

Privacy Act of 1974; Deletion of a Privacy Act System of Records

AGENCY: Office of the Chief Information Officer, HUD.

ACTION: Notification of the deletion of a Privacy Act System of Records.

SUMMARY: The Department proposes to delete one system of records from its inventory of records systems subject to the Privacy Act of 1974 (5 U.S.C. 552a), as amended.

DATES: *Effective Date:* This proposal shall become effective without further notice July 29, 2002, unless comments are received on or before that date which would result in a contrary determination.

Comment Due Date: July 29, 2002.

ADDRESSES: Interested persons are invited to submit comments regarding this notice to the Rules Docket Clerk, Office of General Counsel, Room 10276, Department of Housing and Urban Development, 451 7th Street, SW., Washington, DC 20410–0500. Communications should refer to the above docket number and title. Comments submitted by facsimile (FAX) will not be accepted. A copy of each communication submitted will be available for public inspection and copying between 7:30 and 5:30 p.m. weekdays at the above address.

FOR FURTHER INFORMATION CONTACT: Jeanette Smith, Departmental Privacy Act Officer, Telephone Number (202) 708–2374 (This is not a toll-free number). A telecommunications device for hearing- and speech-impaired persons (TTY) is available at 1–800–877–8339 (Federal Information Relay Services) (This is a toll-free number).

SUPPLEMENTARY INFORMATION: Pursuant to the Privacy Act of 1974 (5 U.S.C. 552a), as amended, notice is given that HUD proposes to delete a system of records identified as HUD Child Care Center Files, HUD/Dept-58. The Child Care Center has changed its name to the Creative Child Development Center. As an independent nonprofit organization, the Creative Child Development Center rents space from the Department. The Creative Child Development Center controls the records, not the Department. It is a nonprofit organization with no ties to HUD other than the rental of office space. Accordingly, HUD/Dept-58 is deleted from HUD's inventory of records subject to the Privacy Act.

Authority: 5 U.S.C. 552a: 88 Stat. 1896; 342 U.S.C. 3535(d).

Gloria R. Parker,

Chief Information Officer.

[FR Doc. 02–16301 Filed 6–27–02; 8:45 am]

BILLING CODE 4210–72–P

DEPARTMENT OF THE INTERIOR

Fish and Wildlife Service

Receipt of Applications for Permit

AGENCY: Fish and Wildlife Service, Interior.

ACTION: Notice of receipt of applications for permit.

SUMMARY: The public is invited to comment on the following applications to conduct certain activities with endangered species and/or marine mammals.

DATES: Written data, comments or requests must be received by July 29, 2002.

ADDRESSES: Documents and other information submitted with these applications are available for review, subject to the requirements of the Privacy Act and Freedom of Information Act, by any party who submits a written request for a copy of such documents within 30 days of the date of publication of this notice to: U.S. Fish and Wildlife Service, Division of Management Authority, 4401 North Fairfax Drive, Room 700, Arlington, Virginia 22203; fax 703/358–2281.

FOR FURTHER INFORMATION CONTACT: Division of Management Authority, telephone 703/358–2104.

SUPPLEMENTARY INFORMATION:

Endangered Species

The public is invited to comment on the following application(s) for a permit to conduct certain activities with endangered species. This notice is provided pursuant to Section 10(c) of the Endangered Species Act of 1973, as amended (16 U.S.C. 1531, *et seq.*). Written data, comments, or requests for copies of these complete applications should be submitted to the Director (address above).

PRT–05622

Applicant: Ivica Begonja, Flushing, NY.

The applicant requests a permit to obtain through interstate commerce 5.5 red siskin (*Carduelis cucullata*) from J. Gentile, Kintersville, MA, for the purpose of enhancement of the species through captive breeding.

PRT–056299

Applicant: Daryl Lyn Sittig, Crystal Lake, IL.

The applicant requests a permit to import the sport-hunted trophies of two male bonteboks (*Damaliscus pygargus dorcas*) culled from a captive herd maintained under the management program of the Republic of South Africa for the purpose of enhancement of the survival of the species.

PRT–058339

Applicant: Robert DuHadaway, Newark, DE.

The applicant requests a permit to import the sport-hunted trophy of one male bontebok (*Damaliscus pygargus dorcas*) culled from a captive herd maintained under the management program of the Republic of South Africa for the purpose of enhancement of the survival of the species.

PRT–058186

Applicant: James L. Steinhaus, Marietta, GA.

The applicant requests a permit to import the sport-hunted trophies of one male bontebok (*Damaliscus pygargus dorcas*) culled from a captive herd maintained under the management program of the Republic of South Africa for the purpose of enhancement of the survival of the species.

Marine Mammals

The public is invited to comment on the following application(s) for a permit to conduct certain activities with marine mammals. The application(s) was submitted to satisfy requirements of the Marine Mammal Protection Act of 1972, as amended (16 U.S.C. 1361 *et seq.*) and the regulations governing marine mammals (50 CFR Part 18). Written data, comments, or requests for copies of the complete applications or requests for a public hearing on these applications should be submitted to the Director (address above). Anyone requesting a hearing should give specific reasons why a hearing would be appropriate. The holding of such a hearing is at the discretion of the Director.

PRT–058129

Applicant: Thomas Cate, Tulsa, OK.

The applicant requests a permit to import a polar bear (*Ursus maritimus*) sport hunted from the Lancaster Sound polar bear population in Canada for personal use.

PRT–057753

Applicant: Barbara Sackman, Sands Point, NY.

The applicant requests a permit to import a polar bear (*Ursus maritimus*) sport hunted from the Viscount Melville Sound polar bear population in Canada for personal use.

PRT–058335

Applicant: Remo Pizzagalli, Charlotte, VT.

The applicant requests a permit to import a polar bear (*Ursus maritimus*) sport hunted from the Lancaster Sound polar bear population in Canada for personal use.

PRT–058028

Applicant: Edwin Lee De Young, Hudsonville, MI.

The applicant requests a permit to import a polar bear (*Ursus maritimus*) sport hunted from the Viscount Melville Sound polar bear population in Canada for personal use.

The U.S. Fish and Wildlife Service has information collection approval from OMB through March 31, 2004, OMB Control Number 1018–0093. Federal Agencies may not conduct or sponsor and a person is not required to respond to a collection of information unless it displays a current valid OMB control number.

Dated: June 14, 2002.

Monica Farris,

Senior Permit Biologist, Branch of Permits, Division of Management Authority.

[FR Doc. 02–16367 Filed 6–27–02; 8:45 am]

BILLING CODE 4310–55–P

DEPARTMENT OF THE INTERIOR

Fish and Wildlife Service

Reopening the Comment Period for an Application for a Permit

AGENCY: Fish and Wildlife Service, Interior.

ACTION: Notice of reopening the comment period for an application for a permit.

SUMMARY: The Fish and Wildlife Service is reopening the comment period for the application cited below. We published a notice on May 7, 2002 (67 FR 30720) with a date for the receipt of comments by June 6, 2002. The reopening of the comment period will allow all interested parties another 15 days to review the application and provide the Service with any additional comments.

DATES: Written data, comments or requests must be received by July 15, 2002.

ADDRESSES: Documents and other information submitted with this application are available for review, subject to the requirements of the Privacy Act and Freedom of Information Act, by any party who submits a written request for a copy of such documents within 15 days of the date of publication of this notice to: U.S. Fish and Wildlife Service, Division of Management Authority, 4401 North Fairfax Drive, Room 700, Arlington, Virginia 22203; fax 703/358–2281.

FOR FURTHER INFORMATION CONTACT: Division of Management Authority, telephone 703/358–2104.

SUPPLEMENTARY INFORMATION:

Applicant: Bowmanville Zoological Park, Ontario, Canada, PRT–055508.

The applicant requests a permit to export, re-export, and re-import Asian elephants (*Elephas maximus*) and progeny of the animals currently held by the applicant and any animals acquired in the United States by the

applicant to/from worldwide locations to enhance the survival of the species through conservation education. This notification covers activities conducted by the applicant over a three year period.

The U.S. Fish and Wildlife Service has information collection approval from OMB through March 31, 2004, OMB Control Number 1018–0093. Federal Agencies may not conduct or sponsor and a person is not required to respond to a collection of information unless it displays a current valid OMB control number.

Dated: June 14, 2002.

Monica Farris,

Senior Permit Biologist, Branch of Permits, Division of Management Authority.

[FR Doc. 02–16368 Filed 6–27–02; 8:45 am]

BILLING CODE 4310–55–P

DEPARTMENT OF THE INTERIOR

Fish and Wildlife Service

Receipt of Applications for Permit

AGENCY: Fish and Wildlife Service, Interior.

ACTION: Notice of receipt of applications for permit.

SUMMARY: The public is invited to comment on the following applications to conduct certain activities with endangered species and/or marine mammals.

DATES: Written data, comments or requests must be received by July 29, 2002.

ADDRESSES: Documents and other information submitted with these applications are available for review, subject to the requirements of the Privacy Act and Freedom of Information Act, by any party who submits a written request for a copy of such documents within 30 days of the date of publication of this notice to: U.S. Fish and Wildlife Service, Division of Management Authority, 4401 North Fairfax Drive, Room 700, Arlington, Virginia 22203; fax 703/358–2281.

FOR FURTHER INFORMATION CONTACT: Division of Management Authority, telephone 703/358–2104.

SUPPLEMENTARY INFORMATION:

Endangered Species

The public is invited to comment on the following application(s) for a permit to conduct certain activities with endangered species. This notice is provided pursuant to section 10(c) of the Endangered Species Act of 1973, *as amended* (16 U.S.C. 1531, *et seq.*). Written data, comments, or requests for copies of these complete applications should be submitted to the Director (address above).

Applicant: Glen Bishop, Waltham, VT, PRT–057977.

The applicant requests a permit to import the sport-hunted trophy of one male bontebok (*Damaliscus pygargus dorcas*) culled from a captive herd maintained under the management program of the Republic of South Africa, for the purpose of enhancement of the survival of the species.

PRT–057648

Applicant: Jill M. Erlinger, Belleville, IL

The applicant requests a permit to import the sport-hunted trophy of one male bontebok (*Damaliscus pygargus dorcas*) culled from a captive herd maintained under the management program of the Republic of South Africa, for the purpose of enhancement of the survival of the species.

The U.S. Fish and Wildlife Service has information collection approval from OMB through March 31, 2004, OMB Control Number 1018–0093. Federal Agencies may not conduct or sponsor and a person is not required to respond to a collection of information unless it displays a current valid OMB control number.

Dated: June 7, 2002.

Michael S. Moore,

Senior Permit Biologist, Branch of Permits, Division of Management Authority.

[FR Doc. 02–16369 Filed 6–27–02; 8:45 am]

BILLING CODE 4310–55–P

DEPARTMENT OF THE INTERIOR

Fish and Wildlife Service

Availability of a Draft Environmental Assessment and Receipt of an Application for an Incidental Take Permit by Woodlands Group L.L.C. in Livingston Parish, LA

AGENCY: Fish and Wildlife Service, Interior.

ACTION: Notice.

SUMMARY: Woodlands Group L.L.C. (Applicant) seeks an incidental take permit (ITP) from the Fish and Wildlife Service (Service) pursuant to Section 10(a)(1)(B) of the Endangered Species Act of 1973, as amended (Act). The proposed action would involve approval of the Applicant's Habitat Conservation Plan (HCP), as required by Section 10(a)(2)(B) of the Act, to minimize and mitigate any incidental take of the Federally endangered red-cockaded woodpecker (*Picoides borealis*). The minimization and mitigation measures outlined in the Applicant's HCP to address adverse effects of the proposed action on protected species are described further in the **SUPPLEMENTARY INFORMATION** below.

The Service also announces the availability of an environmental assessment (EA) and HCP for the incidental take application. Copies of the EA and/or HCP may be obtained by making a request to the Regional Office (*see* **ADDRESSES**). Requests must be in writing to be processed. This notice also advises the public that the Service has made a preliminary determination that issuing the ITP is not a major Federal action significantly affecting the quality of the human environment within the meaning of Section 102(2)(C) of the National Environmental Policy Act of 1969 (NEPA), as amended. The Finding of No Significant Impact (FONSI) is based on information contained in the EA and HCP. The final determination will be made no sooner than 60 days from the date of this notice. This notice is provided pursuant to Section 10 of the Act and NEPA regulations (40 CFR 1506.6).

If you wish to comment, you may submit comments by any one of several methods. Please reference permit number TE037661–0 in such comments. You may mail comments to the Service's Regional Office (*see* **ADDRESSES**). You may also comment via the internet to ''*david_dell@fws.gov*''. Please submit comments over the internet as an ASCII file avoiding the use of special characters and any form of encryption. Please also include your name and return address in your internet message. If you do not receive a confirmation from the Service that we have received your internet message, contact us directly at either telephone number listed below (*see* **FOR FURTHER INFORMATION CONTACT**). Finally, you may hand deliver comments to either Service office listed below (*see* **ADDRESSES**). Our practice is to make comments, including names and home addresses of respondents, available for public review during regular business hours. Individual respondents may request that we withhold their home address from the administrative record. We will honor such requests to the extent allowable by law. There may also be other circumstances in which we would withhold from the administrative record a respondent's identity, as allowable by law. If you wish us to withhold your name and address, you must state this prominently at the beginning of your comments. We will not; however, consider anonymous comments. We will make all submissions from

organizations or businesses, and from individuals identifying themselves as representatives or officials of organizations or businesses, available for public inspection in their entirety.

DATES: Written comments on the permit application, EA, and HCP should be sent to the Service's Regional Office (*see* **ADDRESSES**) and should be received on or before August 27, 2002.

ADDRESSES: Persons wishing to review the application, HCP, and EA may obtain a copy by writing the Service's Southeast Regional Office, Atlanta, Georgia. Documents will also be available for public inspection by appointment during normal business hours at the Regional Office, 1875 Century Boulevard, Suite 200, Atlanta, Georgia 30345 (Attn: Endangered Species Permits), or Field Supervisor, U.S. Fish and Wildlife Service, Ecological Services Field Office, 646 Cajundome Boulevard, Suite 400, Lafayette, Louisiana 70506. Written data or comments concerning the application, EA, or HCP should be submitted to the Regional Office. Comments and requests for the documentation must be in writing to be processed. Please reference permit number TE037661–0 in such comments, or in requests of the documents discussed herein.

FOR FURTHER INFORMATION CONTACT: Mr. David Dell, Regional Permit Coordinator, (*see* **ADDRESSES** above), telephone: 404/679–7313; or Mr. Troy Mallach, Fish and Wildlife Biologist, Lafayette Ecological Services Field Office (*see* **ADDRESSES** above), telephone 337/291–3123.

SUPPLEMENTARY INFORMATION: The subject permit would authorize take of red-cockaded woodpeckers on approximately 99 of the 971 acres owned by the Applicant in Livingston Parish, Louisiana. The proposed take would be incidental to otherwise lawful activities, including timber harvest and typical forest management activities on the Applicant's property (Project).

The red-cockaded woodpecker is a territorial, non-migratory species once common in the southern Coastal Plain from east Texas to Florida and north to Maryland, Missouri, and Kentucky. Red-cockaded woodpeckers roost and nest in cavities excavated in large, living pine trees that are at least 60 years old. The red-cockaded woodpecker is a cooperative breeder that lives in family groups of one to nine birds, with each bird nesting in a separate cavity; the aggregate of cavity trees used by a group is called a cluster. Red-cockaded woodpeckers prefer mature longleaf pine forests, but also inhabit loblolly, pond, slash, shortleaf, and Virginia pine stands. Without periodic fire to control hardwoods, red-cockaded woodpeckers abandon clusters as other cavity competitors and predators typical of hardwood habitats move in. The decline of the red-cockaded woodpecker is due primarily to loss of the old-growth, fire-maintained southern pine ecosystem as a result of logging, short-rotation silviculture, fire suppression, and conversion to non-forest land uses.

Recovery activities for the red-cockaded woodpecker are focused on Federal lands. Private lands are also important in the Service's recovery strategy to preserve genetic variability, to provide significant support populations within distinct physiographic regions, and to provide a donor source of juvenile red-cockaded woodpeckers for natural dispersal or translocation. Red-cockaded woodpeckers on private lands have generally declined owing to the reluctance of landowners to manage their lands as red-cockaded woodpecker habitat, given the Act's take restrictions on timber harvesting and development where the species is present. The Service considers that red-cockaded woodpeckers geographically isolated on private lands will eventually cease to exist unless private landowners are encouraged to manage their lands for the species.

The Applicant, by implementing the HCP, proposes to establish replacement groups within the only viable red-cockaded woodpecker population in southeastern Louisiana, at Big Branch Marsh National Wildlife Refuge (Refuge). The geographic scope of the HCP is approximately 99 acres of the Applicant's land holdings in Livingston Parish, Louisiana, and approximately 750 acres on Big Branch Marsh National Wildlife Refuge. The biological goal of the HCP is to achieve no net loss of red-cockaded woodpecker groups in southeastern Louisiana. The Applicant will provision seven recruitment territories on the Refuge and translocate juvenile red-cockaded woodpeckers there from the Project area to replace three groups taken incidental to timber harvest; the Refuge will continue to protect and manage habitat to further increase its red-cockaded woodpecker population. The Applicant and the Service believe the HCP would help accelerate stabilization of the Refuge's red-cockaded woodpecker population, thus enabling it to serve as a donor source of juveniles for translocation elsewhere. As a direct result of the Applicant's HCP, the Service will establish Conservation Partnerships with the Louisiana Department of Wildlife and Fisheries and any qualified private landowner who is willing and able to accept surplus juvenile red-cockaded woodpeckers from the Refuge as they become available.

The ITP would authorize take of three red-cockaded woodpecker groups on the Applicant's property incidental to timber management activities, over the proposed 4-year permit duration. Among the minimization and mitigation measures proposed by the Applicant are no take of red-cockaded woodpeckers during the breeding season; establishment of three replacement groups on Big Branch Marsh National Wildlife Refuge by provisioning recruitment territories, translocating juveniles fledged on the Applicant's property, and monitoring formation of breeding pairs; and funding an endowment for habitat management (prescribed burning) over 5 years for the three additional groups established on Big Branch Marsh National Wildlife Refuge.

The Service evaluated the environmental consequences of three alternatives to the proposed action in the EA, which contains the Applicant's HCP as an Appendix. Alternative 1 is the Service's proposed action, which includes implementation of the Applicant's HCP and the Conservation Partnership. The no-action alternative (Alternative 2) would prevent the Applicant from harvesting timber on approximately 99 acres of occupied RCW habitat. Harvesting the remaining area of mature pine forest would still result in the natural extirpation of the three groups on the Applicant's property, and three groups on the adjacent property, within 20 years. That natural extirpation would occur due to habitat fragmentation and deterioration, geographic and demographic isolation, small population size, and lack of intensive pro-active management (especially prescribed fire or other hardwood control actions). Alternative 3 would involve mitigation of the Applicant's three groups on a different, privately owned mitigation site in southeastern Louisiana or elsewhere. That alternative was determined unsuitable because other existing recipient populations in southeastern Louisiana are too small and isolated to serve as acceptable mitigation sites, and no other private ownership elsewhere in Louisiana was both willing and able to accept mitigation groups at this time. After examining all mitigation alternatives, the Service decided that the proposed action (Alternative 1), which would accelerate the stabilization of one red-cockaded woodpecker population at Big Branch Marsh

National Wildlife Refuge and the reintroduction or augmentation of another population as restored habitat on private land becomes available, would result in the greatest biological benefit to the red-cockaded woodpecker.

As stated above, the Service has made a preliminary determination that the issuance of the ITP is not a major Federal action significantly affecting the quality of the human environment within the meaning of Section 102(2)(C) of NEPA. This preliminary information may be revised due to public comment received in response to this notice and is based on information contained in the EA and HCP. An appropriate excerpt from the FONSI reflecting the Service's finding on the application is provided below:

Based on the analysis conducted by the Service, it has been determined that:

1. Issuance of an ITP would not have significant effects on the human environment in the project area.

2. The proposed take is incidental to an otherwise lawful activity.

3. The Applicant has ensured that adequate funding will be provided to implement the measures proposed in the submitted HCP.

4. Other than impacts to endangered and threatened species as outlined in the documentation of this decision, the indirect impacts which may result from issuance of the ITP are addressed by other regulations and statutes under the jurisdiction of other government entities. The validity of the Service's ITP is contingent upon the Applicant's compliance with the terms of the permit and all other laws and regulations under the control of State, local, and other Federal governmental entities.

The Service will also evaluate whether the issuance of a Section 10(a)(1)(B) ITP complies with Section 7 of the Act by conducting an intra-Service Section 7 consultation. The results of the biological opinion, in combination with the above findings, will be used in the final analysis to determine whether or not to issue the ITP.

Dated: June 14, 2002.

Tom M. Riley,

Acting Regional Director.

[FR Doc. 02–16323 Filed 6–27–02; 8:45 am]

BILLING CODE 4310–55–P

DEPARTMENT OF THE INTERIOR

Bureau of Land Management

[ID–076–4610–00]

Proposed Areas of Critical Environmental Concern

AGENCY: Bureau of Land Management, Interior.

ACTION: Notice of proposed ACEC designations.

SUMMARY: Pursuant to section 202 of the Federal Land Policy and Management Act of 1976, section 102(2)(C) of the National Environmental Policy Act of 1969, and BLM Planning Regulations (43 CFR part 1600), the Bureau of Land Management (BLM), Upper Snake River District has prepared and analyzed draft amendments to the Shoshone Field Office's land use plans. The draft amendments propose the designation of additional Areas of Critical Environmental Concern (ACECs), as well as addressing other planning issues for the Shoshone Field Office. These amendments would apply to approximately 1.44 million acres of public lands managed by the Shoshone Field Office within Elmore, Gooding, Camas, Jerome, Blaine, Lincoln, and Minidoka counties in south-central Idaho. One proposed amendment action would also amend the Jarbidge Resource Management Plan which provides direction for public lands managed by the Four Rivers Field Office, BLM; this amendment action would only apply to about 1,220 acres of public lands.

Ten ACECs were nominated for consideration in these land use plans amendments. Only seven of the nominated areas met the relevance and importance criteria that are required for potential designation. Depending on the alternative selected, up to seven additional ACECs may be designated through these amendments. Some of these ACECs may have an additional designation of ''Research Natural Area'' (RNA) because the ACEC values have special importance for educational and/or research purposes. Two of the ACECs (Bennett Hills ACEC and King Hill Creek ACEC/RNA) would include approximately 1,220 acres of public lands managed by the Four Rivers Field Office, Lower Snake River District, BLM. Again depending on the alternative selected, the proposed ACEC designations would amend two Shoshone Field Office land use plans (the Magic Management Framework Plan (MFP) approved in 1975 and the Bennett Hills/Timmerman Hills MFP approved in 1976) and the Jarbidge Resource Management Plan (RMP) (1987) which provides management direction for some of the public lands managed by Four Rivers Field Office.

The draft amendments and accompanying Environmental Assessment/FONSI have been published and distributed. Copies are available for review and comment (see the ''Dates'' and ''Addresses'' sections below). In compliance with 43 CFR 1610.7–2(b), this notice constitutes a notice of potential and proposed ACEC designations and commences a 60-day public comment period. More detailed information about the seven proposed ACECs is provided in the ''Supplementary Information'' section of this notice.

DATES: The public comment period on the proposed ACEC designations begins on August 27, 2002. Written comments on the Shoshone Land Use Plans Draft Amendments/EA must be submitted or postmarked no later than August 27, 2002. Comments, including the names and street addresses of respondents, will be available for public review at the address listed below during regular business hours (7:45 a.m. to 4:30 p.m.), Monday through Friday, except holidays. Individual respondents may request confidentiality. If you wish to withhold your name or street address from public review or from disclosure under the Freedom of Information Act, you must state this prominently at the beginning of your written comment. Such requests will be honored to the extent allowed by law. All submissions from organizations or businesses, and from individuals identifying themselves as representatives or officials of organizations or businesses, will be made available for public inspection in their entirety.

Meetings will be held to receive public comments on the Draft Amendments/EA; the dates, times, and locations of these public meetings will be announced locally through public mailings and area media.

ADDRESSES: Copies of the Shoshone Land Use Plans Draft Amendments/EA may be obtained upon request by contacting the Bureau of Land Management, Shoshone Field Office, at P.O. Box 2-B, 400 West F Street, Shoshone, Idaho 83352, or by phone at (208) 732–7200. Written comments on the Draft Amendments/EA should be sent to Bill Baker, Field Manager, at the address listed above.

FOR FURTHER INFORMATION CONTACT: Bill Baker, Field Manager, at the address listed above or by calling (208) 732–7286. Documents related to the Shoshone Land Use Plan Amendments/EA planning process are available at the

above address for public viewing during normal office hours.

SUPPLEMENTARY INFORMATION: The following 10 ACECs were nominated for consideration during the amendments planning process: Bennett Hills, Big Wood/Warm Springs, Camas Creek, Coyote Hills, Dry Creek, Fir Grove, King's Crown, King Hill Creek, McKinney Butte, and Tee-Maze. Three of these nominated ACECs (Big Wood/Warm Springs, Fir Grove, King's Crown) did not meet required relevance and importance criteria (as per 43 CFR 1610.7–2). The remaining seven nominated ACECs are proposed for designation under one or more of the three action alternatives (Alternatives 2, 3, and 4) analyzed in the Shoshone Land Use Plans Draft Amendments.

Alternative 1, the ''no action'' alternative, does not propose any additional ACECs for designation. (Note: Five existing ACECs totaling 18,963 acres (including a 105-acre Natural Area) would continue to be designated under existing management and all three ''action'' alternatives.) *Alternative 2* describes seven additional ACECs for designation: Bennett Hills ACEC, Camas Creek ACEC/RNA, Coyote Hills ACEC, Dry Creek ACEC/RNA, King Hill Creek ACEC/RNA, McKinney Butte ACEC/RNA, and Tee-Maze ACEC/RNA. These ACECs would include approximately 384,015 acres managed by the Shoshone Field Office and about 1,220 acres managed by the Four Rivers Field Office, for a total of approximately 385,235 acres. *Alternative 3 (the BLM's preferred alternative) and Alternative 4* describe three additional ACECs for designation: King Hill Creek ACEC/RNA, McKinney Butte ACEC/RNA, and Tee-Maze ACEC/RNA. These designations would apply to about 16,186 acres managed by the Shoshone Field Office and approximately 1,220 acres managed the Four Rivers Field Office, for a total of approximately 17,406 acres.

The paragraphs below summarize additional information about the ACEC designations for Alternatives 2, 3, and 4. Each paragraph lists (a) the ACEC's name and size, (b) the values which qualified it for potential designation, and (c) any resource use limitations which would occur within the specified ACEC if it were formally designated.

Proposed ACEC Designations—Alternative 2 Only

None of the constraints listed under this alternative would reduce current use. They would constrain only potential future actions.

Bennett Hills ACEC (cultural resource values)—Designate approximately 381,471 acres as an ACEC, including about 1,220 acres managed by the Four Rivers Field Office. Implement the following resource use limitations to protect the identified ACEC values: Limit mineral material sales and free use permits to existing sites and public lands adjacent to State Highway 75, State Highway 46, and the Bliss-Hill City Road; limit OHV use to designated and signed roads and trails.

Camas Creek ACEC/RNA (scenic canyon, pristine low elevation riparian system)—Designate approximately 420 acres as an ACEC/RNA. Implement the following resource use limitations to protect the identified ACEC values: Close the ACEC to livestock grazing, except for sheep trailing; exclude the ACEC from new land use authorizations; stipulate the ACEC no-surface-occupancy for leasable mineral exploration and development; close the ACEC to mineral material sales and free use permits; limit motorized vehicle use to designated and signed roads and trails; designate as VRM Class II (manage visual resources to maintain the existing character of the landscape).

Coyote Hills ACEC (cultural resources)—Designate approximately 49,062 acres as an ACEC. Implement the following resource use limitations to protect the identified ACEC values: Limit mineral material sales and free use permits to existing sites and public lands adjacent to the Bliss-Hill City Road and State Highway 46; limit OHV use to designated and signed roads and trails.

Dry Creek ACEC/RNA (scenic values, near-pristine riparian system)—Designate approximately 869 acres, including 3.8 stream miles of stream reaches, as an ACEC/RNA. Implement the following resource use limitations to protect the identified ACEC values: Close the ACEC to livestock grazing, mineral material sales, and free use permits; designate the ACEC as closed to OHV use; do not allow any new land use authorizations; designate as VRM Class I (manage visual resources to maintain a landscape setting that appears unaltered by humans).

Proposed ACEC Designations—Alternatives 3 and 4

None of the constraints listed under these alternatives would reduce current use. They would constrain only potential future actions.

King Hill Creek ACEC/RNA (scenic canyon; genetically pure Interior redband trout (a BLM sensitive species); near-pristine low elevation riparian area)—Designate approximately 2,880 acres as an ACEC/RNA, including 10 miles of stream reach and 1,220 acres managed by the Four Rivers Field Office. Implement the following resource use limitations to protect the identified ACEC values: Close the ACEC to livestock grazing; close aquatic habitat within the ACEC to introduction of genetic strains of trout which are not native to the King Hill Creek watershed; exclude the ACEC from new land use authorizations; close the ACEC to mineral material sales and free use permits; designate the ACEC as ''closed'' to OHV use; designate the ACEC as VRM Class I (manage visual resources to maintain a landscape setting that appears unaltered by humans).

McKinney Butte ACEC/RNA (cave scenery and resources; bat populations (BLM sensitive species); cave-adapted insect community; vertebrate fossils)—Designate approximately 3,764 acres as an ACEC/RNA. Implement the following resource use limitations to protect the identified ACEC values: Prepare an activity plan which identifies Limits of Acceptable Change and management actions to protect cave resources; restrict access to caves containing bats during winter hibernation periods; seasonally prohibit access to caves which provide maternity roosts; close the ACEC to mineral material sales and free use permits; limit OHV use to designated and signed roads and trails; do not allow new land use authorizations; designate 13 caves as ''significant'' (this administrative determination may result in additional resource use limitations as determined on a case-by-case basis).

Tee-Maze ACEC/RNA (cave scenery and resources; bat populations (BLM sensitive species); cave-adapted insect community; vertebrate fossils)—Designate approximately 10,762 acres as an ACEC/RNA. Implement the following resource use limitations to protect the identified ACEC values: Prepare an activity plan which identifies Limits of Acceptable Change and management actions to protect cave resources; restrict access to caves containing bats during winter hibernation periods; seasonally prohibit access to caves which provide maternity roosts; close the ACEC to mineral material sales and free use permits; limit OHV use to designated and signed roads and trails, except for allowing cross-country vehicle access within two existing mineral use areas; do not allow new land use authorizations; designate 12 caves as ''significant'' (this administrative determination may result in additional resource use limitations as determined on a case-by-case basis).

Public participation will continue throughout the remainder of the Shoshone Land Use Plans Amendments/EA planning process.

Following the 60-day public review and comment period for these proposed ACEC designations, the BLM will prepare, publish, and distribute the Proposed Amendments. The proposed amendments will be subject to a 30-day public protest period and a 60-day Governor's consistency review prior to issuing the BLM's final decision.

Dated: March 18, 2002.

James E. May,

District Manager, Upper Snake River District—BLM.

[FR Doc. 02–13381 Filed 6–27–02; 8:45 am]

BILLING CODE 4310–GG–P

DEPARTMENT OF THE INTERIOR

Bureau of Land Management

[NM–070–1610–DP]

Notice of Availability of the Draft Farmington Resource Management Plan Revision and Draft Environmental Impact Statement; Farmington Field Office, New Mexico

AGENCY: Bureau of Land Management, Interior.

ACTION: Notice of availability of the Draft Farmington Resource Management Plan Revision and Draft Environmental Impact Statement.

SUMMARY: The Bureau of Land Management (BLM) announces the availability of the Draft Farmington Resource Management Plan (RMP) Revision and Draft Environmental Impact Statement (EIS) for public review and comment. This document identifies and analyzes land use planning options for managing approximately 2 million acres of public land and just over 3 million acres of Federal mineral estate administered by the Farmington Field Office (FFO) and in the San Juan Basin portion of the area administered by the Albuquerque Field Office (AFO) (formerly Rio Puerco Resource Area) in New Mexico. The FFO covers all of San Juan County and portions of McKinley, Rio Arriba, and Sandoval Counties and the AFO portion of the San Juan Basin includes parts of McKinley and Sandoval Counties in northwest New Mexico. The BLM is recommending undesignating 4 previously designated Areas of Critical Environmental Concern (ACECs), designating 14 new ACECs, and changing the size or use limitations of 42 existing ACECs. BLM is also applying off-highway vehicle (OHV) designations to lands administered by FFO.

DATES: Comments will be accepted for 90 days from the date that the Environmental Protection Agency publishes a Notice of Availability and Filing of the Draft EIS in the **Federal Register**. Public hearings and meetings will be held to discuss the management alternatives, answer questions, and to receive comments on the draft. Comments can be made orally at the public hearings and/or in writing to the FFO Manager at the address given below. At least 15 days notice in local media will be given for activities where the public is invited to attend. All meeting notifications will be published on the FFO Web site *www.nm.blm.gov* under ''Field Offices, Farmington Field Office'' (subject to Internet availability), and in the Farmington Daily Times and the Albuquerque Journal newspapers.

Comments, including the name and addresses of commenters, will be available for public review. Respondents may request confidentiality. If you wish to withhold your name and/or address from public review or from disclosure under the Freedom of Information Act, you must state this prominently at the beginning of your written comment. Such requests will be honored to the extent allowed by law. All submissions from organizations or businesses, and from individuals identifying themselves as representatives or officials or organizations or businesses, will be made available for public inspection in their entirety.

Comments are most meaningful and helpful if they address one or more of the following:

- Errors in the analysis.
- New information that would have a bearing on the analysis.
- Misinformation that could affect the outcome of the analysis.
- Requests for clarification.
- A substantive new alternative whose mix of allocations differs from any of the existing alternatives.

Where possible, refer to the pages and paragraphs on which you are commenting.

FOR FURTHER INFORMATION, CONTACT: RMP Project Manager, Farmington Field Office, 1235 La Plata Highway, Suite A, Farmington, NM 87401–8754. Comments should be sent to this address.

SUPPLEMENTARY INFORMATION: The Draft RMP/EIS pertains to public land in the FFO area, except where a small portion of the San Juan Oil and Gas Basin lies within the administrative boundary of the AFO. The Draft RMP/EIS fulfills the requirements of the Federal Land Management Policy Act (FLPMA) and the National Environmental Policy Act (NEPA).

The Draft RMP/EIS addresses the full range of resources and multiple uses in the planning area. The five major issues raised during scoping that are addressed in the Draft RMP/EIS are: (1) Oil and gas leasing and development; (2) landownership adjustments; (3) specially designated areas; (4) off-highway vehicle (OHV) use; and (5) coal leasing suitability assessment.

Four alternatives for managing the public lands in the FFO are proposed. Each of the alternatives has been prepared to provide a comprehensive framework for managing the public lands and for allocating resources during the next 20 years using the principles of multiple use and sustained yield. The four alternatives are:

- *Alternative A* is ''no action,'' in which management would remain under current RMP and NEPA documents and policies.
- *Alternative B* emphasizes maximum recovery of the hydrocarbon and other resources as the primary goal.
- *Alternative C* emphasizes conservation, protection, and enhancement of natural and cultural resources through more stringent management of designated areas.
- *Alternative D,* the preferred action, balances the two goals to achieve maximum practicable recovery of oil and gas, while also maximizing protection of the most sensitive environmental resources.

Areas of Critical Environmental Concern

Four currently designated ACECs are being dropped in the plan because they are not necessary (three are within a wilderness area, and one was for a plant species that is more widely spread than previously known). The remainder of previously designated ACECs are being carried forward, but some changed in size or use limitations. Following the description of the values for which the area was nominated are the major use restrictions (alphabetical characters) that apply to the ACEC. The alphabetical characters are defined at the end of the ACEC discussion.

New ACECs

1. *Albert Mesa ACEC:* 177 total acres—Cultural Resources, Historic Sites: Major use restrictions include: A, C, D, E, F, G, J, K, L, M, O, Q.

2. *Cedar Hill ACEC:* 1,886 total acres—Cultural Resources, Anasazi Communities (Non-Chacoan): Major use restrictions include: A, C, D, E, F, H, I, K, R.

3. *Cottonwood Divide ACEC:* 60 total acres—Cultural Resources, Early Navajo Defensive Sites and Communities: Major use restrictions include: A, B, D, E, F, G, J, K, L, M, O, Q.

4. *Haynes Trading Post ACEC:* 43 total acres—Cultural Resources, Historic Sites: Major use restrictions include: A, C, D, E, F, H, I, K, L, M, O, P, Q.

5. *Hummingbird Canyon ACEC:* 130 total acres—Cultural Resources, Petroglyph and Pictograph Sites: Major use restrictions include: A, B, D, E, F, G, J, K, L, M, O, Q.

6. *La Jara ACEC:* 1,769 total acres—Cultural Resources, Anasazi Communities (Non-Chacoan): Major use restrictions include: A, C, D, E, F, H, I, K, R.

7. *Moss Trail ACEC:* 28 total acres—Cultural Resources, Historic Sites: Major use restrictions include: A, C, D, E, F, G, J, K, L, M, O, P, Q.

8. *Muñoz Canyon ACEC:* 268 total acres—Cultural Resources, Early Navajo Defensive Sites and Communities: Major use restrictions include: A, C, D, E, F, H, I, K, L, M, R.

9. *Pork Chop Pass ACEC:* 44 total acres—Cultural Resources, Early Navajo Defensive Sites and Communities: Major use restrictions include: A, C, D, E, F, H, I, K, L, M, O, R.

10. *Star Rock ACEC:* 60 total acres—Cultural Resources, Early Navajo Defensive Sites and Communities: Major use restrictions include: A, C, D, E, F, G, J, K, L, M, O, Q.

11. *String House ACEC:* 47 total acres—Cultural Resources, Early Navajo Defensive Sites and Communities: Major use restrictions include: A, C, D, E, F, G, J, K, L, M, O, Q.

12. *Truby's Tower ACEC:* 160 total acres—Cultural Resources, Early Navajo Defensive Sites and Communities: Major use restrictions include: A, C, D, E, F, H, I, K, L, M, O, R.

13. *Mexican Spotted Owl ACEC:* 2,758 total acres—Threatened and Endangered Species: Major use restrictions include: A, C, F, I.

14. *Piñon Mesa ACEC:* 9,454 total acres—Recreation: Major use restrictions include: A, C, F, I, K, L, M, P.

Key to Major Use Restrictions

A—Oil and Gas, leased acreage (closed or partially restricted, time limitation or seasonal).

B—Oil and Gas, new leasing, closed.

C—Oil and Gas, new leasing, other restriction.

D—Leasables and saleables, closed or otherwise restricted.

E—Locatables, withdraw minerals.

F—Land not available for disposal

G—No new rights-of-way.

H—Rights-of-way where previously disturbed.

I—OHV limited.

J—OHV closed.

K—VRM classes I & II.

L—No woodcutting.

M—Closed to vegetation modification.

N—Vegetation modification considered case by case.

O—Closed to grazing.

P—Identify noise sensitive areas.

Q—Closed to grazing.

R—Restrict to previously disturbed areas.

Specially designated areas (Research Natural Areas, Wilderness Areas, recreation, paleontological, and wildlife areas and ACECs) in the FFO would increase from 492,000 Federal surface acres in the no action alternative to 650,000 Federal surface acres in the preferred alternative.

Copies of the Draft Farmington Resource Management Plan Revision and Draft Environmental Impact Statement are available at Web site *www.nm.blm.gov* or on request by contacting the BLM Field Office at 1235 La Plata Highway, Suite A, Farmington, NM 87401–8754.

Dated: May 16, 2002.

Carsten F. Goff,

New Mexico Acting State Director.

[FR Doc. 02–16400 Filed 6–27–02; 8:45 am]

BILLING CODE 4310–FB–P

DEPARTMENT OF THE INTERIOR

Minerals Management Service

Agency Information Collection Activities: Submitted for Office of Management and Budget (OMB) Review; Comment Request

AGENCY: Minerals Management Service (MMS), Interior.

ACTION: Notice of an extension of a currently approved information collection (OMB Control Number 1010–0123).

SUMMARY: To comply with the Paperwork Reduction Act (PRA) of 1995, we are submitting to OMB for review and approval an information collection request (ICR) titled ''Issuing Orders Requested by Indian Lessors.'' We are also soliciting comments from the public on this ICR.

DATES: Submit written comments on or before July 29, 2002.

ADDRESSES: Submit written comments to the Office of Information and Regulatory Affairs, OMB, Attention: Desk Officer for the Department of the Interior (OMB Control Number 1010–0123), 725 17th Street, NW., Washington, DC 20503. Also, submit copies of your written comments to Carol Shelby, Regulatory Specialist, Minerals Management Service, Minerals Revenue Management, P.O. Box 25165, MS 320B2, Denver, Colorado 80225. If you use an overnight courier service, MMS's courier address is Building 85, Room A–614, Denver Federal Center, Denver, Colorado 80225. You may also submit your comments at our email address mrm.comments@mms.gov. Include the title of the information collection and the OMB control number in the ''Attention'' line of your comment. Also include your name and return address. Submit electronic comments as an ASCII file avoiding the use of special characters and any form of encryption. If you do not receive a confirmation that we have received your email, contact Ms. Shelby at (303) 231–3151 or FAX (303) 231–3385.

FOR FURTHER INFORMATION CONTACT: Carol Shelby, telephone (303) 231–3151, FAX (303) 231–3385, or email *Carol.Shelby@mms.gov.*

SUPPLEMENTARY INFORMATION:

Title: Issuing Orders Requested by Indian Lessors.

OMB Control Number: 1010–0123.

Bureau Form Number: None.

Abstract: The Department of the Interior (DOI) is responsible for matters relevant to mineral resource development on Federal and Indian lands and the Outer Continental Shelf (OCS). The Secretary of the Interior is responsible for managing the production of minerals from Federal and Indian lands and the OCS, collecting royalties from lessees who produce minerals, and distributing the funds collected in accordance with applicable laws. The Secretary also has an Indian trust responsibility to manage Indian lands and seek advice and information from Indian beneficiaries. MMS performs the royalty management functions and assists the Secretary in carrying out DOI's Indian trust responsibility.

Section 101(a) of the Federal Oil and Gas Royalty Management Act of 1982, as amended, requires that the Secretary ''establish a comprehensive inspection, collection, and fiscal and production accounting and auditing system to provide the capability to accurately determine oil and gas royalties, interest, fines, penalties, fees, deposits, and other payments owed, and collect and account for such amounts in a timely manner.'' In order to accomplish these tasks, Indian lessors need a procedure for requesting the Secretary to issue orders for payments or reports. MMS published a proposed rule on January 12, 1999 (64 FR 1930), to add Subpart

C—Requests from Indian Lessors for MMS to Issue an Order to 30 CFR Part 242—Orders. The subpart explained how Indian lessors could formally request that MMS issue an order to persons concerning the reporting of production and the reporting and payment of royalties and other payments due under their leases. A final rule codifying these provisions has not been published yet. Because OMB approval of this information collection expires July 31, 2002, we are seeking OMB approval to renew these reporting requirements until a final rule is published.

This information collection covers the hour burden associated with submitting requests to MMS to issue an order. Submission of the information in this collection is necessary for MMS to determine the validity of the request and investigate the reasons for perceived errors or underpayments. Proprietary information that is submitted is protected, and there are no questions of a sensitive nature included in this information collection.

Frequency: On occasion.

Estimated Number and Description of Respondents: 12 Indian lessors.

Estimated Annual Reporting and Recordkeeping ''Hour'' Burden: 180 hours.

Estimated Annual Reporting and Recordkeeping ''Non-hour Cost'' Burden: We have identified no ''non-hour'' cost burdens.

Comments: Section 3506(c)(2)(A) of the PRA (44 U.S.C. 3501 *et seq.*) requires each agency ''* * * to provide notice * * * and otherwise consult with members of the public and affected agencies concerning each proposed collection of information * * *.'' Agencies must specifically solicit comments to: (a) Evaluate whether the proposed collection of information is necessary for the agency to perform its duties, including whether the information is useful; (b) evaluate the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) enhance the quality, usefulness, and clarity of the information to be collected; and (d) minimize the burden on the respondents, including the use of automated collection techniques or other forms of information technology.

To comply with the public consultation process, on March 22, 2002, we published a **Federal Register** notice (67 FR 13360) with the required 60-day comment period announcing that we would submit this ICR to OMB for approval. We did not receive any comments. We have posted a copy of the ICR at our Internet web site *http://www.mrm.mms.gov/Laws_R_D/FRNotices/FRInfColl.htm.* We will also provide a copy of the ICR to you without charge upon request.

If you wish to comment in response to this notice, please send your comments directly to the offices listed under the **ADDRESSES** section of this notice. OMB has up to 60 days to approve or disapprove the information collection but may respond after 30 days. Therefore, to ensure maximum consideration, OMB should receive your comments by July 29, 2002. The PRA provides that 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.

Public Comment Policy. We will post all comments received in response to this notice on our Internet web site at *http://www.mrm.mms.gov/Laws_R_D/InfoColl/InfoColCom.htm* for public review. We also make copies of the comments, including names and addresses of respondents, available for public review during regular business hours at our offices in Lakewood, Colorado.

Individual respondents may request that we withhold their home address from the public record, which we will honor to the extent allowable by law. There also may be circumstances in which we would withhold from the record a respondent's identity, as allowable by law. If you wish us to withhold your name and/or address, you must state this prominently at the beginning of your comment. However, we will not consider anonymous comments. We will make all submissions from organizations or businesses, and from individuals identifying themselves as representatives or officials of organizations or businesses, available for public inspection in their entirety.

MMS Information Collection Clearance Officer: Jo Ann Lauterbach, (202) 208–7744.

Dated: June 5, 2002.

Lucy Querques Denett,

Associate Director for Minerals Revenue Management.

[FR Doc. 02–16313 Filed 6–27–02; 8:45 am]

BILLING CODE 4310–MR–P

DEPARTMENT OF THE INTERIOR

National Park Service

Notice of a National Park Service Concession Workshop, Subject: ''How To Apply for a Concession Authorization''

AGENCY: National Park Service, Interior.

ACTION: Notice of a National Park Service Concession Workshop, subject: ''How to Apply for a Concession Authorization.''

SUMMARY: Notice is hereby given that the National Park Service (NPS) will be conducting a 1-day workshop on the NPS concession contracting process. This workshop is being held in conjunction with the National Parks Conservation Association's (NPCA) ''Mosaic in Motion 2002'' which is being held in Atlanta, Georgia on July 7–10, 2002, at Stone Mountain at the Evergreen Conference Center.

SUPPLEMENTARY INFORMATION: All persons interested in doing business in a national park and obtaining information on how to respond to a concession prospectus are invited to attend. The workshop's focus will be on concession contracts. Discussions will include guidelines describing how to submit responsive proposals in response to concession prospectuses and how the NPS evaluates the proposals. The workshop is scheduled to begin at 8 a.m. on July 10, 2002. The cost for the workshop is $125.00. For further information concerning this workshop and for registration details and information, contact Iantha Gantt-Wright at the National Parks Conservation Association on 202/454–3381 or visit the NPCA web site at *www.npca.org.*

FOR FURTHER INFORMATION CONTACT: Sherrill Watson, Concession Program, National Park Service, Washington, DC 20240, telephone 202–565–1210.

Dated: June 4, 2002.

Richard G. Ring,

Associate Director, Park Operations and Education.

[FR Doc. 02–16340 Filed 6–27–02; 8:45 am]

BILLING CODE 4310–70–M

DEPARTMENT OF JUSTICE

Drug Enforcement Administration

Manufacturer of Controlled Substances; Notice of Application

Pursuant to § 1301.33(a) of Title 21 of the Code of Federal Regulations (CFR), this is notice that on March 7, 2002,

Sigma Aldrich Research Biochemicals, Inc., 1–3 Strathmore Road, Natick, Massachusetts 01760, made application by renewal to the Drug Enforcement Administration (DEA) for registration as a bulk manufacturer of the basic classes of controlled substances listed below:

Drug	Schedule
Cathinone (1235)	I
Methcathinone (1237)	I
Aminorex (1585)	I
Alpha-Ethyltryptamine (7249)	I
Lysergic acid diethylamide (7315)	I
Tetrahydrocannabinols (7370)	I
4-Bromo-2,5-dimethoxy-amphetamine (7391).	I
4-Bromo-2,5-dimethoxy-phenethylamine (7392).	I
2,5-Dimethoxyamphetamine (7396).	I
3,4-Methylenedioxyamphetamine (7400).	I
N-Hydroxy-3,4-methylenedioxy-amphetamine (7402).	I
3,4-Methylenedioxy-N-ethyl-amphetamine (7404).	I
3,4-Methylenedioxy-methamphetamine (7405).	I
1-[1-(2-Thienyl) cyclohexyl] piperidine (7470).	I
Heroin (9200)	I
Normorphine (9313)	I
Amphetamine (1100)	II
Methamphetamine (1105)	II
Nabilone (7379)	II
Phenylcyclohexylamine (7460)	II
Phencyclidine (7471)	II
Cocaine (9041)	II
Codeine (9050)	II
Diprenorphine (9085)	II
Benzoylecgonine (9180)	II
Levomethorphan (9210)	II
Levorphanol (9220)	II
Meperidine (9230)	II
Metazocine (9240)	II
Methadone (9250)	II
Morphine (9300)	II
Thebaine (9333)	II
Carfentanil (9773)	II
Levo-alphacetylmethadol (LAAM) (9648).	II
Fentanyl (9801)	II

The firm plans to manufacture the listed controlled substances for laboratory reference standards and neurochemicals.

Any other such applicant and any person who is presently registered with DEA to manufacture such substance may file comments or objections to the issuance of the proposed registration.

Any such comments or objections may be addressed, in quintuplicate, to the Deputy Assistant Administrator, Office of Diversion Control, Drug Enforcement Administration, United States Department of Justice, Washington, DC 20537, Attention: DEA Federal Register Representative (CCR), and must be filed no later than August 27, 2002.

Dated: June 14, 2002.

Laura M. Nagel,

Deputy Assistant Administrator, Office of Diversion Control, Drug Enforcement Administration.

[FR Doc. 02–16364 Filed 6–27–02; 8:45 am]

BILLING CODE 4410–09–M

DEPARTMENT OF LABOR

Employment Standards Administration; Wage and Hour Division

Minimum Wages for Federal and Federally Assisted Construction; General Wage Determination; Decisions

General wage determination decisions of the Secretary of Labor are issued in accordance with applicable law and are based on the information obtained by the Department of Labor from its study of local wage conditions and data made available from other sources. They specify the basic hourly wage rates and fringe benefits which are determined to be prevailing for the described classes of laborers and mechanics employed on construction projects of a similar character and in the localities specified therein.

The determinations in these decisions of prevailing rates and fringe benefits have been made in accordance with 29 CFR Part 1, by authority of the Secretary of Labor pursuant to the provisions of the Davis-Bacon Act of March 3, 1931, as amended (46 Stat. 1494, as amended, 40 U.S.C. 276a) and of other Federal statutes referred to in 29 CFR part 1, Appendix, as well as such additional statutes as may from time to time be enacted containing provisions for the payment of wages determined to be prevailing by the Secretary of labor in accordance with the Davis-Bacon Act. The prevailing rates and fringe benefits determined in these decisions shall, in accordance with the provisions of the foregoing statutes, constitute the minimum wages payable on Federal and federally assisted construction projects to laborers and mechanics of the specified classes engaged on contract work of the character and in the localities described therein.

Good cause is hereby found for not utilizing notice and public comment procedure thereon prior to the issuance of these determinations as prescribed in 5 U.S.C. 553 and not providing for delay in the effective date as prescribed in that section, because the necessity to issue current construction industry wage determinations frequently and in large volume causes procedures to be impractical and contrary to the public interest.

General wage determination decisions, and modifications and supersedes decisions thereto, contain no expiration dates and are effective from their date of notice in the **Federal Register**, or on the date written notice is received by the agency, whichever is earlier. These decisions are to be used in accordance with the provisions of 29 CFR Parts 1 and 5. Accordingly, the applicable decision, together with any modifications issued, must be made a part of every contract for performance of the described work within the geographic area indicated as required by an applicable Federal prevailing wage law and 29 CFR Part 5. The wage rates and fringe benefits, notice of which is published herein, and which are contained in the Government Printing Office (GPO) document entitled ''General Wage Determinations Issued Under The Davis-Bacon And Related Acts,'' shall be the minimum paid by contractors and subcontractors to laborers and mechanics.

Any person, organization, or governmental agency having an interest in the rates determined as prevailing is encouraged to submit wage rate and fringe benefit information for consideration by the Department. Further information and self-explanatory forms for the purpose of submitting this data may be obtained by writing to the U.S. Department of Labor, Employment Standards Administration, Wage and Hour Division, Division of Wage Determinations, 200 Constitution Avenue, NW., Room S–3014, Washington, DC 20210.

Withdrawal General Wage Determination Decisions

This is to advise all interested parties that the Department of Labor is withdrawing, from the date of this notice, General Wage Determinations KS020005 and KS020067. See KS020004.

Contracts for which bids have been opened shall not be affected by this notice. Also, consistent with 29 CFR 1.6(c)(2)(i)(A), when the opening of bids is less than ten (10) days from the date of this notice, this action shall be effective unless the agency finds that there is insufficient time to notify bidders of the change and the finding is documented in the contract file.

Modification to General Wage Determination Decisions

The number of the decisions listed to the Government Printing Office document entitled ''General Wage Determinations Issued Under the Davis-Bacon and related Acts'' being modified are listed by Volume and State. Dates of publication in the **Federal Register** are in parentheses following the decisions being modified.

Volume I

None

Volume II

Delaware
DE020002 (Mar. 1, 2002)
DE020005 (Mar. 1, 2002)
DE020009 (Mar. 1, 2002)
Pennsylvania
PA020001 (Mar. 1, 2002)
PA020002 (Mar. 1, 2002)
PA020003 (Mar. 1, 2002)
PA020004 (Mar. 1, 2002)
PA020005 (Mar. 1, 2002)
PA020006 (Mar. 1, 2002)
PA020007 (Mar. 1, 2002)
PA020008 (Mar. 1, 2002)
PA020009 (Mar. 1, 2002)
PA020010 (Mar. 1, 2002)
PA020011 (Mar. 1, 2002)
PA020012 (Mar. 1, 2002)
PA020013 (Mar. 1, 2002)
PA020014 (Mar. 1, 2002)
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PA020027 (Mar. 1, 2002)
PA020029 (Mar. 1, 2002)
PA020030 (Mar. 1, 2002)
PA020031 (Mar. 1, 2002)
PA020038 (Mar. 1, 2002)
PA020040 (Mar. 1, 2002)
PA020042 (Mar. 1, 2002)
PA020059 (Mar. 1, 2002)
PA020065 (Mar. 1, 2002)

Volume III

Alabama
AL020023 (Mar. 1, 2002)
AL020024 (Mar. 1, 2002)
AL020025 (Mar. 1, 2002)
AL020026 (Mar. 1, 2002)
AL020028 (Mar. 1, 2002)
AL020029 (Mar. 1, 2002)
Georgia
GA020053 (Mar. 1, 2002)
Mississippi
MS020001 (Mar. 1, 2002)
MS020003 (Mar. 1, 2002)
MS020031 (Mar. 1, 2002)

Volume IV

Illinois
IL020011 (Mar. 1, 2002)
IL020012 (Mar. 1, 2002)
IL020013 (Mar. 1, 2002)
IL020014 (Mar. 1, 2002)
IL020015 (Mar. 1, 2002)
IL020016 (Mar. 1, 2002)
IL020017 (Mar. 1, 2002)
IL020020 (Mar. 1, 2002)
Michigan
MI020064 (Mar. 1, 2002)

Volume V

Kansas
KS020004 (Mar. 1, 2002)
Louisiana
LA020001 (Mar. 1, 2002)
LA020005 (Mar. 1, 2002)
LA020009 (Mar. 1, 2002)
LA020012 (Mar. 1, 2002)
LA020014 (Mar. 1, 2002)
LA020015 (Mar. 1, 2002)
LA020018 (Mar. 1, 2002)
LA020040 (Mar. 1, 2002)
LA020045 (Mar. 1, 2002)
LA020046 (Mar. 1, 2002)
LA020047 (Mar. 1, 2002)
LA020048 (Mar. 1, 2002)
LA020052 (Mar. 1, 2002)
LA020054 (Mar. 1, 2002)

Volume VI

Idaho
ID020001 (Mar. 1, 2002)
ID020003 (Mar. 1, 2002)
South Dakota
SD020002 (Mar. 1, 2002)

Volume VII

California
CA020001 (Mar. 1, 2002)

General Wage Determination Publication

General wage determinations issued under the Davis-Bacon and related Acts, including those noted above, may be found in the Government Printing Office (GPO) document entitled ''General Wage determinations Issued Under the Davis-Bacon And Related Acts''. This publication is available at each of the 50 Regional Government Depository Libraries and many of the 1,400 Government Depository Libraries across the country.

General wage determinations issued under the Davis-Bacon and related Acts are available electronically at no cost on the Government printing Office site at *www.access.gpo.gov/davisbacon*. They are also available electronically by subscription to the Davis-Bacon Online Service(*http://davisbacon.fedworld.gov*) of the National Technical Information Service (NTIS) of the U.S. Department of Commerce at 1–800–363–2068. This subscription offers value-added features such as electronic delivery of modified wage decisions directly to the user's desktop, the ability to access prior wage decisions issued during the year, extensive Help desk Support, etc.

Hard-copy subscriptions may be purchased from: Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402, (202) 512–1800.

When ordering hard-copy subscription(s), be sure to specify the State(s) of interest, since subscriptions may be ordered for any or all of the six separate Volumes, arranged by State. Subscriptions include an annual edition (issued in January or February) which includes all current general wage determinations for the States covered by each volume. Throughout the remainder of the year, regular weekly updates will be distributed to subscribers.

Signed at Washington, DC, this 20th day of June, 2002.

Carl J. Poleskey,

Chief, Branch of Construction Wage Determinations.

[FR Doc. 02–16101 Filed 6–27–02; 8:45 am]

BILLING CODE 4510–27–M

DEPARTMENT OF LABOR

Occupational Safety and Health Administration

[Docket No. ICR–1218–0203(2002)]

Standard on Permit-Required Confined Spaces; Extension of the Office of Management and Budget's Approval of Information-Collection (Paperwork) Requirements

AGENCY: Occupational Safety and Health Administration (OSHA), Labor.

ACTION: Request for comment.

SUMMARY: OSHA requests comment concerning its proposed extension of the information-collection requirements specified by its Standard on Permit-Required Confined Spaces (29 CFR 1910.146). The Standard specifies a number of collection-of-information requirements. The collections of information are used by employers and employees whenever entry is made into permit-required confined spaces.

DATES: Submit written comments on or before August 27, 2002.

ADDRESSES: Submit written comments to the Docket Office, Docket No. ICR–1218–0203(2002), OSHA, U.S. Department of Labor, Room N–2625, 200 Constitution Avenue, NW., Washington, DC 20210; telephone: (202) 693–2350. Commenters may transmit written comments of 10 pages or less by facsimile to (202) 693–1648.

FOR FURTHER INFORMATION CONTACT: Theda Kenney, Directorate of Safety Standards Programs, OSHA, U.S. Department of Labor, Room N–3609, 200 Constitution Avenue, NW., Washington, DC 20210; telephone (202)

693–2222. A copy of the Agency's Information-Collection Request (ICR) supporting the need for the collections of information collection specified by the Standard on Permit-Required Confined Spaces is available for inspection and copying in the Docket Office, or by requesting a copy from Theda Kenney at (202) 693–2222, or Todd Owen at (202) 693–2444. For electronic copies of the ICR, contact OSHA on the Internet at *http://www.osha.gov* and select ''*Information Collection Requests.*''

SUPPLEMENTARY INFORMATION:

I. Background

The Department of Labor, as part of its continuing effort to reduce paperwork and respondent (*i.e.,* employer) burden, conducts a preclearance consultation program to provide the public with an opportunity to comment on proposed and continuing information-collection requirements in accordance with the Paperwork Reduction Act of 1995 (PRA–95) (44 U.S.C. 3506(c)(2)(A)). This program ensures that information is in the desired format, reporting burden (time and costs) is minimal, collection instruments are understandable, and OSHA's estimate of the information-collection burden is correct.

The following sections describe who uses the information collected under each requirement, as well as how they use it. The purpose of the information is to insure that employers systematically evaluate the dangers in permit spaces before entry is attempted and to insure that adequate measures are taken to make the spaces safe for entry. In addition, the information is needed to determine, during an OSHA inspection by a compliance safety and health officer, if employers are in compliance with the standard.

Section 1910.146(c)(2) requires the employer to post danger signs to inform exposed employees of the existence and location of and the danger posed by permit spaces.

Section 1910.146(c)(4) requires the employer to develop and implement a written permit space program if the employer decides that its employees will enter permit spaces. The written program is to be made available for inspection by employees and their authorized representatives. Section 1910.146(d) provides the employer with the requirements of permit-required confined space program (permit space program) required under this paragraph.

Section 1910.146(c)(5)(i)(E) requires that the determinations and supporting data required by paragraphs (c)(5)(i)(A), (c)(5)(i)(B), and (c)(5)(i)(C) of this section are documented by the employer and are made available to each employee who enters a permit space or to that employee's authorized representative.

Under paragraph (c)(5)(ii)(H) of 1910.146, the employer is required to verify that the space is safe for entry and that the pre-entry measures required by paragraph (c)(5)(ii) of this section have been taken, through a written certification that contains the date, the location of the space, and the signature of the person providing the certification. The certification is to be made before entry and is required to be made available to each employee entering the space or to that employee's authorized representative.

Section 1910.146(c)(7)(iii) requires the employer to document the basis for determining that all hazards in a permit space have been eliminated, through a certification that contains the date, the location of the space, and the signature of the person making the determination. The certification is to be made available to each employee entering the space or to that employee's authorized representative.

Section 1910.146(e) requires the employer to document the completion of measures required by paragraph (d)(3) by preparing an entry permit before employee entry is authorized. Paragraph (e)(3) requires that the employer make the completed permit available at the time of entry to all authorized entrants by posting the permit at the entry portal or by any other equally effective means, so that the entrants can confirm that pre-entry preparations have been completed. Paragraph (e)(6) requires the employer to retain each canceled entry permit for at least one year.

Section 1910.146(g)(4) requires that the employer certify that the training required by paragraphs (g)(1) through (g)(3) [1] has been accomplished by preparing a written certification record.

II. Special Issues for Comment

OSHA has a particular interest in comments on the following issues:

- Whether the proposed information-collection requirements are necessary for the proper performance of the Agency's functions, including whether the information is useful;
- The accuracy of OSHA's estimate of the burden (time and costs) of the information-collection requirements, including the validity of the methodology and assumptions used;
- The quality, utility, and clarity of the information collected; and
- Ways to minimize the burden on employers who must comply; for example, by using automated or other technological information-collection and transmission techniques.

[1] The Agency concludes that the training required under 1910.146(g)(1) through (g)(3) is written in performance-oriented language and, thus, not considered a collection of information under the implementing rules and guidelines of PRA–95.

III. Proposed Actions

OSHA proposes to extend the Office of Management and Budget's (OMB) approval of the collection-of-information requirements specified by the Standard on Permit-Required Confined Spaces (29 CFR 1910.146). The Agency will summarize the comments submitted in response to this notice, and will include this summary in its request to OMB to extend the approval of these information-collection requirements.

Type of Review: Extension of a currently-approved information-collection requirement.

Title: Permit-Required Confined Spaces (29 CFR 1910.146).

OMB Number: 1218–0203.

Affected Public: Business or other for-profit; not-for-profit institutions; Federal government; State, local, or tribal government.

Number of Respondents: 4,844,849.

Frequency of Recordkeeping: On occasion.

Average time per Response: Varies from three minutes (.05 hour) to maintain and disclose a training certification to 16 hours to develop a written permit space entry program.

Total Annual Hours Requested: 1,666,663.

Total Annual Costs (O&M): $0.

IV. Authority and Signature

John L. Henshaw, Assistant Secretary of Labor for Occupational Safety and Health, directed the preparation of this notice. The authority for this notice is the Paperwork Reduction Act of 1995 (44 U.S.C. 3506), and Secretary of Labor's Order No. 3–2000 (65 FR 50017).

Signed at Washington, DC on June 25, 2002.

John L. Henshaw,

Assistant Secretary of Labor.

[FR Doc. 02–16333 Filed 6–27-02; 8:45 am]

BILLING CODE 4510–26–M

NATIONAL AERONAUTICS AND SPACE ADMINISTRATION

[Notice (02–078)]

NASA Advisory Council; Meeting

AGENCY: National Aeronautics and Space Administration.

ACTION: Notice of meeting.

SUMMARY: In accordance with the Federal Advisory Committee Act, Public Law 92–463, as amended, the National Aeronautics and Space Administration announces a meeting of the NASA Advisory Council.

DATES: Wednesday, July 10, 2002, 9 a.m. to Noon.

ADDRESSES: National Aeronautics and Space Administration, James F. Webb Memorial Auditorium (West Lobby), 300 E Street, SW., Washington, DC 20546.

FOR FURTHER INFORMATION CONTACT: Dr. Donald Miller, Code IC, National Aeronautics and Space Administration, Washington, DC 20546, 202/358–1647.

SUPPLEMENTARY INFORMATION: The meeting will be conducted by teleconference in a room accessible to the public. The agenda for the meeting is for the Research Maximization Prioritization (REMAP) Task Force to present its findings and recommendations to the NAC for its deliberations prior to submission of the report to the NASA Administrator.

Dated: June 21, 2002.

Sylvia K. Kraemer,

Advisory Committee Management Officer, National Aeronautics and Space Administration.

[FR Doc. 02–16315 Filed 6–27–02; 8:45 am]

BILLING CODE 7510–01–P

NATIONAL SCIENCE FOUNDATION

Committee Management; Notice of Establishment

The Deputy Director of the National Science Foundation has determined that the establishment of the Advisory Committee for GPRA Performance Assessment is necessary and in the public interest in connection with the performance of duties imposed upon the National Science Foundation (NSF), by 42 U.S.C. 1861 *et seq.* This determination follows consultation with the Committee Management Secretariat, General Services Administration.

Name of Committee: Advisory Committee for GPRA Performance Assessment (#13853).

Purpose: Advise NSF on GPRA planning, procedures and assessment as they relate to the Foundation's long-term strategic outcome goals, and provide NSF with a report that contains recommendations related to GPRA reporting by NSF

Responsible NSF Official: Thomas N. Cooley, Chief Financial Officer, National Science Foundation, 4201 Wilson Boulevard, Suite 405, Arlington, VA 22230. Telephone: 703/292–8200.

Dated: June 24, 2002.

Susanne Bolton,

Committee Management Officer.

[FR Doc. 02–16314 Filed 6–27–02; 8:45 am]

BILLING CODE 7555–01–M

NUCLEAR REGULATORY COMMISSION

[Docket No. 50–298]

Cooper Nuclear Station; Notice of Consideration of Issuance of Amendment to Facility Operating License, Proposed No Significant Hazards Consideration Determination, and Opportunity for a Hearing

The U.S. Nuclear Regulatory Commission (the Commission) is considering issuance of an amendment to Facility Operating License No. DPR–46, issued to Nebraska Public Power District (the licensee), for operation of the Cooper Nuclear Station (CNS) located in Nemaha County, Nebraska.

The proposed amendment would revise the Technical Specifications (TSs) to support increase in reactor equipment cooling water temperature limits of service water (SW) and ultimate heat sink (UHS).

On May 20, 2002, the licensee submitted its application for change, and requested that the application be reviewed and approved by July 10, 2002. During telephone conversations with the licensee, the NRC staff explained that **Federal Register** notice requirements of 30 day comment period would push the earliest approval date to July 25, 2002. The licensee stated that anticipated low Missouri River (UHS for CNS) water flows and warm summer temperatures are likely to lead to the river water temperature to exceed the current UHS temperature limit of the TS, which would require a plant shutdown. Therefore, by a letter dated June 19, 2002, the licensee has asked that its application of May 20, 2002, be processed as an exigent request, pursuant to 10 CFR 50.91(a)(6), so as to avoid unnecessary shutdown of the CNS.

Before issuance of the proposed license amendment, the Commission will have made findings required by the Atomic Energy Act of 1954, as amended (the Act) and the Commission's regulations.

Pursuant to 10 CFR 50.91(a)(6) for amendments to be granted under exigent circumstances, the NRC staff must determine that the amendment request involves 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 amendment 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, which is presented below:

1. Do the proposed changes involve a significant increase in the probability or consequences of an accident previously evaluated?

No. The effects of the proposed increase in the SW and reactor equipment cooling [REC] temperatures on the likelihood of postulated accidents have been considered. These temperature parameters are not precursors or initiators of any analyzed Design Basis Events [DBEs]. Furthermore, there are no plant hardware changes or new operator actions associated with this proposed change that could serve to initiate a DBE. Accordingly, there is no increase in the probability of an accident previously evaluated.

The potential impact of the proposed increase in the SW and REC temperatures on the ability of the plant to mitigate postulated accidents has been analyzed. This includes analysis of the following fourteen (14) areas: (1) The ability of the containment to provide adequate long term (greater than 10 minutes) cooling following a design basis loss-of-coolant accident (LOCA); (2) the ability to safely shutdown the plant from outside the control room after a fire; (3) the ability of the plant to mitigate an Anticipated Transient Without Scram (ATWS) event; (4) the adequacy of the water source at the suction of the Emergency Core Cooling System (ECCS) pumps [i.e. the availability of adequate Net Positive Suction Head (NPSH)]; (5) the ability of the suppression pool to provide a source of water for the ECCS pumps without allowing ingestion of steam bubbles by the pumps; (6) small steam line break; (7) Diesel Generator cooling; (8) ability of SW to remove heat from REC and ability of REC to provide ECCS area cooling; (9) SW as a source of backup water to REC; (10) ability to meet requirements of environmental qualification of electrical equipment; (11) the adequacy of the water source (i.e. availability of adequate NPSH) at the suction of the SW and REC pumps; (12) impact on ECCS piping; (13) impact on the seals in the Residual Heat Removal and Core Spray pumps; and (14) common mode failure analysis on SW pump room maximum allowed temperature.

These analyses demonstrate that adequate cooling can be achieved and postulated accidents can be properly mitigated with the SW and REC systems at the proposed increased temperatures. In some analyzed accidents the proposed increased SW and

REC temperature limits result in a minimal increase in the temperature of the suppression pool. However, the resulting temperature is less than the containment design temperature specified in the updated safety analysis report [USAR].

The calculated dose consequences reflected in the USAR do not utilize SW or REC temperature as inputs. Therefore, these dose consequences are not impacted by the increased SW and REC temperature limits.

Based on the above, Nebraska Public Power District [NPPD] concludes that the proposed increased temperature limits do not involve a significant increase in the probability or consequences of an accident or transient previously evaluated in the safety analysis report.

2. Do the proposed changes create the possibility for a new or different kind of accident from any accident previously evaluated?

No. The increased limits do not introduce any new mode of plant operation and will not result in a change to the design function of the operation of any structure, system, or component (SSC) that is used for mitigating accidents. The proposed increases in the temperature limits do not result in any credible new failure mechanisms, malfunctions, or accident initiators not considered in the design and licensing bases. An increase in the maximum allowable cooling water temperature does not introduce new failure mechanisms for any SSC evaluated in the safety analysis report.

Based on the above, NPPD concludes that the proposed changes do not create the possibility of a new or different kind of accident to transient from any previously evaluated.

3. Do the proposed changes involve a significant reduction in the margin of safety?

No. The UHS/SW System and the REC System temperatures are input assumptions for analyzing mitigation of the design basis accidents, and are utilized to verify adequate cooling capability without quantifying system design capability limits.The ability of the SW and the REC systems to provide adequate cooling and proper mitigation of accident consequences at the proposed increased temperature have been evaluated. These evaluations have demonstrated that the proposed increased cooling water temperatures do not have a significant impact on the capability of the affected systems to perform their safety-related post-accident cooling functions and to mitigate accident consequences.

The safety margins related to containment pressure and temperature later than 10 minutes following a LOCA were shown to experience reductions with the increased SW and REC temperatures. However, both of these parameters continue to have sufficient resulting margin to the design pressure and temperature.

The operating license specifies safety limits involving reactor power level with pressure and flow below specified values, critical power ratio, water level in the reactor pressure vessel, and reactor coolant system (RCS) pressure. The SW and REC systems have safety functions that are related to cooling of various essential (safety related) components for accident mitigation. The proposed increases in the license limits for UHS and REC temperature will not have any impact on reactor power, critical power ratio, reactor vessel water level, or RCS pressure.

Based on the above NPPD concludes that the proposed changes do not involve a significant reduction in the margin of safety.

The NRC staff has reviewed the licensee's analysis and, based on this review, it appears that the three standards of 10 CFR 50.92(c) are satisfied. Therefore, the NRC staff proposes to determine that the amendment request involves no significant hazards consideration.

The Commission is seeking public comments on this proposed determination. Any comments received within 14 days after the date of publication of this notice will be considered in making any final determination.

Normally, the commission will not issue the amendment until the expiration of the 14-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 amendment before the expiration of the 14-day notice period, provided that its final determination is that the amendment involves 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. 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. Documents may be examined, and/or copied for a fee, at the NRC's Public Document Room, located at One White Flint North, 11555 Rockville Pike (first floor), Rockville, Maryland.

The filing of requests for hearing and petitions for leave to intervene is discussed below.

By July 29, 2002, the licensee may file a request for a hearing with respect to issuance of the amendment to the subject facility operating license 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,[1] which is available at the Commission's Public Document Room, located at One White Flint North, 11555 Rockville Pike (first floor), Rockville, Maryland, and available electronically on the Internet at the NRC Web site *http://www.nrc.gov/reading-rm/doc-collections/cfr/*. 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 of 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 a party to the proceeding; (2) the nature and extent of the petitioner's property, financial, or other interest in

[1] The most recent version of Title 10 of the Code of Federal Regulations, published January 1, 2002, inadvertently omitted the last sentence of 10 CFR 2.714(d) and subparagraphs (d)(1) and (2), regarding petitions to intervene and contentions.Those provisions are extant and still applicable to petitions to intervene. Those provisions are as follows:''In all other circumstances, such ruling body or officer shall, in ruling on—

(1) A petition for leave to intervene or a request for hearing, consider the following factors, among other things:

(i) The nature of the petitioner's right under the Act to be made a party to the proceeding.

(ii) The nature and extent of the petitioner's property, financial, or other interest in the proceeding.

(iii) The possible effect of any order that may be entered in the proceeding on the petitioner's interest.

(2) The admissibility of a contention, refuse to admit a contention if:

(i) The contention and supporting material fail to satisfy the requirements of paragraph (b)(2) of this section; or

(ii) The contention, if proven, would be of no consequence in the proceeding because it would not entitle petitioner to relief.''

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 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 the amendment is issued before the expiration of the 30-day hearing period, the Commission will make a final determination on the issue of no significant hazards consideration. If a hearing is requested, 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 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, located at One White Flint North, 11555 Rockville Pike (first floor), Rockville, Maryland, by the above date. Because of continuing disruptions in delivery of mail to United States Government offices, it is requested that petitions for leave to intervene and requests for hearing be transmitted to the Secretary of the Commission either by means of facsimile transmission to 301–415–1101 or by e-mail to *hearingdocket@nrc.gov.* A copy of the request for hearing and petition for leave to intervene should also be sent to the Office of the General Counsel, U.S. Nuclear Regulatory Commission, Washington, DC 20555–0001, and because of continuing disruptions in delivery of mail to United States Government offices, it is requested that copies be transmitted either by means of facsimile transmission to 301–415–3725 or by e-mail to *OGCMailCenter@nrc.gov.* A copy of the request for hearing and petition for leave to intervene should also be sent to John R. McPhail, General Counsel, Nebraska Public Power District, P.O. Box 499, Columbus, NE 68602–0499, attorney for the licensee.

Nontimely 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 May 20, 2002, and supplemental letter dated June 19, 2002, which are available for public inspection at the Commission's Public Document Room (PDR), located at One White Flint North, 11555 Rockville Pike (first floor), Rockville, Maryland. Publicly available records will be accessible electronically from the Agencywide Documents Access and Management System's (ADAMS) Public Electronic Reading Room on the Internet at the NRC web site *http://www.nrc.gov/reading-rm/adams.html.* Persons who do not have access to ADAMS or who encounter problems in accessing the document located in ADAMS, should contact the NRC PDR Reference staff by telephone at 1–800–397–4209, 301–415–4737, or by e-mail to *pdr@nrc.gov.*

Dated at Rockville, Maryland, this 24th day of June 2002.

Mohan C. Thadani,

Senior Project Manager, Section 1, Project Directorate IV, Division of Licensing Project Management, Office of Nuclear Reactor Regulation.

[FR Doc. 02–16339 Filed 6–27–02; 8:45 am]

BILLING CODE 7590–01–M

NUCLEAR REGULATORY COMMISSION

[Docket No. 52–006]

Westinghouse Electric Company; Notice of Acceptance of Application for Final Design Approval and Standard Design Certification of the AP1000 Standard Plant Design

Notice is hereby given that the Nuclear Regulatory Commission (NRC, the Commission) has received an application from Westinghouse Electric Company dated March 28, 2002, filed pursuant to Section 103 of the Atomic Energy Act and Title 10 of the Code of Federal Regulations (10 CFR) part 52, for the final design approval and standard design certification of the AP1000 Standard Plant Design. Westinghouse supplemented its application on April 15, April 30, May 15, and May 31, 2002. The application is considered sufficiently complete to be accepted formally as a docketed application for design certification. The Docket No. established for this application is 52–006. A notice relating to the rulemaking pursuant to 10 CFR 52.51 for design certification, including provisions for participation of the public and other parties, will be published in the future.

The AP1000 design is based on the AP600 design, which was certified on December 16, 1999. The AP1000 design is an approximately 1100 megawatt electric pressurized water reactor plant design in which passive safety systems are used for the ultimate safety protection of the plant. All of the safety systems are designed to be passive, where natural forces, such as gravity, natural circulation, and stored energy (in the form of pressurized accumulators

and batteries), are used as the motive forces of these systems. The AP1000 application includes the entire power generation complex, except those elements and features considered site-specific, and is not a modular design in which major components are shared.

A copy of the application is available for public inspection at the Commission's Public Document Room (PDR), located at One White Flint North, 11555 Rockville Pike (first floor), Rockville, Maryland. Publicly available records will be accessible from the Agencywide Documents Access and Management System (ADAMS) Public Electronic Reading Room on the Internet at the NRC Web site, *http://www.nrc.gov/reading-rm/adams.html*. Persons who do not have access to ADAMS or who encounter problems in accessing the documents located in ADAMS, should contact the NRC Public Document Room Reference staff by telephone at 1–800–397–4209, 301–415–4737 or by e-mail to *pdr@nrc.gov.*

Dated at Rockville, Maryland this 25th day of June 2002.

For the Nuclear Regulatory Commission.

James E. Lyons,

Director, New Reactor Licensing Project Office, Office of Nuclear Reactor Regulation.

[FR Doc. 02–16338 Filed 6–27–02; 8:45 am]

BILLING CODE 7590–01–P

OFFICE OF PERSONNEL MANAGEMENT

Notice of Federal Long Term Care Insurance Program Open Season

AGENCY: Office of Personnel Management.

ACTION: Notice of Federal Long Term Care Insurance Open Season.

SUMMARY: The Office of Personnel Management, in conjunction with LTC Partners, LLC[sm], is announcing an Open Season for eligible persons to submit applications for coverage under the Federal Long Term Care Insurance Program (FLTCIP). LTC Partners is an organization formed by John Hancock Life Insurance Company and Metropolitan Life Insurance Company to administer the FLTCIP.

DATES: Open Season will run from July 1 through December 31, 2002.

FOR FURTHER INFORMATION CONTACT: You may call 1–800–LTC–FEDS (1–800–582–3337) (TDD: 1–800–843–3557) or visit *www.ltcfeds.com* for information on applying during Open Season.

SUPPLEMENTARY INFORMATION: The Long-Term Care Security Act (Pub. L. 106–265) directs the Office of Personnel Management to conduct an Open Season for eligible persons to apply for coverage in the Federal Long Term Care Insurance Program (FLTCIP) no later than October 1, 2002. An early enrollment period was conducted between March 25 and May 15, 2002. Open Season will begin on July 1, 2002 and will continue through December 31, 2002.

LTC Partners has already begun a wide-ranging educational campaign to inform the Federal Family about what long term care is, how long term care insurance can protect against the high cost of long term care, and to explain the various features of the FLTCIP. This campaign will continue throughout the Open Season, and encompasses print media, satellite broadcasts, a web site, toll-free telephone access to long term care insurance specialists, and education meetings.

The specific provisions of the Open Season are as follows:

Eligible persons: Persons eligible to apply for coverage under the FLTCIP are those specified in the FederalLong-Term Care Security Act (5 U.S.C. 9002) as eligible for coverage. The eligible groups are Federal civilian and Postal employees and annuitants; members of the uniformed services; retired members of the uniformed services; their spouses and adult children; and the parents, stepparents, and parents-in-law of employees and members of the uniformed services.

There is no difference in eligibility requirements between early enrollment and the Open Season.

Underwriting requirements: Federal civilian and Postal employees, members of the uniformed services, and their spouses, will be subject to abbreviated underwriting.

Underwriting involves evaluating responses to questions regarding health status and other information. If you apply for the unlimited benefit period, you will be asked additional questions. The underwriting process may also include a review of your medical records and/or a personal interview.

The opportunity for this eligible group to apply with abbreviated underwriting ends on December 31, 2002.

All other eligible persons will be required to submit full underwriting applications. If you are subject to full underwriting, you must answer more questions about your health status. The underwriting process may also include a review of your medical records and/or a personal interview.

Benefits available: During the Open Season, the full array of benefit options will be available. Coverage options available during the Open Season that were not available during early enrollment are:

- A facilities-only plan
- An unlimited benefit period
- A weekly, rather than daily, benefit amount

If you were approved for coverage during early enrollment, you can apply to change your coverage during the Open Season. You must resubmit an application and continue to meet the underwriting requirements for your eligible group.

Billing age: Premiums are based on your age as of July 1, 2002, no matter when during the Open Season you apply. However, if you were approved for coverage during early enrollment, and wish to change coverage during the Open Season, you retain your billing age from early enrollment.

Premiums: Premiums vary depending on your age and the coverage options you choose. LTC Partners will provide premium quotes in print material and on their website at www.ltcfeds.com. You can also call the toll-free number to receive a personalized quote.

Enrollees may pay their premiums in one of three ways:

- Payroll/annuity deduction;
- Automatic deduction from a bank account; or
- Direct bill.

The premiums of a qualified relative may be paid through Federal payroll/annuity deduction, even if the person from whose pay or annuity deductions will be made does not apply (or is not approved) for coverage.

Payroll deduction was not an available option for premium payment during early enrollment. If you enrolled for coverage during early enrollment, you can switch to payroll deduction by calling LTC Partners to request the appropriate form. The form also will be available to download on the web site.

Effective date: The effective date of coverage for an Open Season enrollment is the later of October 1, 2002, or the first day of the month that is after the date LTCPartners approves your application for coverage. A Federal civilian or Postal employee or member of the uniformed services also must be actively at work on the coverage effective date for coverage to become effective.

You must meet all of the following conditions to be considered actively at work:

- You are reporting for work at your usual place of employment or other location to which Government business requires you to travel; and
- You are able to perform all the usual and customary duties of your

employment on your regular work-schedule; and

• You are not absent from work due to sickness, injury, annual leave, sick leave or any other leave. (You are not considered to be on leave on your alternate work schedule's scheduled day off.)

For a member of the uniformed services, actively at work means that you are on active duty and are physically able to perform the duties of your position.

If your coverage effective date is on a weekend or holiday, you must be actively at work on the last workday before your coverage effective date for your coverage to become effective. If you are not actively at work on your coverage effective date, you must contact LTC Partners with this information. LTC Partners will give you a revised coverage effective date, which is the first day of the month after you returned to being actively at work. You must meet the actively at work requirement on the revised coverage effective date for coverage to take effect. Your coverage will not go into effect until you meet the actively at work requirement on your coverage effective date.

Authority: 5 U.S.C. 9008.

Office of Personnel Management.

Kay Coles James,

Director.

[FR Doc. 02–16467 Filed 6–26–02; 12:59 pm]

BILLING CODE 6325–50–P

SECURITIES AND EXCHANGE COMMISSION

[Release No. 34–46102; File No. SR–CBOE–2002–33]

Self-Regulatory Organizations; Notice of Filing and Immediate Effectiveness of Proposed Rule Change by the Chicago Board Options Exchange, Inc. Relating to the Identification of Market Maker and Specialist Orders

June 21, 2002.

Pursuant to section 19(b)(1) of the Securities Exchange Act of 1934 (''Act'')[1] and Rule 19b–4 thereunder,[2] notice is hereby given that on June 12, 2002, the Chicago Board Options Exchange, Inc. (''CBOE'') filed with the Securities and Exchange Commission (''Commission'') the proposed rule change as described in Items I, II, and III below, which the CBOE has prepared. The Commission is publishing this notice to solicit comments on the proposed rule change from interested persons.

I. Self-Regulatory Organization's Statement of the Terms of Substance of the Proposed Rule Change

The CBOE proposes to adopt an order identification rule for market maker and specialist orders. The text of the proposed rule change is available at the CBOE and at the Commission.

II. Self-Regulatory Organization's Statement of the Purpose of, and Statutory Basis for, the Proposed Rule Change

In its filing with the Commission, the CBOE included statements concerning the purpose of and basis for the proposed rule change and discussed any comments it had received on the proposed rule change. The text of these statements may be examined at the places specified in Item IV below. The CBOE has prepared summaries, set forth in Sections A, B, and C below, of the most significant parts of such statements.

A. Self-Regulatory Organization's Statement of the Purpose of, and Statutory Basis for, the Proposed Rule Change

1. Purpose

The CBOE proposes to adopt an order identification rule virtually identical to the rule currently in place at the Pacific Exchange, Inc. PCX Rule 6.66(b) and (c) requires floor brokers holding orders for the accounts of market makers or broker-dealers to verbally identify the orders as such before consummating a transaction. The CBOE proposes to adopt new CBOE Rule 6.73(d), which would require floor brokers holding orders for the account of a market maker or specialist to verbally identify the orders as such prior to requesting a quote. The purpose of this rule is to ensure that market maker and specialist orders are not inadvertently represented as public customer orders.

The CBOE notes that orders submitted electronically are already required to contain an account origin code. An origin code identifies the type of order so that the CBOE can route it to the proper location. For example, a ''C'' designation stands for public customer orders, which are eligible for routing to RAES. An ''M'' designation, on the other hand, indicates that the order emanates from a CBOE market maker.[3] ''M'' orders are not eligible for routing to RAES and instead are routed to a crowd printer. Origin codes also assist the CBOE and The Options Clearing Corporation in the clearing of trades. The CBOE notes that the instant proposal simply extends the origin code requirement to the open outcry environment by requiring that market maker and specialist orders be identified as such.

2. Basis

The CBOE believes that the proposed rule change is consistent with section 6 of the Act,[4] particularly section 6(b)(5) of the Act,[5] in that it is designed to facilitate transactions in securities, promote just and equitable principles of trade, and protect investors and the public interest. By making members of the trading crowd aware of the nature of orders being represented on the floor, the proposal will facilitate transactions in options contracts by ensuring that market maker and specialist orders will not be represented as public customer orders.

B. Self-Regulatory Organization's Statement on Burden on Competition

The CBOE does not believe that the proposed rule change will impose any burden on competition not necessary or appropriate in furtherance of the purposes of the Act.

C. Self-Regulatory Organization's Statement on Comments on the Proposed Rule Change Received from Members, Participants, or Others

The CBOE neither solicited nor received written comments with respect to the proposed rule change.

III. Date of Effectiveness of the Proposed Rule Change and Timing for Commission Action

The CBOE provided the Commission with written notice of its intention to file the proposed rule change at least five business days before its filing. Moreover, the CBOE has designated the proposed rule change as one that: (i) Does not significantly affect the protection of investors or the public interest; (ii) does not impose any significant burden on competition; and (iii) does not become operative for 30 days from the date on which it was filed, or such shorter time as the Commission may designate. Therefore, the foregoing rule change has become effective pursuant to section 19(b)(3)(A) of the Act[6] and Rule 19b–4(f)(6) thereunder.[7] At any time within 60 days of the filing of the proposed rule change,

[1] 15 U.S.C. 78(b)(1).

[2] 17 CFR 240.19b–4.

[3] Origin codes identify the nature of the account, not the actual holder of the account.

[4] 15 U.S.C. 78f.

[5] 15 U.S.C. 78f(b)(5).

[6] 15 U.S.C. 78s(b)(3)(A).

[7] 17 CFR 240.19b–4(f)(6).

the Commission may summarily abrogate the rule change if it appears to the Commission that the action is necessary or appropriate in the public interest, for the protection of investors, or would otherwise further the purposes of the Act.

Pursuant to Rule 19b–4(f)(6)(iii) under the Act,[8] the proposal does not become operative for 30 days after the date of its filing, or such shorter time as the Commission may designate if consistent with the protection of investors and the public interest. The CBOE has requested that the Commission waive the 30-day operative date so that the CBOE can implement the proposed rule change as quickly as possible. The Commission, consistent with the protection of investors and the public interest, has determined to waive the 30-day operative period.[9]

IV. Solicitation of Comments

Interested person are invited to submit written data, views and arguments concerning the foregoing, including whether the proposed rule change is consistent with the Act. Persons making written submissions should file six copies thereof with the Secretary, Securities and Exchange Commission, 450 Fifth Street, NW., Washington, DC 20549–0609. Copies of the submission, all subsequent amendments, all written statements with respect to the proposed rule change that are filed with the Commission, and all written communications relating to the proposed rule change between the Commission and any person, other than those that may be withheld from the public in accordance with the provisions of 5 U.S.C. 552, will be available for inspection and copying in the Commission's Public Reference Room. Copies of such filing will also be available for inspection and copying at the principal office of CBOE. All submissions should refer to SR–CBOE–2002–33 and should be submitted by July 19, 2002.

For the Commission, by the Division of Market Regulation, pursuant to delegated authority.[10]

Margaret H. McFarland,

Deputy Secretary.

[FR Doc. 02–16349 Filed 6–27–02; 8:45 am]

BILLING CODE 8010–01–P

[8] 17 CFR 240.19b–4(f)(6)(iii).

[9] For purposes of accelerating the operative date of this proposal, the Commission has considered the proposed rule's impact on efficiency, competition, and capital formation. 15 U.S.C. 78c(f).

[10] 17 CFR 200.30–3(a)(12).

SECURITIES AND EXCHANGE COMMISSION

[Release No. 34–46104; File No. SR–CHX–2002–12]

Self Regulatory Organizations; The Chicago Stock Exchange, Incorporated; Order Granting Approval to Proposed Rule Change To Amend the Rules Relating to the Composition of the CHX's Minor Rule Violation Panel

June 24, 2002.

On April 26, 2002, The Chicago Stock Exchange, Incorporated (''CHX'' or ''Exchange'') filed with the Securities and Exchange Commission (''Commission''), pursuant to section 19(b)(1) of the Securities Exchange Act of 1934 (''Act'')[1] and Rule 19b–4 thereunder,[2] a proposed rule change to amend the rules relating to the composition of the CHX's Minor Rule Violation Panel (''Panel''). Under the proposal, the CHX would modify the composition of the Panel, from a Panel that consists of (1) one member of the Rules Subcommittee; (2) one member of the Committee on Floor Procedure who is not on the Rules Subcommittee; and (3) one floor member who is not on the Committee on Floor Procedure or on any of its subcommittees (such as the Rules Subcommittee), to a Panel that consists of (1) one member of the Rules Subcommittee; (2) one member of the Committee on Floor Procedure (whether or not he or she is on the Rules Subcommittee); and (3) one floor member who is not on the Committee on Floor Procedure, but could be on one or more of its subcommittees (but not the Rules Subcommittee).

The proposed rule change was published for comment in the **Federal Register** on May 20, 2002.[3] The Commission received no comments on the proposal.

The Commission finds that the proposed rule change is consistent with the requirements of the Act and the rules and regulations thereunder applicable to a national securities exchange[4] and, in particular, the requirements of section 6 of the Act[5] and the rules and regulations thereunder. The Commission finds specifically that the proposed rule change is consistent with section 6(b)(5) of the Act[6] in that it is designed to promote just and equitable principles of trade, to remove impediments and to perfect the mechanism of a free and open market and a national market system and, in general, to protect investors and the public interest by ensuring that potential minor rule violations are addressed as soon as possible.

In addition, the Commission finds the proposal is consistent with section 6(b)(7) of the Act[7] because the proposal provides a fair procedure for the disciplining of members and persons associated with members. The Commission also finds the proposal is consistent with section 6(b)(8) of the Act,[8] in that it furthers the statutory goal of providing a fair procedure for disciplining the CHX's members and associated persons. Finally, the Commission finds the proposal is consistent with Securities Exchange Act Rule 19d–1(c)(2)[9] that governs minor rule violation plans.

It is therefore ordered, pursuant to section 19(b)(2) of the Act[10], that the proposed rule change (SR–CHX–2002–12) be, and it hereby is, approved.

For the Commission, by the Division of Market Regulation, pursuant to delegated authority.[11]

Margaret H. McFarland,

Deputy Secretary.

[FR Doc. 02–16348 Filed 6–27–02; 8:45 am]

BILLING CODE 8010–01–P

[1] 15 U.S.C. 78s(b)(1).

[2] 17 CFR 240.19b–4.

[3] *See* Securities Exchange Act Release No. 45921 (May 14, 2002), 67 FR 35602.

[4] In approving this proposed rule change, the Commission has considered the proposed rule's impact on efficiency, competition, and capital formation. 15 U.S.C. 78c(f).

[5] 15 U.S.C. 78f.

[6] 15 U.S.C. 78f(b)(5).

[7] 15 U.S.C. 78f(b)(7).

[8] 15 U.S.C. 78f(b)(8).

[9] 17 CFR 240.19d–1(c)(2).

[10] 15 U.S.C. 78s(b)(2).

[11] 17 CFR 200.30–3(a)(12).

SECURITIES AND EXCHANGE COMMISSION

[Release No. 34–46098; File No. SR–PCX–2002–11]

Self-Regulatory Organizations; Order Approving Proposed Rule Change by the Pacific Exchange, Inc. To Limit the Number of Exchange Memberships That Any Person, Associated Person, or Group of Associated Persons May Own

June 20, 2002.

I. Introduction

On February 6, 2002, the Pacific Exchange, Inc. (''PCX'' or ''Exchange'') submitted to the Securities and Exchange Commission (''Commission''), pursuant to section 19(b)(1) of the Securities Exchange Act of 1934

(''Act'')[1] and Rule 19b–4 thereunder,[2] a proposed rule change to limit the number of exchange memberships that any person, associated person, or group of associated persons may own. The proposed rule change was published for comment in the **Federal Register** on April 30, 2002.[3] The Commission received three comments on the proposed rule change.[4] In addition, the PCX submitted one letter in response to comments.[5] This order approves the proposed rule change.

II. Description of Proposal

The rule change adopts PCX Rule 1.21(d), which will limit to 15% the number of Exchange memberships that any person, associated person, or group of associated persons may directly or indirectly beneficially own, or control the voting rights of. In addition, the rule change permits exceptions to the 15% limit if they are expressly authorized by the Exchange's Board of Governors (''Board'') through a two-thirds majority of those Governors voting at a meeting at which a quorum is present, provided that such authorization must be approved by not less than a majority of all Governors. In its filing, the Exchange represented that it currently has 552 authorized PCX memberships and that the seat ownership limit under the rule change would be 82.

III. Summary of Comments and Response to Comments

As noted above, the Commission received three comment letters regarding the proposed rule change. All of the commenters opposed the rule change. In addition, the PCX submitted a letter in response to comments.

All of the commenters asserted that the proposed rule change would entrench the PCX's current management, which the commenters maintain is responsible for a drop in the value of PCX memberships. In addition, two commenters asserted that the PCX has not fulfilled a promise to stabilize seat prices after the sale of its equity floor to Archipelago.[6] Two commenters expressed concerns over the PCX's continuation of the collection of payment for order flow and the reinstatement of a monthly assessment of $750.00 on empty seats.[7] One commenter also expressed concern about being forced to sell seats at a loss in order to comply with the proposed rule change.[8]

In response, the PCX pointed out that all of the comments were submitted on behalf of persons who own Exchange seats as an investment and do not trade securities on the exchange. With respect to the comments regarding payment for order flow, the monthly assessment, and stabilizing seat prices after the Archipelago transaction, the PCX stated that such concerns are not relevant to whether the proposed rule change should be approved.

Two commenters asserted that the exception provision was vague because it gives the Board discretion to grant exceptions to the 15% limit without specifying conditions for those exceptions.[9] In response, the PCX asserted that the Board has a legal obligation to fairly and legitimately exercise its authority considering the best interest of the Exchange. The PCX also asserted that the Board would not be permitted to arbitrarily enforce or waive any Exchange rule for the sole benefit or detriment of one group or individual.

One commenter maintained that the proposed rule change would impose a change that would fundamentally affect the rights of owners without the same 75% majority vote required to change PCX Constitution. In response, the PCX asserted that the proposed rule change amends PCX Rules and not the PCX Constitution.[10] The PCX cited Article XVII, Section 1 of the PCX Constitution, which states that ''The Board of Governors may from time to time amend the Rules of this Exchange by affirmative vote of not less than a majority of the Governors voting at a meeting at which a quorum is present.''

The PCX represented that the proposal should assure that the Exchange's memberships do not become unduly concentrated and subject to domination by a particular member or member organization's own interest. In addition, the PCX stated that the proposed rule change is designed to promote just and equitable principles of trade and to protect investors and the public interest.

IV. Discussion

After careful consideration of the proposal, all the comments, and the response to comments, the Commission has determined to approve the proposed rule change. The Commission finds that the proposed rule change is consistent with the requirements of the Act and the rules and regulations thereunder applicable to a national securities exchange.[11] In particular, the Commission believes that the proposed rule change is consistent with section 6(b)(5) of the Act,[12] which provides, among other things, that the Exchange's rules be designed to promote just and equitable principles of trade, and, in general, to protect investors and the public interest. In addition, the Commission believes that the proposed rule change is consistent with the requirement of section 6(b)(3) of the Act[13] that the Exchange's rules assure a fair representation of its members in the selection of its directors and administration of its affairs.

The Commission agrees with the PCX that the rule change should prevent PCX's memberships from becoming overly concentrated in any one person or group of persons. As a result, the rule change should prevent a person or group of persons from exercising undue control over the affairs of the Exchange.

V. Conclusion

It is therefore ordered, pursuant to section 19(b)(2) of the Act,[14] that the proposed rule change (SR–PCX–2002–11) be, and hereby is, approved.

For the Commission, by the Division of Market Regulation, pursuant to delegated authority.[15]

Margaret H. McFarland,

Deputy Secretary.

[FR Doc. 02–16347 Filed 6–27–02; 8:45 am]

BILLING CODE 8010–01–P

[1] 15 U.S.C. 78s(b)(1).

[2] 17 CFR 240.19b–4.

[3] Securities Exchange Act Release No. 45793 (April 22, 2002), 67 FR 21315 (April 30, 2002).

[4] Letters from Paul Liang, Managing Member, PBL Partners, LLC, to Jonathan G. Katz, Secretary, Commission, dated March 8, 2002 (''Liang Letter''); David J. Stern, Esquire, to Jonathan G. Katz, Secretary, Commission, dated March 20, 2002 (''Stern Letter''); and Craig Kinda, Seat Owner, to Jonathan G. Katz, Secretary, Commission, dated March 22, 2002 (''Kinda Letter'').

[5] Letter from Michael T. Lempres, Executive Vice President, General Counsel, and Corporate Secretary, PCX, to Ms. Nancy J. Sanow, Assistant Director, Division of Market Regulation, Commission, dated May 31, 2002 (''PCX Letter'').

[6] Liang Letter and Stern Letter.

[7] Liang Letter and Stern Letter.

[8] Stern Letter.

[9] Liang Letter, Stern Letter.

[10] PCX Letter.

[11] In approving the proposal, the Commission has considered its impact on efficiency, competition, and capital formation. 15 U.S.C. 78c(f).

[12] 15 U.S.C. 78f(b)(5).

[13] 15 U.S.C. 78f(b)(3).

[14] 15 U.S.C. 78s(b)(2).

[15] 17 CFR 200.30–3(a)(12).

SECURITIES AND EXCHANGE COMMISSION

[Release No. 34–46071A; File No. SR–PCX–2002–27]

Self-Regulatory Organizations; Notice of Filing and Immediate Effectiveness of Proposed Rule Change and Amendment No. 1 Thereto by the Pacific Exchange, Inc. To Adopt a New Order Modifier Called ''Timed Order'' and To Adopt a New Interpretation Under PCXE Rules 1.1(r) and 7.37

June 21, 2002.

Correction

In FR Document No. 02–15575 for June 20, 2002, the date of July 12, 2002 on page 42092, column one, following the heading, should read June 12, 2002.

For the Commission, by the Division of Market Regulation, pursuant to delegated authority.[1]

Margaret H. McFarland,

Deputy Secretary.

[FR Doc. 02–16350 Filed 6–27–02; 8:45 am]

BILLING CODE 8010–01–P

TENNESSEE VALLEY AUTHORITY

Paperwork Reduction Act of 1995, as Amended by Pub. L. 104–13; Submission for OMB Review; Comment Request

AGENCY: Tennessee Valley Authority (TVA).

ACTION: Submission for OMB review; comment request.

SUMMARY: The information collection described below will be submitted to the Office of Management and Budget (OMB) for review, as required by the Paperwork Reduction Act of 1995 (44 U.S.C. Chapter 35, as amended). The Tennessee Valley Authority is soliciting public comments on this proposed collection as provided by 5 CFR 1320.8(d)(1). Requests for information, including copies of the information collection proposed and supporting documentation, should be directed to the Agency Clearance Office: Wilma H. McCauley, Tennessee Valley Authority, 1101 Market Street (EB 5B), Chattanooga, Tennessee 37402–2801; (423) 751–2523.

Comments should be sent to OMB Office of Information and Regulatory Affairs, Attention: Desk Officer for the Tennessee Valley Authority by July 29, 2002.

SUPPLEMENTARY INFORMATION:

Type of Request: Regular submission.

Title of Information Collection: Economic Assessment of Waterway Docks and Terminals in the Tennessee Valley and Parts of the Surrounding National Inland Waterway Network.

Frequency of Use: Occasional.

Type of Affected Public: Federal, State and Local Governments, and Private Industry.

Small Businesses or Organizations Affected: Yes.

Federal Budget Functional Category Code: 450.

Estimated Number of Annual Responses: 1700.

Estimated Total Annual Burden Hours: 3400 hours.

Estimated Average Burden Hours Per Response: 2 hours.

Need For and Use of Information: The information collection is necessary to assess the service capability of waterway docks and terminals located in the Tennessee Valley and surrounding States. The data will be used to help potential industrial clients with decisions regarding transportation information and the handling capabilities of waterway facilities located on various river segments. This is vital information for industry when deciding where the most economic location is for a new plant site or project. In addition, the data collection surrounding the waterway terminals located on the Tennessee River is necessary for use in updating TVA's river performance indicator.

Jacklyn J. Stephenson,

Senior Manager, Enterprise Operations, Information Services.

[FR Doc. 02–16324 Filed 6–27–02; 8:45 am]

BILLING CODE 8120–08–P

DEPARTMENT OF TRANSPORTATION

Federal Aviation Administration

Notice of Opportunity for Public Comment on Future Surplus Property Release at Jack Edwards Airport, Gulf Shores, AL

AGENCY: Federal Aviation Administration (FAA), DOT.

ACTION: Notice of intent to rule on land release request.

SUMMARY: Under the provisions of Title 49, U.S.C. Section 47153(c), notice is being given that the FAA is considering a request from the City of Gulf Shores to release for future sale to commercial and industrial users five parcels totaling 87.76 acres of surplus property located at the Java Edwards Airport.

DATES: Comments must be received on or before July 29, 2002.

ADDRESSES: Comments on this notice may be mailed or delivered in triplicate to the FAA at the following address: Jackson Airports District Office, 100 West Cross Street, Suite B, Jackson, MS 39208–2307.

In addition, one copy of any comments submitted to the FAA must be mailed or delivered to The Honorable David L. Bodenhamer, Mayor of Gulf Shores, Alabama at the following address: P.O. Box 299, Gulf Shores, AL 36547–0299.

FOR FURTHER INFORMATION CONTACT: William Schuller, Program Manager, Jackson Airports District Office, 100 West Cross Street, Suite B, Jackson, MS 39208–2307, (601) 664–9883. The land release request may be reviewed in person at this same location.

SUPPLEMENTARY INFORMATION: The FAA is reviewing a request by City of Gulf Shores, AL to allow future releases on a lot or parcel basis of up to 87.76 acres of surplus property at the Jack Edwards Airport. The property will be held by the Gulf Shores Airport Authority and sold in part or in whole to commercial or industrial users for fair market value. The property is located in the industrial park where other businesses have already located. The net proceeds from the sale of each lot or parcel of property will be used for airport projects approved by the FAA.

Any person may inspect the request in person at the FAA office listed above under **FOR FURTHER INFORMATION CONTACT.** In addition, any person may, upon request. inspect the request, notice and other documents germane to the request in person at the City Hall, City of Gulf Shores, Alabama.

Issued in Jackson, Mississippi on June 19, 2002.

Wayne Atkinson,

Manager, Jackson Airports District Office, Southern Region.

[FR Doc. 02–16391 Filed 6–27–02; 8:45 am]

BILLING CODE 4910–13–M

DEPARTMENT OF TRANSPORTATION

Federal Aviation Administration (FAA)

Notice of Availability of a Final Environmental Assessment (Final EA) and a Finding of No Significant Impact (FONSI)/Record of Decision (ROD) for the O'Hare International Airport World Gateway Program and Other Capital Improvement Projects at Chicago, IL

AGENCY: Federal Aviation Administration (FAA), DOT.

ACTION: Notice of availability.

[1] 17 CFR 200.30–3(a)(12).

SUMMARY: The Federal Aviation Administration (FAA) is issuing this notice to advise the public that the FAA has prepared, and approved on June 21, 2002, a Finding of No Significant Impact (FONSI)/Record of Decision (ROD) based on the Final Environmental Assessment (Final EA) for the World Gateway Program and Other Capital Improvement Projects at O'Hare International Airport. The City of Chicago Department of Aviation prepared the Final EA in accordance with the National Environmental Policy Act and the Federal Aviation Administration's (FAA) regulations and guidelines for environmental documents. The EA was reviewed and evaluated by FAA, and was accepted on June 21, 2002 as a Federal document by the FAA's Responsible Federal Official.

FOR FURTHER INFORMATION CONTACT: Prescott C. Snyder, Airports Environmental Program Manager, federal Aviation Administration, Chicago Airports District Office, Room 312, 2300 East Devon Avenue, Des Plaines, Illinois 60018. Mr. Snyder can be contacted at (847) 294–7538 (voice), (847) 294–7046 (facsimile) or by e-mail at *7–AGL–ORD–WGP–ENV@faa.gov.*

SUPPLEMENTARY INFORMATION: The proposed World Gateway Program includes the development of two new passenger terminals, Terminals 4 and 6, the redevelopment of Terminal 2, and Terminal 3 Concourse K extension. As a result of these projects, several facilities must be relocated. These relocations are referred to as Enabling Projects. The EA also evaluates other projects unrelated to the World Gateway Program, the Enabling Projects, and the Independent Utility Projects are referred to as the Proposed Projects in the EA. More detailed descriptions of these Proposed Projects are provided below:

The World Gateway Program

Terminal 2 Redevelopment

Reconfiguration of terminal interior; Widening passenger corridor linking Terminals 1 and 2; Demolition and reconstruction of Concourses E and F; Installation of Federal Inspection Service (FIS) facilities; and Reconfiguration of aircraft parking apron.

Terminal 3, Concourse K Extension

Extension of Concourse K and Relocation of Taxiway A/B; Construction of new apron.

Terminal 4 Development

Construction of Terminal 4; Installation of FIS facilities; Enlargement and reconfiguration of apron.

Terminal 5 Reconfiguration

Modified to integrate with the proposed Terminal 6.

Terminal 6 Development

Construction of Terminal 6; Reconfiguration of apron; Extension of taxiway; Development of access road for Terminals 5 and 6; Construction of Terminal 6 parking garage; Realignment of Airport Transit System (ATS) line and construction of ATS station in Terminal 6.

Enabling Projects

- Delta Cargo Facility Relocation
- Lynxs Cargo Facility Relocation
- Sky Chefs Flight Kitchen Relocation
- heating and Refrigeration (H&R) Plant Support Facility Relocations
- Commonwealth Edison Switchyard D179 Relocation

Independent Utility Projects

- Public Parking Improvements
- Development of Consolidated Rental Car Facility/ATS Station
- Development of Rental Car Storage and Maintenance Lot
- ATS Storage and Maintenance Facility Relocation/Track Extension
- Development of Long-Term Parking ATS Station and Intermodal Connection
- Additional Fuel Tank Farm Development in Northwest Airfield
- Development of City Warehouse and Trades Building
- Eastside Collateral Development
- O'Hare Roadway Improvements

FAA has requested that the City of Chicago distribute the Final EA and FONSI/ROD to libraries near the Airport to enhance public access to the information. The Final EA and FONSI/ROD have been requested to be on reference through September 30, 2002. Copies of the World Gateway Program Final EA and FONSI/ROD are available for review at the following locations:

Arlington Heights memorial Library, 500 N. Dunton Ave., Arlington heights, IL 60004
Bensenville Public Library, 200 S. Church Rd., Bensenville, IL 60106
College of DuPage Library, 425 Fawell, Glen Ellyn, IL 60137
Des Plaines Public Library, 1501 Ellinwood St., Des Plaines, IL 60016
Eisenhower Public Library, 4652 N. Olcott Ave., Harwood Heights, IL 60706
Elk Grove Village Public Library, 1001 Wellington Ave., Elk Grove Village, IL 60007
Elmhurst Public Library, 211 Prospect Ave., Elmhurst, IL 60126
Franklin Park Public Library, 10311 Grand Ave., Franklin Park, IL 60131
Harold Washington Library, 400 south State St., 5th Floor, Chicago, IL 60605
Itasca Community Library, 500 W. Irving Park Rd., Itasca, IL 60143
Melrose Park Public Library, 801 Broadway St., Melrose Park, IL 60160
Mont Prospect Public Library, 10 S. Emerson St., Mount Prospect, IL 60056
Northlake Public Library, 231 N. Wolf Rd., Northlake, IL 60164
Oakton Community College Library, Des Plaines, IL 60016
Park Ridge Public Library, 20 S. Prospect Ave., Park Ridge, IL 60068
River Grove Public Library, 8638 Grand Ave., River Grove, IL 60171
Roselle Public Library, 40 S. Park St., Roselle, IL 60172
Schiller Park Public Library, 4200 Old River Rd., Schiller Park, IL 60176
Wood Dale Public Library, 520 N. Wood Dale Rd., Wood Dale, IL 60191

Issued in Des Plaines, Illinois on June 21, 2002.

Philip M. Smithmeyer,

Manager, Chicago Airports District Office, FAA, Great Lakes Region.

[FR Doc. 02–16387 Filed 6–29–02; 8:45 am]

BILLING CODE 4910–13–M

DEPARTMENT OF TRANSPORTATION

Federal Aviation Administration

Notice of Intent To Rule on Application To Impose and Use a Passenger Facility Charge (PFC) at Redding Municipal Airport, Redding, CA

AGENCY: Federal Aviation Administration (FAA), DOT.

ACTION: Notice of intent to rule on application.

SUMMARY: The FAA proposes to rule and invites public comment on the application to impose and use a PFC at Redding Municipal Airport under the provisions of the Aviation Safety and Capacity Expansion Act of 1990 (Title IX of the Omnibus Budget Reconciliation Act of 1990) (Public Law 101–508) and Part 158 of the Federal Aviation Regulations (14 CFR Part 158).

DATES: Comments must be received on or before July 29, 2002.

ADDRESSES: Comments on this application may be mailed or delivered in triplicate to the FAA at the following address: Federal Aviation Administration, Airports Division, 15000 Aviation Blvd., Lawndale, CA 90261, or San Francisco Airports District Office, 831 Mitten Road, Room 210, Burlingame, CA 94010–1313. In

addition, one copy of any comments submitted to the FAA must be mailed or delivered to Mr. Rod Dinger, Airports Manager, city of Redding, at the following address: 777 Cypress Avenue, Redding, CA 96049–6071. Air carriers and foreign air carriers may submit copies of written comments previously provided in the city of Redding under section 158.23 of Part 158.

FOR FURTHER INFORMATION CONTACT: Marlys Vandervelde, Airports Program Analyst, San Francisco Airports District Office, 831 Mitten Road, Room 210, Burlingame, CA 94010–1303, Telephone: (650) 876–2806. The application may be reviewed in person at this same location.

SUPPLEMENTARY INFORMATION: The FAA proposed to rule and invites public comment on the application to impose and use the revenue from a PFC at Redding Municipal Airport under the provisions of the Aviation Safety and Capacity Expansion Act of 1990 (Title IX of the Omnibus Budget Reconciliation Act of 1990) (Pub. L. 101–508) and Part 158 of the Federal Aviation Regulations (14 CFR Part 158).

On June 18, 2002, the FAA determined that the application to impose and use a PFC submitted by the city of Redding was substantially complete within the requirements of § 158.25 of Part 158. The FAA will approve or disapprove the application, in whole or in part, no later than September 21, 2002.

The following is a brief overview of the impose and use application No. 02–02–C–00–RDD:

Level of proposed PFC: $4.50.

Proposed charge effective date: December 1, 2002.

Proposed charge expiration date: April 1, 2007.

Total estimated PFC revenue: $1,251,567.

Brief description of the proposed projects: Terminal Chairs Replacement, Purchase Used Pavement Sweeper, Emergency Generator for ARFF Living Quarters, Crack and Slurry Seal Airport Access Road and Taxiway, Security Fencing, Land Acquisition (3.4 acre parcel), Rescue and Fire Equipment, American with Disabilities Lift Device, Terminal Building Rehabilitation—Phase II, Land Acquisition (8 acre parcel) Approach Protection, Master Plan Update, Taxiway C, D, and E Rehabilitation and Repair, General Aviation Apron Construction, Reconstruct Runway 12/30, Land Acquisition for Approach Protection, Construct High Speed Taxiway G, Preliminary Design ARFF Station, Emergency Communication System Upgrade, Runway 16/34 Reconstruction Preliminary Design and Pavement Maintenance Program, Runway 16/34 Reconstruction—Phase I, Runway 16/34 Reconstruction—Phase II, and Runway 35 Safety Area Culvert.

Class of classes of air carriers which the public agency has requested not be required to collect PFCs: None.

Any person may inspect the application in person at the FAA office listed above under **FOR FURTHER INFORMATION CONTACT** and at the FAA Regional Airports Division located at: Federal Aviation Administration, Airports Division, 15000 Aviation Blvd., Lawndale, CA 90261. In addition, any person may, upon request, inspect the application, notice and other documents germane to the application in person at the city of Redding.

Issued in Hawthorne, California, on June 18, 2002.

Herman C. Bliss,

Manager, Airports Division, Western-Pacific Region.

[FR Doc. 02–16390 Filed 6–27–02; 8:45 am]

BILLING CODE 4910–13–M

DEPARTMENT OF TRANSPORTATION

Federal Highway Administration

Environmental Impact Statement: Shasta and Trinity Counties, CA

AGENCY: Federal Highway Administration (FHWA), DOT.

ACTION: Notice of intent.

SUMMARY: The Federal Highway Administration (FHWA) is issuing this notice to advise the public that an Environmental Impact Statement (EIS) will be prepared for a proposed State Route 299 (SR 299) project in Shasta and Trinity Counties, California.

FOR FURTHER INFORMATION CONTACT: Harry Khani, Transportation Engineer, Federal Highway Administration, 980 Ninth Street, Suite 400, Sacramento, California 95814, telephone: (916) 498–5056, e-mail: *Harry.Khani@fhwa.dot.gov.* Chris Cummings, California Department of Transportation Project Manager, 1657 Riverside Drive, Redding, CA 96049, telephone: (530) 225–3495, e-mail: *chris_cummings@dot.ca.gov.*

SUPPLEMENTARY INFORMATION: The FHWA, in cooperation with the California Department of Transportation (Caltrans), will prepare an EIS for a proposed highway improvement project of SR 299 in Shasta and Trinity Counties, California.

SR 299 is the principal arterial between Interstate 5 and Highway 101 and is designated as a high emphasis route in the Interregional Roadway System. SR 299 is of economic importance to the region as it provides access to a vast recreational area and links the upper Sacramento Valley with the deepwater port in Eureka. The project portion of the highway, the Buckhorn Grade, represents the only obstacle preventing interstate trucks and oversize permit loads from utilizing this direct access to the coast.

The proposed project limits extends approximately 7.5 miles from the boundary of the Whiskeytown-Shasta-Trinity National Recreation Area to west of the Shasta-Trinity County line. The existing SR 299 corridor within these limits consists of a two-lane highway with limited passing lanes at various locations. The road closely follows the extremely rugged terrain forming a steep, twisted alignment with a design speed of 25 mph.

The proposed project would construct a new two-lane alignment, with truck climbing lanes, standard shoulders, 50 mph design speed, and maximum 7% grade. Possible alignment variations include bridges, viaducts, and a possible tunnel at the Buckhorn Summit. The replaced SR 299 alignment would be relinquished or reclaimed (all or part).

Caltrans has been investigating Buckhorn Grade realignment designs for over 40 years. Since the early 1990's four Project Study Reports have been completed. Since 2000, Caltrans has conducted over 11 meetings with the public, with local governmental officials, and with jurisdictional agencies.

Letters describing the proposed 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. In addition, a public workshop will be held, with public notice given of the time and location. The draft EIS will be available for public and agency review and comment prior to the public workshop.

To ensure that the full range of issues related to this proposed action are addressed and all significant issues identified, comments and suggestions are invited from all interested parties. Comments or questions concerning this proposed action and the EIS should be directed to the FHWA at the address provided.

(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: June 13, 2002.

Jeffery Kolb,

Chief District Operation South-California Division, Federal Highway Administration.

[FR Doc. 02–16411 Filed 6–27–02; 8:45 am]

BILLING CODE 4910–22–M

DEPARTMENT OF TRANSPORTATION

Surface Transportation Board

[STB Finance Docket No. 34218]

The Burlington Northern and Santa Fe Railway Company—Trackage Rights Exemption–Union Pacific Railroad Company

Union Pacific Railroad Company (UP), pursuant to a written trackage rights agreement entered into between UP and The Burlington Northern and Santa Fe Railway Company (BNSF), has agreed to grant temporary overhead trackage rights to BNSF over UP's rail line between UP's milepost 428.7 at Klamath Falls, OR, and UP's milepost 141.9 at Binney Junction (Marysville), CA, a total distance of approximately 286.8 miles. BNSF will operate its own trains with its own crews over UP's line under the trackage rights agreement.[1]

Operations under the exemption were scheduled to begin on June 17, 2002, the effective date of the exemption (7 days after the notice was filed).

The temporary trackage rights are to allow BNSF to bridge its train service while BNSF's main line is out of service for maintenance.

As a condition to this exemption, any employees affected by the trackage rights will be protected by the conditions imposed in *Norfolk and Western Ry. Co.—Trackage Rights—BN,* 354 I.C.C. 605 (1978), as modified in *Mendocino Coast Ry., Inc.—Lease and Operate,* 360 I.C.C. 653 (1980).

This notice is filed under 49 CFR 1180.2(d)(7). If the notice contains false or misleading information, the exemption is void *ab initio.* Petitions to revoke the exemption under 49 U.S.C. 10502(d) may be filed at any time. The filing of a petition to revoke will not automatically stay the transaction.

An original and 10 copies of all pleadings, referring to STB Finance Docket No. 34218, must be filed with the Surface Transportation Board, 1925 K Street, N.W., Washington, DC 20423–0001. In addition, a copy of each pleading must be served on Michael E. Roper, 2500 Lou Menk Drive, P.O. Box 961039, Fort Worth, TX 76161–0039.

Board decisions and notices are available on our website at *http://www.stb.dot.gov.*

Decided: June 20, 2002.

By the Board, David M. Konschnik, Director, Office of Proceedings.

Vernon A. Williams,

Secretary.

[FR Doc. 02–16260 Filed 6–27–02; 8:45 am]

BILLING CODE 4915–00–P

DEPARTMENT OF TRANSPORTATION

Surface Transportation Board

[STB Docket No. AB–597X]

Butte-Silver Bow County—Abandonment Exemption—in Silver Bow County, MT

On June 18, 2002, Butte-Silver Bow County (BSB), a noncarrier, filed with the Surface Transportation Board (Board) a petition under 49 U.S.C. 10502 for exemption from the provisions of 49 U.S.C. 10903–04 [1] to abandon approximately 11 miles of railroad known as the Missoula Gulch and Butte Hill Line (MGBH) in and near Butte, in Silver Bow County, MT.[2] The MGBH extends from milepost 0.0 at Rocker, west of Butte, to milepost 4.40 at the Butte Hill Yard (Missoula Gulch segment), and also extends north and east from milepost 0.0 at the Butte Hill Yard to milepost 3.69 near the Badger Mine (Butte Hill segment). The line traverses U.S. Postal Service Zip Code 59701. There are no stations on the line.

The line does not contain federally granted rights-of-way. Any documentation in the railroad's possession will be made available promptly to those requesting it.

BSB has no railroad employees and the entire line is involved in this abandonment. Accordingly, no employee protection will be imposed here.

By issuance of this notice, the Board is instituting an exemption proceeding pursuant to 49 U.S.C. 10502(b). A final decision will be issued by October 4, 2002.

Any offer of financial assistance (OFA) under 49 CFR 1152.27(b)(2) will be due no later than 10 days after service of a decision granting the petition for exemption. Each OFA must be accompanied by a $1,100 filing fee. *See* 49 CFR 1002.2(f)(25).

All interested persons should be aware that, following abandonment of rail service and salvage of the line, the line may be suitable for other public use, including interim trail use. Any request for a public use condition under 49 CFR 1152.28 or for trail use/rail banking under 49 CFR 1152.29 will be due no later than July 29, 2002. Each trail use request must be accompanied by a $150 filing fee. *See* 49 CFR 1002.2(f)(27).

All filings in response to this notice must refer to STB Docket No. AB–597X and must be sent to: (1) Surface Transportation Board, 1925 K Street, NW., Washington, DC 20423–0001; and (2) Susan J. Geer, Esq., Davis Graham & Stubbs LLP, 1550 17th Street, Suite 500, Denver, CO 80202. Replies to the BSB petition are due on or before July 29, 2002.

Persons seeking further information concerning abandonment procedures may contact the Board's Office of Public Services at (202) 565–1592 or refer to the full abandonment or discontinuance regulations at 49 CFR part 1152. Questions concerning environmental issues may be directed to the Board's Section of Environmental Analysis (SEA) at (202) 565–1552. [TDD for the

[1] On June 20, 2002, BNSF filed a petition for exemption in STB Finance Docket No. 34218 (Sub-No. 1), *The Burlington Northern and Santa Fe Railway Company—Trackage Rights Exemption—Union Pacific Railroad Company,* where BNSF requests that the Board permit the proposed overhead trackage rights arrangement described in the present proceeding to expire on August 16, 2002. That petition will be addressed by the Board in a separate decision.

[1] In addition to an exemption from 49 U.S.C. 10903, BSB seeks exemption from 49 U.S.C. 10904 (offers of financial assistance). Also, on May 21, 2002, BSB filed a request for a trail use condition under 16 U.S.C. 1247(d) with respect to the Missoula Gulch segment, and a request for a public use condition under 49 U.S.C. 10905 for the Butte Hill segment. These requests will be addressed in the final decision.

[2] The MGBH was most recently owned and operated by a non-profit corporation called the Butte/Anaconda Historic Park and Railroad Corporation (BAHPR). The BAHPR operated a tourist train over the portion of the MGBH between Rocker and the former Butte Hill Yard under a lease from the State of Montana from 1988 to 1991, at which time the BAHPR acquired the MGBH. *See Butte/Anaconda Historic Park and Railroad Corporation—Acquisition Exemption—State of Montana, Department of Commerce*, ICC Finance Docket No. 31982 (ICC served Feb. 11, 1992). In 1994, the Montana Secretary of State's Office involuntarily dissolved the BAHPR, but it continued intermittently to operate a tourist train over the MGBH through 1996, did not seek reinstatement, and never distributed its assets following dissolution. On October 29, 2001, the Montana district court in Silver Bow County ordered the BAHPR's assets distributed to BSB.

On February 15, 2002, BSB filed a verified notice of exemption under 49 CFR 1150.31 to acquire the MGBH, with the intention to subsequently seek this abandonment. On March 15, 2002, the Board provided public notice of the acquisition exemption. *See Butte-Silver Bow County—Acquisition Exemption—Silver Bow County, MT*, STB Finance Docket No. 34171 (STB served Mar. 15, 2002) (67 FR 11743). Abandonment of the MGBH is being sought to facilitate environmental cleanup activities in and around Butte required by the U.S. Environmental Protection Agency.

hearing impaired is available at 1–800–877–8339.]

An environmental assessment (EA) (or environmental impact statement (EIS), if necessary) prepared by SEA will be served upon all parties of record and upon any agencies or other persons who commented during its preparation. Other interested persons may contact SEA to obtain a copy of the EA (or EIS). EAs in these abandonment proceedings normally will be made available within 60 days of the filing of the petition. The deadline for submission of comments on the EA will generally be within 30 days of its service.

Board decisions and notices are available on our website at ''*http://WWW.STB.DOT.GOV.*''

Decided: June 20, 2002.

By the Board, David M. Konschnik, Director, Office of Proceedings.

Vernon A. Williams,

Secretary.

[FR Doc. 02–16259 Filed 6–27–02; 8:45 am]

BILLING CODE 4915–00–P

DEPARTMENT OF THE TREASURY

Submission for OMB Review; Comment Request

June 20, 2002.

The Department of Treasury has submitted the following public information collection requirement(s) to OMB for review and clearance under the Paperwork Reduction Act of 1995, Public Law 104–13. Copies of the submission(s) may be obtained by calling the Treasury Bureau Clearance Officer listed. Comments regarding this information collection should be addressed to the OMB reviewer listed and to the Treasury Department Clearance Officer, Department of the Treasury, Room 2110, 1425 New York Avenue, NW., Washington, DC 20220.

DATES: Written comments should be received on or before July, 29, 2002 to be assured of consideration.

Internal Revenue Service (IRS)

OMB Number: 1545–1073.

Form Number: IRS Form 8801.

Type of Review: Extension.

Title: Credit For Prior Year Minimum Tax—Individuals, Estate and Trusts.

Description: Form 8801 is used by individuals, estates, and trusts to compute the minimum tax credit, if any, available from a tax year beginning after 1986 to be used in the current year or to be carried forward for use in a future year.

Respondents: Individuals or households.

Estimated Number of Respondents/Recordkeepers: 38,744.

Estimated Burden Hours Per Respondent/Recordkeeper:

Recordkeeping—2 hr., 4 min.
Learning about the law or the form—1 hr., 51 min.
Preparing the form—1 hr., 40 min.
Copying, assembling, and sending the form to the IRS—17 min.

Frequency of Response: Annually.

Estimated Total Reporting/Recordkeeping Burden: 34,463,513 hours.

OMB Number: 1545–1490.

Regulation Project Number: FI–28–96 Final.

Type of Review: Extension.

Title: Arbitrage Restrictions on Tax-Exempt Bonds.

Description: The recordkeeping requirements are necessary for the Service to determine that an issuer of tax-exempt bonds has not paid more than fair market value for non-purpose investments under section 148 of the Internal Revenue Code.

Respondents: Not-for-profit institutions, State, Local or Tribal Government.

Estimated Number of Recordkeepers: 1,400.

Estimated Burden Hours Per Recordkeeper: 1 hour.

Estimated Total Recordkeeping Burden: 1,425 hours.

Clearance Officer: Glenn Kirkland (202) 622–3428, Internal Revenue Service, Room 6411–03, 1111 Constitution Avenue, NW,Washington, DC 20224.

OMB Reviewer: Joseph F. Lackey, Jr. (202) 395–7316,Office of Management and Budget, Room 10235, New Executive Office Building,Washington, DC 20503

Lois K. Holland,

Departmental Reports, Management Officer.

[FR Doc. 02–16316 Filed 6–27–02; 8:45 am]

BILLING CODE 4830–01–P

DEPARTMENT OF THE TREASURY

Submission for OMB Review; Comment Request

June 20, 2002.

The Department of Treasury has submitted the following public information collection requirement(s) to OMB for review and clearance under the Paperwork Reduction Act of 1995, Public Law 104–13. Copies of the submission(s) may be obtained by calling the Treasury Bureau Clearance Officer listed. Comments regarding this information collection should be addressed to the OMB reviewer listed and to the Treasury Department Clearance Officer, Department of the Treasury, Room 2110, 1425 New York Avenue, NW., Washington, DC 20220.

DATES: Written comments should be received on or before July 29, 2002 to be assured of consideration.

Financial Crimes Enforcement Network (FinCEN)

OMB Number: 1506–0018.

Form Number: FinCEN Form 8300 (IRS Form 8300).

Type of Review: Extension.

Title: Report of Cash Payments Over $10,000 Received in a Trade or Business.

Description: 31 U.S.C. and the implementing regulations (31 CFR 103.30) require non-financial trades or businesses to report certain currency transactions exceeding $10,000.

Respondents: Business or other for-profit, farms.

Estimated Number of Respondents/Recordkeepers: 46,800.

Estimated Burden Hours Per Respondent/Recordkeeper: 1 hour.

Frequency of Response: On occasion.

Estimated Total Reporting/Recordkeeping Burden: 1 hour.

Clearance Officer: Lois K. Holland, (202) 622–1563, Departmental Offices, Room 2110, 1425 New York Avenue, NW., Washington, DC 20220.

OMB Reviewer: Joseph F. Lackey, Jr., (202) 395–7316, Office of Management and Budget, Room 10235, New Executive Office Building,Washington, DC 20503.

Lois K. Holland,

Departmental Reports, Management Officer.

[FR Doc. 02–16317 Filed 6–27–02; 8:45 am]

BILLING CODE 4810–02–P

DEPARTMENT OF THE TREASURY

Submission for OMB Review; Comment Request

June 20, 2002.

The Department of Treasury has submitted the following public information collection requirement(s) to OMB for review and clearance under the Paperwork Reduction Act of 1995, Public Law 104–13. Copies of the submission(s) may be obtained by calling the Treasury Bureau Clearance Officer listed. Comments regarding this information collection should be addressed to the OMB reviewer listed and to the Treasury Department Clearance Officer, Department of the Treasury, Room 2110, 1425 New York Avenue, NW., Washington, DC 20220.

DATES: Written comments should be received on or before July 29, 2002 to be assured of consideration.

Bureau of Alcohol, Tobacco and Firearms (BATF)

OMB Number: 1512–0141.
Form Number: ATF Form 2635 (5620.8).
Type of Review: Extension.
Title: Claim—Alcohol, tobacco and firearms taxes.
Description: This form is used by taxpayers to show the basis for a credit remission and allowance of tax on loss of taxable articles. To request a refund or abatement on taxes excessively or erroneously collected. To request a drawback of tax paid on distilled spirits used in the production of non-beverage products.
Respondents: Business or other for-profit, individuals or households, not-for-profit institutions.
Estimated Number of Respondents: 10,000.
Estimated Burden Hours Per Respondent: 1 hour.
Frequency of Response: On occasion, Monthly, Quarterly.
Estimated Total Reporting Burden: 10,000 hours.

OMB Number: 1512–0178.
Form Number: ATF Form 4483 (5300.35).
Type of Review: Extension.
Title: Report of Firearms Transactions.
Description: This form is used to evaluate firearms transactions by licensee when the Division Industry Officer determines the need to do so. It is prepared from existing records and submitted to the official.
Respondents: Business or other for-profit.
Estimated Number of Respondents: 250.
Estimated Burden Hours Per Respondent: 1 hour.
Frequency of Response: On occasion.
Estimated Total Reporting Burden: 250 hours.

OMB Number: 1512–0216.
Form Number: ATF Form 5120.17.
Type of Review: Extension.
Title: Report of Wine Premises Operations.
Description: Report is used to monitor wine operations, insure collection of wine tax revenue, and insure wine is produced in accordance with law and regulations. Report also provides raw data for ATF's monthly statistical release on wine.
Respondents: Business or other for-profit.
Estimated Number of Respondents: 1,755.
Estimated Burden Hours Per Respondent: 1 hour, 6 minutes.
Frequency of Response: Monthly, Annually.
Estimated Total Reporting Burden: 10,642 hours.

OMB Number: 1512–0369.
Recordkeeping Requirement ID Number: ATF REC 5300/1.
Type of Review: Extension.
Title: Licensed Firearms Manufacturers Records of Production, Disposition, and Supporting Data.
Description: Firearms manufacturers record is a permanent record of firearms manufactured and records of their disposition. These records are vital to support ATF's mission to inquire into the disposition of any firearm in the course of a criminal investigation.
Respondents: Business or other for-profit.
Estimated Number of Recordkeepers: 1,694.
Estimated Burden Hours Per Recordkeeper: 3 minutes.
Frequency of Response: On occasion.
Estimated Total Recordkeeping Burden: 76,611 hours.

OMB Number: 1512–0386.
Recordkeeping Requirement ID Number: ATF REC 7570/1.
Type of Review: Extension.
Title: Records of Acquisition and Disposition—Registered Importers of Arms, Ammunition and Implements of War on the U.S. Munitions Imports List.
Description: These records of items that are listed on the U.S. Munitions List are used to account for the items by the Registered Import and this Bureau in investigation to insure compliance with the Federal law.
Respondents: Business or other for-profit.
Estimated Number of Recordkeepers: 50.
Estimated Burden Hours Per Recordkeeper: 5 hours.
Frequency of Response: Other (every 6 years).
Estimated Total Recordkeeping Burden: 250 hours.

OMB Number: 1512–0570.
Form Number: None.
Type of Review: Extension.
Title: Implementation of Public Law 105–277, Omnibus Consolidated and Emergency Appropriations Act, 1999, Related to Firearms Disabilities for Nonimmigrant Aliens.
Description: ATF is amending the regulations to implement the provisions of Public Law 105–277 by prohibiting, with certain exceptions, the transfer to and possession of firearms and ammunition by aliens in the United States in a nonimmigrant classification. This temporary rule also removes the exemption from importation permit requirements for certain nonresidents of the United States. The collections of information are contained in 27 CFR 178.44, 178.45 178.120, and 178.124.
Respondents: Business or other for-profit, Individuals or households.
Estimated Number of Respondents/Recordkeepers: 12,100.
Estimated Burden Hours Per Respondent/Recordkeeper: 6 minutes.
Frequency of Response: On occasion.
Estimated Total Reporting/Recordkeeping Burden: 1,210 hours.
Clearance Officer: Jacqueline White, (202) 927–8930, Bureau of Alcohol, Tobacco and Firearms, Room 3200, 650 Massachusetts Avenue, NW., Washington, DC 20226.
OMB Reviewer: Joseph F. Lackey, Jr., (202) 395–7316, Office of Management and Budget,Room 10235, New Executive Office Building,Washington, DC 20503.

Lois K. Holland,
Departmental Reports Management Officer.
[FR Doc. 02–16318 Filed 6–27–02; 8:45 am]
BILLING CODE 4810–31–P

DEPARTMENT OF THE TREASURY

Submission for OMB Review; Comment Request

June 21, 2002.

The Department of Treasury has submitted the following public information collection requirement(s) to OMB for review and clearance under the Paperwork Reduction Act of 1995, Public Law 104–13. Copies of the submission(s) may be obtained by calling the Treasury Bureau Clearance Officer listed. Comments regarding this information collection should be addressed to the OMB reviewer listed and to the Treasury Department Clearance Officer, Department of the Treasury, Room 2110, 1425 New York Avenue, NW., Washington, DC 20220.

DATES: Written comments should be received on or before July 29, 2002 to be assured of consideration.

U.S. Customs Service (CUS)

OMB Number: 1515–0041.
Form Number: Customs Form 6059B.
Type of Review: Extension.
Title: U.S. Customs Declaration.
Description: The U.S. Customs Declaration, Customs Form 6059B, facilitates the clearance of persons and their goods arriving in the U.S. by requiring basic information necessary for Customs to determine enforcement of all applicable laws and regulations.
Respondents: Individuals or households.

Estimated Number of Respondents: 60,000,000.

Estimated Burden Hours Per Respondent : 4 minutes.

Frequency of Response: On occasion.

Estimated Total Reporting Burden: 3,960,000 hours.

OMB Number: 1515–0059.

Form Number: Customs Form 1303.

Type of Review: Extension.

Title: Ship's Stores Declaration.

Description: This collection is required for audit purposes to ensure that goods used for Ship's Stores caused to ensure revenue collections and to provide duty free entry of merchandise eligible for reduced duty treatment under provisions of HTUSA.

Respondents: Business or other for-profit, individuals or households, not-for-profit institutions, Federal Government.

Estimated Number of Respondents/ Recordkeepers: 8,000.

Estimated Burden Hours Per Respondent/Recordkeeper: 15 minutes.

Frequency of Response: On occasion.

Estimated Total Reporting/ Recordkeeping Burden: 26,000 hours.

OMB Number: 1515–0117.

Form Number: None.

Type of Review: Revision.

Title: Establishment of a Container Station.

Description: This collection is an application to establish a container station for the vaning and devaning of cargo.

Respondents: Business or other for-profit, individuals or households, not-for-profit institutions.

Estimated Number of Respondents: 205.

Estimated Burden Hours Per Respondent: 3 hours.

Frequency of Response: On occasion.

Estimated Total Reporting Burden: 615 hours.

OMB Number: 1515–0121.

Form Number: None.

Type of Review: Extension.

Title: Establishment of a Bonded Warehouse.

Description: Owners or lessees desiring to establish a bonded warehouse must make written application to the port directors where the warehouse is located. The application must state warehouse location, describe the premises and indicate the class of bonded warehouse permit desired.

Respondents: Business or other for-profit, individuals or households, not-for-profit institutions, Federal Government.

Estimated Number of Respondents: 54.

Estimated Burden Hours Per Respondent: 3 hours.

Frequency of Response: On occasion.

Estimated Total Reporting Burden: 162 hours.

OMB Number: 1515–0127.

Form Number: None.

Type of Review: Extension.

Title: Application for Bonding of Smelting and Refining.

Description: A manufacturer engaged in smelting or refining, or both, of metal-bearing materials as provided for in Section 312, Tariff Act 1930, as amended, may make application to the port director nearest the plant location, for the bonding of such plants pursuant to 19 U.S.C. 1312 and 19 CFR 19.17(a).

Respondents: Business or other for-profit, individuals or households, not-for-profit institutions, State, Local or Tribal Government.

Estimated Number of Respondents/ Recordkeepers: 2.

Estimated Burden Hours Per Respondent/Recordkeeper: 8 hours.

Frequency of Response: On occasion.

Estimated Total Reporting/ Recordkeeping Burden: 16 hours.

OMB Number: 1515–0133.

Form Number: None.

Type of Review: Extension.

Title: Application to Receive Free Materials in a Bonded Warehouse.

Description: The proprietor of a bonded manufacturing warehouse must make application to the port director of Customs to receive domestic merchandise which is to be used in connection with the manufacture of articles permitted to be manufactured in such a warehouse.

Respondents: Business or other for-profit, Individuals or households, Not-for-profit institutions.

Estimated Number of Respondents/ Recordkeepers: 10.

Estimated Burden Hours Per Respondent/Recordkeeper: 30 minutes.

Frequency of Response: On occasion.

Estimated Total Reporting/ Recordkeeping Burden: 4,500 hours.

OMB Number: 1515–0134.

Form Number: None.

Type of Review: Extension.

Title: Bonded Warehouses-Alterations, Suspensions, Relocations and Discontinuances.

Description: Alterations to, or relocation of a bonded warehouse may be made with the permission of the port director in whose port the facility is located by submission of an application by the warehouse proprietor to alter or relocate the warehouse.

Respondents: Business or other for-profit, individuals or households, not-for-profit institutions, State, Local or Tribal Government.

Estimated Number of Respondents/ Recordkeepers: 132.

Estimated Burden Hours Per Respondent/Recordkeeper: 1 hour, 10 minutes.

Frequency of Response: On occasion.

Estimated Total Reporting Burden: 615 hours.

OMB Number: 1515–0186.

Form Number: None.

Type of Review: Extension.

Title: Air Waybill.

Description: Use of an Air Waybill in lieu of a Customs form to report arrival of freight and transportation in-bond of freight to the port of destination.

Respondents: Business or other for-profit.

Estimated Number of Respondents/ Recordkeepers: 60.

Estimated Burden Hours Per Respondent/Recordkeeper: 2 minutes.

Frequency of Response: On occasion.

Estimated Total Reporting/ Recordkeeping Burden: 1,030 hours.

Estimated Total Reporting Burden: 615 hours.

OMB Number: 1515–0194.

Form Number: None.

Type of Review: Extension.

Title: Documentation Requirements for Articles Entered Under Various Special Treatment Provisions.

Description: This collection is used to ensure revenue collections and to provide duty free entry of merchandise eligible for reduced duty treatment under provisions of HTUSA.

Respondents: State, Local or Tribal Government, individuals or households, business or other for-profit, not-for-profit institutions.

Estimated Number of Respondents: 19,433.

Estimated Burden Hours Per Respondent: 15 minutes.

Frequency of Response: On occasion.

Estimated Total Reporting Burden: 14,575 hours.

OMB Number: 1515–0210.

Form Number: None.

Type of Review: Revision.

Title: Notice of Detention.

Description: A response to the ''Notice of Detention'' of merchandise by the claimant to the property will help provide evidence of admissibility to Customs and facilitate the decision making process to allow entry or deny entry of imported merchandise.

Respondents: Business or other for-profit, Individuals or households.

Estimated Number of Respondents: 1,350.

Estimated Burden Hours Per Respondent : 2 hours.

Frequency of Response: On occasion.

Estimated Total Reporting Burden: 2,700 hours.

Clearance Officer: Tracey Denning, (202) 927–1429, U.S. Customs Service, Information Services Branch, Ronald Reagan Building, 1300 Pennsylvania Avenue, NW, Room 3.2.C, Washington, DC 20229.

OMB Reviewer: Joseph F. Lackey, Jr., (202) 395–7316, Office of Management and Budget, Room 10235, New Executive Office Building, Washington, DC 20503.

Mary A. Able,

Departmental Reports Management Officer.

[FR Doc. 02–16319 Filed 6–27–02; 8:45 am]

BILLING CODE 4820–02–P

DEPARTMENT OF THE TREASURY

Office of Foreign Assets Control

Additional Designations of Terrorism-Related Blocked Persons

AGENCIES: Office of Foreign Assets Control, Treasury.

ACTION: Notice.

SUMMARY: The Treasury Department's Office of Foreign Assets Control is publishing the names of additional persons whose property and interests in property have been blocked pursuant to Executive Order 13224 of September 23, 2001, pertaining to persons who commit, threaten to commit, or support terrorism.

DATES: The designations by the Secretary of the Treasury of additional persons identified in this notice whose property and interests in property have been blocked pursuant to Executive Order 13224 are effective on April 19, 2002.

FOR FURTHER INFORMATION CONTACT: Office of Foreign Assets Control, Department of the Treasury, Washington, DC 20220, tel.: 202/622–2520.

SUPPLEMENTARY INFORMATION:

Electronic and Facsimile Availability

This document is available as an electronic file on The Federal Bulletin Board the day of publication in the **Federal Register**. By modem, dial 202/512–1387 and type ''/GO FAC,'' or call 202/512–1530 for disk or paper copies. This file is available for downloading without charge in ASCII and Adobe Acrobat® readable (*.PDF) formats. For Internet access, the address for use with the World Wide Web (Home Page), Telnet, or FTP protocol is: *http://fedbbs.access.gpo.gov.* This document and additional information concerning the programs of the Office of Foreign Assets Control are available for downloading from the Office's Internet Home Page: *http://www.treas.gov/ofac,* or in fax form through the Office's 24-hour fax-on-demand service: call 202/622–0077 using a fax machine, fax modem, or (within the United States) a touch-tone telephone.

Background

On September 23, 2001, President Bush issued Executive Order 13224 (the ''Order'') imposing economic sanctions on persons who commit, threaten to commit, or support certain acts of terrorism. In an annex to the Order, President Bush identified 12 individuals and 15 entities whose assets are blocked pursuant to the Order (66 FR 49079, September 25, 2001). Additional persons have been blocked pursuant to authorities set forth in the Order since that date and notice of such published in the **Federal Register**.

Further Additional Designations. On April 19, 2002, the Secretary of the Treasury, in consultation with the Secretary of State and the Attorney General, acting pursuant to authorities set forth in the Order designated ten further additional persons whose property and interests in property are blocked. The names of these further additional persons are set forth in the list below. Persons, and their known aliases, will be added to appendix A to 31 CFR chapter V, through a separate **Federal Register** notice, as ''specially designated global terrorists'' identified by the initials ''[SDGT]''. Appendix A lists the names of persons with respect to whom transactions are subject to the various economic sanctions programs administered by the Office of Foreign Assets Control.

The designations by the Secretary of the Treasury of the further additional persons listed below pursuant to Executive Order 13224 are effective on April 19, 2002. All property and interests in property of any designated person, including but not limited to all accounts, that are or come within the United States or that are or come within the possession or control of United States persons, including their overseas branches, are blocked and may not be transferred, paid, exported, withdrawn, or otherwise dealt in, and all transactions or dealings by U.S. persons or within the United States in property or interests in property of any designated person are prohibited, unless licensed by the Office of Foreign Assets Control or exempted by statute.

In Section 10 of the Order, the President determined that because of the ability to transfer funds or assets instantaneously, prior notice to persons listed in the Annex to, or determined to be subject to, the Order who might have a constitutional presence in the United States, would render ineffectual the blocking and other measures authorized in the Order. The President further determined that no prior notification of a determination need be provided to any person who might have a constitutional presence in the United States. In furtherance of the objectives of the Order, the Secretary of the Treasury has determined that no prior notice should be afforded to the subjects of the determinations reflected in this notice because to do so would give the subjects that opportunity to evade the measures described in the Order and, consequently, render those measures ineffectual toward addressing the national emergency declared in the Order.

The list of additional designations follow:

AL–FAWAZ, Khalid (a.k.a. AL–FAUWAZ, Khaled; a.k.a. AL–FAUWAZ, Khaled A.; a.k.a. AL–FAWWAZ, Khalid; a.k.a. AL FAWWAZ, Khalid; a.k.a. AL FAWWAZ, Khaled; a.k.a. AL–FAWWAZ, Khaled), 55 Hawarden Hill, Brooke Road, London, NW2 7BR, England; DOB 25 Aug 1962.

AL–MASRI, Abu Hamza (a.k.a. AL–MISRI, Abu Hamza; a.k.a. KAMEL, Mustafa; a.k.a. MUSTAFA, Mustafa Kamel; a.k.a. EMAN, Adam Ramsey), 9 Albourne Road, Shepherds Bush, London, W12 OLW, England; 8 Adie Road, Hammersmith, London, W6 OPW, England; DOB 15 Apr 1958.

AOUADI, Mohamed Ben Belgacem (a.k.a. AOUADI, Mohamed Ben Belkacem), Via A. Masina n.7, Milano, Italy; DOB 11 Dec 1974; POB Tunisia; Italian Fiscal Code: DAOMMD74T11Z352Z.

BEN HENI, Lased; DOB 5 Feb 1969; POB Libya.

BOUCHOUCHA, Mokhtar (a.k.a. BUSHUSHA, Mokhtar), Via Milano n.38, Spinadesco (CR), Italy; DOB 13 Oct 1969; POB Tunisia; Italian Fiscal Code: BCHMHT69R13Z352T.

CHARAABI, Tarek (a.k.a. SHARAABI, Tarek), Viale Bligny n.42, Milano, Italy; DOB 31 Mar 1970; POB Tunisia; Italian Fiscal Code: CHRTRK70C31Z352U.

ES SAYED, Abdelkader Mahmoud (a.k.a. ES SAYED, Kader), Via del Fosso di Centocelle n.66, Roma, Italy; DOB 26 Dec 1962; POB Egypt; Italian Fiscal Code: SSYBLK62T26Z336L.

ESSID, Sami Ben Khemais, Via Dubini n.3, Gallarate (VA), Italy; DOB 10 Feb 1968; POB Tunisia; Italian Fiscal Code: SSDSBN68B10Z352F.

NASREDDIN, Ahmed Idris (a.k.a. NASREDDIN, Ahmad I.; a.k.a. NASREDDIN, Hadj Ahmed; a.k.a. NASREDDINE, Ahmed Idriss), Corso

Sempione 69, 20149 Milan, Italy; 1 via delle Scuole, 6900 Lugano, Switzerland; Piazzale Biancamano, Milan, Italy; Rue de Cap Spartel, Tangiers, Morocco; DOB 22 Nov 1929; POB Adi Ugri, Ethiopia; Italian Fiscal Code: NSRDRS29S22Z315Y.

THE AID ORGANIZATION OF THE ULEMA (a.k.a. AL RASHID TRUST; a.k.a. AL RASHEED TRUST; a.k.a. AL–RASHEED TRUST; a.k.a. AL–RASHID TRUST), new a.k.a. for previous entry with new address information in Pakistan: 302b–40, Good Earth Court, Opposite Pia Planitarium, Block 13a, Gulshan-I Iqbal, Karachi, Pakistan; 617 Clifton Center, Block 5, 6th Floor, Clifton, Karachi, Pakistan; 605 Landmark Plaza, 11 Chundrigar Road, Opposite Jang Building, Karachi, Pakistan.

Dated: May 23, 2002.

Loren L. Dohm,

Deputy Director, Office of Foreign Assets Control.

Approved: June 3, 2002.

Kenneth Lawson,

Assistant Secretary (Enforcement),Department of the Treasury.

[FR Doc. 02–16341 Filed 6–25–02; 2:28 pm]

BILLING CODE 4810–25–P

DEPARTMENT OF THE TREASURY

Office of Foreign Assets Control

Additional Designations of Terrorism-Related Blocked Persons

AGENCIES: Office of Foreign Assets Control, Treasury.

ACTION: Notice.

SUMMARY: The Treasury Department's Office of Foreign Assets Control is publishing the names of additional persons whose property and interests in property have been blocked pursuant to Executive Order 13224 of September 23, 2001, pertaining to persons who commit, threaten to commit, or support terrorism.

DATES: The designations by the Secretary of the Treasury of additional persons identified in this notice whose property and interests in property have been blocked pursuant to Executive Order 13224 are effective on May 3, 2002.

FOR FURTHER INFORMATION CONTACT: Office of Foreign Assets Control, Department of the Treasury, Washington, DC 20220, tel.: 202/622–2520.

SUPPLEMENTARY INFORMATION:

Electronic and Facsimile Availability

This document is available as an electronic file on The Federal Bulletin Board the day of publication in the **Federal Register**. By modem, dial 202/512–1387 and type ''/GO FAC,'' or call 202/512–1530 for disk or paper copies. This file is available for downloading without charge in ASCII and Adobe Acrobat® readable (*.PDF) formats. For Internet access, the address for use with the World Wide Web (Home Page), Telnet, or FTP protocol is: *http://fedbbs.access.gpo.gov.* This document and additional information concerning the programs of the Office of Foreign Assets Control are available for downloading from the Office's Internet Home Page: *http://www.treas.gov/ofac,* or in fax form through the Office's 24-hour fax-on-demand service: call 202/622–0077 using a fax machine, fax modem, or (within the United States) a touch-tone telephone.

Background

On September 23, 2001, President Bush issued Executive Order 13224 (the ''Order'') imposing economic sanctions on persons who commit, threaten to commit, or support certain acts of terrorism. In an annex to the Order, President Bush identified 12 individuals and 15 entities whose assets are blocked pursuant to the Order (66 FR 49079, September 25, 2001). Additional persons have been blocked pursuant to authorities set forth in the Order since that date and notice of such published in the **Federal Register**.

Further Additional Designations. On May 3, 2002, the Secretary of the Treasury, in consultation with the Secretary of State and the Attorney General, acting pursuant to authorities set forth in the Order designated ten further additional persons whose property and interests in property are blocked. The names of these further additional persons are set forth in the list below. Persons, and their known aliases, will be added to appendix A to 31 CFR chapter V, through a separate **Federal Register** notice, as ''specially designated global terrorists'' identified by the initials ''[SDGT]''. Appendix A lists the names of persons with respect to whom transactions are subject to the various economic sanctions programs administered by the Office of Foreign Assets Control.

The designations by the Secretary of the Treasury of the further additional persons listed below pursuant to Executive Order 13224 are effective on May 3, 2002. All property and interests in property of any designated person, including but not limited to all accounts, that are or come within the United States or that are or come within the possession or control of United States persons, including their overseas branches, are blocked and may not be transferred, paid, exported, withdrawn, or otherwise dealt in, and all transactions or dealings by U.S. persons or within the United States in property or interests in property of any designated person are prohibited, unless licensed by the Office of Foreign Assets Control or exempted by statute.

In Section 10 of the Order, the President determined that because of the ability to transfer funds or assets instantaneously, prior notice to persons listed in the Annex to, or determined to be subject to, the Order who might have a constitutional presence in the United States, would render ineffectual the blocking and other measures authorized in the Order. The President further determined that no prior notification of a determination need be provided to any person who might have a constitutional presence in the United States. In furtherance of the objectives of the Order, the Secretary of the Treasury has determined that no prior notice should be afforded to the subjects of the determinations reflected in this notice because to do so would give the subjects that opportunity to evade the measures described in the Order and, consequently, render those measures ineffectual toward addressing the national emergency declared in the Order.

The list of additional designations follow:

Entity (1)

(1) Askatasuna (f.k.a. Gestoras Pro-Amnistia), Spain

Individuals (7)

(1) Apaolaza Sancho, Ivan, DOB 10 November 1971; POB Beasain (Guipuzcoa), Spain, D.N.I. 44.129.178

(2) Berasategui Escudero, Ismael, DOB 15 June 1969; POB Eibar (Guipuzcoa), Spain, D.N.I. 15.379.555

(3) Gallastegui Sodupe, Lexuri, DOB 18 June 1969; POB Bilbao (Vizcaya), Spain, D.N.I. 16.047.113

(4) Palacios Alday, Gorka, DOB 17 October 1974; POB Baracaldo (Vizcaya), Spain, D.N.I. 30.654.356

(5) Quintana Zorrozua, Asier, DOB 27 February 1968; POB Bilbao (Vizcaya), Spain, D.N.I. 30.609.430

(6) Rubenach Roig, Juan Luis, DOB 18 September 1964; POB Bilbao (Vizcaya), Spain, D.N.I. 18.197.545

(7) Zubiaga Bravo, Manex, DOB 14 August 1979; POB Getxo (Vizcaya), Spain, D.N.I. 16.064.664

Dated: May 23, 2002.

Loren L. Dohm,

Deputy Director, Office of Foreign Assets Control.

Approved: June 3, 2002.

Kenneth Lawson,

Assistant Secretary (Enforcement), Department of the Treasury.

[FR Doc. 02–16342 Filed 6–25–02; 2:21 pm]

BILLING CODE 4810–25–P

DEPARTMENT OF THE TREASURY

Internal Revenue Service

Proposed Collection; Comment Request for Form 8453–F

AGENCY: Internal Revenue Service (IRS), Treasury.

ACTION: Notice and request for comments.

SUMMARY: The Department of the Treasury, 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)). Currently, the IRS is soliciting comments concerning Form 8453–F, U.S. Estate of Trust Income Tax Declaration and Signature for Electronic and Magnetic Media Filing.

DATES: Written comments should be received on or before August 27, 2002, to be assured of consideration.

ADDRESSES: Direct all written comments to Glenn Kirkland, Internal Revenue Service, room 6411, 1111 Constitution Avenue NW., Washington, DC 20224.

FOR FURTHER INFORMATION CONTACT: Requests for additional information or copies of the form(s) and instructions should be directed to Larnice Mack, (202) 622–3179, or through the Internet (*Larnice.Mack@irs.gov.*), Internal Revenue Service, room 6407, 1111 Constitution Avenue NW., Washington, DC 20224.

SUPPLEMENTARY INFORMATION:

Title: U.S. Estate of Trust Income Tax Declaration and Signature for Electronic and Magnetic Media Filing.

OMB Number: 1545–0967.

Form Number: 8453–F.

Abstract: This form is used to secure taxpayer signatures and declarations in conjunction with electronic or magnetic media filing of trust and fiduciary income tax returns, Form 8453–F, together with the electronic or magnetic media transmission, will comprise the taxpayer's income tax return (Form 1041).

Current Actions: There are no changes being made to the form at this time.

Type of Review: Extension of a currently approved collection.

Affected Public: Business or other for-profit organizations, and individuals, or households.

Estimated Number of Respondents: 1,000.

Estimated Time Per Respondent: 50 minutes.

Estimated Total Annual Burden Hours: 830.

The following paragraph applies to all of the collections of information covered by this notice:

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the collection of information displays a valid OMB control number. Books or records relating to a collection of information must be retained as long as their contents may become material in the administration of any internal revenue law. Generally, tax returns and tax return information are confidential, as required by 26 U.S.C. 6103.

Request for Comments: Comments submitted in response to this notice will be summarized and/or included in the request for OMB approval. All comments will become a matter of public record. Comments are invited on: (a) Whether the 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 the burden of the collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; (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; and (e) estimates of capital or start-up costs and costs of operation, maintenance, and purchase of services to provide information.

Approved: June 17, 2002.

Glenn Kirkland,

IRS Reports Clearance Officer.

[FR Doc. 02–16397 Filed 6–27–02; 8:45 am]

BILLING CODE 4830–01–P

DEPARTMENT OF THE TREASURY

Internal Revenue Service

Proposed Collection; Comment Request for Form 8453–P

AGENCY: Internal Revenue Service (IRS), Treasury.

ACTION: Notice and request for comments.

SUMMARY: The Department of the Treasury, 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)). Currently, the IRS is soliciting comments concerning Form 8453–P, U.S. Partnership Declaration and Signature for Electronic Filing.

DATES: Written comments should be received on or before August 27, 2002 to be assured of consideration.

ADDRESSES: Direct all written comments to Glenn Kirkland, Internal Revenue Service, room 6411, 1111 Constitution Avenue NW., Washington, DC 20224.

FOR FURTHER INFORMATION CONTACT: Requests for additional information or copies of the form(s) and instructions should be directed to Larnice Mack, (202) 622–3179, or through the internet (*Larnice.Mack@irs.gov.*), Internal Revenue Service, room 6407, 1111 Constitution Avenue NW., Washington, DC 20224.

SUPPLEMENTARY INFORMATION:

Title: U.S. Partnership Declaration and Signature for Electronic Filing.

OMB Number: 1545–0970.

Form Number: 8453–P.

Abstract: This form is used to secure the general partner's signature and declaration in conjunction with the electronic filing of a partnership return (Form 1065). For 8453–P, together with the electronic transmission, will comprise the partnership's return.

Current Actions: There are no changes being made to the form at this time.

Type of Review: Extension of a currently approved collection.

Affected Public: Business or other for-profit organizations.

Estimated Number of Respondents: 500.

Estimated Time Per Respondent: 47 minutes.

Estimated Total Annual Burden Hours: 390.

The following paragraph applies to all of the collections of information covered by this notice:

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the collection of information displays a valid OMB control number. Books or records relating to a collection of information must be retained as long as their contents may become material in the administration of any internal revenue law. Generally, tax returns and tax return information are confidential, as required by 26 U.S.C. 6103.

Request for Comments: Comments submitted in response to this notice will be summarized and/or included in the request for OMB approval. All comments will become a matter of public record. Comments are invited on: (a) Whether the 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 the burden of the collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; (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; and (e) estimates of capital or start-up costs and costs of operation, maintenance, and purchase of services to provide information.

Approved: June 18, 2002.

Glenn Kirkland,

IRS Reports Clearance Officer.

[FR Doc. 02–16398 Filed 6–27–02; 8:45 am]

BILLING CODE 4830–01–P

DEPARTMENT OF VETERANS AFFAIRS

Fund Availability Under the VA Homeless Providers Grant and Per Diem Program

AGENCY: Department of Veterans Affairs.

ACTION: Notice.

SUMMARY: VA is announcing the availability of funds for operational assistance under the *per diem component* of VA's Homeless Providers Grant and Per Diem Program. This Notice contains information concerning the program, application process, and amount of funding available.

DATES: An original completed and collated per diem application (plus four completed collated copies) for assistance under the VA Homeless Providers Grant and Per Diem Program must be received in the Grant and Per Diem Field Office, Tampa, FL, by 4 p.m. Eastern Time on August 14, 2002. Applications may not be sent by facsimile (FAX). In the interest of fairness to all competing applicants, this deadline is firm as to date and hour, and VA will treat as ineligible for consideration any application that is received after the deadline. Applicants should take this practice into account and make early submission of their material to avoid any risk of loss of eligibility brought about by unanticipated delays or other delivery-related problems.

ADDRESSES: For a Copy of the Application Package: Download directly from VA's Grant and Per Diem Program Web page at: *http://www.va.gov/homeless/page.cfm?pg=3* or call the Homeless Providers Grant and Per Diem Program Office at (toll-free) 1–877–332–0334. For a document relating to the VA Homeless Providers Grant and Per Diem Program, see the final rule codified at 38 CFR 17.700.

Submission of Application: An original completed and collated per diem application (plus four copies) must be submitted to the following address: Grant and Per Diem Program, Department of Veterans Affairs, 10770 North 46th Street, Suite C–100, Tampa, FL 33617. Applications must be received in the Grant and Per Diem Field Office by the application deadline.

FOR FURTHER INFORMATION CONTACT: Roger Casey, VA Homeless Providers Grant and Per Diem Program, Department of Veterans Affairs, 10770 North 46th Street, Suite C–100, Tampa, FL 33617; (toll-free) 1–877–332–0334.

SUPPLEMENTARY INFORMATION: This Notice announces the availability of funds for assistance under VA's Homeless Providers Grant and Per Diem Program for eligible programs, established after November 10, 1992, or expanded after November 30, 1999, that have not previously applied for or received per diem in connection with a grant (*see* 38 CFR 17.716). This program is authorized by Public Law 107–95, the Homeless Veterans Comprehensive Service Programs Act of 1992, as amended. Funding applied for under this Notice may be used for aid for service centers and supportive housing. Funding will be in the form of per diem payments issued to eligible entities for an expected period not to exceed 36 months from the date of award, subject to availability of funds. For eligibility criteria please refer to 38 CFR Part 17.716.

VA is pleased to issue this Notice of Fund Availability (NOFA) for the Homeless Providers Grant and Per Diem Program. The Department expects to award approximately $13.5 million under this NOFA pending the availability of funds in Fiscal Year (FY) 2003.

Funding available under this NOFA is being offered to help offset the operating expenses of existing faith-based and community-based organizations that are capable of providing supported housing and/or supportive service center services for homeless veterans. It should be noted that the existing regulations that govern current procedures for per diem funding, limits VA payment to one-half of the cost of a day of care up to the per day rate VA pays for State Home Domiciliary care. Revised regulations are being prepared to adjust the per diem payment in accordance with 38 United States Code (USC) Section 2012. This may result in higher per diem payments once the final regulations are published.

Interested organizations should know that the vast majority of homeless veterans in this country suffer from mental illness or substance abuse disorders or are dually diagnosed with both mental illness and substance abuse disorders. In addition, many homeless veterans have serious medical problems. Collaboration with VA medical centers, VA community-based outpatient clinics or other health care providers is an important aspect of assuring that homeless veterans have access to appropriate health care services.

The Urban Institute's analysis of data collected through the 1996 National Survey of Homeless Providers and Clients indicates that 21 percent of the homeless population is found in rural and suburban locations. Over the last eight rounds of grants, VA awarded approximately $63 million to help establish 306 projects for homeless veterans. VA also provided funding in FY 2000 to support 53 existing programs in order to make additional supported housing services available to homeless veterans. To date, six states have no grant or per diem-funded programs available to serve homeless veterans. To date, six states have no grant or per diem-funded programs available to serve homeless veterans. These states include Alaska, Idaho, Kansas, Montana, North Dakota, and New Hampshire. Several other states have only one or two grant or per diem-funded programs. Also, only three grant and per diem-funded programs are affiliated with Native American Tribal Governments. VA is encouraging interested faith-based, community-based organizations, and Native American Tribal Governments from these states and rural areas of the country to apply for funding under this NOFA.

It is important to be aware that VA places great emphasis on responsibility and accountability. VA has procedures in place to monitor services provided to homeless veterans and outcomes associated with the services provided in grant and per diem-funded programs. VA is also implementing new procedures to further this effort. Interested faith-based and community-based organizations should be aware of the following:

- Each per diem-funded program will have a liaison appointed from a nearby VA medical facility to provide oversight and monitor services provided to homeless veterans in the per diem-funded program.
- Monitoring will include at least an annual review of each per diem program's progress toward meeting internal goals and objectives in helping veterans attain housing stability, adequate income support, and self sufficiency as identified in each per diem program's original application.
- Each per diem-funded program will participate in VA's national program monitoring and evaluation system administered by VA's Northeast Program Evaluation Center (NEPEC).
- It is the intention of VA to develop specific performance targets with respect to housing for homeless veterans. NEPEC's monitoring procedures will be used to determine successful accomplishment of these housing outcomes for each per diem-funded program.

VA encourages all eligible and interested entities to review this NOFA and consider applying for funds to provide service for homeless veterans.

Authority: VA's Homeless Providers Grant and Per Diem Program is authorized by Public Law 107–95 and has been extended through FY 2005. The program is implemented by the final rule codified at 38 CFR 17.700. The final rule was published in the **Federal Register** on June 1, 1994, and February 27, 1995, and revised February 11, 1997. The regulations can be found in their entirety in 38 CFR, Volume 1, Sec. 17.700 through 17.731. Funds made available under this Notice are subject to the requirements of those regulations.

Allocation: Approximately $13.5 million is available for the per diem component of this program. This funding is expected to be available for a maximum of 36 months from the date of award, subject to the availability of funds. In later years, continued payment is subject to availability of funds.

Application Requirements: The specific per diem application requirements will be specified in the application package. The package includes all required forms and certifications. Conditional selections will be made based on criteria described in the application. Applicants who are conditionally selected will be notified of the additional information needed to confirm or clarify information provided in the application. Applicants will then have approximately one month to submit such information. If an applicant is unable to meet any conditions for per diem award within the specified time frame, VA reserves the right to not award funds and to use the funds available for other applicants. Grant recipients who received prior year funding for acquisition, renovation or new construction need not reapply for per diem for those portions of their programs that were created with grant funds. Per diem for these programs is requested in the grant application and paid at the time of grant project completion. However, if such entities desire per diem for programs not funded by a grant award under VA's Homeless Providers Grant and Per Diem Program, an application responding to this NOFA is required.

Dated: June 24, 2002.

Anthony J. Principi,

Secretary of Veterans Affairs.

[FR Doc. 02–16402 Filed 6–27–02; 8:45 am]

BILLING CODE 8320–01–P

DEPARTMENT OF VETERANS AFFAIRS

President's Task Force To Improve Health Care Delivery for Our Nation's Veterans, Notice of Meeting

The Department of Veterans Affairs (VA) gives notice under Public Law 92–463 that a meeting of the President's Task Force to Improve Health Care Delivery for Our Nation's Veterans is scheduled for Wednesday, July 10, 2002, beginning at 9 a.m. and adjourning at 5 p.m. The meeting will be held in the Horizon Ballroom of the Ronald Reagan Building International Trade Center, 1300 Pennsylvania Avenue, NW., Washington, DC and is open to the general public.

The purpose of the President's Task Force to Improve Health Care Delivery for Our Nation's Veterans is to:

(a) Identify ways to improve benefits and services for Department of Veterans Affairs (VA) beneficiaries and Department of Defense (DoD) military retirees who are also eligible for benefits from VA, through better coordination of the activities of the two departments;

(b) Identify opportunities to remove barriers that impede VA and DoD coordination, including budgeting processes, timely billing, cost accounting, information technology, and reimbursement; and

(c) Identify opportunities through partnership between VA and DoD, to maximize the use of resources and infrastructure, including buildings, information technology and data sharing systems, procurement of supplies, equipment and services.

On the morning of July 10, the President's Task Force will receive presentations by Dr. Robert Roswell, Under Secretary for Health (VA), and Dr. William Winkenwerder, Assistant Secretary of Defense for Health Affairs, from 9 a.m. to 10:30 a.m. The morning session will conclude with a discussion of the next steps and issues leading to the Final Report. During the afternoon session, the seven Work Groups will brief the Committee in this order: Leadership Chapter, Benefits Chapter, Resources Chapter, Pharmaceuticals Chapter, Acquisition and Procurement Chapter, Facilities Chapter, and Information Management/Information Technology Chapter.

Interested parties can provide written comments to Mr. Dan Amon, Communications Director, President's Task Force to Improve Health Care Delivery for Our Nation's Veterans, 1401 Wilson Boulevard, 4th Floor, Arlington, Virginia 22209.

Dated: June 21, 2002.

By direction of the Secretary.

Nora E. Egan,

Committee Management Officer.

[FR Doc. 02–16403 Filed 6–27–02; 8:45 am]

BILLING CODE 8320–01–M

Corrections

Federal Register
Vol. 67, No. 125
Friday, June 28, 2002

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.

ENVIRONMENTAL PROTECTION AGENCY

40 CFR Part 60

Standards of Performance for New Stationary Sources; Monitoring Requirements

CFR Correction

In Title 40 of the Code of Federal Regulations, Part 60 (60.1 to End), revised as of July 1, 2001, § 60.4 is corrected, on page 34, by removing the second table in paragraph (b)(DD)(1) and on page 28, by moving the second table in paragraph (b)(D)(1) to the end of paragraph (b)(DD)(1) and adding the following table to paragraph (b)(D)(1) in its place.

§ 60.4 Address.

* * * * *

(b) * * *

(D) * * *

(1) * * *

DELEGATION STATUS OF NEW SOURCE PERFORMANCE STANDARDS (NSPS) FOR ARIZONA												NATIONAL EMISSION STANDARDS FOR HAZARDOUS AIR POLLUTANTS (NESHAPS)						
AIR POLLUTION CONTROL AGENCY	Steel Plants: Electric Arc Furnaces	Kraft Pulp Mills	Glass Manufacturing Plants	Grain Elevators	Stationary Gas Turbines	Lime Manufacturing Plants	Lead - Acid Battery Manufacturing Plants	Automobile & Light Duty Surface Coating Operations	Phosphate Rock Plants	Ammonium Sulfate Manufacturing		General Provisions	Asbestos	Beryllium	Beryllium Rocket Motor Firing	Mercury	Vinyl Chloride	
POLLUTANT CATEGORY	AA	BB	CC	DD	GG	HH	KK	MM	NN	PP		A	B	C	D	E	F	
ARIZONA	*	*		*	*	*							*	*	*	*	*	
Maricopa	*	*	*	*	*	*		*		*			*	*	*	*	*	
Pima	*	*		*	*	*							*	*		*	*	

*indicates delegation

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[FR Doc. 02–55517 Filed 6–27–02; 8:45 am]

BILLING CODE 1505–01–D

Federal Register

Friday,

June 28, 2002

Part II

Department of Agriculture

Forest Service

36 CFR Part 242

Department of the Interior

Fish and Wildlife Service

50 CFR Part 100

Subsistence Management Regulations for Public Lands in Alaska, Subpart C and Subpart D—2002–2003; Subsistence Taking of Fish and Wildlife Regulations; Final Rule

DEPARTMENT OF AGRICULTURE

Forest Service

36 CFR Part 242

DEPARTMENT OF THE INTERIOR

Fish and Wildlife Service

50 CFR Part 100

RIN 1018A106

Subsistence Management Regulations for Public Lands in Alaska, Subpart C and Subpart D—2002–2003; Subsistence Taking of Fish and Wildlife Regulations

AGENCIES: Forest Service, Agriculture; Fish and Wildlife Service, Interior.

ACTION: Final rule.

SUMMARY: This final rule establishes regulations for seasons, harvest limits, methods, and means related to taking of wildlife for subsistence uses in Alaska during the 2002–2003 regulatory year. The rulemaking is necessary because the regulations governing the subsistence harvest of wildlife in Alaska are subject to an annual public review cycle. This rulemaking replaces the wildlife regulations that expire on June 30, 2002. This rule also amends the regulations that establish which Alaska residents are eligible to take specific species for subsistence uses.

DATES: Sections __.24(a)(1) and __.25 are effective July 1, 2002. Section __.26 is effective July 1, 2002, through June 30, 2003.

FOR FURTHER INFORMATION CONTACT: Chair, Federal Subsistence Board, c/o U.S. Fish and Wildlife Service, Attention: Thomas H. Boyd, Office of Subsistence Management; (907) 786–3888. For questions specific to National Forest System lands, contact Ken Thompson, Regional Subsistence Program Manager, USDA, Forest Service, Alaska Region, (907) 786–3888.

SUPPLEMENTARY INFORMATION:

Background

In Title VIII of the Alaska National Interest Lands Conservation Act (ANILCA) (16 U.S.C. 3111–3126), Congress found that ''the situation in Alaska is unique in that, in most cases, no practical alternative means are available to replace the food supplies and other items gathered from fish and wildlife which supply rural residents dependent on subsistence uses;'' and that ''continuation of the opportunity for subsistence uses of resources on public and other lands in Alaska is threatened * * *.'' As a result, Title VIII requires, among other things, that the Secretary of the Interior and the Secretary of Agriculture (Secretaries) implement a joint program to grant a preference for subsistence uses of fish and wildlife resources on public lands in Alaska, unless the State of Alaska enacts and implements laws of general applicability that are consistent with ANILCA and that provide for the subsistence definition, preference, and participation specified in Sections 803, 804, and 805 of ANILCA.

The State implemented a program that the Department of the Interior previously found to be consistent with ANILCA. However, in December 1989, the Alaska Supreme Court ruled in *McDowell* v. *State of Alaska* that the rural preference in the State subsistence statute violated the Alaska Constitution. The Court's ruling in *McDowell* required the State to delete the rural preference from the subsistence statute and, therefore, negated State compliance with ANILCA. The Court stayed the effect of the decision until July 1, 1990. As a result of the *McDowell* decision, the Department of the Interior and the Department of Agriculture (Departments) assumed, on July 1, 1990, responsibility for implementation of Title VIII of ANILCA on public lands. On June 29, 1990, the Temporary Subsistence Management Regulations for Public Lands in Alaska were published in the **Federal Register** (55 FR 27114–27170).

As a result of this joint process between Interior and Agriculture, these regulations can be found both in titles 36, ''Parks, Forests, and Public Property,'' and 50, ''Wildlife and Fisheries,'' of the Code of Federal Regulations (CFR), at 36 CFR 242.1–28 and 50 CFR 100.1–28. The regulations contain subparts as follows: Subpart A, General Provisions; Subpart B, Program Structure, Subpart C, Board Determinations, and Subpart D, Subsistence Taking of Fish and Wildlife.

Consistent with Subparts A, B, and C of these regulations, as revised May 7, 2002, (67 FR 30559), the Departments established a Federal Subsistence Board to administer the Federal Subsistence Management Program. The Board's composition includes a Chair appointed by the Secretary of the Interior with concurrence of the Secretary of Agriculture; the Alaska Regional Director, U.S. Fish and Wildlife Service; the Alaska Regional Director, U.S. National Park Service; the Alaska State Director, U.S. Bureau of Land Management; the Alaska Regional Director, U.S. Bureau of Indian Affairs; and the Alaska Regional Forester, USDA Forest Service. Through the Board, these agencies participated in the development of regulations for Subparts A, B, and C, and the annual Subpart D regulations.

Federal Subsistence Regional Advisory Councils

Pursuant to the Record of Decision, Subsistence Management Regulations for Federal Public Lands in Alaska, April 6, 1992, and the Subsistence Management Regulations for Federal Public Lands in Alaska, 36 CFR 242.11 (2002) and 50 CFR 100.11 (2002), and for the purposes identified therein, we divide Alaska into ten subsistence resource regions, each of which is represented by a Federal Subsistence Regional Advisory Council (Regional Council). The Regional Councils provide a forum for rural residents, with personal knowledge of local conditions and resource requirements, to have a meaningful role in the subsistence management of fish and wildlife on Alaska public lands. The Regional Council members represent varied geographical, cultural, and user diversity within each region.

Current Rule

Because the Subpart D regulations, which establish seasons and harvest limits and methods and means, are subject to an annual cycle, they require development of an entire new rule each year. Customary and traditional use determinations (Subpart C) are also subject to an annual review process providing for modification each year. Section __.24 (Customary and traditional use determinations) was originally published in the **Federal Register** (57 FR 22940) on May 29, 1992. The regulations at 36 CFR 242.4 and 50 CFR 100.4 define ''customary and traditional use'' as ''a long-established, consistent pattern of use, incorporating beliefs and customs which have been transmitted from generation to generation.* * *'' Since that time, the Board has made a number of Customary and Traditional Use Determinations at the request of impacted subsistence users. Those modifications, along with some administrative corrections, were published in the **Federal Register** (59 FR 27462, published May 27, 1994; 59 FR 51855, published October 13, 1994; 60 FR 10317, published February 24, 1995; 61 FR 39698, published July 30, 1996; 62 FR 29016, published May 29, 1997; 63 FR 35332, published June 29, 1998; 63 FR 46148, published August 28, 1998; 64 FR 35776, published July 1, 1999; 65 FR 40730, published June 30, 2000; and 66 FR 33744, published June 25, 2001). During its May 13–14,

2002, meeting, the Board made additional customary and traditional use determinations in addition to various annual season and harvest limit changes.

The Departments of the Interior and Agriculture published a proposed rule on August 27, 2001 (66 FR 45082), to amend subparts C and D of 36 CFR 242 and 50 CFR 100. The proposed rule opened a 60-day comment period, which closed on October 26, 2001. The Departments advertised the proposed rule by mail, radio, and newspaper. During that period, the Regional Councils met and, in addition to other Regional Council business, received suggestions for proposals from the public. The Board received a total of 48 proposals for changes to subparts C and D. Subsequent to the 60-day review period, the Board prepared a booklet describing the proposals and distributed it to the public. The public had an additional 30 days in which to comment on the proposals for changes to the regulations. The 10 Regional Councils met again, received public comments, and formulated their recommendations to the Board on proposals for their respective regions. Six of the proposals were withdrawn from consideration by their originators, and a seventh was withdrawn on the death of the originator. The Regional Councils had a substantial role in reviewing the proposed rule and making recommendations for the final rule. Moreover, the Council Chairs, or their designated representatives, presented their Council's recommendations at the Board meeting of May 13–14, 2002. These final regulations reflect Board review and consideration of Regional Council recommendations and public comments. The public has had extensive opportunity to review and comment on all changes. Additional details on the recent Board modifications are contained below in Analysis of Proposals Adopted by the Board.

Applicability of Subparts A, B, and C

Subparts A, B, and C (unless otherwise amended) of the Subsistence Management Regulations for Public Lands in Alaska, 50 CFR 100.1 to 100.23 and 36 CFR 242.1 to 242.23, remain effective and apply to this rule. Therefore, all definitions located at 50 CFR 100.4 and 36 CFR 242.4 apply to regulations found in this subpart.

Analysis of Proposals Rejected by the Board

The Board rejected 10 proposals and part of 1 other. All but one of these rejections were based on recommendations from the respective Regional Council and additional factors. In the case of the one rejection inconsistent with the Regional Council recommendation, the Council had recommended deferral. The Board also failed to take action on one proposal, which, in effect, resulted in a rejection of that proposal.

The Board rejected one proposal requesting that black and brown bears be included in the definition of ''furbearer'' and that bear parts be allowed to be sold. In this case, most of the cultural resource use information compiled during proposal analysis, the potential adverse biological impacts, most Regional Council recommendations, and the public comments did not support the request.

Four proposals requested revising the designated hunter provisions for deer in Southeast. The Board rejected these proposals as being detrimental to subsistence users and unnecessary for conservation purposes.

Two other proposals requested closing Federal lands to non-Federally qualified users or establishing different harvest limits for non-local users of deer in Southeast Alaska. The Board rejected these proposals because subsistence opportunities were already being satisfied and the changes would have constituted an unnecessary restriction on nonsubsistence users.

One proposal requested allowing the take of antlerless deer. This proposal was rejected because the deer population in the area could not support an antlerless deer harvest.

One proposal requested closing Federal lands to the use of aircraft for access for the taking of moose. The Board rejected this proposal because the moose population in the area could support both subsistence and nonsubsistence harvest and such an access restriction would needlessly restrict subsistence and nonsubsistence users.

One proposal requested, in part, establishing a new subsistence hunting season for moose and closure of Federal lands to nonsubsistence users. This new season portion of the proposal was rejected for conservation reasons and because the area proposed for closure has an adequate population of moose to allow the harvest by both subsistence and nonsubsistence users.

One proposal requested closing Federal lands to the harvest of moose and caribou by nonsubsistence users. This proposal was rejected because there was no conservation concern in the area, and the proposed change would place unnecessary restrictions on nonsubsistence users.

One proposal requested moving the season for moose earlier in the fall. The Board rejected this proposal as detrimental to subsistence users.

The Board deferred action on four proposals and part of one other proposal in order to allow communities or Regional Councils additional time to review the issues and provide additional information. Six of the originally submitted proposals were withdrawn from consideration by their originators, and one was withdrawn as a result of the demise of the originator.

Analysis of Proposals Adopted by the Board

The Board adopted 25 proposals. Some of these proposals were adopted as submitted and others were adopted with modifications suggested by the respective Regional Council, developed during the analysis process, or during the Board's public deliberations.

All of the adopted proposals were recommended for adoption by at least one of the Regional Councils and were based on meeting customary and traditional uses, harvest practices, or protecting wildlife populations. Detailed information relating to justification for the action on each proposal may be found in the Board meeting transcripts, available for review at the Office of Subsistence Management, 3601 C Street, Suite 1030, Anchorage, Alaska, or on the Office of Subsistence Management website (*http://www.r7.fws.gov/asm/home.html*). Additional minor technical clarifications have been made, which result in a more readable document.

Multiple Regions

The Board adopted a modification resulting in the following change in the regulations found in § __.25, which affects residents of all Regions.

- Established a new definition for ''handicraft'' and revised the uses permitted of subsistence-harvested resources to allow the sale of handicrafts made from black bear fur.

Southeast Region

The Board adopted two proposals affecting residents of the Southeast Region resulting in the following change to the regulations found in § __.26.

- Revised the brown bear educational permit harvest provisions in Unit 4.
- Revised the management structure for goat in Unit 5(A).

Southcentral Region

The Board adopted three proposals affecting residents in the Southcentral Region resulting in the following

changes to the regulations found in § __.24 and § __.26.

• Revised the harvest limit, permit allocation, and season for moose in Unit 6(C).

• Allowed the educational/cultural take of a moose for a culture camp in either Unit 11 or Unit 12.

• Revised the customary and traditional use determination and closed the season for ruffed grouse in Unit 7 and reduced the harvest limit for spruce grouse in Unit 7.

Additionally, the U.S. Fish and Wildlife Service, Office of Subsistence Management, used its delegated authority to adjust lynx seasons and harvest limits consistent with the ADF&G Lynx Harvest Management Strategy. The Office of Subsistence Management, in May 2002, exercised this authority and adjusted the lynx seasons in Units 7, 11, 13, and 15.

Kodiak/Aleutians Region

The Board adopted three proposals affecting residents in the Kodiak/Aleutians Region resulting in the following changes to the regulations found in § __.26.

• Revised the season for caribou in parts of Units 9 and 10.

• Revised hunt area boundaries and harvest limit for deer in Unit 8.

• Established a season for moose in part of Unit 9.

Bristol Bay Region

The Board adopted four proposals affecting residents in the Bristol Bay Region resulting in the following changes to the regulations found in § __.26.

• Revised the Western Brown Bear Management Area for Unit 17 and part of Unit 9.

• Aligned the caribou season in a portion of Unit 17 with the State season.

• Aligned the permit requirements for moose in a portion of Unit 17 with State permit requirements.

• Revised the harvest limit for beaver in Unit 17.

Additionally, the U.S. Fish and Wildlife Service, Office of Subsistence Management used its delegated authority responding to a Special Action request from the Bristol Bay Regional Council to close an antlerless moose season in Unit 9(C) consistent with conservation of healthy populations and sound wildlife management principles.

Yukon/Kuskokwim Region

The Board adopted one proposal affecting residents of the Yukon/Kuskokwim Region resulting in the following change to the regulations found in § __.24 and § __.26.

• Revised the customary and traditional use determination, simplified the hunt area descriptions, and added a special provision for caribou in Unit 18.

Western Interior Region

The Board adopted one proposal affecting residents of the Western Interior Region resulting in the following change to the regulations found in § __.26.

• Established an opportunity for ceremonial take for religious ceremonies in Units 21 and 24.

Seward Peninsula Region

The Board adopted five proposals affecting residents of the Seward Peninsula Region resulting in the following change to the regulations found in § __.26.

• Opened a season earlier and eliminated some subunit distinctions for brown bear in Unit 22.

• Revised the seasons and closed Federal lands to nonsubsistence hunting for moose in portions of Unit 22.

• Restricted harvest to certain communities for moose in a portion of Unit 22(B).

• Provided for the ceremonial take of one bull moose and one muskox in Unit 22.

• Increased the harvest quota for muskox in Unit 22.

Northwest Arctic Region

The Board adopted two proposals affecting residents of the Northwest Arctic Region resulting in the following changes to the regulations found in § __.26.

• Revised the seasons and quota announcement process and added a requirement for the destruction of trophy value of horns for sheep in Unit 23 and a portion of Unit 26.

• Revised the seasons and harvest limits for lynx in Unit 23.

Eastern Interior Region

The Board adopted two proposals affecting residents of the Eastern Interior Region resulting in the following changes to the regulations found in § __.26.

• Increased the harvest quota for caribou in a portion of Units 20(E) and 25(C).

• Revised the season and removed the antler restriction for moose in part of Unit 20(E).

Additionally, the U.S. Fish and Wildlife Service, Office of Subsistence Management, by delegated authority adjusted lynx seasons and harvest limits consistent with the ADF&G Lynx Harvest Management Strategy. The Office of Subsistence Management, in May 2002, exercised this authority and adjusted the lynx seasons in Units 12 and 20.

North Slope Region

The Board adopted two proposals affecting residents of the North Slope Region resulting in the following changes to the regulations found in § __.26.

• Revised the controlled use area restrictions for moose to align with State regulations in a portion of Unit 26.

• Expanded the open area and extended the season for moose in a portion of Unit 26.

These final regulations reflect Board review and consideration of Regional Council recommendations and public comments. All Board members have reviewed this rule and agree with its substance. Because this rule relates to public lands managed by an agency or agencies in both the Departments of Agriculture and the Interior, identical text would be incorporated into 36 CFR part 242 and 50 CFR part 100.

Administrative Procedure Act Compliance

The Board finds that additional public notice under the Administrative Procedure Act (APA) for this final rule is unnecessary, and contrary to the public interest. The Board has provided extensive opportunity for public input and involvement in excess of standard APA requirements, including participation in multiple Regional Council meetings, additional public review and comment on all proposals for regulatory change, and opportunity for additional public comment during the Board meeting prior to deliberation. Additionally, an administrative mechanism exists (and has been used by the public) to request reconsideration of the Board's decision on any particular proposal for regulatory change. Over the 11 years the Program has been operating, no benefit to the public has been demonstrated by delaying the effective date of the regulations. A lapse in regulatory control could seriously affect the continued viability of wildlife populations, adversely impact future subsistence opportunities for rural Alaskans, and would generally fail to serve the overall public interest. Therefore, the Board finds good cause pursuant to 5 U.S.C. 553 (d) to make this rule effective less than 30 days after publication.

Conformance With Statutory and Regulatory Authorities

National Environmental Policy Act Compliance—A Draft Environmental

Impact Statement (DEIS) that described four alternatives for developing a Federal Subsistence Management Program was distributed for public comment on October 7, 1991. That document described the major issues associated with Federal subsistence management as identified through public meetings, written comments, and staff analysis and examined the environmental consequences of the four alternatives. Proposed regulations (subparts A, B, and C) that would implement the preferred alternative were included in the DEIS as an appendix. The DEIS and the proposed administrative regulations presented a framework for an annual regulatory cycle regarding subsistence hunting and fishing regulations (subpart D). The Final Environmental Impact Statement (FEIS) was published on February 28, 1992.

Based on the public comment received, the analysis contained in the FEIS, and the recommendations of the Federal Subsistence Board and the Department of the Interior's Subsistence Policy Group, it was the decision of the Secretary of the Interior, with the concurrence of the Secretary of Agriculture, through the U.S. Department of Agriculture-Forest Service, to implement Alternative IV as identified in the DEIS and FEIS (Record of Decision on Subsistence Management for Federal Public Lands in Alaska (ROD), signed April 6, 1992). The DEIS and the selected alternative in the FEIS defined the administrative framework of an annual regulatory cycle for subsistence hunting and fishing regulations. The final rule for Subsistence Management Regulations for Public Lands in Alaska, subparts A, B, and C (57 FR 22940–22964, published May 29, 1992) implemented the Federal Subsistence Management Program and included a framework for an annual cycle for subsistence hunting and fishing regulations.

An environmental assessment has been prepared on the expansion of Federal jurisdiction over fisheries and is available by contacting the office listed under **FOR FURTHER INFORMATION CONTACT.** The Secretary of the Interior with the concurrence of the Secretary of Agriculture has determined that the expansion of Federal jurisdiction does not constitute a major Federal action, significantly affecting the human environment and has, therefore, signed a Finding of No Significant Impact.

Compliance with Section 810 of ANILCA—A Section 810 analysis was completed as part of the FEIS process on the Federal Subsistence Management Program. The intent of all Federal subsistence regulations is to accord subsistence uses of fish and wildlife on public lands a priority over the taking of fish and wildlife on such lands for other purposes, unless restriction is necessary to conserve healthy fish and wildlife populations. The final Section 810 analysis determination appeared in the April 6, 1992, ROD, which concluded that the Federal Subsistence Management Program, under Alternative IV with an annual process for setting hunting and fishing regulations, may have some local impacts on subsistence uses, but it does not appear that the program may significantly restrict subsistence uses.

During the environmental assessment process, an evaluation of the effects of this rule was also conducted in accordance with Section 810. This evaluation supports the Secretaries' determination that the final rule will not reach the ''may significantly restrict'' threshold for notice and hearings under ANILCA Section 810(a) for any subsistence resources or uses.

Paperwork Reduction Act—This rule contains information collection requirements subject to Office of Management and Budget (OMB) approval under the Paperwork Reduction Act of 1995. It applies to the use of public lands in Alaska. The information collection requirements are approved by OMB under 44 U.S.C. 3501 and have been assigned clearance number 1018–0075, which expires July 31, 2003. Federal agencies may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a current valid OMB control number.

Currently, information is being collected by the use of a Federal Subsistence Registration Permit and Designated Hunter Application. The information collected on these two permits establishes whether an applicant qualifies to participate in a Federal subsistence hunt on public land in Alaska and provides a report of harvest and the location of harvest. The collected information is necessary to determine harvest success, harvest location, and population health in order to make management decisions relative to the conservation of healthy wildlife populations. Additional harvest information is obtained from harvest reports submitted to the State of Alaska. The recordkeeping burden for this aspect of the program is negligible (1 hour or less). This information is accessed via computer data base.

Form	Estimated number of respondents	Completion time for each form	Estimated annual response	Estimated annual burden (in hours)	Hourly cost for respondent	Financial burden on respondents
Federal Subsistence Registration Permit.	5,000	¼ hour	5,000	1,250	$20.00	$5.00 each or $25,000 total.
Designated Hunter Application.	2,000	¼ hour	2,000	500	20.00	$5.00 each or $10,000 total.

You may direct comments on the burden estimate or any other aspect of this form to: Information Collection Officer, U.S. Fish and Wildlife Service, 1849 C Street, NW, MS 224 ARLSQ, Washington, DC 20240; and the Office of Management and Budget, Paperwork Reduction Project (Subsistence), Washington, DC 20503. Additional information collection requirements may be imposed if local advisory committees subject to the Federal Advisory Committee Act are established under subpart B. Such requirements will be submitted to OMB for approval prior to their implementation.

Economic Effects—This rule is not a significant rule subject to OMB review under Executive Order 12866. This rulemaking will impose no significant costs on small entities; this rule does not restrict any existing sport or commercial fishery on the public lands, and subsistence fisheries will continue at essentially the same levels as they presently occur. The exact number of businesses and the amount of trade that will result from this Federal land-related activity is unknown. The aggregate effect is an insignificant positive economic effect on a number of small entities, such as ammunition, snowmachine, and gasoline dealers. The number of small entities affected is unknown; but, the fact that the positive effects will be seasonal in nature and

will, in most cases, merely continue preexisting uses of public lands indicates that they will not be significant.

In general, the resources to be harvested under this rule are already being harvested and consumed by the local harvester and do not result in an additional dollar benefit to the economy. However, we estimate that 2 million pounds of meat are harvested by subsistence users annually and, if given an estimated dollar value of $3.00 per pound, would equate to about $6 million in food value state-wide.

The Regulatory Flexibility Act of 1980 (5 U.S.C. 601 *et seq.*) requires preparation of flexibility analyses for rules that will have a significant effect on a substantial number of small entities, which include small businesses, organizations or governmental jurisdictions. The Departments certify based on the above figures that this rulemaking will not have a significant economic effect on a substantial number of small entities within the meaning of the Regulatory Flexibility Act. Under the Small Business Regulatory Enforcement Fairness Act (5 U.S.C. 801 *et seq.*), this rule is not a major rule. It does not have an effect on the economy of $100 million or more, will not cause a major increase in costs or prices for consumers, and does not have significant adverse effects on competition, employment, investment, productivity, innovation, or the ability of U.S.-based enterprises to compete with foreign-based enterprises.

Title VIII of ANILCA requires the Secretaries to administer a subsistence priority on public lands. The scope of this program is limited by definition to certain public lands. Likewise, these regulations have no potential takings of private property implications as defined by Executive Order 12630.

The Secretaries have determined and certify pursuant to the Unfunded Mandates Reform Act, 2 U.S.C. 1502 *et seq.*, that this rulemaking will not impose a cost of $100 million or more in any given year on local or State governments or private entities. The implementation of this rule is by Federal agencies and there is no cost imposed on any State or local entities or tribal governments.

The Secretaries have determined that these final regulations meet the applicable standards provided in Sections 3(a) and 3(b)(2) of Executive Order 12988, regarding civil justice reform.

In accordance with Executive Order 13132, the rule does not have sufficient federalism implications to warrant the preparation of a Federalism Assessment. Title VIII of ANILCA precludes the State from exercising subsistence management authority over fish and wildlife resources on Federal lands unless it meets certain requirements.

In accordance with the President's memorandum of April 29, 1994, ''Government-to-Government Relations with Native American Tribal Governments'' (59 FR 22951), Executive Order 13175, and 512 DM 2, we have evaluated possible effects on Federally recognized Indian tribes and have determined that there are no effects. The Bureau of Indian Affairs is a participating agency in this rulemaking.

On May 18, 2001, the President issued Executive Order 13211 on regulations that significantly affect energy supply, distribution, or use. This Executive Order requires agencies to prepare Statements of Energy Effects when undertaking certain actions. As this final rule is not expected to significantly affect energy supply, distribution, or use, this action is not a significant energy action and no Statement of Energy Effects is required.

Drafting Information—William Knauer drafted these regulations under the guidance of Thomas H. Boyd, of the Office of Subsistence Management, Alaska Regional Office, U.S. Fish and Wildlife Service, Anchorage, Alaska. Taylor Brelsford, Alaska State Office, Bureau of Land Management; Sandy Rabinowitch, Alaska Regional Office, National Park Service; Ida Hildebrand, Alaska Regional Office, Bureau of Indian Affairs; Greg Bos, Alaska Regional Office, U.S. Fish and Wildlife Service; and Ken Thompson, USDA-Forest Service provided additional guidance.

List of Subjects

36 CFR Part 242

Administrative practice and procedure, Alaska, Fish, National forests, Public lands, Reporting and recordkeeping requirements, Wildlife.

50 CFR Part 100

Administrative practice and procedure, Alaska, Fish, National forests, Public lands, Reporting and recordkeeping requirements, Wildlife.

For the reasons set out in the preamble, the Federal Subsistence Board amends Title 36, part 242, and Title 50, part 100, of the Code of Federal Regulations, as set forth below.

PART___—SUBSISTENCE MANAGEMENT REGULATIONS FOR PUBLIC LANDS IN ALASKA

1. The authority citation for both 36 CFR part 242 and 50 CFR part 100 continues to read as follows:

Authority: 16 U.S.C. 3, 472, 551, 668dd, 3101–3126; 18 U.S.C. 3551–3586; 43 U.S.C. 1733.

Subpart C—Board Determinations

2. In Subpart C of 36 CFR part 242 and 50 CFR part 100, § __.24(a)(1) is revised to read as follows:

§ __.24 Customary and traditional use determinations.

(a) * * *

(1) *Wildlife determinations.* The rural Alaska residents of the listed communities and areas have a customary and traditional use of the specified species on Federal public lands within the listed areas:

Area	Species	Determination
Unit 1(C)	Black Bear	Residents of Unit 1(C), 1(D), 3, and residents of Hoonah, Pelican, Point Baker, Sitka, and Tenakee Springs.
1(A)	Brown Bear	Residents of Unit 1(A) except no subsistence for residents of Hyder.
1(B)	Brown Bear	Residents of Unit 1(A), Petersburg, and Wrangell, except no subsistence for residents of Hyder.
1(C)	Brown Bear	Residents of Unit 1(C), Haines, Hoonah, Kake, Klukwan, Skagway, and Wrangell, except no subsistence for residents of Gustavus.
1(D)	Brown Bear	Residents of 1(D).
1(A)	Deer	Residents of 1(A) and 2.
1(B)	Deer	Residents of Unit 1(A), residents of 1(B), 2 and 3.

Area	Species	Determination
1(C)	Deer	Residents of 1(C) and (D), and residents of Hoonah, Kake, and Petersburg.
1(D)	Deer	No Federal subsistence priority.
1(B)	Goat	Residents of Units 1(B) and 3.
1(C)	Goat	Residents of Haines, Kake, Klukwan, Petersburg, and Hoonah.
1(B)	Moose	Residents of Units 1, 2, 3, and 4.
1(C) Berner's Bay	Moose	No Federal subsistence priority.
1(D)	Moose	Residents of Unit 1(D).
Unit 2	Brown Bear	No Federal subsistence priority.
2	Deer	Residents of Unit 1(A) and residents of Units 2 and 3.
Unit 3	Deer	Residents of Unit 1(B) and 3, and residents of Port Alexander, Port Protection, Pt. Baker, and Meyer's Chuck.
3, Wrangell and Mitkof Islands	Moose	Residents of Units 1(B), 2, and 3.
Unit 4	Brown Bear	Residents of Unit 4 and Kake.
4	Deer	Residents of Unit 4 and residents of Kake, Gustavus, Haines, Petersburg, Pt. Baker, Klukwan, Port Protection, Wrangell, and Yakutat.
4	Goat	Residents of Sitka, Hoonah, Tenakee, Pelican, Funter Bay, Angoon, Port Alexander, and Elfin Cove.
Unit 5	Black Bear	Residents of Unit 5(A).
5	Brown Bear	Residents of Yakutat.
5	Deer	Residents of Yakutat.
5	Goat	Residents of Unit 5(A).
5	Moose	Residents of Unit 5(A).
5	Wolf	Residents of Unit 5(A).
Unit 6(A)	Black Bear	Residents of Yakutat and residents of 6(C) and 6(D), except no subsistence for Whittier.
6, remainder	Black Bear	Residents of Unit 6(C) and 6(D), except no subsistence for Whittier.
6	Brown Bear	No Federal subsistence priority.
6(A)	Goat	Residents of Unit 5(A), 6(C), Chenega Bay and Tatitlek.
6(C) and (D)	Goat	Residents of Unit 6(C) and (D).
6(A)	Moose	Unit 6(A)—Residents of Units 5(A), 6(A), 6(B) and 6(C).
6(B) and (C)	Moose	Residents of Units 6(A), 6(B) and 6(C).
6(D)	Moose	No Federal subsistence priority.
6(A)	Wolf	Residents of Units 5(A), 6, 9, 10 (Unimak Island only), 11–13 and the residents of Chickaloon, and 16–26.
6, remainder	Wolf	Residents of Units 6, 9, 10 (Unimak Island only), 11–13 and the residents of Chickaloon and 16–26.
Unit 7	Brown Bear	No Federal subsistence priority.
7	Caribou	No Federal subsistence priority.
7, Brown Mountain hunt area.	Goat	Residents of Port Graham and English Bay.
7, that portion draining into Kings Bay	Moose	Residents of Chenega Bay and Tatitlek.
7, remainder	Moose	No Federal subsistence priority.
7	Sheep	No Federal subsistence priority.
7	Ruffed Grouse	No Federal subsistence priority.
Unit 8	Brown Bear	Residents of Old Harbor, Akhiok, Larsen Bay, Karluk, Ouzinkie, and Port Lions.
8	Deer	Residents of Unit 8.
8	Elk	Residents of Unit 8.
8	Goat	No Federal subsistence priority.
Unit 9(D)	Bison	No Federal subsistence priority.
9(A) and (B)	Black Bear	Residents of Units 9(A) and (B), and 17(A), (B), and (C).
9(A)	Brown Bear	Residents of Pedro Bay.
9(B)	Brown Bear	Residents of Unit 9(B).
9(C)	Brown Bear	Residents of Unit 9(C).
9(D)	Brown Bear	Residents of Units 9(D) and 10 (Unimak Island).
9(E)	Brown Bear	Residents of Chignik, Chignik Lagoon, Chignik Lake, Egegik, Ivanof Bay, Perryville, Pilot Point, Ugashik, and Port Heiden/Meshik.
9(A) and (B)	Caribou	Residents of Units 9(B), 9(C) and 17.
9(C)	Caribou	Residents of Unit 9(B), 9(C), 17 and residents of Egegik.
9(D)	Caribou	Residents of unit 9(D), and residents of Akutan, False Pass.

Area	Species	Determination
9(E)	Caribou	Residents of Units 9(B), (C), (E), 17, and residents of Nelson lagoon and Sand Point.
9(A), (B), (C) and (E)	Moose	Residents of Unit 9(A), (B), (C), and (E).
9(D)	Moose	Residents of Cold Bay, False Pass, King Cove, Nelson Lagoon, and Sand Point.
9(B)	Sheep	Residents of Iliamna, Newhalen, Nondalton, Pedro Bay, Port Alsworth, and residents of Lake Clark National Park and Preserve within Unit 9(B).
9, remainder	Sheep	No determination.
9	Wolf	Residents of Units 6, 9, 10 (Unimak Island only), 11–13 and the residents of Chickaloon and 16–26.
9(A), (B), (C), & (E)	Beaver	Residents of Units 9(A), (B), (C), (E), and 17.
Unit 10 Unimak Island	Brown Bear	Residents of Units 9(D) and 10 (Unimak Island).
Unit 10 Unimak Island	Caribou	Residents of Akutan, False Pass, King Cove, and Sand Point.
10, remainder	Caribou	No determination.
10	Wolf	Residents of Units 6, 9, 10 (Unimak Island only), 11–13 and the residents of Chickaloon and 16–26.
Unit 11	Bison	No Federal subsistence priority.
11, north of the Sanford River	Black Bear	Residents of Chistochina, Chitina, Copper Center, Gakona, Glennallen, Gulkana, Kenny Lake, Mentasta Lake, Slana, Tazlina, Tonsina, and Units 11 and 12.
11, remainder	Black Bear	Residents of Chistochina, Chitina, Copper Center, Gakona, Glennallen, Gulkana, Kenny Lake, Mentasta Lake, Slana, Tazlina, Tonsina, and Unit 11.
11, north of the Sanford River	Brown Bear	Residents of Chistochina, Chitina, Copper Center, Gakona, Glennallen, Gulkana, Kenny Lake, Mentasta Lake, Slana, Tazlina, Tonsina, and Units 11 and 12.
11, remainder	Brown Bear	Residents of Chistochina, Chitina, Copper Center, Gakona, Glennallen, Gulkana, Kenny Lake, Mentasta Lake, Slana, Tazlina, Tonsina, and Unit 11.
11, north of the Sanford River	Caribou	Residents of Units 11, 12, and 13 (A)—(D) and the residents of Chickaloon, Healy Lake, and Dot Lake.
11, remainder	Caribou	Residents of Units 11 and 13 (A)—(D) and the residents of Chickaloon.
11	Goat	Residents of Unit 11 and the residents of Chitina, Chistochina, Copper Center, Gakona, Glennallen, Gulkana, Mentasta Lake, Slana, Tazlina, Tonsina, and Dot Lake.
11, north of the Sanford River	Moose	Residents of Units 11, 12, and 13 (A)—(D) and the residents of Chickaloon, Healy Lake, and Dot Lake.
11, remainder	Moose	Residents of Units 11, 13 (A)—(D), and the residents of Chickaloon.
11, north of the Sanford River	Sheep	Residents of Unit 12 and the communities and areas of Chistochina, Chitina, Copper Center, Dot Lake, Gakona, Glennallen, Gulkana, Healy Lake, Kenny Lake, Mentasta Lake, Slana, McCarthy/South Wrangell/ South Park, Tazlina and Tonsina; residents along the Nabesna Road—Milepost 0–46 (Nabesna Road), and residents along the McCarthy Road—Milepost 0–62 (McCarthy Road).
11, remainder	Sheep	Residents of the communities and areas of Chisana, Chistochina, Chitina, Copper Center, Gakona, Glennallen, Gulkana, Kenny Lake, Mentasta Lake, Slana, McCarthy/South Wrangell/ South Park, Tazlina and Tonsina; residents along the Tok Cutoff—Milepost 79–110 (Mentasta Pass), residents along the Nabesna Road—Milepost 0–46 (Nabesna Road), and residents along the McCarthy Road—Wolf Milepost 0–62 (McCarthy Road).
11	Wolf	Residents of Units 6, 9, 10 (Unimak Island only), 11–13 and the residents of Chickaloon and 16–26.

Area	Species	Determination
11	Grouse (Spruce, Blue, Ruffed and Sharp-tailed).	Residents of Units 11, 12, 13 and the residents of Chickaloon, 15, 16, 20(D), 22 and 23.
11	Ptarmigan (Rock, Willow and White-tailed).	Residents of Units 11, 12, 13 and the residents of Chickaloon, 15, 16, 20(D), 22 and 23.
Unit 12	Brown Bear	Residents of Unit 12 and Dot Lake, Chistochina, Gakona, Mentasta Lake, and Slana.
12	Caribou	Residents of Unit 12 and residents of Dot Lake, Healy Lake, and Mentasta Lake.
12, south of a line from Noyes Mountain, southeast of the confluence of Tatschunda Creek to Nabesna River.	Moose	Residents of Unit 11 north of 62nd parallel, residents of Unit 12, 13(A)—(D) and the residents of Chickaloon, Dot Lake, and Healy Lake.
12, east of the Nabesna River and Nabesna Glacier, south of the Winter Trail from Pickerel Lake to the Canadian Border.	Moose	Residents of Unit 12 and Healy Lake.
12, remainder	Moose	Residents of Unit 12 and residents of Dot Lake, Healy Lake, and Mentasta Lake.
12	Sheep	Residents of Unit 12 and residents of Wolf Chistochina, Dot Lake, Healy Lake, and Mentasta Lake.
12	Wolf	Residents of Units 6, 9, 10 (Unimak Island only), 11–13 and the residents of Chickaloon and 16–26.
Unit 13	Brown Bear	Residents of Unit 13 and Slana.
13(B)	Caribou	Residents of Units 11, 12 (along the Nabesna Road), 13, residents of Unit 20(D) except Fort Greely, and the residents of Chickaloon.
13(C)	Caribou	Residents of Units 11, 12 (along the Nabesna Road), 13, and the residents of Chickaloon, Dot Lake and Healy Lake.
13(A) & (D)	Caribou	Residents of Units 11, 12 (along the Nabesna Road), 13, and the residents of Chickaloon.
13(E)	Caribou	Residents of Units 11, 12 (along the Nabesna Road), 13, and the residents of Chickaloon, McKinley Village, and the area along the Parks Highway between milepost 216 and 239 (except no subsistence for residents of Denali National Park headquarters).
13(D)	Goat	No Federal subsistence priority.
13(A) and (D)	Moose	Residents of Unit 13 and the residents of Chickaloon and Slana.
13(B)	Moose	Residents of Units 13, 20(D) except Fort Greely, and the residents of Chickaloon and Slana.
13(C)	Moose	Residents of Units 12, 13 and the residents of Chickaloon, Healy Lake, Dot Lake and Slana.
13(E)	Moose	Residents of Unit 13 and the residents of Chickaloon McKinley Village, Slana, and the area along the Parks Highway between milepost 216 and 239 (except no subsistence for residents of Denali National Park headquarters).
13(D)	Sheep	No Federal subsistence priority.
13	Wolf	Residents of Units 6, 9, 10 (Unimak Island only), 11–13 and the residents of Chickaloon, and 16–26.
13	Grouse (Spruce, Blue, Ruffed & Sharp-tailed).	Residents of Units 11, 13 and the residents of Chickaloon, 15, 16, 20(D), 22 & 23.
13	Ptarmigan (Rock, Willow and White-tailed).	Residents of Units 11, 13 and the residents of Chickaloon, 15, 16, 20(D), 22 & 23.
Unit 14(B) and (C)	Brown Bear	No Federal subsistence priority.
14	Goat	No Federal subsistence priority.
14	Moose	No Federal subsistence priority.
14(A) and (C)	Sheep	No Federal subsistence priority.
Unit 15(C)	Black Bear	Residents of Port Graham and Nanwalek only.
15, remainder	Black Bear	No Federal subsistence priority.
15	Brown Bear	No Federal subsistence priority.
15(C), Port Graham and English Bay hunt areas	Goat	Residents of Port Graham and Nanwalek.
15(C), Seldovia hunt area	Goat	Residents Seldovia area.
15	Moose	Residents of Ninilchik, Nanwalek, Port Graham, and Seldovia.
15	Sheep	No Federal subsistence priority.
15	Ptarmigan (Rock, Willow and White-tailed).	Residents of Unit 15.
15	Grouse (Spruce)	Residents of Unit 15.
15	Grouse (Ruffed)	No Federal subsistence priority.
Unit 16(B)	Black Bear	Residents of Unit 16(B).

Area	Species	Determination
16	Brown Bear	No Federal subsistence priority.
16(A)	Moose	No Federal subsistence priority.
16(B)	Moose	Residents of Unit 16(B).
16	Sheep	No Federal subsistence priority.
16	Wolf	Residents of Units 6, 9, 10 (Unimak Island only), 11–13 and the residents of Chickaloon, and 16–26.
16	Grouse (Spruce and Ruffed)	Residents of Units 11, 13 and the residents of Chickaloon, 15, 16, 20(D), 22 and 23.
16	Ptarmigan (Rock, Willow and White-tailed).	Residents of Units 11, 13 and the residents of Chickaloon, 15, 16, 20(D), 22 and 23.
Unit 17(A) and that portion of 17(B) draining into Nuyakuk Lake and Tikchik Lake.	Black Bear	Residents of Units 9(A) and (B), 17, and residents of Akiak and Akiachak.
17, remainder	Black Bear	Residents of Units 9(A) and (B), and 17.
17(A)	Brown Bear	Residents of Unit 17, and residents of Akiak, Akiachak, Goodnews Bay and Platinum.
17(A) and (B), those portions north and west of a line beginning from the Unit 18 boundary at the northwest end of Nenevok Lake, to the southern point of upper Togiak Lake, and northeast to the northern point of Nuyakuk Lake, northeast to the point where the Unit 17 boundary intersects the Shotgun Hills.	Brown Bear	Residents of Kwethluk.
17(B), that portion draining into Nuyakuk Lake and Tikchik Lake.	Brown Bear	Residents of Akiak and Akiachak.
17(B) and (C)	Brown Bear	Residents of Unit 17.
17	Caribou	Residents of Units 9(B), 17 and residents of Lime Village and Stony River.
Unit 17(A, that portion west of the Izavieknik River, Upper Togiak Lake, Togiak Lake, and the main course of the Togiak River.	Caribou	Residents of Goodnews Bay, Platinum, Quinhagak, Eek, Tuntutuliak, and Napakiak.
Unit 17(A)—That portion north of Togiak Lake that includes Izavieknik River drainages.	Caribou	Residents of Akiak, Akiachak, and Tuluksak.
17(A) and (B), those portions north and west of a line beginning from the Unit 18 boundary at the northwest end of Nenevok Lake, to the southern point of upper Togiak Lake, and northeast to the northern point of Nuyakuk Lake, northeast to the point where the Unit 17 boundary intersects the Shotgun Hills.	Caribou	Residents of Kwethluk.
Unit 17(B), that portion of Togiak National Wildlife Refuge within Unit 17(B).	Caribou	Residents of Bethel, Goodnews Bay, Platinum, Quinhagak, Eek, Akiak, Akiachak, and Tuluksak, Tuntutuliak, and Napakiak.
17(A) and (B), those portions north and west of a line beginning from the Unit 18 boundary at the northwest end of Nenevok Lake, to the southern point of upper Togiak Lake, and northeast to the northern point of Nuyakuk Lake, northeast to the point where the Unit 17 boundary intersects the Shotgun Hills.	Moose	Residents of Kwethluk.
17(A)	Moose	Residents of Unit 17 and residents of Goodnews Bay and Platinum; however, no subsistence for residents of Akiachak, Akiak and Quinhagak.
Unit 17(A)—That portion north of Togiak Lake that includes Izavieknik River drainages.	Moose	Residents of Akiak, Akiachak.
Unit 17(B)—That portion within the Togiak National Wildlife Refuge.	Moose	Residents of Akiak, Akiachak.
17(B) and (C)	Moose	Residents of Unit 17, and residents of Nondalton, Levelock, Goodnews Bay, and Platinum.
17	Wolf	Residents of Units 6, 9, 10 (Unimak Island only), 11–13 and the residents of Chickaloon, and 16–26.
17	Beaver	Residents of Units 9(A), (B), (C), (E), and 17.
Unit 18	Black Bear	Residents of Unit 18, residents of Unit 19(A) living downstream of the Holokuk River, and residents of Holy Cross, Stebbins, St. Michael, Twin Hills, and Togiak.
18	Brown Bear	Residents of Akiachak, Akiak, Eek, Goodnews Bay, Kwethluk, Mt. Village, Napaskiak, Platinum, Quinhagak, St. Mary's, and Tuluksak.
18, that portion of the Yukon River drainage upstream of Russian Mission and that portion of the Kuskokwin River drainage upstream of, but not including the Tuluksak River drainage..	Moose	Residents of Unit 18 and residents of Upper Kalskag, Aniak, and Chuathbaluk.

Area	Species	Determination
18, remainder	Moose	Residents of Unit 18 and residents of Upper Kalskag and Lower Kalskag.
18	Muskox	No Federal subsistence priority.
18	Wolf	Residents of Units 6, 9, 10 (Unimak Island only), 11–13 and the residents of Chickaloon and 16–26.
Unit 19(C),(D)	Bison	No Federal subsistence priority.
19(A) and (B)	Brown Bear	Residents of Units 19 and 18 within the Kuskokwim River drainage upstream from, and including, the Johnson River.
19(C)	Brown Bear	No Federal subsistence priority.
19(D)	Brown Bear	Residents of Units 19(A) and (D), and residents of Tulusak and Lower Kalskag.
19(A) and (B)	Caribou	Residents of Units 19(A) and 19(B), residents of Unit 18 within the Kuskokwim River drainage upstream from, and including, the Johnson River, and residents of St. Marys, Marshall, Pilot Station, Russian Mission.
19(C)	Caribou	Residents of Unit 19(C), and residents of Lime Village, McGrath, Nikolai, and Telida.
19(D)	Caribou	Residents of Unit 19(D), and residents of Lime Village, Sleetmute, and Stony River.
19(A) and (B)	Moose	Residents of Unit 18 within Kuskokwim River drainage upstream from and including the Johnson River, and Unit 19.
Unit 19(B), west of the Kogrukluk River	Moose	Residents of Eek and Quinhagak.
19(C)	Moose	Residents of Unit 19.
19(D)	Moose	Residents of Unit 19 and residents of Lake Minchumina.
19	Wolf	Residents of Units 6, 9, 10 (Unimak Island only), 11–13 and the residents of Chickaloon and 16–26.
Unit 20(D)	Bison	No Federal subsistence priority.
20(F)	Black Bear	Residents of Unit 20(F)and residents of Stevens Village and Manley.
20(E)	Brown Bear	Residents of Unit 12 and Dot Lake.
20(F)	Brown Bear	Residents of Unit 20(F) and residents of Stevens Village and Manley.
20(A)	Caribou	Residents of Cantwell, Nenana, and those domiciled between milepost 216 and 239 of the Parks Highway. No subsistence priority for residents of households of the Denali National Park Headquarters.
20(B)	Caribou	Residents of Unit 20(B), Nenana, and Tanana.
20(C)	Caribou	Residents of Unit 20(C) living east of the Teklanika River, residents of Cantwell, Lake Minchumina, Manley Hot Springs, Minto, Nenena, Nikolai, Tanana, Talida, and those domiciled between milepost 216 and 239 of the Parks Highway and between milepost 300 and 309. No subsistence priority for residents of households of the Denali National Park Headquarters.
20(D) and (E)	Caribou	Residents of 20(D), 20(E), and Unit 12 north of the Wrangell-St. Elias National Park and Preserve.
20(F)	Caribou	Residents of 20(F), 25(D), and Manley.
20(A),	Moose	Residents of Cantwell, Minto, and Nenana, McKinley Village, the area along the Parks Highway between mileposts 216 and 239, except no subsistence for residents of households of the Denali National Park Headquarters.
20(B)	Moose	Minto Flats Management Area—residents of Minto and Nenana.
20(B)	Moose	Remainder—residents of Unit 20(B), and residents of Nenana and Tanana.

Area	Species	Determination
20(C)	Moose	Residents of Unit 20(C) (except that portion within Denali National Park and Preserve and that portion east of the Teklanika River), and residents of Cantwell, Manley, Minto, Nenana, the Parks Highway from milepost 300–309, Nikolai, Tanana, Telida, McKinley Village, and the area along the Parks Highway between mileposts 216 and 239. No subsistence for residents of households of the Denali National Park Headquarters.
20(D)	Moose	Residents of Unit 20(D) and residents of Tanacross.
20(F)	Moose	Residents of Unit 20(F), Manley, Minto, and Stevens Village.
20(F)	Wolf	Residents of Unit 20(F) and residents of Stevens Village and Manley.
20, remainder	Wolf	Residents of Units 6, 9, 10 (Unimak Island only), 11–13 and the residents of Chickaloon and 16–26.
20(D)	Grouse, (Spruce, Ruffed and Sharptailed).	Residents of Units 11, 13 and the residents of Chickaloon, 15, 16, 20(D), 22, and 23.
20(D)	Ptarmigan (Rock and Willow)	Residents of Units 11, 13 and the residents of Chickaloon, 15, 16, 20(D), 22, and 23.
Unit 21	Brown Bear	Residents of Units 21 and 23.
21(A)	Caribou	Residents of Units 21(A), 21(D), 21(E), Aniak, Chuathbaluk, Crooked Creek, McGrath, and Takotna.
21(B) & (C)	Caribou	Residents of Units 21(B), 21(C), 21(D), and Tanana.
21(D)	Caribou	Residents of Units 21(B), 21(C), 21(D), and Huslia.
21(E)	Caribou	Residents of Units 21(A), 21(E) and Aniak, Chuathbaluk, Crooked Creek, McGrath, and Takotna.
21(A)	Moose	Residents of Units 21(A), (E), Takotna, McGrath, Aniak, and Crooked Creek.
21(B) and (C)	Moose	Residents of Units 21(B) and (C), Tanana, Ruby, and Galena.
21(D)	Moose	Residents of Units 21(D), Huslia, and Ruby.
21(E)	Moose	Residents of Unit 21(E) and residents of Russian Mission.
21	Wolf	Residents of Units 6, 9, 10 (Unimak Island only), 11–13 and the residents of Chickaloon, and 16–26.
Unit 22(A)	Black Bear	Residents of Unit 22(A) and Koyuk.
22(B)	Black Bear	Residents of Unit 22(B).
22(C), (D), (E)	Black Bear	No Federal subsistence priority.
22	Brown Bear	Residents of Unit 22.
22(A)	Caribou	Residents of Unit 21(D) west of the 22(A) Koyukuk and Yukon Rivers, and residents of Units 22 (except residents of St. Lawrence Island), 23, 24, and residents of Kotlik, Emmonak, Hooper Bay, Scammon Bay, Chevak, Marshall, Mountain Village, Pilot Station, Pitka's Point, Russian Mission, St. Marys, Nunam Iqua, and Alakanuk.
22, remainder	Caribou	Residents of Unit 21(D) west of the Koyukuk and Yukon Rivers, and residents of Units 22 (except residents of St. Lawrence Island), 23, 24.
22	Moose	Residents of Unit 22.
22(B)	Muskox	Residents of Unit 22(B).
22(C)	Muskox	Residents of Unit 22(C).
22(D)	Muskox	Residents of Unit 22(D) excluding St. Lawrence Island.
22(E)	Muskox	Residents of Unit 22(E) excluding Little Diomede Island.
22	Wolf	Residents of Units 23, 22, 21(D) north and west of the Yukon River, and residents of Kotlik.
22	Grouse (Spruce)	Residents of Units 11, 13 and the residents of Chickaloon, 15, 16, 20(D), 22, and 23.
22	Ptarmigan (Rock and Willow)	Residents of Units 11, 13 and the residents of Chickaloon, 15, 16, 20(D), 22, and 23.
Unit 23	Black Bear	Residents of Unit 23, Alatna, Allakaket, Bettles, Evansville, Galena, Hughes, Huslia, and Koyukuk.

Area	Species	Determination
23	Brown Bear	Residents of Units 21 and 23.
23	Caribou	Residents of Unit 21(D) west of the Koyukuk and Yukon Rivers, residents of Galena, and residents of Units 22, 23, 24 including residents of Wiseman but not including other residents of the Dalton Highway Corridor Management Area, and 26(A).
23	Moose	Residents of Unit 23.
23, south of Kotzebue Sound and west of and including the Buckland River drainage.	Muskox	Residents of Unit 23 South of Kotzebue Sound and west of and including the Buckland River drainage.
23, remainder	Muskox	Residents of Unit 23 east and north of the Buckland River drainage.
23	Sheep	Residents of Point Lay and Unit 23 north of the Arctic Circle.
23	Wolf	Residents of Units 6, 9, 10 (Unimak Island only), 11–13 and the residents of Chickaloon, and 16–26.
23	Grouse (Spruce and Ruffed)	Residents of Units 11, 13 and the residents of Chickaloon, 15, 16, 20(D), 22, and 23.
23	Ptarmigan (Rock, Willow and White-tailed).	Residents of Units 11, 13 and the residents of Chickaloon, 15, 16, 20(D), 22, and 23.
Unit 24, that portion south of Caribou Mountain, and within the public lands composing or immediately adjacent to the Dalton Highway Corridor Management Area.	Black Bear	Residents of Stevens Village and residents of Unit 24 and Wiseman, but not including any other residents of the Dalton Highway Corridor Management Area.
24, remainder	Black Bear	Residents of Unit 24 and Wiseman, but not including any other residents of the Dalton Highway Corridor Management Area.
24, that portion south of Caribou Mountain, and within the public lands composing or immediately adjacent to the Dalton Highway Corridor Management Area.	Brown Bear	Residents of Stevens Village and residents of Unit 24 and Wiseman, but not including any other residents of the Dalton Highway Corridor Management Area.
24, remainder	Brown Bear	Residents of Unit 24 including Wiseman, but not including any other residents of the Dalton Highway Corridor Management Area.
24	Caribou	Residents of Unit 24, Galena, Kobuk, Koyukuk, Stevens Village, and Tanana.
24	Moose	Residents of Unit 24, Koyukuk, and Galena.
24	Sheep	Residents of Unit 24 residing north of the Arctic Circle and residents of Allakaket, Alatna, Hughes, and Huslia.
24	Wolf	Residents of Units 6, 9, 10 (Unimak Island only), 11–13 and the residents of Chickaloon and 16–26.
Unit 25(D)	Black Bear	Residents of Unit 25(D).
25(D)	Brown Bear	Residents of Unit 25(D).
25, remainder	Brown Bear	Residents of Unit 25 and Eagle.
25(D)	Caribou	Residents of 20(F), 25(D), and Manley
25(A)	Moose	Residents of Units 25(A) and 25(D).
25(D) West	Moose	Residents of Unit 25(D) west.
25(D), reminder	Moose	Residents of remainder of Unit 25.
25(A)	Sheep	Residents of Arctic Village, Chalkytsik, Fort Yukon, Kaktovik, and Venetie.
25(B) and (C)	Sheep	No Federal subsistence priority.
25(D)	Wolf	Residents of Unit 25(D).
25, remainder	Wolf	Residents of Units 6, 9, 10 (Unimak Island only), 11–13 and the residents of Chickaloon and 16–26.
Unit 26	Brown Bear	Residents of Unit 26 (except the Prudhoe Bay-Deadhorse Industrial Complex) and residents of Anaktuvuk Pass and Point Hope.
26(A)	Caribou	Residents of Unit 26, Anaktuvuk Pass and Point Hope.
26(B)	Caribou	Residents of Unit 26, Anaktuvuk Pass, Point Hope, and Wiseman.
26(C)	Caribou	Residents of Unit 26, Anaktuvuk Pass and Point Hope.
26	Moose	Residents of Unit 26, (except the Prudhoe Bay-Deadhorse Industrial Complex), and residents of Point Hope and Anaktuvuk Pass.
26(A)	Muskox	Residents of Anaktuvuk Pass, Atqasuk, Barrow, Nuiqsut, Point Hope, Point Lay, and Wainwright.

Area	Species	Determination
26(B)	Muskox	Residents of Anaktuvuk Pass, Nuiqsut, and Kaktovik.
26(C)	Muskox	Residents of Kaktovik.
26(A)	Sheep	Residents of Unit 26, Anaktuvuk Pass, and Point Hope.
26(B)	Sheep	Residents of Unit 26, Anaktuvuk Pass, Point Hope, and Wiseman.
26(C)	Sheep	Residents of Unit 26, Anaktuvuk Pass, Arctic Village, Chalkytsik, Fort Yukon, Point Hope, and Venetie.
26	Wolf	Residents of Units 6, 9, 10 (Unimak Island only), 11–13 and the residents of Chickaloon and 16–26.

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Subpart D—Subsistence Taking of Fish and Wildlife

3. In Subpart D of 36 CFR part 242 and 50 CFR part 100, § __.25 is revised to read as follows:

§ __.25 Subsistence taking of fish, wildlife, and shellfish: general regulations.

(a) *Definitions.* The following definitions shall apply to all regulations contained in this part:

Abalone iron means a flat device which is used for taking abalone and which is more than 1 inch (24 mm) in width and less than 24 inches (610 mm) in length, with all prying edges rounded and smooth.

ADF&G means the Alaska Department of Fish and Game.

Airborne means transported by aircraft.

Aircraft means any kind of airplane, glider, or other device used to transport people or equipment through the air, excluding helicopters.

Airport means an airport listed in the Federal Aviation Administration, Alaska Airman's Guide and chart supplement.

Anchor means a device used to hold a fishing vessel or net in a fixed position relative to the beach; this includes using part of the seine or lead, a ship's anchor, or being secured to another vessel or net that is anchored.

Animal means those species with a vertebral column (backbone).

Antler means one or more solid, horn-like appendages protruding from the head of a caribou, deer, elk, or moose.

Antlered means any caribou, deer, elk, or moose having at least one visible antler.

Antlerless means any caribou, deer, elk, or moose not having visible antlers attached to the skull.

Bait means any material excluding a scent lure that is placed to attract an animal by its sense of smell or taste; however, those parts of legally taken animals that are not required to be salvaged and which are left at the kill site are not considered bait.

Beach seine means a floating net which is designed to surround fish and is set from and hauled to the beach.

Bear means black bear, or brown or grizzly bear.

Bow means a longbow, recurve bow, or compound bow, excluding a crossbow, or any bow equipped with a mechanical device that holds arrows at full draw.

Broadhead means an arrowhead that is not barbed and has two or more steel cutting edges having a minimum cutting diameter of not less than seven-eighths inch.

Brow tine means a tine on the front portion of a moose antler, typically projecting forward from the base of the antler toward the nose.

Buck means any male deer.

Bull means any male moose, caribou, elk, or musk oxen.

Cast net means a circular net with a mesh size of no more than 1½ inches and weights attached to the perimeter which, when thrown, surrounds the fish and closes at the bottom when retrieved.

Char means the following species: Arctic char (*Salvelinus alpinis*); lake trout (*Salvelinus namaycush*); brook trout (*Salvelinus fontinalis*), and Dolly Varden (*Salvelinus malma*).

Closed season means the time when fish, wildlife, or shellfish may not be taken.

Crab means the following species: red king crab (*Paralithodes camshatica*); blue king crab (*Paralithodes platypus*); brown king crab (*Lithodes aequispina*); *Lithodes couesi*; all species of tanner or snow crab (*Chionoecetes* spp.); and Dungeness crab (*Cancer magister*).

Cub bear means a brown or grizzly bear in its first or second year of life, or a black bear (including cinnamon and blue phases) in its first year of life.

Depth of net means the perpendicular distance between cork line and lead line expressed as either linear units of measure or as a number of meshes, including all of the web of which the net is composed.

Designated hunter or fisherman means a Federally qualified hunter or fisherman who may take all or a portion of another Federally qualified hunter's or fisherman's harvest limit(s) only under situations approved by the Board.

Dip net means a bag-shaped net supported on all sides by a rigid frame; the maximum straight-line distance between any two points on the net frame, as measured through the net opening, may not exceed 5 feet; the depth of the bag must be at least one-half of the greatest straight-line distance, as measured through the net opening; no portion of the bag may be constructed of webbing that exceeds a stretched measurement of 4.5 inches; the frame must be attached to a single rigid handle and be operated by hand.

Diving gear means any type of hard hat or skin diving equipment, including SCUBA equipment; a tethered, umbilical, surface-supplied unit; or snorkel.

Drainage means all of the lands and waters comprising a watershed, including tributary rivers, streams, sloughs, ponds, and lakes, which contribute to the water supply of the watershed.

Drift gillnet means a drifting gillnet that has not been intentionally staked, anchored, or otherwise fixed in one place.

Edible meat means the breast meat of ptarmigan and grouse, and, those parts of caribou, deer, elk, mountain goat, moose, musk oxen, and Dall sheep that are typically used for human consumption, which are: the meat of the ribs, neck, brisket, front quarters as far as the distal (bottom) joint of the radius-ulna (knee), hindquarters as far as the distal joint (bottom) of the tibia-fibula (hock) and that portion of the animal between the front and hindquarters; however, *edible meat* of species listed in this definition does not include: meat of the head, meat that has been damaged and made inedible by the method of

taking, bones, sinew, and incidental meat reasonably lost as a result of boning or close trimming of the bones, or viscera. For black bear, brown and grizzly bear, ''edible meat'' means the meat of the front quarter and hindquarters and meat along the backbone (backstrap).

Federally-qualified subsistence user means a rural Alaska resident qualified to harvest fish or wildlife on Federal public lands in accordance with the Federal Subsistence Management Regulations in this part.

Fifty-inch (50-inch) moose means a bull moose with an antler spread of 50 inches or more.

Fishwheel means a fixed, rotating device, with no more than four baskets on a single axle, for catching fish, which is driven by river current or other means.

Freshwater of streams and rivers means the line at which freshwater is separated from saltwater at the mouth of streams and rivers by a line drawn headland to headland across the mouth as the waters flow into the sea.

Full curl horn means the horn of a Dall sheep ram; the tip of which has grown through 360 degrees of a circle described by the outer surface of the horn, as viewed from the side, or that both horns are broken, or that the sheep is at least 8 years of age as determined by horn growth annuli.

Furbearer means a beaver, coyote, arctic fox, red fox, lynx, marten, mink, weasel, muskrat, river (land) otter, red squirrel, flying squirrel, ground squirrel, marmot, wolf, or wolverine.

Fyke net means a fixed, funneling (fyke) device used to entrap fish.

Gear means any type of fishing apparatus.

Gillnet means a net primarily designed to catch fish by entanglement in a mesh that consists of a single sheet of webbing which hangs between cork line and lead line, and which is fished from the surface of the water.

Grappling hook means a hooked device with flukes or claws, which is attached to a line and operated by hand.

Groundfish or *bottomfish* means any marine fish except halibut, osmerids, herring and salmonids.

Grouse collectively refers to all species found in Alaska, including spruce grouse, ruffed grouse, blue grouse, and sharp-tailed grouse.

Hand purse seine means a floating net which is designed to surround fish and which can be closed at the bottom by pursing the lead line; pursing may only be done by hand power, and a free-running line through one or more rings attached to the lead line is not allowed.

Handicraft means a finished product in which the shape and appearance of the natural material has been substantially changed by the skillful use of hands, such as sewing, carving, etching, scrimshawing, painting, or other means, and which has substantially greater monetary and aesthetic value than the unaltered natural material alone.

Handline means a hand-held and operated line, with one or more hooks attached.

Hare or hares collectively refers to all species of hares (commonly called rabbits) in Alaska and includes snowshoe hare and tundra hare.

Harvest limit means the number of any one species permitted to be taken by any one person or designated group, per specified time period, in a Unit or portion of a Unit in which the taking occurs even if part or all of the harvest is preserved. A fish, when landed and killed by means of rod and reel becomes part of the harvest limit of the person originally hooking it.

Herring pound means an enclosure used primarily to contain live herring over extended periods of time.

Highway means the driveable surface of any constructed road.

Household means that group of people residing in the same residence.

Hung measure means the maximum length of the cork line when measured wet or dry with traction applied at one end only.

Hunting means the taking of wildlife within established hunting seasons with archery equipment or firearms, and as authorized by a required hunting license.

Hydraulic clam digger means a device using water or a combination of air and water used to harvest clams.

Jigging gear means a line or lines with lures or baited hooks, drawn through the water by hand, and which are operated during periods of ice cover from holes cut in the ice, or from shore ice and which are drawn through the water by hand.

Lead means either a length of net employed for guiding fish into a seine, set gillnet, or other length of net, or a length of fencing employed for guiding fish into a fishwheel, fyke net, or dip net.

Legal limit of fishing gear means the maximum aggregate of a single type of fishing gear permitted to be used by one individual or boat, or combination of boats in any particular regulatory area, district, or section.

Long line means either a stationary, buoyed, or anchored line, or a floating, free-drifting line with lures or baited hooks attached.

Marmot collectively refers to all species of marmot that occur in Alaska including the hoary marmot, Alaska marmot, and the woodchuck.

Mechanical clam digger means a mechanical device used or capable of being used for the taking of clams.

Mechanical jigging machine means a mechanical device with line and hooks used to jig for halibut and bottomfish, but does not include hand gurdies or rods with reels.

Mile means a nautical mile when used in reference to marine waters or a statute mile when used in reference to fresh water.

Motorized vehicle means a motor-driven land, air, or water conveyance.

Open season means the time when wildlife may be taken by hunting or trapping; an open season includes the first and last days of the prescribed season period.

Otter means river or land otter only, excluding sea otter.

Permit hunt means a hunt for which State or Federal permits are issued by registration or other means.

Poison means any substance that is toxic or poisonous upon contact or ingestion.

Possession means having direct physical control of wildlife at a given time or having both the power and intention to exercise dominion or control of wildlife either directly or through another person or persons.

Possession limit means the maximum number of fish, grouse, or ptarmigan a person or designated group may have in possession if they have not been canned, salted, frozen, smoked, dried, or otherwise preserved so as to be fit for human consumption after a 15-day period.

Pot means a portable structure designed and constructed to capture and retain live fish and shellfish in the water.

Ptarmigan collectively refers to all species found in Alaska, including white-tailed ptarmigan, rock ptarmigan, and willow ptarmigan.

Purse seine means a floating net which is designed to surround fish and which can be closed at the bottom by means of a free-running line through one or more rings attached to the lead line.

Ram means a male Dall sheep.

Registration permit means a permit that authorizes hunting and is issued to a person who agrees to the specified hunting conditions. Hunting permitted by a registration permit begins on an announced date and continues throughout the open season, or until the season is closed by Board action. Registration permits are issued in the

order applications are received and/or are based on priorities as determined by 50 CFR 100.17 and 36 CFR 242.17.

Ring net means a bag-shaped net suspended between no more than two frames; the bottom frame may not be larger in perimeter than the top frame; the gear must be nonrigid and collapsible so that free movement of fish or shellfish across the top of the net is not prohibited when the net is employed.

Rockfish means all species of the genus *Sebastes*.

Rod and reel means either a device upon which a line is stored on a fixed or revolving spool and is deployed through guides mounted on a flexible pole, or a line that is attached to a pole. In either case, bait or an artificial fly or lure is used as terminal tackle. This definition does not include the use of rod and reel gear for snagging.

Salmon means the following species: pink salmon *(Oncorhynchus gorbuscha)*; sockeye salmon *(Oncorhynchus nerka)*; chinook salmon *(Oncorhynchus tshawytscha)*; coho salmon *(Oncorhynchus kisutch)*; and chum salmon *(Oncorhynchus keta)*.

Salmon stream means any stream used by salmon for spawning, rearing, or for traveling to a spawning or rearing area.

Salvage means to transport the edible meat, skull, or hide, as required by regulation, of a regulated fish, wildlife, or shellfish to the location where the edible meat will be consumed by humans or processed for human consumption in a manner which saves or prevents the edible meat from waste, and preserves the skull or hide for human use.

Scallop dredge means a dredge-like device designed specifically for and capable of taking scallops by being towed along the ocean floor.

Sea urchin rake means a hand-held implement, no longer than 4 feet, equipped with projecting prongs used to gather sea urchins.

Sealing means placing a mark or tag on a portion of a harvested animal by an authorized representative of the ADF&G; *sealing* includes collecting and recording information about the conditions under which the animal was harvested, and measurements of the specimen submitted for sealing or surrendering a specific portion of the animal for biological information.

Set gillnet means a gillnet that has been intentionally set, staked, anchored, or otherwise fixed.

Seven-eighths curl horn means the horn of a male Dall sheep, the tip of which has grown through seven-eights (315 degrees) of a circle, described by the outer surface of the horn, as viewed from the side, or with both horns broken.

Shovel means a hand-operated implement for digging clams.

Skin, hide, pelt, or fur means any tanned or untanned external covering of an animal's body; excluding bear. The skin, hide, fur, or pelt of a bear shall mean the entire external covering with claws attached.

Spear means a shaft with a sharp point or fork-like implement attached to one end which is used to thrust through the water to impale or retrieve fish and which is operated by hand.

Spike-fork moose means a bull moose with only one or two tines on either antler; male calves are not spike-fork bulls.

Stretched measure means the average length of any series of 10 consecutive meshes measured from inside the first knot and including the last knot when wet; the 10 meshes, when being measured, shall be an integral part of the net, as hung, and measured perpendicular to the selvages; measurements shall be made by means of a metal tape measure while the 10 meshes being measured are suspended vertically from a single peg or nail, under 5-pound weight.

Subsistence fishing permit means a permit issued by the Alaska Department of Fish and Game or the Federal Subsistence Board.

Take or *Taking* means to fish, pursue, hunt, shoot, trap, net, capture, collect, kill, harm, or attempt to engage in any such conduct.

Tine or *antler point* refers to any point on an antler, the length of which is greater than its width and is at least one inch.

To operate fishing gear means any of the following: to deploy gear in the water; to remove gear from the water; to remove fish or shellfish from the gear during an open season or period; or to possess a gillnet containing fish during an open fishing period, except that a gillnet which is completely clear of the water is not considered to be operating for the purposes of minimum distance requirement.

Transportation means to ship, convey, carry, or transport by any means whatever and deliver or receive for such shipment, conveyance, carriage, or transportation.

Trapping means the taking of furbearers within established trapping seasons and with a required trapping license.

Trawl means a bag-shaped net towed through the water to capture fish or shellfish, and includes beam, otter, or pelagic trawl.

Troll gear means a power gurdy troll gear consisting of a line or lines with lures or baited hooks which are drawn through the water by a power gurdy; hand troll gear consisting of a line or lines with lures or baited hooks which are drawn through the water from a vessel by hand trolling, strip fishing, or other types of trolling, and which are retrieved by hand power or hand-powered crank and not by any type of electrical, hydraulic, mechanical, or other assisting device or attachment; or dinglebar troll gear consisting of one or more lines, retrieved and set with a troll gurdy or hand troll gurdy, with a terminally attached weight from which one or more leaders with one or more lures or baited hooks are pulled through the water while a vessel is making way.

Trout means the following species: cutthroat trout *(Oncorhynchus clarki)* and rainbow/steelhead trout *(Oncorhynchus mykiss)*.

Unclassified wildlife or unclassified species means all species of animals not otherwise classified by the definitions in this paragraph (a), or regulated under other Federal law as listed in paragraph (i) of this section.

Ungulate means any species of hoofed mammal, including deer, caribou, elk, moose, mountain goat, Dall sheep, and musk oxen.

Unit means one of the 26 geographical areas in the State of Alaska known as Game Management Units, or GMU, and collectively listed in this section as Units.

Wildlife means any hare (rabbit), ptarmigan, grouse, ungulate, bear, furbearer, or unclassified species and includes any part, product, egg, or offspring thereof, or carcass or part thereof.

(b) Taking fish, wildlife, or shellfish for subsistence uses by a prohibited method is a violation of this part. Seasons are closed unless opened by Federal regulation. Hunting, trapping, or fishing during a closed season or in an area closed by this part is prohibited. You may not take for subsistence fish, wildlife, or shellfish outside established Unit or Area seasons, or in excess of the established Unit or Area harvest limits, unless otherwise provided for by the Board. You may take fish, wildlife, or shellfish under State regulations on public lands, except as otherwise restricted at §§ __.26 through __.28. Unit/Area-specific restrictions or allowances for subsistence taking of fish, wildlife, or shellfish are identified at §§ __.26 through __.28.

(c) Harvest limits. (1) Harvest limits, including those related to ceremonial uses, authorized by this section and

harvest limits established in State regulations may not be accumulated.

(2) Fish, wildlife, or shellfish taken by a designated individual for another person pursuant to § __.10(d)(5)(ii), counts toward the individual harvest limit of the person for whom the fish, wildlife, or shellfish is taken.

(3) A harvest limit applies to the number of fish, wildlife, or shellfish that can be taken during a regulatory year; however, harvest limits for grouse, ptarmigan, and caribou (in some Units) are regulated by the number that may be taken per day. Harvest limits of grouse and ptarmigan are also regulated by the number that can be held in possession.

(4) Unless otherwise provided, any person who gives or receives fish, wildlife, or shellfish shall furnish, upon a request made by a Federal or State agent, a signed statement describing the following: names and addresses of persons who gave and received fish, wildlife, or shellfish, the time and place that the fish, wildlife, or shellfish was taken, and identification of species transferred. Where a qualified subsistence user has designated another qualified subsistence user to take fish, wildlife, or shellfish on his or her behalf in accordance with § __.10(d)(5)(ii), the permit shall be furnished in place of a signed statement.

(d) Fishing by designated harvest permit. (1) Any species of fish that may be taken by subsistence fishing under this part may be taken under a designated harvest permit.

(2) If you are a Federally-qualified subsistence user, you (beneficiary) may designate another Federally-qualified subsistence user to take fish on your behalf. The designated fisherman must obtain a designated harvest permit prior to attempting to harvest fish and must return a completed harvest report. The designated fisherman may fish for any number of beneficiaries but may have no more than two harvest limits in his/her possession at any one time.

(3) The designated fisherman must have in possession a valid designated fishing permit when taking, attempting to take, or transporting fish taken under this section, on behalf of a beneficiary.

(4) The designated fisherman may not fish with more than one legal limit of gear.

(5) You may not designate more than one person to take or attempt to take fish on your behalf at one time. You may not personally take or attempt to take fish at the same time that a designated fisherman is taking or attempting to take fish on your behalf.

(e) Hunting by designated harvest permit. (1) As allowed by § __.26, if you are a Federally-qualified subsistence user, you (beneficiary) may designate another Federally-qualified subsistence user to take wildlife on your behalf unless you are a member of a community operating under a community harvest system.

(2) The designated hunter must obtain a designated hunter permit and must return a completed harvest report.

(3) You may not designate more than one person to take or attempt to take fish on your behalf at one time.

(4) The designated hunter may hunt for any number of recipients but may have no more than two harvest limits in his/her possession at any one time, unless otherwise specified in § __.26.

(f) A rural Alaska resident who has been designated to take fish, wildlife, or shellfish on behalf of another rural Alaska resident in accordance with § __.10(d)(5)(ii), shall promptly deliver the fish, wildlife, or shellfish to that rural Alaska resident.

(g) The U.S. Fish and Wildlife Service, Office of Subsistence Management may issue a permit to harvest fish, wildlife, or shellfish for a qualifying cultural/educational program to an organization that has been granted a Federal subsistence permit for a similar event within the previous five years. A qualifying program must have instructors, enrolled students, minimum attendance requirements, and standards for successful completion of the course. Applications must be submitted to the Office of Subsistence Management 60 days prior to the earliest desired date of harvest. Permits will be issued for no more than one large mammal per culture/education camp. Large mammal species allowed to be harvested are limited to deer, moose, caribou, black bear, and mountain goat. Permits will be issued for no more than 25 fish per culture/education camp. Any animals harvested will count against any established Federal harvest quota for the area in which harvested. Appeal of a rejected request can be made to the Federal Subsistence Board. Application for an initial permit for a qualifying cultural/educational program, for a permit when the circumstances have changed significantly, when no permit has been issued within the previous five years, or when there is a request for harvest in excess of that provided in this paragraph (g), will be considered by the Federal Subsistence Board.

(h) If a subsistence fishing or hunting permit is required by this part, the following permit conditions apply unless otherwise specified in this section:

(1) You may not take more fish, wildlife, or shellfish for subsistence use than the limits set out in the permit;

(2) You must obtain the permit prior to fishing or hunting;

(3) You must have the permit in your possession and readily available for inspection while fishing, hunting, or transporting subsistence-taken fish, wildlife, or shellfish;

(4) If specified on the permit, you shall keep accurate daily records of the harvest, showing the number of fish, wildlife, or shellfish taken by species, location and date of harvest, and other such information as may be required for management or conservation purposes; and

(5) If the return of harvest information necessary for management and conservation purposes is required by a permit and you fail to comply with such reporting requirements, you are ineligible to receive a subsistence permit for that activity during the following calendar year, unless you demonstrate that failure to report was due to loss in the mail, accident, sickness, or other unavoidable circumstances.

(i) You may not possess, transport, give, receive, or barter fish, wildlife, or shellfish that was taken in violation of Federal or State statutes or a regulation promulgated thereunder.

(j) Utilization of fish, wildlife, or shellfish. (1) You may not use wildlife as food for a dog or furbearer, or as bait, except as allowed for in § __.26, § __.27, or § __.28, or except for the following:

(i) The hide, skin, viscera, head, or bones of wildlife;

(ii) The skinned carcass of a furbearer;

(iii) Squirrels, hares (rabbits), grouse, and ptarmigan; however, you may not use the breast meat of grouse and ptarmigan as animal food or bait;

(iv) Unclassified wildlife.

(2) If you take wildlife for subsistence, you must salvage the following parts for human use:

(i) The hide of a wolf, wolverine, coyote, fox, lynx, marten, mink, weasel, or otter;

(ii) The hide and edible meat of a brown bear, except that the hide of brown bears taken in the Western and Northwestern Alaska Brown Bear Management Areas and Units 5 and 9(B) need not be salvaged;

(iii) The hide and edible meat of a black bear;

(iv) The hide or meat of squirrels, hares (rabbits), marmots, beaver, muskrats, or unclassified wildlife.

(3) You must salvage the edible meat of ungulates, bear, grouse and ptarmigan.

(4) You may not intentionally waste or destroy any subsistence-caught fish or shellfish; however, you may use for bait or other purposes, whitefish,

herring, and species for which bag limits, seasons, or other regulatory methods and means are not provided in this section, as well as the head, tail, fins, and viscera of legally-taken subsistence fish.

(5) Failure to salvage the edible meat may not be a violation if such failure is caused by circumstances beyond the control of a person, including theft of the harvested fish, wildlife, or shellfish, unanticipated weather conditions, or unavoidable loss to another animal.

(6) You may sell handicraft articles made from the fur of a black bear.

(k) The regulations found in this part do not apply to the subsistence taking and use of fish, wildlife, or shellfish regulated pursuant to the Fur Seal Act of 1966 (80 Stat. 1091, 16 U.S.C. 1187), the Endangered Species Act of 1973 (87 Stat. 884, 16 U.S.C. 1531–1543), the Marine Mammal Protection Act of 1972 (86 Stat. 1027; 16 U.S.C. 1361–1407), and the Migratory Bird Treaty Act (40 Stat. 755; 16 U.S.C. 703–711), or any amendments to these Acts. The taking and use of fish, wildlife, or shellfish, covered by these Acts, will conform to the specific provisions contained in these Acts, as amended, and any implementing regulations.

(l) Rural residents, nonrural residents, and nonresidents not specifically prohibited by Federal regulations from fishing, hunting, or trapping on public lands in an area, may fish, hunt, or trap on public lands in accordance with the appropriate State regulations.

4. In Subpart D of 36 CFR part 242 and 50 CFR part 100, § __.26 is added effective July 1, 2002, through June 30, 2003, to read as follows:

§ __.26 Subsistence taking of wildlife.

(a) You may take wildlife for subsistence uses by any method, except as prohibited in this section or by other Federal statute. Taking wildlife for subsistence uses by a prohibited method is a violation of this part. Seasons are closed unless opened by Federal regulation. Hunting or trapping during a closed season or in an area closed by this part is prohibited.

(b) Except for special provisions found at paragraphs (m)(1) through (26) of this section, the following methods and means of taking wildlife for subsistence uses are prohibited:

(1) Shooting from, on, or across a highway;

(2) Using any poison;

(3) Using a helicopter in any manner, including transportation of individuals, equipment, or wildlife; however, this prohibition does not apply to transportation of an individual, gear, or wildlife during an emergency rescue operation in a life-threatening situation;

(4) Taking wildlife from a motorized land or air vehicle, when that vehicle is in motion or from a motor-driven boat when the boat's progress from the motor's power has not ceased;

(5) Using a motorized vehicle to drive, herd, or molest wildlife;

(6) Using or being aided by use of a machine gun, set gun, or a shotgun larger than 10 gauge;

(7) Using a firearm other than a shotgun, muzzle-loaded rifle, rifle or pistol using center-firing cartridges, for the taking of ungulates, bear, wolves or wolverine, except that—

(i) An individual in possession of a valid trapping license may use a firearm that shoots rimfire cartridges to take wolves and wolverine;

(ii) Only a muzzle-loading rifle of .54-caliber or larger, or a .45-caliber muzzle-loading rifle with a 250-grain, or larger, elongated slug may be used to take brown bear, black bear, elk, moose, musk oxen and mountain goat;

(8) Using or being aided by use of a pit, fire, artificial light, radio communication, artificial salt lick, explosive, barbed arrow, bomb, smoke, chemical, conventional steel trap with a jaw spread over nine inches, or conibear style trap with a jaw spread over 11 inches;

(9) Using a snare, except that an individual in possession of a valid hunting license may use nets and snares to take unclassified wildlife, ptarmigan, grouse, or hares; and, individuals in possession of a valid trapping license may use snares to take furbearers;

(10) Using a trap to take ungulates or bear;

(11) Using hooks to physically snag, impale, or otherwise take wildlife; however, hooks may be used as a trap drag;

(12) Using a crossbow to take ungulates, bear, wolf, or wolverine in any area restricted to hunting by bow and arrow only;

(13) Taking of ungulates, bear, wolf, or wolverine with a bow, unless the bow is capable of casting a 7/8 inch wide broadhead-tipped arrow at least 175 yards horizontally, and the arrow and broadhead together weigh at least one ounce (437.5 grains);

(14) Using bait for taking ungulates, bear, wolf, or wolverine; except, you may use bait to take wolves and wolverine with a trapping license, and, you may use bait to take black bears with a hunting license as authorized in Unit-specific regulations at paragraphs (m)(1) through (26) of this section. Baiting of black bears is subject to the following restrictions:

(i) Before establishing a black bear bait station, you must register the site with ADF&G;

(ii) When using bait you must clearly mark the site with a sign reading ''black bear bait station'' that also displays your hunting license number and ADF&G assigned number;

(iii) You may use only biodegradable materials for bait; you may use only the head, bones, viscera, or skin of legally harvested fish and wildlife for bait;

(iv) You may not use bait within one-quarter mile of a publicly maintained road or trail;

(v) You may not use bait within one mile of a house or other permanent dwelling, or within one mile of a developed campground, or developed recreational facility;

(vi) When using bait, you must remove litter and equipment from the bait station site when done hunting;

(vii) You may not give or receive payment for the use of a bait station, including barter or exchange of goods;

(viii) You may not have more than two bait stations with bait present at any one time;

(15) Taking swimming ungulates, bears, wolves or wolverine;

(16) Taking or assisting in the taking of ungulates, bear, wolves, wolverine, or other furbearers before 3:00 a.m. following the day in which airborne travel occurred (except for flights in regularly scheduled commercial aircraft); however, this restriction does not apply to subsistence taking of deer, the setting of snares or traps, or the removal of furbearers from traps or snares;

(17) Taking a bear cub or a sow accompanied by cub(s).

(c) Wildlife taken in defense of life or property is not a subsistence use; wildlife so taken is subject to State regulations.

(d) The following methods and means of trapping furbearers, for subsistence uses pursuant to the requirements of a trapping license are prohibited, in addition to the prohibitions listed at paragraph (b) of this section:

(1) Disturbing or destroying a den, except that you may disturb a muskrat pushup or feeding house in the course of trapping;

(2) Disturbing or destroying any beaver house;

(3) Taking beaver by any means other than a steel trap or snare, except that you may use firearms in certain Units with established seasons as identified in Unit-specific regulations found in this subpart;

(4) Taking otter with a steel trap having a jaw spread of less than five and seven-eighths inches during any closed

mink and marten season in the same Unit;

(5) Using a net, or fish trap (except a blackfish or fyke trap);

(6) Taking beaver in the Minto Flats Management Area with the use of an aircraft for ground transportation, or by landing within one mile of a beaver trap or set used by the transported person;

(7) Taking or assisting in the taking of furbearers by firearm before 3:00 a.m. on the day following the day on which airborne travel occurred; however, this does not apply to a trapper using a firearm to dispatch furbearers caught in a trap or snare.

(e) Possession and transportation of wildlife. (1) Except as specified in paragraph (e)(2) or (f)(1) of this section, or as otherwise provided, you may not take a species of wildlife in any Unit, or portion of a Unit, if your total take of that species already obtained anywhere in the State under Federal and State regulations equals or exceeds the harvest limit in that Unit.

(2) An animal taken under Federal or State regulations by any member of a community with an established community harvest limit for that species counts toward the community harvest limit for that species. Except for wildlife taken pursuant to § __10(d)(5)(iii) or as otherwise provided for by this Part, an animal taken as part of a community harvest limit counts toward every community member's harvest limit for that species taken under Federal or State of Alaska regulations.

(f) Harvest limits. (1) The harvest limit specified for a trapping season for a species and the harvest limit set for a hunting season for the same species are separate and distinct. This means that if you have taken a harvest limit for a particular species under a trapping season, you may take additional animals under the harvest limit specified for a hunting season or vice versa.

(2) A brown/grizzly bear taken in a Unit or portion of a Unit having a harvest limit of one brown/grizzly bear per year counts against a one brown/grizzly bear every four regulatory years harvest limit in other Units; an individual may not take more than one brown/grizzly bear in a regulatory year.

(g) Evidence of sex and identity. (1) If subsistence take of Dall sheep is restricted to a ram, you may not possess or transport a harvested sheep unless both horns accompany the animal.

(2) If the subsistence taking of an ungulate, except sheep, is restricted to one sex in the local area, you may not possess or transport the carcass of an animal taken in that area unless sufficient portions of the external sex organs remain attached to indicate conclusively the sex of the animal, except in Units 11, 13, 19, 21, and 24 where you may possess either sufficient portions of the external sex organs (still attached to a portion of the carcass) or the head (with or without antlers attached; however, the antler stumps must remain attached), to indicate the sex of the harvested moose; however, this paragraph (g)(2) does not apply to the carcass of an ungulate that has been butchered and placed in storage or otherwise prepared for consumption upon arrival at the location where it is to be consumed.

(3) If a moose harvest limit includes an antler size or configuration restriction, you may not possess or transport the moose carcass or its parts unless both antlers accompany the carcass or its parts. If you possess a set of antlers with less than the required number of brow tines on one antler, you must leave the antlers naturally attached to the unbroken, uncut skull plate; however, this paragraph (g)(3) does not apply to a moose carcass or its parts that have been butchered and placed in storage or otherwise prepared for consumption after arrival at the place where it is to be stored or consumed.

(h) You must leave all edible meat from caribou and moose harvested in Units 9(B), 17, and 19(B) prior to October 1 on the bones of the front quarters and hind quarters until you remove the meat from the field or process it for human consumption.

(i) If you take an animal that has been marked or tagged for scientific studies, you must, within a reasonable time, notify the ADF&G or the agency identified on the collar or marker, when and where the animal was taken. You also must retain any ear tag, collar, radio, tattoo, or other identification with the hide until it is sealed, if sealing is required; in all cases, you must return any identification equipment to the ADF&G or to an agency identified on such equipment.

(j) Sealing of bear skins and skulls. (1) Sealing requirements for bear shall apply to brown bears taken in all Units, except as specified in this paragraph, and black bears of all color phases taken in Units 1–7, 11–17, and 20.

(2) You may not possess or transport from Alaska, the untanned skin or skull of a bear unless the skin and skull have been sealed by an authorized representative of ADF&G in accordance with State or Federal regulations, except that the skin and skull of a brown bear taken under a registration permit in the Western Alaska Brown Bear Management Area, the Northwest Alaska Brown Bear Management Area, Unit 5, or Unit 9(B) need not be sealed unless removed from the area.

(3) You must keep a bear skin and skull together until a representative of the ADF&G has removed a rudimentary premolar tooth from the skull and sealed both the skull and the skin; however, this provision shall not apply to brown bears taken within the Western Alaska Brown Bear Management Area, the Northwest Alaska Brown Bear Management Area, Unit 5, or Unit 9(B) which are not removed from the Management Area or Unit.

(i) In areas where sealing is required by Federal regulations, you may not possess or transport the hide of a bear which does not have the penis sheath or vaginal orifice naturally attached to indicate conclusively the sex of the bear.

(ii) If the skin or skull of a bear taken in the Western Alaska Brown Bear Management Area is removed from the area, you must first have it sealed by an ADF&G representative in Bethel, Dillingham, or McGrath; at the time of sealing, the ADF&G representative shall remove and retain the skin of the skull and front claws of the bear.

(iii) If you remove the skin or skull of a bear taken in the Northwestern Alaska Brown Bear Management Area from the area or present it for commercial tanning within the Management Area, you must first have it sealed by an ADF&G representative in Barrow, Fairbanks, Galena, Nome, or Kotzebue; at the time of sealing, the ADF&G representative shall remove and retain the skin of the skull and front claws of the bear.

(iv) If you remove the skin or skull of a bear taken in Unit 5 from the area, you must first have it sealed by an ADF&G representative in Yakutat; at the time of sealing, the ADF&G representative shall remove and retain the skin of the skull and front claws of the bear.

(4) You may not falsify any information required on the sealing certificate or temporary sealing form provided by the ADF&G in accordance with State regulations.

(k) Sealing of beaver, lynx, marten, otter, wolf, and wolverine. You may not possess or transport from Alaska the untanned skin of a marten taken in Units 1–5, 7, 13(E), and 14–16 or the untanned skin of a beaver, lynx, otter, wolf, or wolverine, whether taken inside or outside the State, unless the skin has been sealed by an authorized representative of ADF&G in accordance with State regulations. In Unit 18, you must obtain an ADF&G seal for beaver skins only if they are to be sold or commercially sold.

(1) You must seal any wolf taken in Unit 2 on or before the 30th day after the date of taking.

(2) You must leave the radius and ulna of the left foreleg naturally attached to the hide of any wolf taken in Units 1–5 until the hide is sealed.

(l) A person who takes a species listed in paragraph (k) of this section but who is unable to present the skin in person, must complete and sign a temporary sealing form and ensure that the completed temporary sealing form and skin are presented to an authorized representative of ADF&G for sealing consistent with requirements listed in paragraph (k) of this section.

(m) Unit regulations. You may take for subsistence unclassified wildlife, all squirrel species, and marmots in all Units, without harvest limits, for the period of July 1–June 30. Unit-specific restrictions or allowances for subsistence taking of wildlife are identified at paragraphs (m)(1) through (26) of this section.

(1) *Unit 1.* Unit 1 consists of all mainland drainages from Dixon Entrance to Cape Fairweather, and those islands east of the center line of Clarence Strait from Dixon Entrance to Caamano Point, and all islands in Stephens Passage and Lynn Canal north of Taku Inlet:

(i) Unit 1(A) consists of all drainages south of the latitude of Lemesurier Point including all drainages into Behm Canal, excluding all drainages of Ernest Sound;

(ii) Unit 1(B) consists of all drainages between the latitude of Lemesurier Point and the latitude of Cape Fanshaw including all drainages of Ernest Sound and Farragut Bay, and including the islands east of the center lines of Frederick Sound, Dry Strait (between Sergief and Kadin Islands), Eastern Passage, Blake Channel (excluding Blake Island), Ernest Sound, and Seward Passage;

(iii) Unit 1(C) consists of that portion of Unit 1 draining into Stephens Passage and Lynn Canal north of Cape Fanshaw and south of the latitude of Eldred Rock including Berners Bay, Sullivan Island, and all mainland portions north of Chichagof Island and south of the latitude of Eldred Rock, excluding drainages into Farragut Bay;

(iv) Unit 1(D) consists of that portion of Unit 1 north of the latitude of Eldred Rock, excluding Sullivan Island and the drainages of Berners Bay;

(v) In the following areas, the taking of wildlife for subsistence uses is prohibited or restricted on public lands:

(A) Public lands within Glacier Bay National Park are closed to all taking of wildlife for subsistence uses;

(B) Unit 1(A)—in the Hyder area, the Salmon River drainage downstream from the Riverside Mine, excluding the Thumb Creek drainage, is closed to the taking of bear;

(C) Unit 1(B)—the Anan Creek drainage within one mile of Anan Creek downstream from the mouth of Anan Lake, including the area within a one mile radius from the mouth of Anan Creek Lagoon, is closed to the taking of black bear and brown bear;

(D) Unit 1(C):

(*1*) You may not hunt within one-fourth mile of Mendenhall Lake, the U.S. Forest Service Mendenhall Glacier Visitor's Center, and the Center's parking area;

(*2*) You may not take mountain goat in the area of Mt. Bullard bounded by the Mendenhall Glacier, Nugget Creek from its mouth to its confluence with Goat Creek, and a line from the mouth of Goat Creek north to the Mendenhall Glacier;

(vi) You may not trap furbearers for subsistence uses in Unit 1(C), Juneau area, on the following public lands:

(A) A strip within one-quarter mile of the mainland coast between the end of Thane Road and the end of Glacier Highway at Echo Cove;

(B) That area of the Mendenhall Valley bounded on the south by the Glacier Highway, on the west by the Mendenhall Loop Road and Montana Creek Road and Spur Road to Mendenhall Lake, on the north by Mendenhall Lake, and on the east by the Mendenhall Loop Road and Forest Service Glacier Spur Road to the Forest Service Visitor Center;

(C) That area within the U.S. Forest Service Mendenhall Glacier Recreation Area;

(D) A strip within one-quarter mile of the following trails as designated on U.S. Geological Survey maps: Herbert Glacier Trail, Windfall Lake Trail, Peterson Lake Trail, Spaulding Meadows Trail (including the loop trail), Nugget Creek Trail, Outer Point Trail, Dan Moller Trail, Perseverance Trail, Granite Creek Trail, Mt. Roberts Trail and Nelson Water Supply Trail, Sheep Creek Trail, and Point Bishop Trail;

(vii) Unit-specific regulations:

(A) You may hunt black bear with bait in Units 1(A), 1(B), and 1(D) between April 15 and June 15;

(B) You may not shoot ungulates, bear, wolves, or wolverine from a boat, unless you are certified as disabled;

(C) You may take wildlife outside the seasons or harvest limits provided in this part for food in traditional religious ceremonies which are part of a funerary or mortuary cycle, including memorial potlatches, if:

(*1*) The person organizing the religious ceremony, or designee, contacts the appropriate Federal land management agency prior to taking or attempting to take game and provides to the appropriate Federal land managing agency the name of the decedent, the nature of the ceremony, the species and number to be taken, and the Unit(s) in which the taking will occur;

(*2*) The taking does not violate recognized principles of fish and wildlife conservation;

(*3*) Each person who takes wildlife under this section must, as soon as practicable, and not more than 15 days after the harvest, submit a written report to the appropriate Federal land managing agency, specifying the harvester's name and address, the number, sex and species of wildlife taken, the date and locations of the taking, and the name of the decedent for whom the ceremony was held;

(*4*) No permit or harvest ticket is required for taking under this section; however, the harvester must be an Alaska rural resident with customary and traditional use in that area where the harvesting will occur;

(D) A Federally-qualified subsistence user (recipient) may designate another Federally-qualified subsistence user to take deer on his or her behalf unless the recipient is a member of a community operating under a community harvest system. The designated hunter must obtain a designated hunter permit and must return a completed harvest report. The designated hunter may hunt for any number of recipients but may have no more than two harvest limits in his/her possession at any one time.

Harvest limits	Open season
Hunting	
Black Bear: 2 bears, no more than one may be a blue or glacier bear	Sept. 1–June 30.

Harvest limits	Open season
Brown Bear: 1 bear every four regulatory years by State registration permit only	Sept. 15–Dec. 31. Mar. 15–May 31.
Deer:	
Unit 1(A)—4 antlered deer	Aug. 1–Dec. 31.
Unit 1(B)—2 antlered deer	Aug. 1–Dec. 31.
Unit 1(C)—4 deer; however, antlerless deer may be taken only from Sept. 15–Dec. 31	Aug. 1–Dec. 31.
Goat:	
Unit 1(A)—Revillagigedo Island only	No open season.
Unit 1(B)—that portion north of LeConte Bay. 1 goat by State registration permit only; the taking of kids or nannies accompanied by kids is prohibited.	Aug. 1–Dec. 31.
Unit 1(B)—that portion between LeConte Bay and the North Fork of Bradfield River/Canal. 2 goats; a State registration permit will be required for the taking of the first goat and a Federal registration permit for the taking of a second goat; the taking of kids or nannies accompanied by kids is prohibited.	Aug. 1–Dec. 31.
Unit 1(A) and Unit 1(B)—remainder—2 goats by State registration permit only	Aug. 1–Dec. 31.
Unit 1(C)—that portion draining into Lynn Canal and Stephens Passage between Antler River and Eagle Glacier and River, and all drainages of the Chilkat Range south of the Endicott River—1 goat by State registration permit only.	Oct. 1–Nov. 30.
Unit 1(C)—that portion draining into Stephens Passage and Taku Inlet between Eagle Glacier and River and Taku Glacier.	No open season.
Unit 1(C)—remainder—1 goat by State registration permit only	Aug. 1–Nov. 30.
Unit 1(D)—that portion lying north of the Katzehin River and northeast of the Haines highway—1 goat by State registration permit only.	Sept. 15–Nov. 30.
Unit 1(D)—that portion lying between Taiya Inlet and River and the White Pass and Yukon Railroad	No open season.
Unit 1(D)—remainder—1 goat by State registration permit only	Aug. 1–Dec. 31.
Moose:	
Unit 1(A)—1 antlered bull	Sept. 15–Oct. 15.
Unit 1(B)—1 antlered bull with spike-fork or 50-inch antlers or 3 or more brow tines on either antler, by State registration permit only.	Sept. 15–Oct. 15.
Unit 1(C), that portion south of Point Hobart including all Port Houghton drainages—1 antlered bull with spike-fork or 50-inch antlers or 3 or more brow tines on either antler, by State registration permit only.	Sept. 15–Oct. 15.
Unit 1(C)—remainder, excluding drainages of Berners Bay—1 antlered bull by State registration permit only	Sept. 15–Oct. 15.
Unit 1(D)	No open season.
Coyote: 2 coyotes	Sept. 1–Apr. 30.
Fox, Red (including Cross, Black, and Silver Phases): 2 foxes	Nov. 1–Feb. 15.
Hare (Snowshoe): 5 hares per day	Sept. 1–Apr. 30.
Lynx: 2 lynx	Dec. 1–Feb. 15.
Wolf: 5 wolves	Aug. 1–Apr. 30.
Wolverine: 1 wolverine	Nov. 10–Feb. 15.
Grouse (Spruce, Blue, and Ruffed): 5 per day, 10 in possession	Aug. 1–May 15.
Ptarmigan (Rock, Willow, and White-tailed): 20 per day, 40 in possession	Aug. 1–May 15.
Trapping	
Beaver: Unit 1(A), (B), and (C)—No limit	Dec. 1–May 15.
Coyote: No limit	Dec. 1–Feb. 15.
Fox, Red (including Cross, Black, and Silver Phases): No limit	Dec. 1–Feb. 15.
Lynx: No limit	Dec. 1–Feb. 15.
Marten: No limit	Dec. 1–Feb. 15.
Mink and Weasel: No limit	Dec. 1–Feb. 15.
Muskrat: No limit	Dec. 1–Feb. 15.
Otter: No limit	Dec. 1–Feb. 15.
Wolf: No limit	Nov. 10–Apr. 30.
Wolverine: No limit	Nov. 10–Apr. 30.

(2) *Unit 2.* Unit 2 consists of Prince of Wales Island and all islands west of the center lines of Clarence Strait and Kashevarof Passage, south and east of the center lines of Sumner Strait, and east of the longitude of the western most point on Warren Island.

(i) Unit-specific regulations:

(A) You may use bait to hunt black bear between April 15 and June 15;

(B) You may not shoot ungulates, bear, wolves, or wolverine from a boat, unless you are certified as disabled;

(C) You may take wildlife outside the seasons or harvest limits provided in this part for food in traditional religious ceremonies which are part of a funerary or mortuary cycle, including memorial potlatches, if:

(*1*) The person organizing the religious ceremony, or designee, contacts the appropriate Federal land management agency prior to taking or attempting to take game and provides to the appropriate Federal land managing agency the name of the decedent, the nature of the ceremony, the species and number to be taken, and the Unit(s) in which the taking will occur;

(*2*) The taking does not violate recognized principles of fish and wildlife conservation;

(*3*) Each person who takes wildlife under this section must, as soon as practicable, and not more than 15 days after the harvest, submit a written report to the appropriate Federal land managing agency, specifying the harvester's name and address, the number, sex and species of wildlife taken, the date and locations of the taking, and the name of the decedent for whom the ceremony was held;

(*4*) No permit or harvest ticket is required for taking under this section; however, the harvester must be an Alaska rural resident with customary and traditional use in that area where the harvesting will occur;

(D) A Federally-qualified subsistence user (recipient) may designate another Federally-qualified subsistence user to take deer on his or her behalf unless the recipient is a member of a community operating under a community harvest system. The designated hunter must obtain a designated hunter permit and must return a completed harvest report. The designated hunter may hunt for any number of recipients but may have no more than two harvest limits in his/her possession at any one time.

(ii) [Reserved]

Harvest limits	Open season
Hunting	
Black Bear: 2 bears, no more than one may be a blue or glacier bear	Sept. 1–June 30.
Deer: 4 deer; however, no more than one may be an antlerless deer. Antlerless deer may be taken only during the period Oct. 15–Dec. 31 by Federal registration permit only.	Aug. 1–Dec. 31.
Coyote: 2 coyotes	Sept. 1–Apr. 30.
Fox, Red (including Cross, Black, and Silver Phases): 2 foxes	Nov. 1–Feb. 15.
Hare (Snowshoe): 5 hares per day	Sept. 1–Apr. 30.
Lynx: 2 lynx	Dec. 1–Feb. 15.
Wolf: 5 wolves	Nov. 15–Mar. 15.
Wolverine: 1 wolverine	Nov. 10–Feb. 15.
Grouse (Spruce and Ruffed): 5 per day, 10 in possession	Aug. 1–May 15.
Ptarmigan (Rock, Willow, and White-tailed): 20 per day, 40 in possession	Aug. 1–May 15.
Trapping	
Beaver: No limit	Dec. 1–May 15.
Coyote: No limit	Dec. 1–Feb. 15.
Fox, Red (including Cross, Black, and Silver Phases): No limit	Dec. 1–Feb. 15.
Lynx: No limit	Dec. 1–Feb. 15.
Marten: No limit	Dec. 1–Feb. 15.
Mink and Weasel: No limit	Dec. 1–Feb. 15.
Muskrat: No limit	Dec. 1–Feb. 15.
Otter: No limit	Dec. 1–Feb. 15.
Wolf: No limit	Nov. 15–Mar. 15.
Wolverine: No limit	Nov. 10–Apr. 30.

(3) *Unit 3.* (i) Unit 3 consists of all islands west of Unit 1(B), north of Unit 2, south of the center line of Frederick Sound, and east of the center line of Chatham Strait including Coronation, Kuiu, Kupreanof, Mitkof, Zarembo, Kashevarof, Woronkofski, Etolin, Wrangell, and Deer Islands.

(ii) In the following areas, the taking of wildlife for subsistence uses is prohibited or restricted on public lands:

(A) In the Petersburg vicinity, you may not take ungulates, bear, wolves, and wolverine along a strip one-fourth mile wide on each side of the Mitkof Highway from Milepost 0 to Crystal Lake campground;

(B) You may not take black bears in the Petersburg Creek drainage on Kupreanof Island;

(C) You may not hunt in the Blind Slough draining into Wrangell Narrows and a strip one-fourth mile wide on each side of Blind Slough, from the hunting closure markers at the southernmost portion of Blind Island to the hunting closure markers one mile south of the Blind Slough bridge.

(iii) Unit-specific regulations:

(A) You may use bait to hunt black bear between April 15 and June 15;

(B) You may not shoot ungulates, bear, wolves, or wolverine from a boat, unless you are certified as disabled;

(C) You may take wildlife outside the seasons or harvest limits provided in this part for food in traditional religious ceremonies which are part of a funerary or mortuary cycle, including memorial potlatches, if:

(*1*) The person organizing the religious ceremony, or designee, contact the appropriate Federal land management agency prior to taking or attempting to take game and provides to the appropriate Federal land managing agency the name of the decedent, the nature of the ceremony, the species and number to be taken, and the Unit(s) in which the taking will occur;

(*2*) The taking does not violate recognized principles of fish and wildlife conservation;

(*3*) Each person who takes wildlife under this section must, as soon as practicable, and not more than 15 days after the harvest, submit a written report to the appropriate Federal land managing agency, specifying the harvester's name and address, the number, sex and species of wildlife taken, the date and locations of the taking, and the name of the decedent for whom the ceremony was held;

(*4*) No permit or harvest ticket is required for taking under this section; however, the harvester must be an Alaska rural resident with customary and traditional use in that area where the harvesting will occur;

(D) A Federally-qualified subsistence user (recipient) may designate another Federally-qualified subsistence user to take deer on his or her behalf unless the recipient is a member of a community operating under a community harvest system. The designated hunter must obtain a designated hunter permit and must return a completed harvest report. The designated hunter may hunt for any number of recipients but may have no more than two harvest limits in his/her possession at any one time.

Harvest limits	Open season
Hunting	
Black Bear: 2 bears, no more than one may be a blue or glacier bear	Sept. 1–June 30.
Deer:	

Harvest limits	Open season
Unit 3—Mitkof Island, Woewodski Island, Butterworth Islands, and that portion of Kupreanof Island which includes Lindenburg Peninsula east of the Portage Bay/Duncan Canal Portage—1 antlered deer by State registration permit only; however, the city limits of Petersburg and Kupreanof are closed to hunting.	Oct. 15–Oct. 31.
Unit 3—remainder—2 antlered deer	Aug. 1–Nov. 30.
Moose: 1 antlered bull with spike-fork or 50-inch antlers or 3 or more brow tines on either antler by State registration permit only.	Sept. 15–Oct. 15.
Coyote: 2 coyotes	Sept. 1–Apr. 30.
Fox, Red (including Cross, Black, and Silver Phases): 2 foxes	Nov. 1–Feb. 15.
Hare (Snowshoe): 5 hares per day	Sept. 1–Apr. 30.
Lynx: 2 lynx	Dec. 1–Feb. 15.
Wolf: 5 wolves	Aug. 1–Apr. 30.
Wolverine: 1 wolverine	Nov. 10–Feb. 15.
Grouse (Spruce, Blue, and Ruffed): 5 per day, 10 in possession	Aug. 1–May 15.
Ptarmigan (Rock, Willow, and White-tailed): 20 per day, 40 in possession.	Aug. 1–May 15.
Trapping	
Beaver:	
Unit 3—Mitkof Island—No limit	Dec. 1–Apr. 15.
Unit 3—except Mitkof Island—No limit	Dec. 1–May 15.
Coyote: No limit	Dec. 1–Feb. 15.
Fox, Red (including Cross, Black, and Silver Phases): No limit	Dec. 1–Feb. 15.
Lynx: No limit	Dec. 1–Feb. 15.
Marten: No limit	Dec. 1–Feb. 15.
Mink and Weasel: No limit	Dec. 1–Feb. 15.
Muskrat: No limit	Dec. 1–Feb. 15.
Otter: No limit	Dec. 1–Feb. 15.
Wolf: No limit	Nov. 10–Apr. 30.
Wolverine: No limit	Nov. 10.–Apr. 30.

(4) *Unit 4.* (i) Unit 4 consists of all islands south and west of Unit 1(C) and north of Unit 3 including Admiralty, Baranof, Chichagof, Yakobi, Inian, Lemesurier, and Pleasant Islands.

(ii) In the following areas, the taking of wildlife for subsistence uses is prohibited or restricted on public lands:

(A) You may not take bears in the Seymour Canal Closed Area (Admiralty Island) including all drainages into northwestern Seymour Canal between Staunch Point and the southernmost tip of the unnamed peninsula separating Swan Cove and King Salmon Bay including Swan and Windfall Islands;

(B) You may not take bears in the Salt Lake Closed Area (Admiralty Island) including all lands within one-fourth mile of Salt Lake above Klutchman Rock at the head of Mitchell Bay;

(C) You may not take brown bears in the Port Althorp Closed Area (Chichagof Island), that area within the Port Althorp watershed south of a line from Point Lucan to Salt Chuck Point (Trap Rock);

(D) You may not use any motorized land vehicle for brown bear hunting in the Northeast Chichagof Controlled Use Area (NECCUA) consisting of all portions of Unit 4 on Chichagof Island north of Tenakee Inlet and east of the drainage divide from the northwest point of Gull Cove to Port Frederick Portage, including all drainages into Port Frederick and Mud Bay;

(E) You may not use any motorized land vehicle for the taking of marten, mink, and weasel on Chichagof Island.

(iii) Unit-specific regulations:

(A) You may shoot ungulates from a boat. You may not shoot bear, wolves, or wolverine from a boat, unless you are certified as disabled;

(B) A Federally-qualified subsistence user (recipient) may designate another Federally-qualified subsistence user to take deer on his or her behalf unless the recipient is a member of a community operating under a community harvest system. The designated hunter must obtain a designated hunter permit and must return a completed harvest report. The designated hunter may hunt for any number of recipients but may have no more than two harvest limits in his/her possession at any one time;

(C) You may take wildlife outside the seasons or harvest limits provided in this part for food in traditional religious ceremonies which are part of a funerary or mortuary cycle, including memorial potlatches, if:

(*1*) The person organizing the religious ceremony, or designee, contacts the appropriate Federal land management agency prior to taking or attempting to take game and provides to the appropriate Federal land managing agency the name of the decedent, the nature of the ceremony, the species and number to be taken, and the Unit(s) in which the taking will occur;

(*2*) The taking does not violate recognized principles of fish and wildlife conservation;

(*3*) Each person who takes wildlife under this section must, as soon as practicable, and not more than 15 days after the harvest, submit a written report to the appropriate Federal land managing agency, specifying the harvester's name and address, the number, sex and species of wildlife taken, the date and locations of the taking, and the name of the decedent for whom the ceremony was held;

(4) No permit or harvest ticket is required for taking under this section; however, the harvester must be an Alaska rural resident with customary and traditional use in that area where the harvesting will occur;

(D) Five Federal registration permits will be issued for the taking of brown bear for educational purposes associated with teaching customary and traditional subsistence harvest and use practices. Any bear taken under an educational permit does not count in an individual's one bear every four regulatory years limit.

Harvest limits	Open season
Hunting	
Brown Bear:	
Unit 4—Chichagof Island south and west of a line that follows the crest of the island from Rock Point (58° N. lat., 136°21′ W. long.) to Rodgers Point (57°35′ N. lat., 135°33′ W. long.) including Yakobi and other adjacent islands; Baranof Island south and west of a line which follows the crest of the island from Nismeni Point (57°34′ N. lat., 135°25′ W. long.) to the entrance of Gut Bay (56°44′ N. lat. 134°38′ W. long.) including the drainages into Gut Bay and including Kruzof and other adjacent islands—1 bear every four regulatory years by State registration permit only.	Sept. 15–Dec. 31. Mar. 15–May 31.
Unit 4—that portion in the Northeast Chichagof Controlled Use Area—1 bear every four regulatory years by State registration permit only.	Mar. 15–May 20.
Unit 4—remainder—1 bear every four regulatory years by State registration permit only	Sept. 15–Dec. 31. Mar. 15–May 20.
Deer: 6 deer; however, antlerless deer may be taken only from Sept. 15–Jan. 31	Aug. 1–Jan. 31.
Goat: 1 goat by State registration permit only	Aug. 1–Dec. 31.
Coyote: 2 coyotes	Sept. 1–Apr. 30.
Fox, Red (including Cross, Black, and Silver Phases): 2 foxes	Nov. 1–Feb. 15.
Hare (Snowshoe): 5 hares per day	Sept. 1–Apr. 30.
Lynx: 2 lynx	Dec. 1–Feb. 15.
Wolf: 5 wolves	Aug. 1–Apr. 30.
Wolverine: 1 wolverine	Nov. 10–Feb. 15.
Grouse (Spruce, Blue, and Ruffed): 5 per day, 10 in possession	Aug. 1–May 15.
Ptarmigan (Rock, Willow, and White-tailed): 20 per day, 40 in possession	Aug. 1.–May 15.
Trapping	
Beaver:	
Unit 4—that portion east of Chatham Strait—No limit	Dec. 1–May 15.
Remainder of Unit 4	No open season.
Coyote: No limit	Dec. 1–Feb. 15.
Fox, Red (including Cross, Black, and Silver Phases): No limit	Dec. 1–Feb. 15.
Lynx: No limit	Dec. 1–Feb. 15.
Marten: No limit	Dec. 1–Feb. 15.
Mink and Weasel: No limit	Dec. 1–Feb. 15.
Muskrat: No limit	Dec. 1–Feb. 15.
Otter: No limit	Dec. 1–Feb. 15.
Wolf: No limit	Nov. 10–Apr. 30.
Wolverine: No limit	Nov. 10–Apr. 30.

(5) *Unit 5.* (i) Unit 5 consists of all Gulf of Alaska drainages and islands between Cape Fairweather and the center line of Icy Bay, including the Guyot Hills:

(A) Unit 5(A) consists of all drainages east of Yakutat Bay, Disenchantment Bay, and the eastern edge of Hubbard Glacier, and includes the islands of Yakutat and Disenchantment Bays;

(B) Unit 5(B) consists of the remainder of Unit 5.

(ii) You may not take wildlife for subsistence uses on public lands within Glacier Bay National Park.

(iii) Unit-specific regulations:

(A) You may use bait to hunt black bear between April 15 and June 15;

(B) You may not shoot ungulates, bear, wolves, or wolverine from a boat, unless you are certified as disabled;

(C) You may hunt brown bear in Unit 5 with a Federal registration permit in lieu of a State metal locking tag; if you have obtained a Federal registration permit prior to hunting;

(D) You may take wildlife outside the seasons or harvest limits provided in this part for food in traditional religious ceremonies which are part of a funerary or mortuary cycle, including memorial potlatches, if:

(*1*) The person organizing the religious ceremony, or designee, contacts the appropriate Federal land management agency prior to taking or attempting to take game and provides to the appropriate Federal land managing agency the name of the decedent, the nature of the ceremony, the species and number to be taken, and the Unit(s) in which the taking will occur;

(*2*) The taking does not violate recognized principles of fish and wildlife conservation;

(*3*) Each person who takes wildlife under this section must, as soon as practicable, and not more than 15 days after the harvest, submit a written report to the appropriate Federal land managing agency, specifying the harvester's name and address, the number, sex and species of wildlife taken, the date and locations of the taking, and the name of the decedent for whom the ceremony was held;

(*4*) No permit or harvest ticket is required for taking under this section; however, the harvester must be an Alaska rural resident with customary and traditional use in that area where the harvesting will occur;

(E) A Federally-qualified subsistence user (recipient) may designate another Federally-qualified subsistence user to take deer or moose on his or her behalf unless the recipient is a member of a community operating under a community harvest system. The designated hunter must obtain a designated hunter permit and must return a completed harvest report. The designated hunter may hunt for any number of recipients but may have no more than two harvest limits in his/her possession at any one time.

Harvest limits	Open season
Hunting	
Black Bear: 2 bears, no more than one may be a blue or glacier bear	Sept. 1–June 30.
Brown Bear: 1 bear by Federal registration permit only	Sept. 1–May 31.

Harvest limits	Open season
Deer:	
Unit 5(A)—1 buck	Nov. 1–Nov. 30.
Unit 5(B)	No open season.
Goat:	
Unit 5(A)—that area between the Hubbard Glacier and the West Nunatak Glacier on the north and east sides of Nunatak Fjord—1 goat by Federal registration permit. The Yakutat District Ranger and ADF&G will jointly announce the harvest quota prior to the season. A minimum of two goats in the harvest quota will be reserved for Federally qualified subsistence users. The season will be closed by local announcement when the quota has been taken. The harvest quota and season announcements will be made in consultation with NPS and local residents.	Aug. 1–Jan. 31.
Unit 5(A)—remainder—1 goat by Federal registration permit. The Yakutat District Ranger and ADF&G will jointly announce the harvest quota prior to the season. A minimum of four goats in the harvest quota will be reserved for Federally qualified subsistence users. The season will be closed by local announcement when the quota has been taken. The harvest quota and season announcements will be made in consultation with NPS and local residents.	Aug. 1–Jan. 31.
Unit 5(B)—1 goat by Federal registration permit only	Aug. 1–Jan. 31.
Moose:	
Unit 5(A), Nunatak Bench—1 moose by State registration permit only. The season will be closed when 5 moose have been taken from the Nunatak Bench.	Nov. 15–Feb. 15.
Unit 5(A), except Nunatak Bench—1 antlered bull by Federal registration permit only. The season will be closed when 60 antlered bulls have been taken from the Unit. The season will be closed in that portion west of the Dangerous River when 30 antlered bulls have been taken in that area. From Oct. 8–Oct. 21, public lands will be closed to taking of moose, except by residents of Unit 5(A).	Oct. 8–Nov. 15.
Unit 5(B)—1 antlered bull by State registration permit only. The season will be closed when 25 antlered bulls have been taken from the entirety of Unit 5(B).	Sept. 1–Dec. 15.
Coyote: 2 coyotes	Sept. 1–Apr. 30.
Fox, Red (including Cross, Black and Silver Phases): 2 foxes	Nov. 1–Feb. 15.
Hare (Snowshoe): 5 hares per day	Sept. 1–Apr. 30.
Lynx: 2 lynx	Dec. 1–Feb. 15.
Wolf: 5 wolves	Aug. 1–Apr. 30.
Wolverine: 1 wolverine	Nov. 10–Feb. 15.
Grouse (Spruce and Ruffed): 5 per day, 10 in possession	Aug. 1–May 15.
Ptarmigan (Rock, Willow, and White-tailed): 20 per day, 40 in possession	Aug. 1–May 15.
Trapping	
Beaver: No limit	Nov. 10–May 15.
Coyote: No limit	Dec. 1–Feb. 15.
Fox, Red (including Cross, Black and Silver Phases): No limit	Dec. 1–Feb. 15.
Lynx: No limit	Dec. 1–Feb. 15.
Marten: No limit	Nov. 10–Feb. 15.
Mink and Weasel: No limit	Nov. 10–Feb. 15.
Muskrat: No limit	Dec. 1–Feb. 15.
Otter: No limit	Nov. 10–Feb. 15.
Wolf: No limit	Nov. 10–Apr. 30.
Wolverine: No limit	Nov. 10–Apr. 30.

(6) *Unit 6.* (i) Unit 6 consists of all Gulf of Alaska and Prince William Sound drainages from the center line of Icy Bay (excluding the Guyot Hills) to Cape Fairfield including Kayak, Hinchinbrook, Montague, and adjacent islands, and Middleton Island, but excluding the Copper River drainage upstream from Miles Glacier, and excluding the Nellie Juan and Kings River drainages:

(A) Unit 6(A) consists of Gulf of Alaska drainages east of Palm Point near Katalla including Kanak, Wingham, and Kayak Islands;

(B) Unit 6(B) consists of Gulf of Alaska and Copper River Basin drainages west of Palm Point near Katalla, east of the west bank of the Copper River, and east of a line from Flag Point to Cottonwood Point;

(C) Unit 6(C) consists of drainages west of the west bank of the Copper River, and west of a line from Flag Point to Cottonwood Point, and drainages east of the east bank of Rude River and drainages into the eastern shore of Nelson Bay and Orca Inlet;

(D) Unit 6(D) consists of the remainder of Unit 6.

(ii) For the following areas, the taking of wildlife for subsistence uses is prohibited or restricted on public lands:

(A) You may not take mountain goat in the Goat Mountain goat observation area, which consists of that portion of Unit 6(B) bounded on the north by Miles Lake and Miles Glacier, on the south and east by Pleasant Valley River and Pleasant Glacier, and on the west by the Copper River;

(B) You may not take mountain goat in the Heney Range goat observation area, which consists of that portion of Unit 6(C) south of the Copper River Highway and west of the Eyak River.

(iii) Unit-specific regulations:

(A) You may use bait to hunt black bear between April 15 and June 15;

(B) You may take coyotes in Units 6(B) and 6(C) with the aid of artificial lights;

(C) One permit will be issued to the Native Village of Eyak to take one bull moose from Federal lands in Units 6(B) or (C) for their annual Memorial/Sobriety Day potlatch.

Harvest limits	Open season
Hunting	
Black Bear: 1 bear	Sept. 1–June 30.
Deer: 4 deer; however, antlerless deer may be taken only from Oct. 1–Dec. 31.	Aug. 1–Dec. 31.
Goats	
Unit 6(A), (B)—1 goat by State registration permit only	Aug. 20–Jan. 31.
Unit 6(C)	No open season.
Unit 6(D) (subareas RG242, RG243, RG244, RG249, RG266 and RG252 only)—1 goat by Federal registration permit only. In each of the Unit 6(D) subareas, goat seasons will be closed when harvest limits for that subarea are reached. Harvest quotas are as follows: RG242—2 goats, RG243—4 goats, RG244—2 goats, RG249—4 goats, RG266—4 goats, RG252—1 goat.	Aug. 20—Jan. 31.
Unit 6(D) (subarea RG245)—Federal public lands are closed to all taking of goats	No open season.
Moose:	
Unit 6(C)—1 cow by Federal registration permit only	Sept. 1–Oct. 31.
Unit 6(C)—1 bull by Federal registration permit only	Sept. 1–Dec. 31.
(In Unit 6(C), only one moose permit may be issued per household. A household receiving a State permit may not receive a Federal permit. The annual harvest quota will be announced by the U.S. Forest Service, Cordova Office, in consultation with ADF&G. The Federal harvest allocation will be 100% of the cow permits and 75% of the bull permits.).	
Unit 6—remainder	No open season.
Beaver: 1 beaver per day, 1 in possession	May 1–Oct. 31.
Coyote:	
Unit 6(A) and (D)—2 coyotes	Sept. 1–Apr. 30.
Unit 6(B) and 6(C)—No limit	July 1–June 30.
Fox, Red (including Cross, Black and Silver Phases):	No open season.
Hare (Snowshoe): No limit	July 1–June 30.
Lynx:	No open season.
Wolf: 5 wolves	Aug. 10–Apr. 30.
Wolverine: 1 wolverine	Sept. 1–Mar. 31.
Grouse (Spruce): 5 per day, 10 in possession.	Aug. 1–May 15.
Ptarmigan (Rock, Willow, and White-tailed): 20 per day, 40 in possession	Aug. 1–May 15.
Trapping	
Beaver: No limit	Dec. 1–Apr. 30.
Coyote:	
Unit 6(C)—south of the Copper River Highway and east of the Heney Range—No limit	Nov. 10–Apr. 30.
Unit 6(A), (B), (C)—remainder, and (D)—No limit	Nov. 10–Mar. 31.
Fox, Red (including Cross, Black and Silver Phases): No limit	Nov. 10–Feb. 28.
Lynx: No limit	Jan. 15–Feb. 15.
Marten: No limit	Nov. 10–Feb. 28.
Mink and Weasel: No limit	Nov. 10–Jan. 31.
Muskrat: No limit	Nov. 10–June 10.
Otter: No limit	Nov. 10–Mar. 31
Wolf: No limit	Nov. 10–Mar. 31.
Wolverine: No limit	Nov. 10–Feb. 28.

(7) *Unit 7.* (i) Unit 7 consists of Gulf of Alaska drainages between Gore Point and Cape Fairfield including the Nellie Juan and Kings River drainages, and including the Kenai River drainage upstream from the Russian River, the drainages into the south side of Turnagain Arm west of and including the Portage Creek drainage, and east of 150° W. long., and all Kenai Peninsula drainages east of 150° W. long., from Turnagain Arm to the Kenai River.

(ii) In the following areas, the taking of wildlife for subsistence uses is prohibited or restricted on public lands:

(A) You may not take wildlife for subsistence uses in the Kenai Fjords National Park;

(B) You may not hunt in the Portage Glacier Closed Area in Unit 7, which consists of Portage Creek drainages between the Anchorage-Seward Railroad and Placer Creek in Bear Valley, Portage Lake, the mouth of Byron Creek, Glacier Creek, and Byron Glacier; however, you may hunt grouse, ptarmigan, hares, and squirrels with shotguns after September 1.

(iii) Unit-specific regulations:

(A) You may use bait to hunt black bear between April 15 and June 15; except in the drainages of Resurrection Creek and its tributaries.

(B) [Reserved]

Harvest limits	Open season
Hunting	
Black Bear: Unit 7—3 bears	July 1–June 30.
Moose:	
Unit 7—that portion draining into Kings Bay—1 bull with spike-fork or 50-inch antlers or 3 or more brow tines on either antler may be taken by the community of Chenega Bay and also by the community of Tatitlek. Public lands are closed to the taking of moose except by eligible rural residents.	Aug. 10– Sept. 20.
Unit 7—remainder	No open season.
Beaver: 1 beaver per day, 1 in possession	May 1–Oct. 10.
Coyote: No limit	Sept. 1–Apr. 30.
Fox, Red (including Cross, Black and Silver Phases): 2 foxes	Nov. 1–Feb. 15.

Harvest limits	Open season
Hare (Snowshoe): No limit	July 1–June 30.
Wolf:	
Unit 7—that portion within the Kenai National Wildlife Refuge—2 wolves	Aug. 10–Apr. 30.
Unit 7—Remainder–5 wolves	Aug. 10–Apr. 30.
Wolverine: 1 wolverine	Sept. 1–Mar. 31.
Grouse (Spruce): 10 per day, 20 in possession	Aug. 10–Mar. 31.
Grouse (Ruffed)	No open season.
Ptarmigan (Rock, Willow, and White-tailed): 20 per day, 40 in possession	Aug. 10–Mar. 31.
Trapping	
Beaver: 20 beaver per season	Nov. 10–Mar. 31.
Coyote: No limit	Nov. 10–Mar. 31.
Fox, Red (including Cross, Black and Silver Phases): No limit	Nov. 10–Feb. 28.
Marten: No limit	Nov. 10–Jan. 31.
Mink and Weasel: No limit	Nov. 10–Jan. 31.
Muskrat: No limit	Nov. 10–May 15.
Otter: No limit	Nov. 10–Feb. 28.
Wolf: No limit	Nov. 10–Mar. 31.
Wolverine: No limit	Nov. 10–Feb. 28.

(8) *Unit 8.* Unit 8 consists of all islands southeast of the centerline of Shelikof Strait including Kodiak, Afognak, Whale, Raspberry, Shuyak, Spruce, Marmot, Sitkalidak, Amook, Uganik, and Chirikof Islands, the Trinity Islands, the Semidi Islands, and other adjacent islands.

(i) If you have a trapping license, you may take beaver with a firearm in Unit 8 from Nov. 10–Apr. 30.

(ii) A Federally-qualified subsistence user (recipient) may designate another Federally-qualified subsistence user to take deer on his or her behalf unless the recipient is a member of a community operating under a community harvest system. The designated hunter must obtain a designated hunter permit and must return a completed harvest report. The designated hunter may hunt for any number of recipients but may have no more than two harvest limits in his/her possession at any one time.

Harvest limits	Open season
Hunting	
Brown Bear: 1 bear by Federal registration permit only. Up to 1 permit may be issued in Akhiok; up to 1 permit may be issued in Karluk; up to 3 permits may be issued in Larsen Bay; up to 2 permits may be issued in Old Harbor; up to 2 permits may be issued in Ouzinkie; and up to 2 permits may be issued in Port Lions.	Dec. 1–Dec. 15. Apr. 14–May 15.
Deer: Unit 8—all lands within the Kodiak Archipelago within the Kodiak National Wildlife Refuge, including lands on Kodiak, Ban, Uganik, and Afognak Islands—3 deer; however, antlerless deer may be taken only from Nov. 1—Jan. 31.	Aug. 1–Jan. 31.
Elk: Kodiak, Ban, Uganik, and Afognak Islands—1 elk per household by Federal registration permit only. The season will be closed by announcement of the Refuge Manager, Kodiak National Wildlife Refuge when the combined Federal/State harvest reaches 15% of the herd.	Sept. 15–Nov. 30.
Fox, Red (including Cross, Black and Silver Phases): 2 foxes	Sept. 1–Feb. 15.
Hare (Snowshoe): No limit	July 1–June 30.
Ptarmigan (Rock, Willow, and White-tailed): 20 per day, 40 in possession	Aug. 10–Apr. 30.
Trapping	
Beaver: 30 beaver per season	Nov. 10–Apr. 30.
Fox, Red (including Cross, Black and Silver Phases): No limit	Nov. 10–Mar. 31.
Marten: No limit	Nov. 10–Jan. 31.
Mink and Weasel: No limit	Nov. 10–Jan. 31.
Muskrat: No limit	Nov. 10–June 10.
Otter: No limit	Nov. 10–Jan. 31.

(9) *Unit 9.* (i) Unit 9 consists of the Alaska Peninsula and adjacent islands including drainages east of False Pass, Pacific Ocean drainages west of and excluding the Redoubt Creek drainage; drainages into the south side of Bristol Bay, drainages into the north side of Bristol Bay east of Etolin Point, and including the Sanak and Shumagin Islands:

(A) Unit 9(A) consists of that portion of Unit 9 draining into Shelikof Strait and Cook Inlet between the southern boundary of Unit 16 (Redoubt Creek) and the northern boundary of Katmai National Park and Preserve;

(B) Unit 9(B) consists of the Kvichak River drainage;

(C) Unit 9(C) consists of the Alagnak (Branch) River drainage, the Naknek River drainage, and all land and water within Katmai National Park and Preserve;

(D) Unit 9(D) consists of all Alaska Peninsula drainages west of a line from the southernmost head of Port Moller to the head of American Bay including the Shumagin Islands and other islands of Unit 9 west of the Shumagin Islands;

(E) Unit 9(E) consists of the remainder of Unit 9.

(ii) In the following areas, the taking of wildlife for subsistence uses is prohibited or restricted on public lands:

(A) You may not take wildlife for subsistence uses in Katmai National Park;

(B) You may not use motorized vehicles, except aircraft, boats, or snowmobiles used for hunting and transporting a hunter or harvested animal parts from Aug. 1–Nov. 30 in the Naknek Controlled Use Area, which includes all of Unit 9(C) within the

Naknek River drainage upstream from and including the King Salmon Creek drainage; however, you may use a motorized vehicle on the Naknek-King Salmon, Lake Camp, and Rapids Camp roads and on the King Salmon Creek trail, and on frozen surfaces of the Naknek River and Big Creek;

(C) You may hunt brown bear by State registration permit in lieu of a resident tag in the Western Alaska Brown Bear Management Area which consists of Units 9(B) except that portion within the Lake Clark National Park and Preserve, 17, 18, and those portions of 19(A) and (B) downstream of and including the Aniak River drainage, if you have obtained a State registration permit prior to hunting.

(iii) Unit-specific regulations:

(A) If you have a trapping license, you may use a firearm to take beaver in Unit 9(B) from April 1—May 31 and in the remainder of Unit 9 from April 1–April 30;

(B) In Unit 9(B), Lake Clark National Park and Preserve, residents of Nondalton, Iliamna, Newhalen, Pedro Bay, and Port Alsworth, may hunt brown bear by Federal registration permit in lieu of a resident tag; ten permits will be available with at least one permit issued in each community but no more than five permits will be issued in a single community; the season will be closed when four females or ten bears have been taken, whichever occurs first;

(C) Residents of Newhalen, Nondalton, Iliamna, Pedro Bay, and Port Alsworth may take up to a total of 10 bull moose in Unit 9(B) for ceremonial purposes, under the terms of a Federal registration permit from July 1 through June 30. Permits will be issued to individuals only at the request of a local organization. This 10 moose limit is not cumulative with that permitted for potlatches by the State;

(D) For Units 9(C) and (E) only, a Federally-qualified subsistence user (recipient) of Units 9(C) and (E) may designate another Federally-qualified subsistence user of Units 9(C) and (E) to take bull caribou on his or her behalf unless the recipient is a member of a community operating under a community harvest system. The designated hunter must obtain a designated hunter permit and must return a completed harvest report and turn over all meat to the recipient. There is no restriction on the number of possession limits the designated hunter may have in his/her possession at any one time;

(E) For Unit 9(D), a Federally-qualified subsistence user (recipient) may designate another Federally-qualified subsistence user to take caribou on his or her behalf unless the recipient is a member of a community operating under a community harvest system. The designated hunter must obtain a designated hunter permit and must return a completed harvest report. The designated hunter may hunt for any number of recipients but may have no more than four harvest limits in his/her possession at any one time;

(F) The communities of False Pass, King Cove, Cold Bay, Sand Point, and Nelson Lagoon annually may each take, from October 1 through December 31 or May 10 through May 25, one brown bear for ceremonial purposes, under the terms of a Federal registration permit. A permit will be issued to an individual only at the request of a local organization. The brown bear may be taken from either Unit 9(D) or Unit 10 (Unimak Island) only.

Harvest limits	Open season
Hunting	
Black Bear: 3 bears	July 1–June 30.
Brown Bear:	
Unit 9(B)—Lake Clark National Park and Preserve—Rural residents of Nondalton, Iliamna, Newhalen, Pedro Bay, and Port Alsworth only—1 bear by Federal registration permit only.	July 1–June 30.
Unit 9(B), remainder—1 bear by State registration permit only	Sept. 1–May 31.
Unit 9(E)—1 bear by Federal registration permit	Sept. 25–Dec. 31. Apr. 15–May 25.
Caribou:	
Unit 9(A)—4 caribou; however, no more than 2 caribou may be taken Aug. 10–Sept. 30 and no more than 1 caribou may be taken Oct. 1–Nov. 30.	Aug. 10–Mar. 31. Aug. 10–Sept. 30.
Unit 9(C), that portion within the Alagnak River drainage—1 caribou	Aug. 1–Mar. 31.
Unit 9(C), remainder—1 bull by Federal registration permit or State Tier II permit. Federal public lands are closed to the taking of caribou except by residents of Units 9(C) and (E).	Aug. 10–Sept. 20. Nov. 15–Feb. 28.
Unit 9(B)—5 caribou; however, no more than 2 bulls may be taken from Oct. 1–Nov. 30	Aug. 1–Apr. 15.
Unit 9(D)—1 caribou by Federal registration permit	Aug. 1–Sept. 30. Nov. 15–Mar. 31.
Unit 9(E)—1 bull by Federal registration permit or State Tier II permit. Federal public lands are closed to the taking of caribou except by residents of Units 9(C) and (E).	Aug. 10–Sept. 20. Nov. 1–Apr. 30.
Sheep:	
Unit 9(B)—Residents of Iliamna, Newhalen, Nondalton, Pedro Bay, Port Alsworth, and residents of Lake Clark National Park and Preserve within Unit 9(B).—1 ram with 7/8 curl horn by Federal registration permit only.	Aug. 10–Oct. 10.
Remainder of Unit 9—1 ram with 7/8 curl horn	Aug. 10–Sept. 20.
Moose:	
Unit 9(A)—1 bull	Sept. 1–Sept. 15.
Unit 9(B)—1 bull	Aug. 20–Sept. 15. Dec. 1–Jan. 15.
Unit 9(C)—that portion draining into the Naknek River from the north—1 bull	Sept. 1–Sept. 15. Dec. 1–Dec. 31.
Unit 9(C)—that portion draining into the Naknek River from the south—1 bull. However, during the period Aug. 20–Aug. 31, bull moose may be taken by Federal registration permit only. During the December hunt, antlerless moose may be taken by Federal registration permit only. The antlerless season will be closed when 5 antlerless moose have been taken. Public lands are closed during December for the hunting of moose, except by eligible rural Alaska residents.	Aug. 20–Sept. 15. Dec. 1–Dec. 31.
Unit 9(C)—remainder—1 bull	Sept. 1–Sept. 15. Dec. 1–Dec. 31.
Unit 9(D)—1 bull by Federal registration permit. Federal public lands will be closed to the harvest of moose when a total of 10 bulls have been harvested between State and Federal hunts.	Dec. 15–Jan. 20.

Harvest limits	Open season
Unit 9(E)—1 bull	Aug. 20–Sept. 20. Dec. 1–Jan. 20.
Coyote: 2 coyotes	Sept. 1–Apr. 30.
Fox, Arctic (Blue and White): No limit	Dec. 1–Mar. 15.
Fox, Red (including Cross, Black and Silver Phases): 2 foxes	Sept. 1–Feb. 15.
Hare (Snowshoe and Tundra): No limit	July 1–June 30.
Lynx: 2 lynx	Nov. 10–Feb. 28.
Wolf: 5 wolves	Aug. 10–Apr. 30.
Wolverine: 1 wolverine	Sept. 1–Mar. 31.
Grouse (Spruce): 15 per day, 30 in possession	Aug. 10–Apr. 30.
Ptarmigan (Rock, Willow, and White-tailed): 20 per day, 40 in possession	Aug. 10–Apr. 30.
Trapping	
Beaver:	
Unit 9(B), (C), and (E)—40 beaver per season; however, no more than 20 may be taken between Apr. 1–May 31	Nov. 10–May 31.
Unit 9—remainder—40 beaver per season; however, no more than 20 may be taken between Apr. 1—Apr. 30	Jan. 1–Apr. 30.
Coyote: No limit	Nov. 10–Mar. 31.
Fox, Arctic (Blue and White): No limit	Nov. 10–Feb. 28.
Fox, Red (including Cross, Black and Silver Phases): No limit	Nov. 10–Feb. 28.
Lynx: No limit	Nov. 10–Feb. 28.
Marten: No limit	Nov. 10–Feb. 28.
Mink and Weasel: No limit	Nov. 10–Feb. 28.
Muskrat: No limit	Nov. 10–June 10.
Otter: No limit	Nov. 10–Mar. 31.
Wolf: No limit	Nov. 10–Mar. 31.
Wolverine: No limit	Nov. 10–Feb. 28.

(10) *Unit 10.* (i) Unit 10 consists of the Aleutian Islands, Unimak Island, and the Pribilof Islands.

(ii) You may not take any wildlife species for subsistence uses on Otter Island in the Pribilof Islands.

(iii) In Unit 10—Unimak Island only, a Federally-qualified subsistence user (recipient) may designate another Federally-qualified subsistence user to take caribou on his or her behalf unless the recipient is a member of a community operating under a community harvest system. The designated hunter must obtain a designated hunter permit and must return a completed harvest report. The designated hunter may hunt for any number of recipients but may have no more than four harvest limits in his/her possession at any one time.

(iv) The communities of False Pass, King Cove, Cold Bay, Sand Point, and Nelson Lagoon annually may each take, from October 1 through December 31 or May 10 through May 25, one brown bear for ceremonial purposes, under the terms of a Federal registration permit. A permit will be issued to an individual only at the request of a local organization. The brown bear may be taken from either Unit 9(D) or Unit 10 (Unimak Island) only.

Harvest limits	Open season
Hunting	
Caribou:	
Unit 10—Unimak Island only—2 caribou by Federal registration permit only	Aug. 1–Sept. 30. Nov. 15–Mar. 31.
Unit 10—remainder—No limit	July 1–June 30.
Coyote: 2 coyotes.	Sept. 1–Apr. 30.
Fox, Arctic (Blue and White Phase): No limit	July 1–June 30.
Fox, Red (including Cross, Black and Silver Phases): 2 foxes	Sept. 1–Feb. 15.
Wolf: 5 wolves	Aug. 10–Apr. 30.
Wolverine: 1 wolverine	Sept. 1–Mar. 31.
Ptarmigan (Rock and Willow): 20 per day, 40 in possession	Aug. 10–Apr. 30.
Trapping	
Coyote: 2 coyotes	Sept. 1–Apr. 30.
Fox, Arctic (Blue and White Phase): No limit	July 1–June 30.
Fox, Red (including Cross, Black and Silver Phases): 2 foxes	Sept. 1–Feb. 28.
Mink and Weasel: No limit	Nov. 10 –Feb. 28.
Muskrat: No limit	Nov. 10 –June 10.
Otter: No limit	Nov. 10–Mar. 31.
Wolf: No limit	Nov. 10–Mar. 31.
Wolverine: No limit	Nov. 10–Feb. 28.

(11) *Unit 11.* Unit 11 consists of that area draining into the headwaters of the Copper River south of Suslota Creek and the area drained by all tributaries into the east bank of the Copper River between the confluence of Suslota Creek with the Slana River and Miles Glacier.

(i) Unit-specific regulations:

(A) You may use bait to hunt black bear between April 15 and June 15;

(B) A Federally-qualified subsistence user (recipient) may designate another Federally-qualified subsistence user to take caribou and moose on his or her behalf. The designated hunter must

obtain a designated hunter permit and must return a completed harvest report. The designated hunter may hunt for any number of recipients but may have no more than two harvest limits in his/her possession at any one time;

(C) One moose without calf may be taken from June 20—June 30 in the Wrangell-St. Elias National Park and Preserve in Unit 11 or 12 for the Batzulnetas Culture Camp. Two hunters from either Chistochina or Mentasta Village may be designated by the Mt. Sanford Tribal Consortium to receive the Federal subsistence harvest permit. The permit may be obtained from a Wrangell-St. Elias National Park and Preserve office.

(ii) [Reserved]

Harvest limits	Open season
Hunting	
Black Bear: 3 bears	July 1–June 30.
Brown Bear: Unit 11—1 bear	Sept. 1–May 31.
Caribou: Unit 11	No open season.
Sheep:	
1 sheep	Aug. 10–Sept. 20.
1 sheep by Federal registration permit only by persons 60 years of age or older	Sept. 21–Oct. 20.
Goat: Unit 11—that portion within the Wrangell-St. Elias National Park and Preserve—1 goat by Federal registration permit only. Federal public lands will be closed to the harvest of goats when a total of 45 goats have been harvested between Federal and State hunts.	Aug. 25–Dec. 31.
Moose: 1 antlered bull by Federal registration permit only	Aug. 20–Sept. 20.
Beaver: 1 beaver per day, 1 in possession	June 1–Oct. 10.
Coyote: 10 coyotes	Sept. 1–Apr. 30.
Fox, Red (including Cross, Black and Silver Phases): 2 foxes	Sept. 1–Feb. 15.
Hare (Snowshoe): No limit	July 1–June 30.
Lynx: 2 lynx	Dec. 15–Jan. 15.
Wolf: 10 wolves	Aug. 10–Apr. 30.
Wolverine: 1 wolverine	Sept. 1–Jan. 31.
Grouse (Spruce, Ruffed, and Sharp-tailed): 15 per day, 30 in possession	Aug. 10–Mar. 31.
Ptarmigan (Rock, Willow, and White-tailed): 20 per day, 40 in possession	Aug. 10–Mar. 31.
Trapping	
Beaver: 30 beaver per season	Nov. 10–Apr. 30.
Coyote: No limit	Nov. 10–Mar. 31.
Fox, Red (including Cross, Black and Silver Phases): No limit	Nov. 10–Feb. 28.
Lynx: No limit	Dec. 1–Jan. 15.
Marten: No limit	Nov. 10–Feb. 28.
Mink and Weasel: No limit	Nov. 10–Feb. 28.
Muskrat: No limit	Nov. 10–June 10.
Otter: No limit	Nov. 10–Mar. 31.
Wolf: No limit	Nov. 10–Mar. 31.
Wolverine: No limit	Nov. 10–Jan. 31.

(12) *Unit 12.* Unit 12 consists of the Tanana River drainage upstream from the Robertson River, including all drainages into the east bank of the Robertson River, and the White River drainage in Alaska, but excluding the Ladue River drainage.

(i) Unit-specific regulations:

(A) You may use bait to hunt black bear between April 15 and June 30;

(B) You may not use a steel trap, or a snare using cable smaller than 3/32 inch diameter to trap wolves in Unit 12 during April and October;

(C) A Federally-qualified subsistence user (recipient) may designate another Federally-qualified subsistence user to take caribou and moose on his or her behalf. The designated hunter must obtain a designated hunter permit and must return a completed harvest report. The designated hunter may hunt for any number of recipients but may have no more than two harvest limits in his/her possession at any one time;

(D) One moose without calf may be taken from June 20—June 30 in the Wrangell-St. Elias National Park and Preserve in Unit 11 or 12 for the Batzulnetas Culture Camp. Two hunters from either Chistochina or Mentasta Village may be designated by the Mt. Sanford Tribal Consortium to receive the Federal subsistence harvest permit. The permit may be obtained from a Wrangell-St. Elias National Park and Preserve office.

(ii) [Reserved]

Harvest limits	Open season
Hunting	
Black Bear: 3 bears	July 1–June 30.
Brown Bear: 1 bear	Aug. 10–June 30.
Caribou:	
Unit 12—that portion of the Nabesna River drainage within the Wrangell-St. Elias National Park and season. Preserve and all Federal lands south of the Winter Trail running southeast from Pickerel Lake to the Canadian border—The taking of caribou is prohibited on Federal public lands.	No open season.
Unit 12—remainder—1 bull	Sept. 1–Sept. 20.

Harvest limits	Open season
Unit 12—remainder—1 caribou may be taken by a Federal registration permit during a winter season to be announced. Dates for a winter season to occur to between Oct. 1 and Apr. 30 and sex of animal to be taken will be announced by Tetlin National Wildlife Refuge Manager in consultation with Wrangell-St. Elias National Park and Preserve Superintendent, Alaska Department of Fish and Game area biologists, and Chairs of the Eastern Interior Regional Advisory Council and Upper Tanana/Fortymile Fish and Game Advisory Committee.	Winter season to be announced.
Sheep: 1 ram with full curl horn or larger	Aug. 10–Sept. 20.
Moose:	
Unit 12—that portion within the Tetlin National Wildlife Refuge and those lands within the Wrangell-St. Elias National Preserve north and east of a line formed by the Pickerel Lake Winter Trail from the Canadian border to the southern boundary of the Tetlin National Wildlife Refuge—1 antlered bull. The November season is open by Federal registration permit only.	Aug. 24–Aug. 28. Sept. 8–Sept. 17. Nov. 20–Nov. 30.
Unit 12—that portion lying east of the Nabesna River and Nabesna Glacier and south of the Winter Trail running southeast from Pickerel Lake to the Canadian border—1 antlered bull; however during the Aug. 15–Aug. 28 season only bulls with spike/fork antlers may be taken.	Aug. 15–Aug. 28 Sept. 1–Sept. 30.
Unit 12—remainder—1 antlered bull; however during the Aug. 15—Aug. 28 season only bulls with spike/fork antlers may be taken.	Aug. 15–Aug. 28. Sept. 1–Sept. 15.
Coyote: 10 coyotes; however, no more than 2 coyotes may be taken before October 1	Sept. 1–Apr. 30.
Fox, Red (including Cross, Black and Silver Phases): 10 foxes; however, no more than 2 foxes may be taken prior to Oct. 1.	Sept. 1–Mar. 15.
Hare (Snowshoe): No limit	July 1–June 30.
Lynx: 2 lynx	Nov. 1–Mar. 15.
Wolf: 10 wolves	Aug. 10–Apr. 30.
Wolverine: 1 wolverine	Sept. 1–Mar. 31
Grouse (Spruce, Ruffed, and Sharp-tailed): 15 per day, 30 in possession	Aug. 10–Mar. 31.
Ptarmigan (Rock, Willow, and White-tailed): 20 per day, 40 in possession	Aug. 10–Apr. 30.
Trapping	
Beaver: 15 beaver per season	Nov. 1–Apr. 15.
Coyote: No limit	Oct. 15–Apr. 30.
Fox, Red (including Cross, Black and Silver Phases): No limit	Nov. 1–Feb. 28.
Lynx: No limit; however, no more than 5 lynx may be taken between Nov. 1 and Nov. 30	Nov. 1–Jan. 31.
Marten: No limit	Nov. 1–Feb. 28.
Mink and Weasel: No limit	Nov. 1–Feb. 28.
Muskrat: No limit	Sept. 20–June 10.
Otter: No limit	Nov. 1–Apr. 15.
Wolf: No limit	Oct. 1–Apr. 30.
Wolverine: No limit	Nov. 1–Feb. 28.

(13) *Unit 13.* (i) Unit 13 consists of that area westerly of the east bank of the Copper River and drained by all tributaries into the west bank of the Copper River from Miles Glacier and including the Slana River drainages north of Suslota Creek; the drainages into the Delta River upstream from Falls Creek and Black Rapids Glacier; the drainages into the Nenana River upstream from the southeast corner of Denali National Park at Windy; the drainage into the Susitna River upstream from its junction with the Chulitna River; the drainage into the east bank of the Chulitna River upstream to its confluence with Tokositna River; the drainages of the Chulitna River (south of Denali National Park) upstream from its confluence with the Tokositna River; the drainages into the north bank of the Tokositna River upstream to the base of the Tokositna Glacier; the drainages into the Tokositna Glacier; the drainages into the east bank of the Susitna River between its confluences with the Talkeetna and Chulitna Rivers; the drainages into the north bank of the Talkeetna River; the drainages into the east bank of the Chickaloon River; the drainages of the Matanuska River above its confluence with the Chickaloon River:

(A) Unit 13(A) consists of that portion of Unit 13 bounded by a line beginning at the Chickaloon River bridge at Mile 77.7 on the Glenn Highway, then along the Glenn Highway to its junction with the Richardson Highway, then south along the Richardson Highway to the foot of Simpson Hill at Mile 111.5, then east to the east bank of the Copper River, then northerly along the east bank of the Copper River to its junction with the Gulkana River, then northerly along the west bank of the Gulkana River to its junction with the West Fork of the Gulkana River, then westerly along the west bank of the West Fork of the Gulkana River to its source, an unnamed lake, then across the divide into the Tyone River drainage, down an unnamed stream into the Tyone River, then down the Tyone River to the Susitna River, then down the southern bank of the Susitna River to the mouth of Kosina Creek, then up Kosina Creek to its headwaters, then across the divide and down Aspen Creek to the Talkeetna River, then southerly along the boundary of Unit 13 to the Chickaloon River bridge, the point of beginning;

(B) Unit 13(B) consists of that portion of Unit 13 bounded by a line beginning at the confluence of the Copper River and the Gulkana River, then up the east bank of the Copper River to the Gakona River, then up the Gakona River and Gakona Glacier to the boundary of Unit 13, then westerly along the boundary of Unit 13 to the Susitna Glacier, then southerly along the west bank of the Susitna Glacier and the Susitna River to the Tyone River, then up the Tyone River and across the divide to the headwaters of the West Fork of the Gulkana River, then down the West Fork of the Gulkana River to the confluence of the Gulkana River and the Copper River, the point of beginning;

(C) Unit 13(C) consists of that portion of Unit 13 east of the Gakona River and Gakona Glacier;

(D) Unit 13(D) consists of that portion of Unit 13 south of Unit 13(A);

(E) Unit 13(E) consists of the remainder of Unit 13.

(ii) Within the following areas, the taking of wildlife for subsistence uses is prohibited or restricted on public lands:

(A) You may not take wildlife for subsistence uses on lands within Mount McKinley National Park as it existed

prior to December 2, 1980. Subsistence uses as authorized by this paragraph (m)(13) are permitted in Denali National Preserve and lands added to Denali National Park on December 2, 1980;

(B) You may not use motorized vehicles or pack animals for hunting from Aug. 5—Aug. 25 in the Delta Controlled Use Area, the boundary of which is defined as: a line beginning at the confluence of Miller Creek and the Delta River, then west to vertical angle bench mark Miller, then west to include all drainages of Augustana Creek and Black Rapids Glacier, then north and east to include all drainages of McGinnis Creek to its confluence with the Delta River, then east in a straight line across the Delta River to Mile 236.7 Richardson Highway, then north along the Richardson Highway to its junction with the Alaska Highway, then east along the Alaska Highway to the west bank of the Johnson River, then south along the west bank of the Johnson River and Johnson Glacier to the head of the Cantwell Glacier, then west along the north bank of the Cantwell Glacier and Miller Creek to the Delta River;

(C) Except for access and transportation of harvested wildlife on Sourdough and Haggard Creeks, Meiers Lake trails, or other trails designated by the Board, you may not use motorized vehicles for subsistence hunting, is prohibited in the Sourdough Controlled Use Area. The Sourdough Controlled Use Area consists of that portion of Unit 13(B) bounded by a line beginning at the confluence of Sourdough Creek and the Gulkana River, then northerly along Sourdough Creek to the Richardson Highway at approximately Mile 148, then northerly along the Richardson Highway to the Meiers Creek Trail at approximately Mile 170, then westerly along the trail to the Gulkana River, then southerly along the east bank of the Gulkana River to its confluence with Sourdough Creek, the point of beginning.

(iii) Unit-specific regulations:

(A) You may use bait to hunt black bear between April 15 and June 15;

(B) A Federally-qualified subsistence user (recipient) may designate another Federally-qualified subsistence user to take caribou and moose on his or her behalf. The designated hunter must obtain a designated hunter permit and must return a completed harvest report. The designated hunter may hunt for any number of recipients but may have no more than two harvest limits in his/her possession at any one time.

Harvest limits	Open season
Hunting	
Black Bear: 3 bears	July 1–June 30
Brown Bear: 1 bear. Bears taken within Denali National Park must be sealed within 5 days of harvest. That portion within Denali National Park will be closed by announcement of the Superintendent after 4 bears have been harvested.	Aug. 10–May 31
Caribou: 2 bulls by Federal registration permit only. Hunting within the Trans-Alaska Oil Pipeline right-of-way is prohibited. The right-of-way is identified as the area occupied by the pipeline (buried or above ground) and the cleared area 25 feet on either side of the pipeline.	Aug. 10–Sept. 30 Oct. 21–Mar. 31.
Sheep: Unit 13—excluding Unit 13(D) and the Tok Management Area and Delta Controlled Use Area—1 ram with 7/8 curl horn.	Aug. 10–Sept. 20.
Moose:	
Unit 13(E)—1 antlered bull moose by Federal registration permit only; only 1 permit will be issued per household	Aug. 1– Sept. 20.
Unit 13—remainder—1 antlered bull moose by Federal registration permit only	Aug. 1–Sept. 20.
Beaver: 1 beaver per day, 1 in possession	June 15–Sept. 10.
Coyote: 2 coyotes	Sept. 1–Apr. 30.
Fox, Red (including Cross, Black and Silver Phases): 2 foxes	Sept. 1–Feb. 15.
Hare (Snowshoe): No limit	July 1–June 30.
Lynx: 2 lynx	Dec. 15–Jan. 15.
Wolf: 10 wolves	Aug. 10–Apr. 30.
Wolverine: 1 wolverine	Sept. 1–Jan. 31.
Grouse (Spruce, Ruffed, and Sharp-tailed): 15 per day, 30 in possession	Aug. 10–Mar. 31.
Ptarmigan (Rock, Willow, and White-tailed): 20 per day, 40 in possession	Aug. 10–Mar. 31.
Trapping	
Beaver: No limit	Oct. 10–May 15.
Coyote: No limit	Nov. 10–Mar. 31.
Fox, Red (including Cross, Black and Silver Phases): No limit	Nov. 10–Feb. 28.
Lynx: No limit	Dec. 1–Jan. 15.
Marten:.	
Unit 13(A–D)—No limit	Nov. 10–Feb. 28.
Unit 13—remainder—No limit	Nov. 10–Jan. 31.
Mink and Weasel: No limit	Nov. 10–Feb. 28.
Muskrat: No limit	Nov. 10–June 10.
Otter: No limit	Nov. 10–Mar. 31.
Wolf: No limit	Oct. 15–Apr. 30.
Wolverine: No limit	Nov. 10–Jan. 31.

(14) *Unit 14.* (i) Unit 14 consists of drainages into the north side of Turnagain Arm west of and excluding the Portage Creek drainage, drainages into Knik Arm excluding drainages of the Chickaloon and Matanuska Rivers in Unit 13, drainages into the north side of Cook Inlet east of the Susitna River, drainages into the east bank of the Susitna River downstream from the Talkeetna River, and drainages into the south bank of the Talkeetna River:

(A) Unit 14(A) consists of drainages in Unit 14 bounded on the west by the Susitna River, on the north by Willow Creek, Peters Creek, and by a line from the head of Peters Creek to the head of the Chickaloon River, on the east by the eastern boundary of Unit 14, and on the south by Cook Inlet, Knik Arm, the south bank of the Knik River from its mouth to its junction with Knik Glacier, across the face of Knik Glacier and along the north side of Knik Glacier to the Unit 6 boundary;

(B) Unit 14(B) consists of that portion of Unit 14 north of Unit 14(A);

(C) Unit 14(C) consists of that portion of Unit 14 south of Unit 14(A).

(ii) In the following areas, the taking of wildlife for subsistence uses is prohibited or restricted on public lands:

(A) You may not take wildlife for subsistence uses in the Fort Richardson and Elmendorf Air Force Base Management Areas, consisting of the Fort Richardson and Elmendorf Military Reservation;

(B) You may not take wildlife for subsistence uses in the Anchorage Management Area, consisting of all drainages south of Elmendorf and Fort Richardson military reservations and north of and including Rainbow Creek.

(iii) Unit-specific regulations:

Harvest limits	Open season
Hunting	
Black Bear: Unit 14(C)—1 bear	July 1–June 30.
Beaver: Unit 14(C)—1 beaver per day, 1 in possession	May 15–Oct. 31.
Coyote: Unit 14(C)—2 coyotes	Sept. 1–Apr. 30.
Fox, Red (including Cross, Black and Silver Phases): Unit 14(C)—2 foxes	Nov. 1–Feb. 15.
Hare (Snowshoe): Unit 14(C)—5 hares per day	Sept. 8–Apr. 30.
Lynx: Unit 14(C)—2 lynx	Dec. 15–Jan. 15.
Wolf: Unit 14(C)—5 wolves	Aug. 10–Apr. 30.
Wolverine: Unit 14(C)—1 wolverine	Sept. 1–Mar. 31.
Grouse (Spruce and Ruffed): Unit 14(C)—5 per day, 10 in possession	Sept. 8–Mar. 31.
Ptarmigan (Rock, Willow, and White-tailed): Unit 14(C)—10 per day, 20 in possession	Sept. 8–Mar. 31.
Trapping	
Beaver: Unit 14(C)—that portion within the drainages of Glacier Creek, Kern Creek, Peterson Creek, the Twentymile River and the drainages of Knik River outside Chugach State Park—20 beaver per season.	Dec. 1—Apr. 15.
Coyote: Unit 14(C)—No limit	Nov. 10–Feb. 28.
Fox, Red (including Cross, Black and Silver Phases): Unit 14(C)—1 fox	Nov. 10–Feb. 28.
Lynx: Unit 14(C)—No limit	Dec. 15–Jan. 15.
Marten: Unit 14(C)—No limit	Nov. 10–Jan. 31.
Mink and Weasel: Unit 14(C)—No limit	Nov. 10–Jan. 31.
Muskrat: Unit 14(C)—No limit	Nov. 10–May 15.
Otter: Unit 14(C)—No limit	Nov. 10–Feb. 28.
Wolf: Unit 14(C)—No limit	Nov. 10–Feb. 28.
Wolverine: Unit 14(C)—No limit	Nov. 10–Feb. 28.

(15) *Unit 15.* (i) Unit 15 consists of that portion of the Kenai Peninsula and adjacent islands draining into the Gulf of Alaska, Cook Inlet, and Turnagain Arm from Gore Point to the point where longitude line 150° 00′ W. crosses the coastline of Chickaloon Bay in Turnagain Arm, including that area lying west of longitude line 150° 00′ W. to the mouth of the Russian River, then southerly along the Chugach National Forest boundary to the upper end of Upper Russian Lake; and including the drainages into Upper Russian Lake west of the Chugach National Forest boundary:

(A) Unit 15(A) consists of that portion of Unit 15 north of the Kenai River and Skilak Lake;

(B) Unit 15(B) consists of that portion of Unit 15 south of the Kenai River and Skilak Lake, and north of the Kasilof River, Tustumena Lake, Glacier Creek, and Tustumena Glacier;

(C) Unit 15(C) consists of the remainder of Unit 15.

(ii) You may not take wildlife, except for grouse, ptarmigan, and hares that may be taken only from October 1–March 1 by bow and arrow only, in the Skilak Loop Management Area, which consists of that portion of Unit 15(A) bounded by a line beginning at the eastern most junction of the Sterling Highway and the Skilak Loop (milepost 76.3), then due south to the south bank of the Kenai River, then southerly along the south bank of the Kenai River to its confluence with Skilak Lake, then westerly along the north shore of Skilak Lake to Lower Skilak Lake Campground, then northerly along the Lower Skilak Lake Campground Road and the Skilak Loop Road to its western most junction with the Sterling Highway, then easterly along the Sterling Highway to the point of beginning.

(iii) Unit-specific regulations:

(A) You may use bait to hunt black bear between April 15 and June 15;

(B) You may not trap furbearers for subsistence in the Skilak Loop Wildlife Management Area;

(C) You may not trap marten in that portion of Unit 15(B) east of the Kenai River, Skilak Lake, Skilak River, and Skilak Glacier;

(D) You may not take red fox in Unit 15 by any means other than a steel trap or snare;

(E) A Federally-qualified subsistence user (recipient) may designate another Federally-qualified subsistence user to take moose on his or her behalf. The designated hunter must obtain a designated hunter permit and must return a completed harvest report. The designated hunter may hunt for any number of recipients but may have no more than two harvest limits in his/her possession at any one time.

Harvest limits	Open season
Hunting	
Black Bear:	
Unit 15(C)—3 bears	July 1–June 30.
Unit 15—remainder	No open season.
Moose:	
Unit 15(A)—Skilak Loop Wildlife Management Area	No open season.
Unit 15(A)—remainder, Unit 15(B), and (C)—1 antlered bull with spike-fork or 50-inch antlers or with 3 or more brow tines on either antler, by Federal registration permit only.	Aug. 10–Sept. 20.
Coyote: No limit	Sept. 1–Apr. 30

Harvest limits	Open season
Hare (Snowshoe): No limit	July 1–June 30.
Wolf:	
Unit 15—that portion within the Kenai National Wildlife Refuge—2 wolves	Aug. 10–Apr. 30.
Unit 15—remainder—5 wolves	Aug. 10–Apr. 30.
Wolverine: 1 wolverine	Sept. 1–Mar. 31.
Grouse (Spruce): 15 per day, 30 in possession	Aug. 10–Mar. 31.
Grouse (Ruffed)	No open season.
Ptarmigan (Rock, Willow, and White-tailed):	
Unit 15(A) and (B)—20 per day, 40 in possession	Aug. 10–Mar. 31
Unit 15(C)—20 per day, 40 in possession	Aug. 10–Dec. 31
Unit 15(C)—5 per day, 10 in possession	Jan. 1–Mar. 31.
Trapping	
Beaver: 20 beaver per season	Nov. 10–Mar. 31.
Coyote: No limit	Nov. 10–Mar. 31.
Fox, Red (including Cross, Black and Silver Phases): 1 fox	Nov. 10–Feb. 28.
Marten:	
Unit 15(B)—that portion east of the Kenai River, Skilak Lake, Skilak River, and Skilak Glacier	No open season.
Remainder of Unit 15—No limit	Nov. 10–Jan. 31.
Mink and Weasel: No limit	Nov. 10–Jan. 31.
Muskrat: No limit	Nov. 10–May 15.
Otter: Unit 15—No limit	Nov. 10–Feb. 28.
Wolf: No limit	Nov. 10–Mar. 31.
Wolverine: Unit 15(B) and (C)—No limit	Nov. 10–Feb. 28.

(16) *Unit 16.* (i) Unit 16 consists of the drainages into Cook Inlet between Redoubt Creek and the Susitna River, including Redoubt Creek drainage, Kalgin Island, and the drainages on the west side of the Susitna River (including the Susitna River) upstream to its confluence with the Chulitna River; the drainages into the west side of the Chulitna River (including the Chulitna River) upstream to the Tokositna River, and drainages into the south side of the Tokositna River upstream to the base of the Tokositna Glacier, including the drainage of the Kahiltna Glacier:

(A) Unit 16(A) consists of that portion of Unit 16 east of the east bank of the Yentna River from its mouth upstream to the Kahiltna River, east of the east bank of the Kahiltna River, and east of the Kahiltna Glacier;

(B) Unit 16(B) consists of the remainder of Unit 16.

(ii) You may not take wildlife for subsistence uses in the Mount McKinley National Park, as it existed prior to December 2, 1980. Subsistence uses as authorized by this paragraph (m)(16) are permitted in Denali National Preserve and lands added to Denali National Park on December 2, 1980.

(iii) Unit-specific regulations:

(A) You may use bait to hunt black bear between April 15 and June 15.

(B) [Reserved]

Harvest limits	Open season
Hunting	
Black Bear: 3 bears	July 1–June 30.
Caribou: 1 caribou	Aug. 10–Oct. 31.
Moose:	
Unit 16(B)—Redoubt Bay Drainages south and west of, and including the Kustatan River drainage—1 antlered bull.	Sept. 1–Sept. 15.
Unit 16(B)—remainder—1 moose; however, antlerless moose may be taken only from Sept. 25–Sept. 30 and from Dec. 1–Feb. 28 by Federal registration permit only.	Sept. 1–Sept. 30. Dec. 1–Feb. 28.
Coyote: 2 coyotes	Sept. 1–Apr. 30.
Fox, Red (including Cross, Black and Silver Phases): 2 foxes	Sept. 1–Feb. 15.
Hare (Snowshoe): No limit	July 1–June 30.
Lynx: 2 lynx	Dec. 15–Jan. 15.
Wolf: 5 wolves	Aug. 10–Apr. 30.
Wolverine: 1 wolverine	Sept. 1–Mar. 31.
Grouse (Spruce and Ruffed): 15 per day, 30 in possession	Aug. 10–Mar. 31.
Ptarmigan (Rock, Willow, and White-tailed): 20 per day, 40 in possession	Aug. 10–Mar. 31.
Trapping	
Beaver: No limit	Oct. 10–May 15.
Coyote: No limit	Nov. 10–Mar. 31.
Fox, Red (including Cross, Black and Silver Phases): No limit	Nov. 10–Feb. 28.
Lynx: No limit	Dec. 15–Jan. 15.
Marten: No limit	Nov. 10–Jan. 31.
Mink and Weasel: No limit	Nov. 10–Jan. 31.
Muskrat: No limit	Nov. 10–June 10.
Otter: No limit	Nov. 10–Mar. 31.
Wolf: No limit	Nov. 10–Mar. 31.
Wolverine: No limit	Nov. 10–Feb. 28.

(17) *Unit 17.* (i) Unit 17 consists of drainages into Bristol Bay and the Bering Sea between Etolin Point and Cape Newenham, and all islands between these points including Hagemeister Island and the Walrus Islands:

(A) Unit 17(A) consists of the drainages between Cape Newenham and Cape Constantine, and Hagemeister Island and the Walrus Islands;

(B) Unit 17(B) consists of the Nushagak River drainage upstream from, and including the Mulchatna River drainage, and the Wood River drainage upstream from the outlet of Lake Beverley;

(C) Unit 17(C) consists of the remainder of Unit 17.

(ii) In the following areas, the taking of wildlife for subsistence uses is prohibited or restricted on public lands:

(A) Except for aircraft and boats and in legal hunting camps, you may not use any motorized vehicle for hunting ungulates, bears, wolves, and wolverine, including transportation of hunters and parts of ungulates, bear, wolves, or wolverine in the Upper Mulchatna Controlled Use Area consisting of Unit 17(B), from Aug. 1—Nov. 1;

(B) You may hunt brown bear by State registration permit in lieu of a resident tag in the Western Alaska Brown Bear Management Area which consists of Units 9(B) except that portion within the Lake Clark National Park and Preserve, 17, 18, and those portions of 19(A) and (B) downstream of and including the Aniak River drainage, if you have obtained a State registration permit prior to hunting.

(iii) Unit-specific regulations:

(A) You may use bait to hunt black bear between April 15 and June 15;

(B) For Federal registration permit caribou hunts for Unit 17(A) and (C), that portion consisting of the Nushagak Peninsula south of the Igushik River, Tuklung River and Tuklung Hills, west to Tvativak Bay, a Federally-qualified subsistence user may designate another Federally-qualified subsistence user to harvest caribou on his or her behalf. The designated hunter must obtain a designated hunter permit and must return a completed harvest report. The designated hunter may hunt for any number of recipients but may have no more than two harvest limits in his/her possession at any one time;

(C) If you have a trapping license, you may use a firearm to take beaver in Unit 17 from April 15—May 31. You may not take beaver with a firearm under a trapping license on National Park Service lands.

Harvest limits	Open season
Hunting	
Black Bear: 2 bears	Aug. 1–May 31.
Brown Bear: Unit 17—1 bear by State registration permit only	Sept. 1–May 31.
Caribou:	
Unit 17(A)—all drainages west of Right Hand Point—5 caribou; however, no more than 2 bulls may be taken from Oct. 1–Nov. 30. The season may be closed and harvest limit reduced for the drainages between the Togiak River and Right Hand Point by announcement of the Togiak National Wildlife Refuge Manager.	Aug. 1–Mar. 31.
Unit 17(A) and (C)—that portion of 17(A) and (C) consisting of the Nushagak Peninsula south of the Igushik River, Tuklung River and Tuklung Hills, west to Tvativak Bay—2 caribou by Federal registration permit. Public lands are closed to the taking of caribou except by the residents of Togiak, Twin Hills, Manokotak, Aleknagik, Dillingham, Clark's Point, and Ekuk during seasons identified above.	Aug. 1–Sept. 30. Dec. 1–Mar. 31.
Unit 17(B) and (C)—that portion of 17(C) east of the Wood River and Wood River Lakes—5 caribou; however, no more than 2 bulls may be taken from Oct. 1–Nov. 30.	Aug. 1–Apr. 15.
Unit 17(A)—remainder and 17(C)—remainder—selected drainages; a harvest limit of up to 5 caribou will be determined at the time the season is announced.	Season to occur between Aug. 1–Mar. 31, harvest limit, and hunt area to be announced by the Togiak National Wildlife Refuge Manager.
Sheep: 1 ram with full curl horn or larger	Aug. 10–Sept. 20.
Moose:	
Unit 17(A)—1 bull by State registration permit	Aug. 25–Sept. 20.
Unit 17(B)—that portion that includes all the Mulchatna River drainage upstream from and including the Chilchitna River drainage—1 bull by State registration permit. During the period Sept. 1–Sept. 15, a spike/fork bull or a bull with 50-inch antlers or with 3 or more brow tines on one side may be taken with a State harvest ticket.	Aug. 20–Sept. 15.
Unit 17(C)—that portion that includes the Iowithla drainage and Sunshine Valley and all lands west of Wood River and south of Aleknagik Lake—1 bull by State registration permit. During the period Sept. 1–Sept. 15, a spike/fork bull or a bull with 50-inch antlers or with 3 or more brow tines on one side may be taken with a State harvest ticket.	Aug. 20–Sept. 15.
Unit 17(B)—remainder and 17(C)—remainder—1 bull by State registration permit. During the period Sept. 1–Sept. 15, a spike/fork bull or a bull with 50-inch antlers or with 3 or more brow tines on one side may be taken with a State harvest ticket.	Aug. 20–Sept. 15. Dec. 1–Dec. 31.
Coyote: 2 coyotes	Sept. 1–Apr. 30.
Fox, Arctic (Blue and White Phase): No limit	Dec. 1–Mar. 15.
Fox, Red (including Cross, Black and Silver Phases): 2 foxes	Sept. 1–Feb. 15.
Hare (Snowshoe and Tundra): No limit	July 1–June 30.
Lynx: 2 lynx	Nov. 10–Feb. 28.
Wolf: 5 wolves	Aug. 10–Apr. 30.
Wolverine: 1 wolverine	Sept. 1–Mar. 31.
Grouse (Spruce and Ruffed): 15 per day, 30 in possession	Aug. 10–Apr. 30.
Ptarmigan (Rock and Willow): 20 per day, 40 in possession	Aug. 10–Apr. 30.
Trapping	
Beaver:.	
Unit 17—40 beaver per season—2 beaver per day. Only firearms may be used	Nov. 10–Mar. 31. Apr. 15–May 31.

Harvest limits	Open season
Coyote: No limit	Nov. 10–Mar. 31.
Fox, Arctic (Blue and White Phase): No limit	Nov. 10–Mar. 31.
Fox, Red (including Cross, Black and Silver Phases): No limit	Nov. 10–Mar. 31.
Lynx: No limit	Nov. 10–Mar. 31.
Marten: No limit	Nov. 10–Feb. 28.
Mink and Weasel: No limit	Nov. 10–Feb. 28
Muskrat: 2 muskrats	Nov. 10–Feb. 28.
Otter: No limit	Nov. 10–Mar. 31.
Wolf: No limit	Nov. 10–Mar. 31.
Wolverine: No limit	Nov. 10–Feb. 28.

(18) *Unit 18.* (i) Unit 18 consists of that area draining into the Yukon and Kuskokwim Rivers downstream from a straight line drawn between Lower Kalskag and Paimiut and the drainages flowing into the Bering Sea from Cape Newenham on the south to and including the Pastolik River drainage on the north; Nunivak, St. Matthew, and adjacent islands between Cape Newenham and the Pastolik River.

(ii) In the following areas, the taking of wildlife for subsistence uses is prohibited or restricted on public lands:

(A) In the Kalskag Controlled Use Area which consists of that portion of Unit 18 bounded by a line from Lower Kalskag on the Kuskokwim River, northwesterly to Russian Mission on the Yukon River, then east along the north bank of the Yukon River to the old site of Paimiut, then back to Lower Kalskag, you may not use aircraft for hunting any ungulate, bear, wolf, or wolverine, including the transportation of any hunter and ungulate, bear, wolf, or wolverine part; however, this does not apply to transportation of a hunter or ungulate, bear, wolf, or wolverine part by aircraft between publicly owned airports in the Controlled Use Area or between a publicly owned airport within the Area and points outside the Area;

(B) You may hunt brown bear by State registration permit in lieu of a resident tag in the Western Alaska Brown Bear Management Area which consists of Units 9(B) except that portion within the Lake Clark National Park and Preserve, 17, 18, and those portions of 19(A) and (B) downstream of and including the Aniak River drainage, if you have obtained a State registration permit prior to hunting.

(iii) Unit-specific regulations:

(A) If you have a trapping license, you may use a firearm to take beaver in Unit 18 from Apr. 1–Jun. 10;

(B) A Federally-qualified subsistence user (recipient) may designate another Federally-qualified subsistence user to take caribou south of the Yukon River on his or her behalf. The designated hunter must obtain a designated hunter permit and must return a completed harvest report. The designated hunter may hunt for any number of recipients but may have no more than two harvest limits in his/her possession at any one time;

(C) You may take caribou from a boat moving under power in Unit 18.

Harvest limits	Open season
Hunting	
Black Bear: 3 bears	July 1–June 30.
Brown Bear: 1 bear by State registration permit only	Sept. 1–May 31.
Caribou.	
Unit 18—that portion south of the Yukon River—5 caribour Edible meat must remain on the bones of the front quarters and hind quarters until the meat is removed from the field.	Aug. 1–Mar. 31.
Unit 18—that portion north of the Yukon River—5 caribou per day	Aug. 1–Mar. 31.
Moose:	
Unit 18—that portion north and west of a line from Cape Romanzof to Kuzilvak Mountain, and then to Mountain Village, and west of, but not including, the Andreafsky River drainage—1 antlered bull.	Sept. 5–Sept. 25.
Unit 18—south of and including the Kanektok River drainages	No open season.
Unit 18—Kuskokwim River drainage—1 antlered bull. A 10-day hunt to occur between Dec. 1 and Feb. 28 (1 bull, evidence of sex required) will be opened by announcement.	Aug. 25–Sept. 25. Winter season to be announced.
Unit 18—remainder—1 antlered bull. A 10-day hunt to occur between Dec. 1 and Feb. 28 (1 bull, evidence of sex required) will be opened by announcement.	Sept. 1–Sept. 30. Winter season to be announced.
(Public lands in Unit 18 are closed to the hunting of moose, except by Federally-qualified rural Alaska residents during seasons identified above).	
Beaver: No limit	July 1–June 30.
Coyote: 2 coyotes	Sept. 1–Apr. 30.
Fox, Arctic (Blue and White Phase): 2 foxes	Sept. 1–Apr. 30.
Fox, Red (including Cross, Black and Silver Phases): 10 foxes; however, no more than 2 foxes may be taken prior to Oct. 1.	Sept. 1–Mar. 15.
Hare (Snowshoe and Tundra): No limit	July 1–June 30.
Lynx: 2 lynx	Nov. 10–Mar. 31.
Wolf: 5 wolves	Aug. 10–Apr. 30.
Wolverine: 1 wolverine	Sept. 1–Mar. 31.
Grouse (Spruce and Ruffed): 15 per day, 30 in possession	Aug. 10–Apr. 30.
Ptarmigan (Rock and Willow): 20 per day, 40 in possession	Aug. 10–May 30.
Trapping	
Beaver: No limit	July 1–June 30.
Coyote: No limit	Nov. 10–Mar. 31.
Fox, Arctic (Blue and White Phase): No limit	Nov. 10–Mar. 31.

Harvest limits	Open season
Fox, Red (including Cross, Black and Silver Phases): No limit	Nov. 10–Mar. 31.
Lynx: No limit	Nov. 10–Mar. 31.
Marten: No limit	Nov. 10–Mar. 31.
Mink and Weasel: No limit	Nov. 10–Jan. 31.
Muskrat: No limit	Nov. 10–June 10.
Otter: No limit	Nov. 10–Mar. 31.
Wolf: No limit	Nov. 10–Mar. 31.
Wolverine: No limit	Nov. 10–Mar. 31.

(19) *Unit 19.* (i) Unit 19 consists of the Kuskokwim River drainage upstream from a straight line drawn between Lower Kalskag and Piamiut:

(A) Unit 19(A) consists of the Kuskokwim River drainage downstream from and including the Moose Creek drainage on the north bank and downstream from and including the Stony River drainage on the south bank, excluding Unit 19(B);

(B) Unit 19(B) consists of the Aniak River drainage upstream from and including the Salmon River drainage, the Holitna River drainage upstream from and including the Bakbuk Creek drainage, that area south of a line from the mouth of Bakbuk Creek to the radar dome at Sparrevohn Air Force Base, including the Hoholitna River drainage upstream from that line, and the Stony River drainage upstream from and including the Can Creek drainage;

(C) Unit 19(C) consists of that portion of Unit 19 south and east of a line from Benchmark M#1.26 (approximately 1.26 miles south of the northwest corner of the original Mt. McKinley National Park boundary) to the peak of Lone Mountain, then due west to Big River, including the Big River drainage upstream from that line, and including the Swift River drainage upstream from and including the North Fork drainage;

(D) Unit 19(D) consists of the remainder of Unit 19.

(ii) In the following areas, the taking of wildlife for subsistence uses is prohibited or restricted on public land:

(A) You may not take wildlife for subsistence uses on lands within Mount McKinley National Park as it existed prior to December 2, 1980. Subsistence uses as authorized by this paragraph (m)(19) are permitted in Denali National Preserve and lands added to Denali National Park on December 2, 1980;

(B) In the Upper Kuskokwim Controlled Use Area, which consists of that portion of Unit 19(D) upstream from the mouth of Big River including the drainages of the Big River, Middle Fork, South Fork, East Fork, and Tonzona River, and bounded by a line following the west bank of the Swift Fork (McKinley Fork) of the Kuskokwim River to 152° 50' W. long., then north to the boundary of Denali National Preserve, then following the western boundary of Denali National Preserve north to its intersection with the Minchumina-Telida winter trail, then west to the crest of Telida Mountain, then north along the crest of Munsatli Ridge to elevation 1,610, then northwest to Dyckman Mountain and following the crest of the divide between the Kuskokwim River and the Nowitna drainage, and the divide between the Kuskokwim River and the Nixon Fork River to Loaf benchmark on Halfway Mountain, then south to the west side of Big River drainage, the point of beginning, you may not use aircraft for hunting moose, including transportation of any moose hunter or moose part; however, this does not apply to transportation of a moose hunter or moose part by aircraft between publicly owned airports in the Controlled Use Area, or between a publicly owned airport within the area and points outside the area;

(C) You may hunt brown bear by State registration permit in lieu of a resident tag in the Western Alaska Brown Bear Management Area which consists of Units 9(B) except that portion within the Lake Clark National Park and Preserve, 17, 18, and those portions of 19(A) and (B) downstream of and including the Aniak River drainage, if you have obtained a State registration permit prior to hunting.

(iii) Unit-specific regulations:

(A) You may use bait to hunt black bear between April 15 and June 30.

(B) [Reserved]

Harvest limits	Open season
Hunting	
Black Bear: 3 bears	July 1—June 30.
Brown Bear:	
Unit 19(A) and (B)—those portions which are downstream of and including the Aniak River drainage—1 bear by State registration permit.	Sept. 1–May 31.
Unit 19(A)—remainder, 19(B)—remainder, and Unit 19(D)—1 bear	Sept. 1–May 31.
Caribou:	
Unit 19(A)—north of Kuskokwim River—1 caribou	Aug. 10–Sept. 30. Nov. 1–Feb. 28.
Unit 19(A)—south of the Kuskokwim River and Unit 19(B) (excluding rural Alaska residents of Lime Village)—5 caribou.	Aug. 1–Apr. 15.
Unit 19(C)—1 caribou	Aug. 10–Oct. 10.
Unit 19(D)—south and east of the Kuskokwim River and North Fork of the Kuskokwim River—1 caribou	Aug. 10–Sept. 30. Nov. 1–Jan. 31.
Unit 19(D)—remainder—1 caribou.	Aug. 10–Sept. 30.
Unit 19—rural Alaska residents domiciled in Lime Village only—no individual harvest limit but a village harvest quota of 200 caribou; cows and calves may not be taken from Apr. 1–Aug. 9. Reporting will be by a community reporting system.	July 1—June 30.
Sheep:	
1 ram with 7/8 curl horn or larger	Aug. 10–Sept. 20.
Moose:	

Harvest limits	Open season
Unit 19—Rural Alaska residents of Lime Village only—no individual harvest limit, but a village harvest quota of 40 moose (including those taken under the State Tier II system); either sex. Reporting will be by a community reporting system.	July 1–June 30.
Unit 19(A)—that portion north of the Kuskokwim River upstream from, but not including, the Kolmakof River drainage and south of the Kuskokwim River upstream from, but not including, the Holokuk River drainage—1 moose; however, antlerless moose may be taken only during the Feb. 1–Feb. 10 season.	Sept. 1–Sept. 20. Nov. 20–Nov. 30. Jan. 1–Jan. 10. Feb. 1–Feb. 10.
Unit 19(A)—remainder—1 bull	Sept. 1–Sept. 20. Nov. 20–Nov. 30. Jan. 1–Jan. 10. Feb. 1–Feb. 10.
Unit 19(B)—1 antlered bull	Sept. 1–Sept. 30.
Unit 19(C)—1 antlered bull	Sept. 1–Oct. 10.
Unit 19(C)—1 bull by State registration permit	Jan. 15–Feb. 15.
Unit 19(D)—that portion of the Upper Kuskokwim Controlled Use Area within the North Fork drainage upstream from the confluence of the South Fork to the mouth of the Swift Fork—1 antlered bull.	Sept. 1–Sept. 30.
Unit 19(D)—remainder of the Upper Kuskokwim Controlled Use Area—1 bull	Sept. 1–Sept. 30. Dec. 1–Feb. 28.
Unit 19(D)—remainder—1 antlered bull	Sept. 1–Sept. 30. Dec. 1–Dec. 15.
Coyote: 10 coyotes; however, no more than 2 coyotes may be taken before October 1	Sept. 1–Apr. 30.
Fox, Red (including Cross, Black and Silver Phases): 10 foxes; however, no more than 2 foxes may be taken prior to Oct. 1.	Sept. 1–Mar. 15.
Hare (Snowshoe): No limit	July 1–June 30.
Lynx: 2 lynx	Nov. 1–Feb. 28.
Wolf: Unit 19(D)—10 wolves per day	Aug. 10–Apr. 30.
Unit 19—remainder—5 wolves	Aug. 10–Apr. 30.
Wolverine: 1 wolverine	Sept. 1–Mar. 31.
Grouse (Spruce, Ruffed, and Sharp-tailed): 15 per day, 30 in possession	Aug. 10–Apr. 30.
Ptarmigan (Rock, Willow, and White-tailed): 20 per day, 40 in possession	Aug. 10–Apr. 30.
Trapping	
Beaver: No limit	Nov. 1–Jun. 10.
Coyote: No limit	Nov. 1–Mar. 31.
Fox, Red (including Cross, Black and Silver Phases): No limit 4	Nov. 1–Mar. 31.
Lynx: No limit	Nov. 1–Feb. 28.
Marten: No limit	Nov. 1–Feb. 28.
Mink and Weasel: No limit	Nov. 1–Feb. 28.
Muskrat: No limit	Nov. 1–June 10.
Otter: No limit	Nov. 1–Apr. 15.
Wolf: No limit	Nov. 1–Apr. 30.
Wolverine: No limit	Nov. 1–Mar. 31.

(20) *Unit 20.* (i) Unit 20 consists of the Yukon River drainage upstream from and including the Tozitna River drainage to and including the Hamlin Creek drainage, drainages into the south bank of the Yukon River upstream from and including the Charley River drainage, the Ladue River and Fortymile River drainages, and the Tanana River drainage north of Unit 13 and downstream from the east bank of the Robertson River:

(A) Unit 20(A) consists of that portion of Unit 20 bounded on the south by the Unit 13 boundary, bounded on the east by the west bank of the Delta River, bounded on the north by the north bank of the Tanana River from its confluence with the Delta River downstream to its confluence with the Nenana River, and bounded on the west by the east bank of the Nenana River;

(B) Unit 20(B) consists of drainages into the north bank of the Tanana River from and including Hot Springs Slough upstream to and including the Banner Creek drainage;

(C) Unit 20(C) consists of that portion of Unit 20 bounded on the east by the east bank of the Nenana River and on the north by the north bank of the Tanana River downstream from the Nenana River;

(D) Unit 20(D) consists of that portion of Unit 20 bounded on the east by the east bank of the Robertson River and on the west by the west bank of the Delta River, and drainages into the north bank of the Tanana River from its confluence with the Robertson River downstream to, but excluding the Banner Creek drainage;

(E) Unit 20(E) consists of drainages into the south bank of the Yukon River upstream from and including the Charley River drainage, and the Ladue River drainage;

(F) Unit 20(F) consists of the remainder of Unit 20.

(ii) In the following areas, the taking of wildlife for subsistence uses is prohibited or restricted on public land:

(A) You may not take wildlife for subsistence uses on lands within Mount McKinley National Park as it existed prior to December 2, 1980. Subsistence uses as authorized by this paragraph (m)(20) are permitted in Denali National Preserve and lands added to Denali National Park on December 2, 1980;

(B) You may not use motorized vehicles or pack animals for hunting from Aug. 5–Aug. 25 in the Delta Controlled Use Area, the boundary of which is defined as: A line beginning at the confluence of Miller Creek and the Delta River, then west to vertical angle bench mark Miller, then west to include all drainages of Augustana Creek and Black Rapids Glacier, then north and east to include all drainages of McGinnis Creek to its confluence with the Delta River, then east in a straight line across the Delta River to Mile 236.7 Richardson Highway, then north along

the Richardson Highway to its junction with the Alaska Highway, then east along the Alaska Highway to the west bank of the Johnson River, then south along the west bank of the Johnson River and Johnson Glacier to the head of the Canwell Glacier, then west along the north bank of the Canwell Glacier and Miller Creek to the Delta River;

(C) You may not use firearms, snowmobiles, licensed highway vehicles or motorized vehicles, except aircraft and boats in the Dalton Highway Corridor Management Area, which consists of those portions of Units 20, 24, 25, and 26 extending 5 miles from each side of the Dalton Highway from the Yukon River to milepost 300 of the Dalton Highway, except as follows: Residents living within the Dalton Highway Corridor Management Area may use snowmobiles only for the subsistence taking of wildlife. You may use licensed highway vehicles only on designated roads within the Dalton Highway Corridor Management Area. The residents of Alatna, Allakaket, Anaktuvuk Pass, Bettles, Evansville, Stevens Village, and residents living within the Corridor may use firearms within the Corridor only for subsistence taking of wildlife;

(D) You may not use any motorized vehicle for hunting from August 5–September 20 in the Glacier Mountain Controlled Use Area, which consists of that portion of Unit 20(E) bounded by a line beginning at Mile 140 of the Taylor Highway, then north along the highway to Eagle, then west along the cat trail from Eagle to Crooked Creek, then from Crooked Creek southwest along the west bank of Mogul Creek to its headwaters on North Peak, then west across North Peak to the headwaters of Independence Creek, then southwest along the west bank of Independence Creek to its confluence with the North Fork of the Fortymile River, then easterly along the south bank of the North Fork of the Fortymile River to its confluence with Champion Creek, then across the North Fork of the Fortymile River to the south bank of Champion Creek and easterly along the south bank of Champion Creek to its confluence with Little Champion Creek, then northeast along the east bank of Little Champion Creek to its headwaters, then northeasterly in a direct line to Mile 140 on the Taylor Highway; however, this does not prohibit motorized access via, or transportation of harvested wildlife on, the Taylor Highway or any airport;

(E) You may by permit only hunt moose on the Minto Flats Management Area, which consists of that portion of Unit 20 bounded by the Elliot Highway beginning at Mile 118, then northeasterly to Mile 96, then east to the Tolovana Hotsprings Dome, then east to the Winter Cat Trail, then along the Cat Trail south to the Old Telegraph Trail at Dunbar, then westerly along the trail to a point where it joins the Tanana River three miles above Old Minto, then along the north bank of the Tanana River (including all channels and sloughs except Swan Neck Slough), to the confluence of the Tanana and Tolovana Rivers and then northerly to the point of beginning;

(F) You may hunt moose by bow and arrow only in the Fairbanks Management Area, which consists of that portion of Unit 20(B) bounded by a line from the confluence of Rosie Creek and the Tanana River, northerly along Rosie Creek to Isberg Road, then northeasterly on Isberg Road to Cripple Creek Road, then northeasterly on Cripple Creek Road to the Parks Highway, then north on the Parks Highway to Alder Creek, then westerly along Alder Creek to its confluence with Emma Creek, then upstream along Emma Creek to its headwaters, then northerly along the hydrographic divide between Goldstream Creek drainages and Cripple Creek drainages to the summit of Ester Dome, then down Sheep Creek to its confluence with Goldstream Creek, then easterly along Goldstream Creek to Sheep Creek Road, then north on Sheep Creek Road to Murphy Dome Road, then west on Murphy Dome Road to Old Murphy Dome Road, then east on Old Murphy Dome Road to the Elliot Highway, then south on the Elliot Highway to Goldstream Creek, then easterly along Goldstream Creek to its confluence with First Chance Creek, then up First Chance Creek to Tungsten Hill, then southerly along Steele Creek to its confluence with Ruby Creek, then upstream along Ruby Creek to Esro Road, then south on Esro Road to Chena Hot Springs Road, then east on Chena Hot Springs Road to Nordale Road, then south on Nordale Road to the Chena River, then along the north bank of the Chena River to the Moose Creek dike, then southerly along the Moose Creek dike to its intersection with the Tanana River, and then westerly along the north bank of the Tanana River to the point of beginning.

(iii) Unit-specific regulations:

(A) You may use bait to hunt black bear between April 15 and June 30;

(B) You may not use a steel trap, or a snare using cable smaller than 3/32 inch diameter to trap wolves in Unit 20(E) during April and October;

(C) Residents of Unit 20 and 21 may take up to three moose per regulatory year for the celebration known as the Nuchalawoyya Potlatch, under the terms of a Federal registration permit. Permits will be issued to individuals only at the request of the Native Village of Tanana. This three moose limit is not cumulative with that permitted by the State.

Harvest limits	Open season
Hunting	
Black Bear: 3 bears	July 1–June 30.
Brown Bear:	
Unit 20(E)—1 bear	Aug. 10–June 30.
Unit 20—remainder—1 bear every four regulatory years	Sept. 1–May 31.
Caribou:	
Unit 20(E)—1 caribou by joint State/Federal registration permit only. Up to 900 caribou may be taken under a State/Federal harvest quota. During the winter season, area closures or hunt restrictions may be announced when Nelchina caribou are present in a mix of more than 1 Nelchina caribou to 15 Fortymile caribou, except when the number of caribou present is low enough that less than 50 Nelchina caribou will be harvested regardless of the mixing ratio for the two herds. The season closures will be announced by the Northern Field Office Manager, Bureau of Land Management, after consultation with the National Park Service and Alaska Department of Fish and Game.	Aug. 10–Sept. 30. Nov. 1–Feb. 28.
Unit 20(F)—north of the Yukon River—1 caribou	Aug. 10–Mar. 31.
Unit 20(F)—east of the Dalton Highway and south of the Yukon River—1 caribou. However, during the November 1–March 31 season a State registration permit is required.	Aug. 10–Sept. 20 Nov. 1–Mar. 31.
Moose:	
Unit 20(A)—1 antlered bull	Sept. 1–Sept. 20.

Harvest limits	Open season
Unit 20(B)—that portion within the Minto Flats Management Area—1 bull by Federal registration permit only	Sept. 1–Sept. 20.
Unit 20(B)—remainder—1 antlered bull	Jan. 10–Feb. 28.
Unit 20(C)—that portion within Denali National Park and Preserve west of the Toklat River, excluding lands within Mount McKinley National Park as it existed prior to December 2, 1980—1 antlered bull; however, white-phased or partial albino (more than 50 percent white) moose may not be taken.	Sept. 1–Sept. 30. Nov. 15–Dec. 15.
Unit 20(C)—remainder—1 antlered bull; however, white-phased or partial albino (more than 50 percent white) moose may not be taken.	Sept. 1–Sept. 30.
Unit 20(E)—that portion within Yukon Charley National Preserve—1 bull	Aug. 20–Sept. 30.
Unit 20(E)—that portion drained by the Forty-mile River (all forks) from Mile 9½ to Mile 145 Taylor Highway, including the Boundary Cutoff Road—1 bull.	Aug. 20–Sept. 30. Sept. 1–Sept. 15.
Unit 20(F)—that portion within the Dalton Highway Corridor Management Area—1 antlered bull by Federal registration permit only.	Sept. 1–Sept. 25.
Unit 20(F)—remainder—1 antlered bull	Sept. 1–Sept. 25.
Coyote: 2 coyotes.	Sept. 1–Apr. 30.
Fox, Red (including Cross, Black and Silver Phases): 10 foxes; however, no more than 2 foxes may be taken prior to Oct. 1.	Sept. 1–Mar. 15.
Hare (Snowshoe): No limit	July 1–June 30.
Lynx:	
Unit 20(E)—2 lynx	Nov. 1–Jan. 31.
Unit 20—remainder—2 lynx	Dec. 1–Jan. 31.
Wolf: 10 wolves	Aug. 10–Apr. 30.
Wolverine: 1 wolverine	Sept. 1–Mar. 31.
Grouse (Spruce, Ruffed, and Sharp-tailed):	
Unit 20(D)—that portion south of the Tanana River and west of the Johnson River—15 per day, 30 in possession, provided that not more than 5 per day and 10 in possession are sharp-tailed grouse..	Aug. 25–Mar. 31.
Unit 20—remainder—15 per day, 30 in possession.	Aug. 10–Mar. 31.
Ptarmigan (Rock and Willow):	
Unit 20—those portions within five miles of Alaska Route 5 (Taylor Highway, both to Eagle and the Alaska-Canada boundary) and that portion of Alaska Route 4 (Richardson Highway) south of Delta Junction—20 per day, 40 in possession.	Aug. 10–Mar. 31.
Unit 20—remainder—20 per day, 40 in possession	Aug. 10–Apr. 30.
Trapping	
Beaver:	
Units 20(A), 20(B), Unit 20(C), and 20(F)—No limit	Nov. 1–Apr. 15.
Units 20(D) and (E)—25 beaver	Nov. 1–Apr. 15.
Coyote:	
Unit 20(E)—No limit	Oct. 15–Apr. 30.
Remainder Unit 20—No limit	Nov. 1–Mar. 31.
Fox, Red (including Cross, Black and Silver Phases): No limit	Nov. 1–Feb. 28.
Lynx:	
Unit 20(A), (B), (D), and (C) east of the Teklanika River—No limit	Dec. 1–Jan. 31.
Unit 20(E)—No limit; however, no more than 5 lynx may be taken between Nov. 1 and Nov. 30	Nov. 1–Jan. 31.
Unit 20(F) and the remainder of 20(C)—No limit	Nov. 1–Feb. 28.
Marten: No limit	Nov. 1–Feb. 28.
Mink and Weasel: No limit	Nov. 1–Feb. 28.
Muskrat:	
Unit 20(E)—No limit	Sept. 20–June 10.
Unit 20—remainder—No limit	Nov. 1–June 10.
Otter: No limit	Nov. 1–Apr. 15.
Wolf:	
Unit 20(A, B, C, & F)—No limit	Nov. 1–Apr. 30.
Unit 20(D)—No limit	Oct. 15–Apr. 30.
Unit 20(E)—No limit	Oct. 1–Apr. 30.
Wolverine: No limit	Nov. 1–Feb. 28.

(21) *Unit 21.* (i) Unit 21 consists of drainages into the Yukon River upstream from Paimiut to, but not including the Tozitna River drainage on the north bank, and to, but not including the Tanana River drainage on the south bank; and excluding the Koyukuk River drainage upstream from the Dulbi River drainage:

(A) Unit 21(A) consists of the Innoko River drainage upstream from and including the Iditarod River drainage, and the Nowitna River drainage upstream from the Little Mud River;

(B) Unit 21(B) consists of the Yukon River drainage upstream from Ruby and east of the Ruby-Poorman Road, downstream from and excluding the Tozitna River and Tanana River drainages, and excluding the Nowitna River drainage upstream from the Little Mud River, and excluding the Melozitna River drainage upstream from Grayling Creek;

(C) Unit 21(C) consists of the Melozitna River drainage upstream from Grayling Creek, and the Dulbi River drainage upstream from and including the Cottonwood Creek drainage;

(D) Unit 21(D) consists of the Yukon River drainage from and including the Blackburn Creek drainage upstream to Ruby, including the area west of the Ruby-Poorman Road, excluding the Koyukuk River drainage upstream from the Dulbi River drainage, and excluding the Dulbi River drainage upstream from Cottonwood Creek;

(E) Unit 21(E) consists of the Yukon River drainage from Paimiut upstream to, but not including the Blackburn

Creek drainage, and the Innoko River drainage downstream from the Iditarod River drainage.

(ii) In the following areas, the taking of wildlife for subsistence uses is prohibited or restricted on public land:

(A) The Koyukuk Controlled Use Area, which consists of those portions of Units 21 and 24 bounded by a line from the north bank of the Yukon River at Koyukuk, then northerly to the confluences of the Honhosa and Kateel Rivers, then northeasterly to the confluences of Billy Hawk Creek and the Huslia River (65°57′ N. lat., 156°41′ W. long.), then easterly to the south end of Solsmunket Lake, then east to Hughes, then south to Little Indian River, then southwesterly to the crest of Hochandochtla Mountain, then southwest to the mouth of Cottonwood Creek then southwest to Bishop Rock, then westerly along the north bank of the Yukon River (including Koyukuk Island) to the point of beginning, is closed during moose-hunting seasons to the use of aircraft for hunting moose, including transportation of any moose hunter or moose part; however, this does not apply to transportation of a moose hunter or moose part by aircraft between publicly owned airports in the controlled use area or between a publicly owned airport within the area and points outside the area; all hunters on the Koyukuk River passing the ADF&G operated check station at Ella's Cabin (15 miles upstream from the Yukon on the Koyukuk River) are required to stop and report to ADF&G personnel at the check station;

(B) The Paradise Controlled Use Area, which consists of that portion of Unit 21 bounded by a line beginning at the old village of Paimiut, then north along the west bank of the Yukon River to Paradise, then northwest to the mouth of Stanstrom Creek on the Bonasila River, then northeast to the mouth of the Anvik River, then along the west bank of the Yukon River to the lower end of Eagle Island (approximately 45 miles north of Grayling), then to the mouth of the Iditarod River, then down the east bank of the Innoko River to its confluence with Paimiut Slough, then south along the east bank of Paimiut Slough to its mouth, and then to the old village of Paimiut, is closed during moose hunting seasons to the use of aircraft for hunting moose, including transportation of any moose hunter or part of moose; however, this does not apply to transportation of a moose hunter or part of moose by aircraft between publicly owned airports in the Controlled Use Area or between a publicly owned airport within the area and points outside the area.

(iii) You may hunt brown bear by State registration permit in lieu of a resident tag in the Northwest Alaska Brown Bear Management Area, which consists of Unit 21(D), Unit 22, except 22(C), those portions of Unit 23, except the Baldwin Peninsula north of the Arctic Circle, Unit 24, and Unit 26(A), if you have obtained a State registration permit prior to hunting. Aircraft may not be used in the Northwest Alaska Brown Bear Management Area in any manner for brown bear hunting under the authority of a brown bear State registration permit, including transportation of hunters, bears, or parts of bears; however, this does not apply to transportation of bear hunters or bear parts by regularly scheduled flights to and between communities by carriers that normally provide scheduled service to this area, nor does it apply to transportation of aircraft to or between publicly owned airports.

(iv) Unit-specific regulations:

(A) You may use bait to hunt black bear between April 15 and June 30; and in the Koyukuk Controlled Use Area, you may also use bait to hunt black bear between September 1 and September 25;

(B) You may use a firearm to take beaver in Unit 21(E) from Nov. 1–June 10;

(C) The residents of Unit 20 and 21 may take up to three moose per regulatory year for the celebration known as the Nuchalawoyya Potlatch, under the terms of a Federal registration permit. Permits will be issued to individuals only at the request of the Native Village of Tanana. This three moose limit is not cumulative with that permitted by the State;

(D) The residents of Unit 21 may take up to three moose per regulatory year for the celebration known as the Kaltag/Nulato Stickdance, under the terms of a Federal registration permit. Permits will be issued to individuals only at the request of the Native Village of Kaltag or Nulato. This three moose limit is not cumulative with that permitted by the State;

(E) You may take wildlife outside the seasons or harvest limits provided in this section for food in traditional religious ceremonies that are part of a funerary or mortuary cycle, including memorial potlatches, under the following conditions:

(*1*) The harvester is an Alaska rural resident with customary and traditional use in that area where the harvesting will occur. No permit or harvest ticket is required for taking under this section;

(*2*) The person who takes wildlife under this section, as soon as practicable, and not more than 20 days after the harvesting, submits or ensures the submission of a written report to the nearest Federal office, specifying the harvester's name and address, the number, sex, and species of wildlife taken, the dates and locations of the taking, and the identity of the decedent or decedents for whom the ceremony was held;

(*3*) The harvested meat is used in a customary and traditional rural Alaskan religious ceremony; and

(*4*) The taking does not violate recognized principles of wildlife conservation.

Harvest limits	Open season
Hunting	
Black Bear: 3 bears	July 1–June 30.
Brown Bear:	
Unit 21(D)—1 bear by State registration permit only	Sept. 1–June 15.
Unit 21—remainder—1 bear every four regulatory years	Sept. 1–May 31.
Caribou:	
Unit 21(A)—1 caribou	Aug. 10–Sept. 30. Dec. 10–Dec. 20.
Unit 21(B), (C), and (E)—1 caribou	Aug. 10–Sept. 30.
Unit 21(D)—north of the Yukon River and east of the Koyukuk River 1 caribou; however, 2 additional caribou may be taken during a winter season to be announced.	Aug. 10–Sept. 30. Winter season to be announced.
Unit 21(D)—remainder—5 caribou per day; however, cow caribou may not be taken May 16–June 30	July 1–June 30.
Moose:	
Unit 21(A)—1 bull	Aug. 20–Sept. 25. Nov. 1–Nov. 30.

Harvest limits	Open season
Unit 21(B) and (C)—1 antlered bull	Sept. 5–Sept. 25.
Unit 21(D)—Koyukuk Controlled Use Area—1 moose; however, antlerless moose may be taken only during Aug. 27–31 and the February season. During the Aug. 27–Sept. 20 season a State registration permit is required. Moose may not be taken within one-half mile of the mainstem Yukon River during the February season. A 10-day winter hunt to occur between Feb. 1 and Feb. 28 will be opened by announcement of the Koyukuk/Nowitna National Wildlife Refuge Manager after consultation with the ADF&G area biologist and the Chairs of the Western Interior Regional Advisory Council and Middle Yukon Fish and Game Advisory Committee.	Aug. 27–Sept. 20. Winter season to be announced.
Unit 21(D)—remainder—1 moose; however, antlerless moose may be taken only during Sept. 21–25 and the February season. Moose may not be taken within one-half mile of the mainstem Yukon River during the February season. A 10-day winter hunt to occur between Feb. 1 and Feb. 28 will be opened by announcement of the Koyukuk/Nowitna National Wildlife Refuge Manager after consultation with the ADF&G are biologist and the Chairs of the Western Interior Regional Advisory Council and Middle Yukon Fish and Game Advisory Committee.	Sept. 5–Sept. 25. Winter season to be announced.
Unit 21(E)—1 moose; however, only bulls may be taken from Aug. 20–Sept. 25; moose may not be taken within one-half mile of the Innoko or Yukon River during the February season.	Aug. 20–Sept. 25. Feb. 1–Feb. 10.
Beaver:	
Unit 21(E)—No Limit	Nov. 1–June 10.
Unit 21–remainder	No open season.
Coyote: 10 coyotes; however, no more than 2 coyotes may be taken before October 1	Sept. 1–Apr. 30.
Fox, Red (including Cross, Black and Silver Phases): 10 foxes; however, no more than 2 foxes may be taken prior to Oct. 1.	Sept. 1–Mar. 15.
Hare (Snowshoe and Tundra): No limit	July 1–June 30.
Lynx: 2 lynx	Nov. 1–Feb. 28.
Wolf: 5 wolves	Aug. 10–Apr. 30.
Wolverine: 1 wolverine	Sept. 1–Mar. 31.
Grouse (Spruce, Ruffed, and Sharp-tailed): 15 per day, 30 in possession	Aug. 10–Apr. 30.
Ptarmigan (Rock, Willow, and White-tailed): 20 per day, 40 in possession	Aug. 10–Apr. 30.
Trapping	
Beaver: No Limit	Nov. 1–June 10.
Coyote: No limit	Nov. 1–Mar. 31.
Fox, Red (including Cross, Black and Silver Phases): No limit	Nov. 1–Feb. 28.
Lynx: No limit	Nov. 1–Feb. 28.
Marten: No limit	Nov. 1–Feb. 28.
Mink and Weasel: No limit	Nov. 1–Feb. 28.
Muskrat: No limit	Nov. 1–June 10.
Otter: No limit	Nov. 1–Apr. 15.
Wolf: No limit	Nov. 1–Apr. 30.
Wolverine: No limit	Nov. 1–Mar. 31.

(22) *Unit 22.* (i) Unit 22 consists of Bering Sea, Norton Sound, Bering Strait, Chukchi Sea, and Kotzebue Sound drainages from, but excluding, the Pastolik River drainage in southern Norton Sound to, but not including, the Goodhope River drainage in Southern Kotzebue Sound, and all adjacent islands in the Bering Sea between the mouths of the Goodhope and Pastolik Rivers:

(A) Unit 22(A) consists of Norton Sound drainages from, but excluding, the Pastolik River drainage to, and including, the Ungalik River drainage, and Stuart and Besboro Islands;

(B) Unit 22(B) consists of Norton Sound drainages from, but excluding, the Ungalik River drainage to, and including, the Topkok Creek drainage;

(C) Unit 22(C) consists of Norton Sound and Bering Sea drainages from, but excluding, the Topkok Creek drainage to, and including, the Tisuk River drainage, and King and Sledge Islands;

(D) Unit 22(D) consists of that portion of Unit 22 draining into the Bering Sea north of, but not including, the Tisuk River to and including Cape York, and St. Lawrence Island;

(E) Unit 22(E) consists of Bering Sea, Bering Strait, Chukchi Sea, and Kotzebue Sound drainages from Cape York to, but excluding, the Goodhope River drainage, and including Little Diomede Island and Fairway Rock.

(ii) You may hunt brown bear by State registration permit in lieu of a resident tag in the Northwest Alaska Brown Bear Management Area, which consists of Unit 22, except 22(C), those portions of Unit 23, except the Baldwin Peninsula north of the Arctic Circle, Unit 24, and Unit 26(A), if you have obtained a State registration permit prior to hunting. Aircraft may not be used in the Northwest Alaska Brown Bear Management Area in any manner for brown bear hunting under the authority of a brown bear State registration permit, including transportation of hunters, bears, or parts of bears; however, this does not apply to transportation of bear hunters or bear parts by regularly scheduled flights to and between communities by carriers that normally provide scheduled service to this area, nor does it apply to transportation of aircraft to or between publicly owned airports.

(iii) Unit-specific regulations:

(A) If you have a trapping license, you may use a firearm to take beaver in Unit 22 during the established seasons;

(B) Coyote, incidentally taken with a trap or snare intended for red fox or wolf, may be used for subsistence purposes;

(C) A snowmachine may be used to position a hunter to select individual caribou for harvest provided that the animals are not shot from a moving snowmachine;

(D) The taking of one bull moose and one muskox by the community of Wales is allowed for the celebration of the Kingikmiut Dance Festival under the terms of a Federal registration permit. Permits will be issued to individuals only at the request of the Native Village of Wales. The harvest may only occur between November 15 and December 31 in Unit 22 for moose and in Unit 22(E) for muskox. The harvest will count against any established quota for the area.

Harvest limits	Open season
Hunting	
Black Bear: 3 bears	July 1–June 30.
Brown Bear:	
Unit 22(A), (B), (D), and (E)—1 bear by State registration permit only	Aug. 1–May 31.
Unit 22(C)—1 bear by State registration permit only	Aug. 1–Oct. 31. May 10–May 25.
Caribou: Unit 22(A) and (B)—5 caribou per day; however, cow caribou may not be taken May 16—June 30	July 1–June 30.
Moose:	
Unit 22(A)—1 bull; however, the period of Dec. 1—Jan. 31 is closed to hunting except by residents of Unit 22(A) only.	Aug. 1–Sept. 30. Dec. 1–Jan. 31.
Unit 22(B)—West of the Darby Mountains—1 bull by State registration permit. The combined State/Federal harvest may not exceed 42 moose. Federal public lands are closed to the taking of moose except by Federally-qualified subsistence users.	Aug. 10–Sept. 23.
Unit 22(B)—West of the Darby Mountains—1 bull by either Federal or State registration permit. The total combined State/Federal harvest for both the Aug/Sept and January seasons may not exceed 48 moose. Federal public lands are closed to the taking of moose except by residents of White Mountain and Golovin.	Jan. 1–Jan. 31.
Unit 22(B)—Remainder—1 bull	Aug. 1–Jan.31.
Unit 22(C)—1 antlered bull	Sept. 1–Sept. 14.
Unit 22(D)—That portion within the Kougarok, Kuzitrin, and Pilgrim River drainages—1 bull by Federal registration permit. The combined State/Federal harvest may not exceed 33 moose. Federal public lands are closed to the taking of moose except by residents of Units 22(D) and 22(C).	Aug. 20–Sept. 30.
Unit 22(D)—That portion west of the Tisuk River drainage and Canyon Creek—1 bull by Federal registration permit. The combined State/Federal harvest may not exceed 8 moose.	Aug. 20–Sept. 30.
Unit 22(D)—That portion west of the Tisuk River drainage and Canyon Creek—1 bull by Federal registration permit. The combined State/Federal harvest in Aug./Sept. and Dec. may not exceed 8 moose. Federal public lands are closed to the taking of moose except by residents of Units 22(D) and 22(C).	Dec. 1–Dec. 31.
Unit 22(D)—remainder—1 moose; however, antlerless moose may be taken only from Dec. 1–Dec. 31; no person may take a cow accompanied by a calf. Federal public lands are closed to the taking of moose except by Federally-qualified subsistence users.	Aug. 1–Jan. 31.
Unit 22(E)—1 bull. Federal public lands are closed to the taking of moose except by Federally-qualified subsistence users.	Aug. 1–Dec. 31.
Muskox:	
Unit 22(B)—1 bull by Federal permit or State Tier II permit. Federal public lands are closed to the taking of muskox except by Federally-qualified subsistence users. Annual harvest quotas and any needed closures will be announced by the Superintendent of the Western Arctic National Parklands, in consultation with ADF&G and BLM.	Aug.1–Mar. 15.
Unit 22(D)—That portion west of the Tisuk River drainage and Canyon Creek—1 muskox by Federal permit or State Tier II permit; however, cows may only be taken during the period Jan. 1–Mar. 15. Federal public lands are closed to the taking of muskox except by Federally-qualified subsistence users. Annual harvest quotas and any needed closures will be announced by the Superintendent of the Western Arctic National Parklands, in consultation with ADF&G and BLM.	Sept. 1–Mar. 15.
Remainder of Unit 22(D)—1 muskox by Federal permit or State Tier II permit; however, cows may only be taken during the period Jan. 1–Mar. 15. Federal public lands are closed to the taking of muskox except by Federally-qualified subsistence users. Annual harvest quotas and any needed closures will be announced by the Superintendent of the Western Arctic National Parklands, in consultation with ADF&G and BLM.	Aug. 1–Mar. 15.
Unit 22(E)—1 muskox by Federal permit or State Tier II permit; however, cows may only be taken during the period Jan. 1–Mar. 15. Federal public lands are closed to the taking of muskox except by Federally-qualified subsistence users. Annual harvest quotas and any needed closures will be announced by the Superintendent of the Western Arctic National Parklands, in consultation with ADF&G and BLM.	Aug. 1–Mar. 15
Unit 22—remainder	No open season.
Beaver:	
Unit 22(A), (B), (D), and (E)—50 beaver	Nov. 1–June 10.
Unit 22—remainder	No open season.
Coyote: Federal public lands are closed to the taking of coyotes	No open season.
Fox, Arctic (Blue and White Phase): 2 foxes	Sept. 1–Apr. 30.
Fox, Red (including Cross, Black and Silver Phases): 10 foxes	Nov. 1–Apr. 15.
Hare (Snowshoe and Tundra): No limit	Sept. 1–Apr. 15.
Lynx: 2 lynx	Nov. 1–Apr. 15.
Marten:	
Unit 22(A) 22(B)—No limit	Nov. 1–Apr. 15.
Unit 22—remainder	No open season.
Mink and Weasel: No limit	Nov. 1–Jan. 31.
Otter: No limit	Nov. 1–Apr. 15.
Wolf: No limit	Nov. 1–Apr. 15.
Wolverine: 3 wolverine	Sept. 1–Mar. 31.
Grouse (Spruce): 15 per day, 30 in possession	Aug. 10–Apr. 30.
Ptarmigan (Rock and Willow):	
Unit 22(A) and 22(B) east of and including the Niukluk River drainage—40 per day, 80 in possession	Aug. 10–Apr. 30.
Unit 22 (E)—20 per day, 40 in possession	July 15–May 15.
Unit 22 Remainder—20 per day, 40 in possession	Aug. 10–Apr. 30.
Trapping	
Beaver:	

Harvest limits	Open season
Unit 22(A), (B), (D), and (E)—50 beaver	Nov. 1–June 10.
Unit 22(C)	No open season.
Coyote: Federal public lands are closed to the taking of coyotes	No open season.
Fox, Arctic (Blue and White Phase): No limit	Nov. 1–Apr. 15.
Fox, Red (including Cross, Black and Silver Phases): No limit	Nov. 1–Apr. 15.
Lynx: No limit	Nov. 1–Apr. 15.
Marten: No limit	Nov. 1–Apr. 15.
Mink and Weasel: No limit	Nov. 1–Jan. 31.
Muskrat: No limit	Nov. 1–June 10.
Otter: No limit	Nov. 1–Apr. 15.
Wolf: No limit	Nov. 1–Apr. 30.
Wolverine: No limit	Nov. 1–Apr. 15.

(23) *Unit 23.* (i) Unit 23 consists of Kotzebue Sound, Chukchi Sea, and Arctic Ocean drainages from and including the Goodhope River drainage to Cape Lisburne.

(ii) In the following areas, the taking of wildlife for subsistence uses is prohibited or restricted on public land:

(A) You may not use aircraft in any manner either for hunting of ungulates, bear, wolves, or wolverine, or for transportation of hunters or harvested species in the Noatak Controlled Use Area, which consists of that portion of Unit 23 in a corridor extending five miles on either side of the Noatak River beginning at the mouth of the Noatak River, and extending upstream to the mouth of Sapun Creek, is closed for the period August 25–September 15. This does not apply to the transportation of hunters or parts of ungulates, bear, wolves, or wolverine by regularly scheduled flights to communities by carriers that normally provide scheduled air service;

(B) You may hunt brown bear by State registration permit in lieu of a resident tag in the Northwest Alaska Brown Bear Management Area, which consists of Unit 22, except 22(C), those portions of Unit 23, except the Baldwin Peninsula north of the Arctic Circle, Unit 24, and Unit 26(A); if you have obtained a State registration permit prior to hunting. Aircraft may not be used in the Northwest Alaska Brown Bear Management Area in any manner for brown bear hunting under the authority of a brown bear State registration permit, including transportation of hunters, bears or parts of bears; however, this does not apply to transportation of bear hunters or bear parts by regularly scheduled flights to and between communities by carriers that normally provide scheduled service to this area, nor does it apply to transportation of aircraft to or between publicly owned airports.

(iii) Unit-specific regulations:

(A) You may take caribou from a boat moving under power in Unit 23;

(B) In addition to other restrictions on method of take found in this § __.26, you may also take swimming caribou with a firearm using rimfire cartridges;

(C) If you have a trapping license, you may take beaver with a firearm in all of Unit 23 from Nov. 1–Jun. 10;

(D) For the Baird and DeLong Mountain sheep hunts—A Federally-qualified subsistence user (recipient) may designate another Federally-qualified subsistence user to take sheep on his or her behalf unless the recipient is a member of a community operating under a community harvest system. The designated hunter must obtain a designated hunter permit and must return a completed harvest report. The designated hunter may hunt for any number of recipients but may have no more than two harvest limits in his/her possession at any one time;

(E) A snowmachine may be used to position a hunter to select individual caribou for harvest provided that the animals are not shot from a moving snowmachine.

Harvest limits	Open season
Hunting	
Black Bear: 3 bears	July 1–June 30.
Brown Bear:	
Unit 23—except the Baldwin Peninsula north of the Arctic Circle—1 bear by State registration permit	Sept. 1–May 31.
Unit 23—remainder—1 bear every four regulatory years	Sept. 1–Oct 10. Apr. 15–May 25.
Caribou: 15 caribou per day; however, cow caribou may not be taken May 16–June 30	July 1–June 30.
Sheep:	
Unit 23—south of Rabbit Creek, Kyak Creek, and the Noatak River, and west of the Cutler and Redstone Rivers (Baird Mountains)—1 ram with full curl or larger horns by Federal registration permit. The hunter must deliver the horns attached to the skull to the National Park Service or NPS representative within 30 days of harvesting the animal. The NPS or NPS representative will destroy the trophy value by removing and destroying four inches from the base of one horn. The Superintendent of the Western Arctic National Parklands will announce the fall/winter harvest quota, if any, prior to the the fall season. All harvest quota and season announcements will be done in consultation with ADF&G and BLM. Federal public lands are closed to the taking of sheep except by Federally-qualified subsistence users.	(a) Aug. 1–Sept. 30. The season will be closed when half of the total fall/winter quota has been harvested. (b) Dates of the winter season to be announced by the Superintendent of Western Arctic National Parklands. The season will be closed on April or when the total quota of sheep has been harvested, whichever comes first.

Harvest limits	Open season
Unit 23—north of Rabbit Creek, Kyak Creek, and the Noatak River, and west of the Aniuk River (DeLong Mountains)—1 ram with full curl or larger horns by Federal registration permit. The hunter must deliver the horns attached to the skull to the National Park Service or NPS representative within 30 days of harvesting the animal. The NPS or NPS representative will destroy the trophy value by removing and destroying 4 inches from the base of one horn. The Superintendent of the Western Arctic National Parklands will announce the fall/winter harvest quota, if any, prior to the fall season. All harvest quota and season announcements will be done in consultation with ADF&G and BLM.	(a) Aug. 1–Sept. 30. The season will be closed when half of the total fall/winter quota has been harvested in the DeLong Mountains. (b) Dates of the winter season to be announced by Superintendent of the Western Arctic National Parklands. The season will be closed in the DeLong Mountains on April 1 or when the total quota of sheep has been harvested, whichever comes first.
Unit 23, remainder (Schwatka Mountains)—1 ram the with 7/8 curl horn or larger	Aug. 10–Sept. 20.
Unit 23, remainder (Schwatka Mountains)—1 sheep	Oct. 1–Apr. 30.
Moose:	
Unit 23—that portion north and west of and including the Singoalik River drainage, and all lands draining into the Kukpuk and Ipewik Rivers —1 moose; no person may take a cow accompanied by a calf.	July 1–Mar. 31.
Unit 23—that portion lying within the Noatak River drainage—1 moose; however, antlerless moose may be taken only from Nov. 1–Mar. 31; no person may take a cow accompanied by a calf.	Aug. 1–Sept. 15. Oct. 1–Mar. 31.
Unit 23—remainder—1 moose; no person may take a cow accompanied by a calf	Aug. 1–Mar. 31.
Muskox:	
Unit 23—south of Kotzebue Sound and west of andincluding the Buckland River drainage—1 muskox by Federal permit or State Tier II permit; however, cows may only be taken during the period Jan. 1–Mar. 15. Federal public lands are closed to the taking of muskox except by Federally- qualified subsistence users. Annual harvest quotas and any needed closures will be announced by the Superintendent of the Western Arctic National Parklands, in consultation with ADF&G and BLM.	Aug. 1–Mar. 15.
Unit 23—remainder	No open season.
Coyote: 2 coyotes	Sept. 1–Apr. 30.
Fox, Arctic (Blue and White Phase): 2 foxes	Sept. 1–Apr. 30.
Fox, Red (including Cross, Black and Silver Phases): 10 foxes; however, no more than 2 foxes may be taken prior to Oct 1..	Sept. 1–Mar. 15.
Hare: (Snowshoe and Tundra) No limit	July 1–June 30.
Lynx: 2 lynx.	Nov. 1–Apr. 15.
Wolf: 5 wolves.	Nov. 10–Mar. 31.
Wolverine: 1 wolverine.	Sept. 1–Mar. 31.
Grouse (Spruce and Ruffed): 15 per day, 30 in possession.	Aug. 10–Apr. 30.
Ptarmigan (Rock, Willow, and White-tailed): 20 per day, 40 in possession.	Aug. 10–Apr. 30.
Trapping	
Beaver: Unit 23—the Kobuk and Selawik River drainages 50 beaver	July 1–June 30.
Unit 23—remainder—30 beaver	July 1–June 30.
Coyote: No limit	Nov. 1–Apr. 15
Fox, Arctic (Blue and White Phase): No limit	Nov. 1–Apr. 15.
Fox, Red (including Cross, Black and Silver Phases): No limit	Nov. 1–Apr. 15.
Lynx: No limit	Nov. 1–Apr. 15.
Marten: No limit	Nov. 1–Apr. 15.
Mink and Weasel: No limit	Nov. 1–Jan. 31.
Muskrat: No limit	Nov. 1–June 10.
Otter: No limit	Nov. 1–Apr. 15.
Wolf: No limit	Nov. 1–Apr. 30.
Wolverine: No limit	Nov. 1–Apr. 15.

(24) *Unit 24.* Unit 24 consists of the Koyukuk River drainage upstream from but not including the Dulbi River drainage.

(ii) In the following areas, the taking of wildlife for subsistence uses is prohibited or restricted on public land:

(A) You may not use firearms, snowmobiles, licensed highway vehicles or motorized vehicles, except aircraft and boats in the Dalton Highway Corridor Management Area, which consists of those portions of Units 20, 24, 25, and 26 extending 5 miles from each side of the Dalton Highway from the Yukon River to milepost 300 of the Dalton Highway, except as follows: Residents living within the Dalton Highway Corridor Management Area may use snowmobiles only for the subsistence taking of wildlife. You may use licensed highway vehicles only on designated roads within the Dalton Highway Corridor Management Area. The residents of Alatna, Allakaket, Anaktuvuk Pass, Bettles, Evansville, Stevens Village, and residents living within the Corridor may use firearms within the Corridor only for subsistence taking of wildlife;

(B) You may not use aircraft for hunting moose, including transportation of any moose hunter or moose part in the Kanuti Controlled Use Area, which consists of that portion of Unit 24 bounded by a line from the Bettles Field VOR to the east side of Fish Creek Lake, to Old Dummy Lake, to the south end of Lake Todatonten (including all waters

of these lakes), to the northernmost headwaters of Siruk Creek, to the highest peak of Double Point Mountain, then back to the Bettles Field VOR; however, this does not apply to transportation of a moose hunter or moose part by aircraft between publicly owned airports in the controlled use area or between a publicly owned airport within the area and points outside the area;

(C) You may not use aircraft for hunting moose, including transportation of any moose hunter or moose part in the Koyukuk Controlled Use Area, which consists of those portions of Units 21 and 24 bounded by a line from the north bank of the Yukon River at Koyukuk, then northerly to the confluences of the Honhosa and Kateel Rivers, then northeasterly to the confluences of Billy Hawk Creek and the Huslia River (65°57′ N. lat., 156°41′ W. long.), then easterly to the south end of Solsmunket Lake, then east to Hughes, then south to Little Indian River, then southwesterly to the crest of Hochandochtla Mountain, then southwest to the mouth of Cottonwood Creek, then southwest to Bishop Rock, then westerly along the north bank of the Yukon River (including Koyukuk Island) to the point of beginning; however, this does not apply to transportation of a moose hunter or moose part by aircraft between publicly owned airports in the controlled use area or between a publicly owned airport within the area and points outside the area; all hunters on the Koyukuk River passing the ADF&G operated check station at Ella's Cabin (15 miles upstream from the Yukon on the Koyukuk River) are required to stop and report to ADF&G personnel at the check station;

(D) You may hunt brown bear by State registration permit in lieu of a resident tag in the Northwest Alaska Brown Bear Management Area, which consists of Unit 22, except 22(C), those portions of Unit 23, except the Baldwin Peninsula north of the Arctic Circle, Unit 24, and Unit 26(A), if you have obtained a State registration permit prior to hunting. You may not use aircraft in the Northwest Alaska Brown Bear Management Area in any manner for brown bear hunting under the authority of a brown bear State registration permit, including transportation of hunters, bears or parts of bears. However, this does not apply to transportation of bear hunters or bear parts by regularly scheduled flights to and between communities by carriers that normally provide scheduled service to this area, nor does it apply to transportation of aircraft to or between publicly owned airports.

(iii) Unit-specific regulations:

(A) You may use bait to hunt black bear between April 15 and June 30; and in the Koyukuk Controlled Use Area, you may also use bait to hunt black bear between September 1 and September 25;

(B) Arctic fox, incidentally taken with a trap or snare intended for red fox, may be used for subsistence purposes;

(C) You may take wildlife outside the seasons or harvest limits provided in this section for food in traditional religious ceremonies that are part of a funerary or mortuary cycle, including memorial potlatches, under the following conditions:

(*1*) The harvester is an Alaska rural resident with customary and traditional use in that area where the harvesting will occur. No permit or harvest ticket is required for taking under this section;

(*2*) The person who takes wildlife under this section, as soon as practicable, and not more than 20 days after the harvesting, submits or ensures the submission of a written report to the nearest Federal office, specifying the harvester's name and address, the number, sex, and species of wildlife taken, the dates and locations of the taking, and the identity of the decedent or decedents for whom the ceremony was held;

(*3*) The harvested meat is used in a customary and traditional rural Alaskan religious ceremony; and

(*4*) The taking does not violate recognized principles of wildlife conservation.

Harvest limits	Open season
Hunting	
Black Bear: 3 bears	July 1–June 30.
Brown Bear: Unit 24—1 bear by State registration permit	Sept. 1–June 15.
Caribou:	
Unit 24—that portion south of the south bank of the Kanuti River, upstream from and including that portion of the Kanuti-Kilolitna River drainage, bounded by the southeast bank of the Kodosin-Nolitna Creek, then downstream along the east bank of the Kanuti-Kilolitna River to its confluence with the Kanuti River—1 caribou.	Aug. 10–Mar. 31.
Remainder of Unit 24—5 caribou per day; however, cow caribou may not be taken May 16–June 30	July 1–June 30.
Sheep:	
Unit 24—(Anaktuvuk Pass residents only)—that portion within the Gates of the Arctic National Park—community harvest quota of 60 sheep, no more than 10 of which may be ewes and a daily possession limit of 3 sheep per person no more than 1 of which may be a ewe.	July 15–Dec. 31.
Unit 24—(excluding Anaktuvuk Pass residents)—that portion within the Gates of the Arctic National Park—3 sheep.	Aug. 1–Apr. 30.
Unit 24—that portion within the Dalton Highway Corridor Management Area; except, Gates of the Arctic National Park—1 ram with 7/8 curl horn or larger by Federal registration permit only.	Aug. 10–Sept. 20.
Unit 24—remainder—1 ram with 7/8 curl horn or larger	Aug. 10–Sept. 20.
Moose:	
Unit 24—that portion within the Koyukuk Controlled Use Area—1 moose; however, antlerless moose may only be taken during the periods of Aug. 27–31, Dec. 1–Dec. 10, and Mar. 1–Mar. 10. During Aug. 27–Sept. 20, a State registration permit is required.	Aug. 27–Sept. 20. Dec. 1–Dec. 10. Mar. 1–Mar. 10.
Unit 24—that portion that includes the John River drainage within the Gates of the Arctic National Park—1 moose.	Aug. 1–Dec. 31.
Unit 24—the Alatna River drainage within the Gates of the Arctic National Park—1 moose; however, antlerless moose may be taken only from Sept. 21–Sept. 25 and Mar. 1–Mar. 10.	Aug. 25–Dec. 31. Mar. 1–Mar. 10.
Unit 24—all drainages to the north of the Koyukuk River upstream from and including the Alatna River to and including the North Fork of the Koyukuk River, except those portions of the John River and the Alatna River drainages within the Gates of the Arctic National Park—1 moose; however, antlerless moose may be taken only from Sept. 21–Sept. 25 and Mar. 1–Mar. 10.	Aug. 25–Sept. 25. Mar. 1–Mar. 10.
Unit 24—that portion within the Dalton Highway Corridor Management Area; except, Gates of the Arctic National Park—1 antlered bull by Federal registration permit only.	Aug. 25–Sept. 25.

Harvest limits	Open season
Unit 24—remainder—1 antlered bull. Public lands in the Kanuti Controlled Use Area are closed to taking of moose, except by eligible rural Alaska residents.	Aug. 25–Sept. 25.
Coyote: 10 coyotes; however, no more than 2 coyotes may be taken before October 1	Sept. 1–Apr. 30.
Fox, Red (including Cross, Black and Silver Phases): 10 foxes; however, no more than 2 foxes may be taken prior to Oct. 1.	Sept. 1–Mar. 15.
Hare (Snowshoe): No limit	July 1–June 30.
Lynx: 2 lynx	Nov. 1–Feb. 28.
Wolf: 5 wolves	Aug. 10–Apr. 30.
Wolverine: 1 wolverine	Sept. 1–Mar. 31.
Grouse (Spruce, Ruffed, and Sharp-tailed): 15 per day, 30 in possession	Aug. 10–Apr. 30.
Ptarmigan (Rock and Willow): 20 per day, 40 in possession	Aug. 10–Apr. 30.
Trapping	
Beaver: No limit	Nov. 1–June 10.
Coyote: No limit	Nov. 1–Mar. 31.
Fox, Red (including Cross, Black and Silver Phases): No limit	Nov. 1–Feb. 28.
Lynx: No limit	Nov. 1–Feb. 28.
Marten: No limit	Nov. 1–Feb. 28.
Mink and Weasel: No limit	Nov. 1–Feb. 28.
Muskrat: No limit	Nov. 1–June 10.
Otter: No limit	Nov. 1–Apr. 15.
Wolf: No limit	Nov. 1–Apr. 30.
Wolverine: No limit	Nov. 1–Mar. 31.

(25) *Unit 25.* (i) Unit 25 consists of the Yukon River drainage upstream from but not including the Hamlin Creek drainage, and excluding drainages into the south bank of the Yukon River upstream from the Charley River:

(A) Unit 25(A) consists of the Hodzana River drainage upstream from the Narrows, the Chandalar River drainage upstream from and including the East Fork drainage, the Christian River drainage upstream from Christian, the Sheenjek River drainage upstream from and including the Thluichohnjik Creek, the Coleen River drainage, and the Old Crow River drainage;

(B) Unit 25(B) consists of the Little Black River drainage upstream from but not including the Big Creek drainage, the Black River drainage upstream from and including the Salmon Fork drainage, the Porcupine River drainage upstream from the confluence of the Coleen and Porcupine Rivers, and drainages into the north bank of the Yukon River upstream from Circle, including the islands in the Yukon River;

(C) Unit 25(C) consists of drainages into the south bank of the Yukon River upstream from Circle to the Subunit 20(E) boundary, the Birch Creek drainage upstream from the Steese Highway bridge (milepost 147), the Preacher Creek drainage upstream from and including the Rock Creek drainage, and the Beaver Creek drainage upstream from and including the Moose Creek drainage;

(D) Unit 25(D) consists of the remainder of Unit 25.

(ii) In the following areas, the taking of wildlife for subsistence uses is prohibited or restricted on public land:

(A) You may not use firearms, snowmobiles, licensed highway vehicles or motorized vehicles, except aircraft and boats in the Dalton Highway Corridor Management Area, which consists of those portions of Units 20, 24, 25, and 26 extending 5 miles from each side of the Dalton Highway from the Yukon River to milepost 300 of the Dalton Highway, except as follows: Residents living within the Dalton Highway Corridor Management Area may use snowmobiles only for the subsistence taking of wildlife. You may use licensed highway vehicles only on designated roads within the Dalton Highway Corridor Management Area. The residents of Alatna, Allakaket, Anaktuvuk Pass, Bettles, Evansville, Stevens Village, and residents living within the Corridor may use firearms within the Corridor only for subsistence taking of wildlife;

(B) The Arctic Village Sheep Management Area consists of that portion of Unit 25(A) north and west of Arctic Village, which is bounded on the east by the East Fork Chandalar River beginning at the confluence of Red Sheep Creek and proceeding southwesterly downstream past Arctic Village to the confluence with Crow Nest Creek, continuing up Crow Nest Creek, through Portage Lake, to its confluence with the Junjik River; then down the Junjik River past Timber Lake and a larger tributary, to a major, unnamed tributary, northwesterly, for approximately 6 miles where the stream forks into 2 roughly equal drainages; the boundary follows the easternmost fork, proceeding almost due north to the headwaters and intersects the Continental Divide; the boundary then follows the Continental Divide easterly, through Carter Pass, then easterly and northeasterly approximately 62 miles along the divide to the head waters of the most northerly tributary of Red Sheep Creek then follows southerly along the divide designating the eastern extreme of the Red Sheep Creek drainage then to the confluence of Red Sheep Creek and the East Fork Chandalar River.

(iii) Unit-specific regulations:

(A) You may use bait to hunt black bear between April 15 and June 30;

(B) You may take caribou and moose from a boat moving under power in Unit 25;

(C) The taking of bull moose outside the seasons provided in this part for food in memorial potlatches and traditional cultural events is authorized in Unit 25(D) west provided that:

(*1*) The person organizing the religious ceremony or cultural event contact the Refuge Manager, Yukon Flats National Wildlife Refuge prior to taking or attempting to take bull moose and provide to the Refuge Manager the name of the decedent, the nature of the ceremony or cultural event, number to be taken, the general area in which the taking will occur;

(*2*) Each person who takes a bull moose under this section must submit a written report to the Refuge Manager, Yukon Flats National Wildlife Refuge not more than 15 days after the harvest specifying the harvester's name and address, and the date(s) and location(s) of the taking(s);

(*3*) No permit or harvest ticket is required for taking under this section; however, the harvester must be an

Alaska rural resident with customary and traditional use in Unit 25(D) west;	(*4*) Any moose taken under this provision counts against the annual quota of 60 bulls.

Harvest limits	Open season
Hunting	
Black Bear: 3 bears	July 1–June 30.
Brown Bear:	
Unit 25(D)—1 bear	July 1–June 30.
Unit 25—remainder—1 bear	Sept. 1–May 31.
Caribou:	
Unit 25(C)—that portion west of the east bank of the mainstem of Preacher Creek to its confluence with American Creek, then west of the east bank of American Creek—1 caribou. However, during the November 1—March 31 season, a State registration permit is required.	Aug. 10–Sept. 20. Nov. 1–Mar. 31.
25(C)—remainder—1 caribou by joint State/Federal registration permit only. Up to 600 caribou may be taken under a State/Federal harvest quota. The season closures will be announced by the Northern Field Office Manager, Bureau of Land Management, after consultation with the National Park Service and Alaska Department of Fish and Game.	Aug. 10–Sept. 30. Nov. 1–Feb. 28. .
Unit 25 (D)—that portion of Unit 25(D) drained by the west fork of the Dall River west of 150° W. long.—1 bull	Aug. 10–Sept. 30. Dec. 1–Dec. 31.
Unit 25(A), (B), and the remainder of Unit 25(D)—10 caribou	July 1–Apr. 30.
Sheep:	
Unit 25(A)—that portion within the Dalton Highway Corridor Management Area	No open season.
Units 25(A)—Arctic Village Sheep Management Area—2 rams by Federal registration permit only. Public lands are closed to the taking of sheep except by rural Alaska residents of Arctic Village, Venetie, Fort Yukon, Kaktovik, and Chalkytsik during seasons identified above.	Aug. 10–Apr. 30.
Unit 25(A)—remainder—3 sheep by Federal registration permit only	Aug. 10–Apr. 30.
Moose:	
Unit 25(A)—1 antlered bull	Aug. 25–Sept. 25. Dec. 1–Dec. 10.
Unit 25(B)—that portion within Yukon Charley National Preserve—1 bull	Aug. 20–Sept. 30.
Unit 25(B)—that portion within the Porcupine River drainage upstream from, but excluding the Coleen River drainage—1 antlered bull.	Aug. 25–Sept. 30 Dec. 1–Dec. 10.
Unit 25(B)—that portion, other than Yukon Charley National Preserve, draining into the north bank of the Yukon River upstream from and including the Kandik River drainage, including the islands in the Yukon River—1 antlered bull.	Sept. 5–Sept. 30 Dec. 1–Dec. 15.
Unit 25(B)—remainder—1 antlered bull	Aug. 25–Sept. 25. Dec. 1–Dec. 15.
Unit 25(C)—1 antlered bull	Sept. 1–Sept. 15.
Unit 25(D)(West)—that portion lying west of a line extending from the Unit 25(D) boundary on Preacher Creek, then downstream along Preacher Creek, Birch Creek and Lower Mouth Birch Creek to the Yukon River, then downstream along the north bank of the Yukon River (including islands) to the confluence of the Hadweenzik River, then upstream along the west bank of the Hadweenzik River to the confluence of Forty and One-Half Mile Creek, then upstream along Forty and One-Half Mile Creek to Nelson Mountain on the Unit 25(D) boundary—1 bull by a Federal registration permit. Alternate permits allowing for designated hunters are available to qualified applicants who reside in SubUnit 25(D) West. Permits will be available in the following villages: Beaver (25 permits), Birch Creek (10 permits), and Stevens Village (25 permits). Additional permits for residents of 25(D)West who do not live in one of the three villages will be available by contacting the Yukon Flats National Wildlife Refuge Office in Fairbanks or a local Refuge Information Technician. Moose hunting on public land in Unit 25(D)(West) is closed at all times except for residents of Unit 25(D) West during seasons identified above. The moose season will be closed when 60 moose have been harvested in the Entirety (from Federal and non-Federal lands) of Unit 25(D)(West).	Aug. 25–Feb. 28.
Unit 25(D)—remainder—1 antlered moose	Aug. 25–Sept. 25 Dec. 1–Dec. 20.
Beaver:	
Unit 25, excluding Unit 25(C)—1 beaver per day; 1 in possession	Apr. 16–Oct. 31.
Unit 25(C)	No Federal open season.
Coyote: 2 coyotes	Sept. 1–Apr. 30.
Fox, Red (including Cross, Black and Silver Phases): 10 foxes; however, no more than 2 foxes may be taken prior to Oct. 1.	Sept. 1–Mar. 15.
Hare (Snowshoe): No limit	July 1–June 30.
Lynx:	
Unit 25(C)—2 lynx	Dec. 1–Jan. 31.
Unit 25—remainder—2 lynx	Nov. 1–Feb. 28.
Wolf:	
Unit 25(A)—No limit	Aug. 10–Apr. 30.
Remainder of Unit 25—10 wolves	Aug. 10–Apr. 30.
Wolverine: 1 wolverine	Sept. 1–Mar. 31.
Grouse (Spruce, Ruffed, and Sharp-tailed):	
Unit 25(C)—15 per day, 30 in possession	Aug. 10–Mar. 31.
Unit 25—remainder—15 per day, 30 in possession	Aug. 10–Apr. 30.
Ptarmigan (Rock and Willow):	
Unit 25(C)—those portions within 5 miles of Route 6 (Steese Highway)—20 per day, 40 in possession	Aug. 10–Mar. 31.
Unit 25—remainder—20 per day, 40 in possession	Aug. 10–Apr. 30.

Harvest limits	Open season
Trapping	
Beaver:	
Unit 25(C)—No limit	Nov. 1–Apr. 15.
Unit 25—remainder—50 beaver	Nov. 1–Apr. 15.
Coyote: No limit	Nov. 1–Mar. 31.
Fox, Red (including Cross, Black and Silver Phases): No limit	Nov. 1–Feb. 28.
Lynx: No limit	Nov. 1–Feb. 28.
Marten: No limit	Nov. 1–Feb. 28.
Mink and Weasel: No limit	Nov. 1–Feb. 28.
Muskrat: No limit	Nov. 1–June 10.
Otter: No limit	Nov. 1–Apr. 15.
Wolf: No limit	Nov. 1–Apr. 30.
Wolverine:	
Unit 25(C)—No limit	Nov. 1–Feb. 28.
Unit 25—remainder—No limit	Nov. 1–Mar. 31.

(26) *Unit 26.* (i) Unit 26 consists of Arctic Ocean drainages between Cape Lisburne and the Alaska-Canada border including the Firth River drainage within Alaska:

(A) Unit 26(A) consists of that portion of Unit 26 lying west of the Itkillik River drainage and west of the east bank of the Colville River between the mouth of the Itkillik River and the Arctic Ocean;

(B) Unit 26(B) consists of that portion of Unit 26 east of Unit 26(A), west of the west bank of the Canning River and west of the west bank of the Marsh Fork of the Canning River;

(C) Unit 26(C) consists of the remainder of Unit 26.

(ii) In the following areas, the taking of wildlife for subsistence uses is prohibited or restricted on public land:

(A) You may not use aircraft in any manner for moose hunting, including transportation of moose hunters or parts of moose from Aug. 1–Sept. 14 and from Jan. 1–Mar. 31 in Unit 26(A); however, this does not apply to transportation of moose hunters, their gear, or moose parts by aircraft between publicly owned airports;

(B) You may not use firearms, snowmobiles, licensed highway vehicles or motorized vehicles, except aircraft and boats in the Dalton Highway Corridor Management Area, which consists of those portions of Units 20, 24, 25, and 26 extending 5 miles from each side of the Dalton Highway from the Yukon River to milepost 300 of the Dalton Highway, except as follows: Residents living within the Dalton Highway Corridor Management Area may use snowmobiles only for the subsistence taking of wildlife. You may use licensed highway vehicles only on designated roads within the Dalton Highway Corridor Management Area. The residents of Alatna, Allakaket, Anaktuvuk Pass, Bettles, Evansville, Stevens Village, and residents living within the Corridor may use firearms within the Corridor only for subsistence taking of wildlife;

(C) You may hunt brown bear by State registration permit in lieu of a resident tag in the Northwest Alaska Brown Bear Management Area, which consists of Unit 22, except 22(C), those portions of Unit 23, except the Baldwin Peninsula north of the Arctic Circle, Unit 24, and Unit 26(A), if you have obtained a State registration permit prior to hunting. You may not use aircraft in the Northwest Alaska Brown Bear Management Area in any manner for brown bear hunting under the authority of a brown bear State registration permit, including transportation of hunters, bears or parts of bears. However, this does not apply to transportation of bear hunters or bear parts by regularly scheduled flights to and between communities by carriers that normally provide scheduled service to this area, nor does it apply to transportation of aircraft to or between publicly owned airports.

(iii) Unit-specific regulations:

(A) You may take caribou from a boat moving under power in Unit 26;

(B) In addition to other restrictions on method of take found in this § ____.26, you may also take swimming caribou with a firearm using rimfire cartridges;

(C) In Kaktovik, a Federally-qualified subsistence user (recipient) may designate another Federally-qualified subsistence user to take sheep on his or her behalf unless the recipient is a member of a community operating under a community harvest system. The designated hunter must obtain a designated hunter permit and must return a completed harvest report. The designated hunter may hunt for any number of recipients but may have no more than two harvest limits in his/her possession at any one time;

(D) For the DeLong Mountain sheep hunts—A Federally-qualified subsistence user (recipient) may designate another Federally-qualified subsistence user to take sheep on his or her behalf unless the recipient is a member of a community operating under a community harvest system. The designated hunter must obtain a designated hunter permit and must return a completed harvest report. The designated hunter may hunt for any number of recipients but may have no more than two harvest limits in his/her possession at any one time.

Harvest limits	Open season
Hunting	
Black Bear: 3 bears	July 1–June 30.
Brown Bear:	
Unit 26(A)—1 bear by State registration permit	Sept. 1–May 31.
Unit 26(B) and (C)—1 bear	Sept. 1–May 31.
Caribou:	
Unit 26(A)—10 caribou per day; however, cow caribou may not be taken May 16–June 30. Federal lands south of the Colville River and east of the Killik River are closed to the taking of caribou by non-Federally qualified subsistence users from Aug. 1–Sept. 30.	July 1–June 30.
Unit 26(B)—10 caribou per day; however, cow caribou may be taken only from Oct. 1–Apr. 30	July 1–June 30
Unit 26(C)—10 caribou per day	July 1–Apr. 30.

Harvest limits	Open season
(You may not transport more than 5 caribou per regulatory year from Unit 26 except to the community of Anaktuvuk Pass.)	
Sheep:	
Unit 26(A) and (B)—(Anaktuvuk Pass residents only)—that portion within the Gates of the Gates of the Arctic National Park—community harvest quota of 60 sheep, no more than 10 of which may be ewes and a daily possession limit of 3 sheep per person no more than 1 of which may be a ewe.	July 15–Dec. 31.
Unit 26(A)—(excluding Anaktuvuk Pass residents)—those portions within the Gates of the Arctic National Park—3 sheep.	Aug. 1–Apr. 30.
Unit 26(A)—that portion west of Howard Pass and the Etivluk River (DeLong Mountains)—1 ram with full curl or larger horns by Federal registration permit. The hunter must deliver the horns attached to the skull to the National Park Service or NPS representative within 30 days of harvesting the animal. The NPS or NPS representative will destroy the trophy value by removing and destroying 4 inches from the base of one horn. The Superintendent of the Western Arctic National Parklands will announce the fall/winter harvest quota, if any, prior to the fall season. All harvest quota and season announcements will be done in consultation with ADF&G and BLM.	(a) Aug. 1–Sept. 30. The season will be closed when half of the total fall/winter quota has been harvested in the DeLong Mountains. (b) Dates of the winter season to be announced by the Superintendent of the Western Arctic National Parklands. The season will be closed in the DeLong Mountains on April 1 or when the total quota of sheep has been harvested, whichever comes first.
Unit 26(B)—that portion within the Dalton Highway Corridor Management Area—1 ram with 7/8 curl horn or larger by Federal registration permit only.	Aug. 10–Sept. 20.
Unit 26(A)—remainder and 26(B)—remainder—including the Gates of the Arctic National Preserve—1 ram with 7/8 curl horn or larger.	Aug. 10–Sept. 20.
Unit 26(C)–3 sheep per regulatory year; the Aug. 10–Sept 20 season is restricted to 1 ram with 7/8 curl horn or larger. A Federal registration permit is required for the Oct. 1–Apr. 30 season.	Aug. 10–Sept. 20. Oct. 1–Apr. 30.
Moose:	
Unit 26(A)—that portion of the Colville River drainage downstream from and including the Chandler River—1 bull. Federal public lands are closed to the taking of moose except by Federally qualified users.	Aug. 1–Sept. 14.
Unit 26(A)—remainder—1 bull	Sept. 1–Sept. 14.
Unit 26—remainder	No open season.
Muskox: Unit 26(C)—1 muskox by Federal registration permit only; 12 permits for bulls and 3 permits for cows may be issued to rural Alaska residents of the village of Kaktovik only. However, cows may be taken only from September 15–March 31. Public lands are closed to the taking of muskox, except by rural Alaska residents of the village of Kaktovik during open seasons.	July 15–Mar. 31.
Coyote: 2 coyotes	Sept. 1–Apr. 30.
Fox, Arctic (Blue and White Phase): 2 foxes	Sept. 1–Apr. 30.
Fox, Red (including Cross, Black and Silver Phases):	
Unit 26(A) and (B)—10 foxes; however, no more than 2 foxes may be taken prior to Oct. 1	Sept. 1–Mar. 15.
Unit 26(C)—10 foxes	Nov. 1–Apr. 15.
Hare (Snowshoe and Tundra): No limit	July 1–June 30.
Lynx: 2 lynx	Nov. 1–Apr. 15.
Wolf: 15 wolves	Aug. 10–Apr. 30.
Wolverine: 5 wolverine	Sept. 1–Mar. 31.
Ptarmigan (Rock and Willow): 20 per day, 40 in possession	Aug. 10–Apr. 30.
Trapping	
Coyote: No limit	Nov. 1–Apr. 15.
Fox, Arctic (Blue and White Phase): No limit	Nov. 1–Apr. 15.
Fox, Red (including Cross, Black and Silver Phases): No limit	Nov. 1–Apr. 15.
Lynx: No limit	Nov. 1–Apr. 15.
Marten: No limit	Nov. 1–Apr. 15.
Mink and Weasel: No limit	Nov. 1–Jan. 31.
Muskrat: No limit	Nov. 1–June 10.
Otter: No limit	Nov. 1–Apr. 15.
Wolf: No limit	Nov. 1–Apr. 30.
Wolverine: No limit	Nov. 1–Apr. 15.

Dated: May 28, 2002.

Thomas H. Boyd,

Acting Chair, Federal Subsistence Board.

Kenneth E. Thompson,

Subsistence Program Manager, USDA—Forest Service.

[FR Doc. 02–15734 Filed 6–27–02; 8:45 am]

BILLING CODE 3410–11–P; 4310–55–P

Federal Register

Friday,

June 28, 2002

Part III

Department of Health and Human Services

Centers for Medicare & Medicaid Services

Medicare and Medicaid Programs; Quarterly Listing of Program Issuances—Fourth Quarter, 1999 through First Quarter, 2002; Notice

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS–9880–N]

Medicare and Medicaid Programs; Quarterly Listing of Program Issuances—Fourth Quarter, 1999 through First Quarter, 2002

AGENCY: Centers for Medicare & Medicaid Services (CMS), HHS.

ACTION: Notice.

SUMMARY: This notice lists CMS manual instructions, substantive and interpretive regulations, and other **Federal Register** notices that were published from October 1999, through March 2002, relating to the Medicare and Medicaid programs. This notice also identifies certain devices with investigational device exemption numbers approved by the Food and Drug Administration that potentially may be covered under Medicare, and provides information on national coverage determinations affecting specific medical and health care services under Medicare.

Section 1871(c) of the Social Security Act requires that we publish a list of Medicare issuances in the **Federal Register** at least every 3 months. Although we are not mandated to do so by statute, for the sake of completeness of the listing, we are also including all Medicaid issuances and Medicare and Medicaid substantive and interpretive regulations (proposed and final) published during this timeframe.

FOR FURTHER INFORMATION CONTACT: It is possible that an interested party may have a specific information need and not be able to determine from the listed information whether the issuance or regulation would fulfill that need. Consequently, we are providing information contact persons to answer general questions concerning these items. Copies are not available through the contact persons.

Questions concerning Medicare items in Addendum III may be addressed to Karen Bowman, Office of Communications and Operations Support, Division of Regulations and Issuances, Centers for Medicare & Medicaid Services, C5–13–27, 7500 Security Boulevard, Baltimore, MD 21244–1850, (410) 786–5252.

Questions concerning Medicaid items in Addendum III may be addressed to Cindy Potter, Center for Medicaid State Operations, Policy Coordination and Planning Group, Centers for Medicare & Medicaid Services, S2–01–01, 7500 Security Boulevard, Baltimore, MD 21244–1850, (410) 786–6714.

Questions concerning Food and Drug Administration-approved investigational device exemptions may be addressed to Sharon Hippler, Office of Clinical Standards and Quality, Coverage and Analysis Group, Centers for Medicare & Medicaid Services, C4–11–04, 7500 Security Boulevard, Baltimore, MD 21244–1850, (410) 786–4633.

Questions concerning national coverage determinations should be directed to Kimberly Long, Office of Clinical Standards and Quality, Coverage and Analysis Group, Centers for Medicare & Medicaid Services, S3–11–15, 7500 Security Boulevard, Baltimore, MD 21244–1850, (410) 786–5702.

Questions concerning all other information may be addressed to Christopher McClintick, Office of Communications and Operations Support, Division of Regulations and Issuances, Centers for Medicare & Medicaid Services, C5–13–15, 7500 Security Boulevard, Baltimore, MD 21244–1850, (410) 786–4682.

SUPPLEMENTARY INFORMATION:

I. Program Issuances

The Centers for Medicare & Medicaid Services (CMS) is responsible for administering the Medicare and Medicaid programs. These programs pay for health care and related services for 39 million Medicare beneficiaries and 35 million Medicaid recipients. Administration of these programs involves (1) furnishing information to Medicare beneficiaries and Medicaid recipients, health care providers, and the public and (2) maintaining effective communications with regional offices, State governments, State Medicaid agencies, State survey agencies, various providers of health care, fiscal intermediaries and carriers that process claims and pay bills, and others. To implement the various statutes on which the programs are based, we issue regulations under the authority granted to the Secretary of the Department of Health and Human Services under sections 1102, 1871, 1902, and related provisions of the Social Security Act (the Act). We also issue various manuals, memoranda, and statements necessary to administer the programs efficiently.

Section 1871(c)(1) of the Act requires that we publish a list of all Medicare manual instructions, interpretive rules, statements of policy, and guidelines of general applicability not issued as regulations at least every 3 months in the **Federal Register**. We published our first notice June 9, 1988 (53 FR 21730). Although we are not mandated to do so by statute, for the sake of completeness of the listing of operational and policy statements, we are continuing our practice of including Medicare substantive and interpretive regulations (proposed and final) published during the 3-month time frame.

II. How To Use the Addenda

This notice is organized so that a reader may review the subjects of manual issuances, memoranda, substantive and interpretive regulations, and Food and Drug Administration-approved investigational device exemptions, and national coverage determinations published during the timeframe to determine whether any are of particular interest. We expect this notice to be used in concert with previously published notices. Those unfamiliar with a description of our Medicare manuals may wish to review Table I of our first three notices (53 FR 21730, 53 FR 36891, and 53 FR 50577) published in 1988, and the notice published March 31, 1993 (58 FR 16837). Those desiring information on the Medicare Coverage Issues Manual may wish to review the August 21, 1989 publication (54 FR 34555). Those interested in the procedures used in making national coverage determinations may review the April 27, 1999 publication (64 FR 22619). In this publication, the 1989 proposed rule affecting national coverage procedures and decisions (54 FR 4302) was withdrawn, and the procedures for national coverage determinations established.

To aid the reader, we have organized and divided this current listing into six addenda:

- Addendum I lists the publication dates of the most recent quarterly listings of program issuances.
- Addendum II identifies previous **Federal Register** documents that contain a description of all previously published CMS Medicare and Medicaid manuals and memoranda.
- Addendum III lists a unique CMS transmittal number for each instruction in our manuals or Program Memoranda and its subject matter. A transmittal may consist of a single instruction or many. Often, it is necessary to use information in a transmittal in conjunction with information currently in the manuals.
- Addendum IV lists all substantive and interpretive Medicare and Medicaid regulations and general notices published in the **Federal Register** during the quarters covered by this notice. For each item we list the—
- Date published;

- **Federal Register** citation;
- Parts of the Code of Federal Regulations (CFR) that have changed (if applicable);
- Agency file code number;
- Title of the regulation;
- Ending date of the comment period (if applicable); and
- Effective date (if applicable).
- Addendum V includes listings of the Food and Drug Administration-approved investigational device exemption numbers that have been approved or revised during the quarters covered by this notice. On September 19, 1995, we published a final rule (60 FR 48417) establishing in regulations at 42 CFR 405.201 *et seq.* that certain devices with an investigational device exemption approved by the Food and Drug Administration and certain services related to those devices may be covered under Medicare. It is our practice to announce all investigational device exemption categorizations, using the investigational device exemption numbers the Food and Drug Administration assigns. The listings are organized according to the categories to which the device numbers are assigned (that is, Category A or Category B, and identified by the investigational device exemption number).
- Addendum VI includes completed national coverage determinations from June 28, 1999, the effective date of Medicare's new coverage process. Completed decisions are identified by title, a brief description, effective date, and section in the appropriate federal publication.

III. How To Obtain Listed Material

A. Manuals

Those wishing to subscribe to program manuals should contact either the Government Printing Office (GPO) or the National Technical Information Service (NTIS) at the following addresses:

Superintendent of Documents, Government Printing Office, ATTN: New Orders, P.O. Box 371954, Pittsburgh, PA 15250–7954, Telephone (202) 512–1800, Fax number (202) 512–2250 (for credit card orders); or

National Technical Information Service, Department of Commerce, 5825 Port Royal Road, Springfield, VA 22161, Telephone (703) 487–4630.

In addition, individual manual transmittals and Program Memoranda listed in this notice can be purchased from NTIS. Interested parties should identify the transmittal(s) they want. GPO or NTIS can give complete details on how to obtain the publications they sell. Additionally, most manuals are available at the following Internet address: http://www.hcfa.gov/pubforms/progman.htm.

B. Regulations and Notices

Regulations and notices are published in the daily **Federal Register**. Interested individuals may purchase individual copies or subscribe to the **Federal Register** by contacting the GPO at the address given above. When ordering individual copies, it is necessary to cite either the date of publication or the volume number and page number.

The **Federal Register** is also available on 24x microfiche and as an online database through *GPO Access.* The online database is updated by 6 a.m. each day the **Federal Register** is published. The database includes both text and graphics from Volume 59, Number 1 (January 2, 1994) forward. Free public access is available on a Wide Area Information Server (WAIS) through the Internet and via asynchronous dial-in. Internet users can access the database by using the World Wide Web; the Superintendent of Documents home page address is http://www.access.gpo.gov/nara/index.html, by using local WAIS client software, or by telnet to swais.access.gpo.gov, then log in as guest (no password required). Dial-in users should use communications software and modem to call (202) 512–1661; type swais, then log in as guest (no password required).

C. Rulings

We publish rulings on an infrequent basis. Interested individuals can obtain copies from the nearest CMS Regional Office or review them at the nearest regional depository library. We have, on occasion, published rulings in the **Federal Register**. Rulings, beginning with those released in 1995, are available online, through the CMS Home Page. The Internet address is *http://www.hcfa.gov/regs/rulings.htm.*

D. CMS's Compact Disk-Read Only Memory (CD–ROM)

Our laws, regulations, and manuals are also available on CD–ROM and may be purchased from GPO or NTIS on a subscription or single copy basis. The Superintendent of Documents list ID is HCLRM, and the stock number is 717–139–00000–3. The following material is on the CD–ROM disk:

- Titles XI, XVIII, and XIX of the Act.
- CMS-related regulations.
- CMS manuals and monthly revisions.
- CMS program memoranda.

The titles of the Compilation of the Social Security Laws are current as of January 1, 1999. (Updated titles of the Social Security Laws are available on the Internet at *http://www.ssa.gov/OP_Home/ssact/comp-toc.htm.*) The remaining portions of CD–ROM are updated on a monthly basis.

Because of complaints about the unreadability of the Appendices (Interpretive Guidelines) in the State Operations Manual (SOM), as of March 1995, we deleted these appendices from CD–ROM. We intend to re-visit this issue in the near future and, with the aid of newer technology, we may again be able to include the appendices on CD–ROM.

Any cost report forms incorporated in the manuals are included on the CD–ROM disk as LOTUS files. LOTUS software is needed to view the reports once the files have been copied to a personal computer disk.

IV. How To Review Listed Material

Transmittals or Program Memoranda can be reviewed at a local Federal Depository Library (FDL). Under the FDL program, government publications are sent to approximately 1,400 designated libraries throughout the United States. Some FDLs may have arrangements to transfer material to a local library not designated as an FDL. Contact any library to locate the nearest FDL.

In addition, individuals may contact regional depository libraries that receive and retain at least one copy of most Federal Government publications, either in printed or microfilm form, for use by the general public. These libraries provide reference services and interlibrary loans; however, they are not sales outlets. Individuals may obtain information about the location of the nearest regional depository library from any library.

Superintendent of Documents numbers for each CMS publication are shown in Addendum III, along with the CMS publication and transmittal numbers. To help FDLs locate the materials, use the Superintendent of Documents number, plus the transmittal number. For example, to find the Intermediary Manual, Part 3—Claims Process, (HCFA Pub. 13–3) transmittal entitled ''Mammography Screening,'' use the Superintendent of Documents No. HE 22.8/6 and the transmittal number 1782.

(Catalog of Federal Domestic Assistance Program No. 93.773, Medicare—Hospital Insurance, Program No. 93.774, Medicare—Supplementary Medical Insurance Program, and Program No. 93.714, Medical Assistance Program)

Dated: June 20, 2002.

Jacquelyn Y. White,

Director, Office of Communications and Operations Support.

Addendum I

This addendum lists the publication dates of the most recent quarterly listings of program issuances.

June 4, 1998 (63 FR 30499)
August 11, 1998 (63 FR 42857)
September 16, 1998 (63 FR 49598)
December 9, 1998 (63 FR 67899)
May 11, 1999 (64 FR 25351)
November 2, 1999 (64 FR 59185)
December 7, 1999 (64 FR 68357)
January 10, 2000 (65 FR 1400)
May 30, 2000 (65 FR 34481)

Addendum II—Description of Manuals, Memoranda, and HCFA Rulings

An extensive descriptive listing of Medicare manuals and memoranda was published on June 9, 1988, at 53 FR 21730 and supplemented on September 22, 1988, at 53 FR 36891 and December 16, 1988, at 53 FR 50577. Also, a complete description of the Medicare Coverage Issues Manual was published on August 21, 1989, at 54 FR 34555. (Please note that in this publication the 1989 proposed rule referred to, concerning the criteria for national coverage determinations, was withdrawn (64 FR 22619)). A brief description of the various Medicaid manuals and memoranda that we maintain was published on October 16, 1992 (57 FR 47468).

Addendum III.—Medicare and Medicaid Manual Instructions

Transmittal No.	Manual/Subject/Publication No.
	October 1999 through December 1999
	Intermediary Manual **Part 3—Claims Process** **(HCFA Pub. 13–3)** **(Superintendent of Documents No. HE 22.8/6)**
1782	• Mammography Screening
1783	• Clarification of Reimbursement for Transfers That Result in Same Day Hospice Discharge and Admission
1784	• Bill Review for Partial Hospitalization Services Provided in Community Mental Health Centers
1785	• Payment Calculation for Outpatient Claims Medicare Secondary Payment Modules
1786	• Pneumococcal Pneumonia, Influenza Virus and Hepatitis B Vaccines
1787	• Review of Form HCFA—1450 for Inpatient and Outpatient Bills Inpatient Part B Services Outpatient Services Calculating the Part B Payment HCFA Common Procedure Coding System Addition, Deletion, and Change of Local Codes Reporting Hospital Outpatient Services Using HCFA Common Procedure Coding System Hospital Outpatient Partial Hospitalization Services
	Carriers Manual **Part 3—Claims Process** **(HCFA Pub. 14–3)** **(Superintendent of Documents No. HE 22.8/7)**
1650	• Services Eligible for HPSA Bonus Payments Post-Payment Review
1651	• Identifying a Screening Mammography Claim
1652	• Medicare Physician Fee Schedule Database 2000 File Layout
1653	• Type of Service
1654	• Cryosurgery of the Prostate Gland
1655	• HCFA Common Procedure Coding System
1656	• Coverage of Chiropractic Services
1657	• Review of the Health Insurance Claim Form—HCFA–1500, Item 24
	Program Memorandum **Intermediaries (HCFA Pub. 60A)** **(Superintendent of Documents No. HE 22.8/6–5)**
A–99–43	• File Descriptions and Instructions for Retrieving the 2000 Physician, Clinical Lab, Durable Medical Equipment, Prosthetics/Orthotics and Supplies Fee Schedule Payment Amounts through HCFA's Mainframe Telecommunications Systems
A–99–44	• Discharges to Swing Bed Units and other Post-Acute Care Providers
A–99–45	• Requirements for Billing and Processing Claims for Services Subject to Line Item Data of Service Reporting
A–99–46	• Implementation and Corrections to the Federal Register Notice Published August 5, 1999 for Home Health Agency Cost Limitation Effective October 1, 1999
A–99–47	• Extended Repayment Schedules for Home Health Agencies Affected by the Interim Payment System
A–99–48	• Renewal of Program Memorandum A–97–8—Instructions to Implement the New Medicare Summary Notice Combined with Program Memorandum AB–98–31
A–99–49	• Proper Reporting and Acceptance of Non-covered Changes and Related Revenue Codes
A–99–50	• Policy Clarification: Coding for Adequacy of Hemodialysis

ADDENDUM III.—MEDICARE AND MEDICAID MANUAL INSTRUCTIONS—Continued

Transmittal No.	Manual/Subject/Publication No.
A–99–51	• FY 2000 Prospective Payment System Tax, Equity, and Fiscal Responsibility Act Hospital, and Other Bill Processing Changes
A–99–52	• Home Health Agency Instructions for the Provision of Advance Beneficiary Notices And for Mandatory Claims Submission (Demand Bills)
A–99–53	• Skilled Nursing Facility Election of Immediate Transition to 100% Federal Rate and Special Rules for Certain Skilled Nursing Facilities
A–99–54	• Advance Beneficiary Notices Must Be Given To Beneficiaries and Demand Bills Must Be Submitted Promptly By Home Health Agencies
A–99–55	• HAS BEEN RESCINDED AND WILL NOT BE RELEASED
A–99–56	• Reopenings for Sole Community Hospital and Medicare Dependent Hospital Cost Reports Due to the Change to the Cost Report Instructions in Calculating the Hospital Specific Amount on Form HCFA–2552–96 and Form HCFA–2552–92
A–99–57	• Hospital Outpatient Procedures: Billing for Contrast Material (Clarification)
A–99–58	• Hospital Outpatient Procedures: Medicare Changes for Radiology and Other Diagnostic Coding Due to the 1999 HCFA Common Procedure Coding System Update; Revised Modifiers
A–99–59	• New Composite Payment Rates Effective January 1, 2000, and Reopening of the Exception Process Under the End Stage Renal Disease Composite Rate System
A–99–60	• Implementation of H.R. 3426, the Medicare, Medicaid, and the State Child Health Insurance Program Balanced Budget Refinement Act of 1999, P.L. 106–113, Section 303 (a) Which Revises the Per-Beneficiary Limitations on Home Health Agency Costs for Certain Home Health Agencies
A–99–61	• Special Adjustment for Federal Skilled Nursing Facility Prospective Payment Rates and Special Payment Rules Applicable to Certain Skilled Nursing Facilities
A–99–62	• Clarification of Allowable Medicaid Days in the Medicare Disproportionate Share Hospital Adjustment Calculation
	Program Memorandum Carriers (HCFA Pub. 60B) (Superintendent of Documents No. HE 22.8/6–5)
B–99–35	• Enrollment of Independent Diagnostic Testing Facilities
B–99–36	• Schedule for Completing the Calendar Year 2000 Update and Enrollment Process for the Medicare Physician Fee Schedule Database
B–99–37	• Calendar Year 2000 Participation Enrollment and Medicare Participating Physicians and Suppliers Directory Procedures
B–99–38	• Addition of Current Procedural Terminology Code 00300 to Use with G8 Monitored Anesthesia Care Modifier
B–99–39	• Corrections to Calendar Year 2000 Medicare Physician Fee Schedule Database and Year 2000 Fact Sheet
B–99–40	• Delay of Change to Form HCFA–1500 Instructions for Processing Physician Claims in Global Payment Systems (Change Request #457)
B–99–41	• Instructions to Implement the New Medicare Summary Notice Program Memorandum B–98–4 and AB–98–31
B–99–42	• Calculation of National Standard Format for Electronic Remittance Advice Amount Fields and Balancing of Data; and Clarification to Claim Field EAO 21 for Coordination of Benefits
B–99–43	• Issues Related to Critical Care Policy
B–99–44	• Medicare Enrollment of Physical Therapists in Private Practice and Occupational Therapists in Private Practice Effective on or after January 1, 1999
B–99–45	• Emergency Changes to the 2000 Medicare Physician Fee Schedule Database
	Program Memorandum Intermediaries/Carriers (HCFA Pub. 60A/B) (Superintendent of Documents No. HE 22.8/6–5)
AB–99–72	• Instructions for Implementing and Updating 2000 Payment Amounts for Durable Medical Equipment, Prosthetics, Orthotics, and Supplies
AB–99–73	• 2000 Payment Limit for Ambulance Services
AB–99–74	• Clarification to Medicare Carrier Manual § 2130 Prosthetic Devices and Coverage Issues Manual § 60–9 Durable Medical Equipment Reference List—Coverage Intermittent Catheterization
AB–99–75	• Interim Instructions for Processing Claims for Factor VIIa (Coagulation Factor, Recombinant)
AB–99–76	• Education of Medicare Providers on the Adoption of Standard Electronic Health Care Transaction Formats in the United States
AB–99–77	• Implementation of Edits for Prostate Cancer Screening
AB–99–78	• Notice of New Interest Rate for Medicare Overpayments and Underpayments
AB–99–79	• Collection of Comprehensive Encounter Data for Long-Term Care Demonstrations (Social Health Maintenance Organization, EverCare), Dual Eligible Demonstrations and Department of Defense Subvention Demonstration
AB–99–80	• Clinical Diagnostic Laboratory Organ or Disease Panel Codes Billing Procedures for January 2000
AB–99–81	• Calculation of Average Allowed Charges for Residual Items and Services Excluding Ambulance Services, Subject to the Reasonable Charge Payment Methodology
AB–99–82	• Procedures for Reporting of Medicare Contractor *NON*-Medicare Secondary Payer Currently Not Collectible Debts
AB–99–83	• Final Rule Revising and Updating Medicare Policies Concerning Ambulance Services
AB–99–84	• Implementation of Calendar Year 2000 Clinical Diagnostic Laboratory Fee Schedule and Laboratory and Ambulance Costs Subject to Reasonable Charge Payment Methodology in 2000
AB–99–85	• Clinical Diagnostic Laboratory Organ or Disease Panel Codes Claims Processing Procedures for April 2000
AB–99–86	• Durable Medical Equipment Regional Carrier Operating Instructions for New National Coverage of the Continuous Subcutaneous Insulin Infusion Pump, Effective for Services Performed on or after April 1, 2000

ADDENDUM III.—MEDICARE AND MEDICAID MANUAL INSTRUCTIONS—Continued

Transmittal No.	Manual/Subject/Publication No.
AB–99–87	• Clarification of Medicare Coverage of Abortion Services Instruction
AB–99–88	• Program Memorandum on Statements of Intent to File Claims for Claims Filing Periods That End on December 31, 1999
AB–99–89	• Start Date Options for Processing Year 2000 Services
AB–99–90	• Clarification of Program Memorandum Transmittal No. AB–98–35 (Consolidated Billing for Skilled Nursing Facilities) and Revision to Transmittal No. AB–98–18 (Consolidated Billing for Skilled Nursing Facilities)
AB–99–91	• Instructions for Implementing and Tracking the Medicare Fraud and Abuse Incentive Reward Program
AB–99–92	• Temporary Conversion from Bundled Payments to Regular Medicare Payments for The Participating Centers of Excellence Demonstration Testing Beginning with Discharges after December 31, 1998
AB–99–93	• Extension of the Limitation on Payment for Services to Individuals Entitled to Benefits On the Basis of End Stage Renal Disease Who Are Covered by Group Health Plans
AB–99–94	• Reimbursement for Ambulance Services to Non-hospital-Based Dialysis Facilities
AB–99–95	• Access to Eligibility Data by Eligibility Verification Vendors
AB–99–96	• Data Collection for Program Integrity Y2K Contingency Planning
AB–99–97	• HCFA Office of the Inspector General Hotline Referrals
AB–99–98	• Extension of Medicare Benefits for Immunosuppressive Drugs
AB–99–99	• Cervical or Vaginal Smear Tests (Pap Smears) Included in Calendar Year 2000 Clinical Diagnostic Laboratory Fee Schedule
AB–99–100	• Model Acknowledgment Letters for Valid and Invalid Written Statements of Intent to Claim Medicare Benefits (As Referenced In PM Transmittal AB–99–88)
AB–99–101	• Section 221 of the Balanced Budget Refinement Act of 1999 ''Revision of Provisions Relating to Therapy Services''
	Program Memorandum State Survey Agencies (HCFA Pub. 65) (Superintendent of Documents No. HE 22.8/6–5)
99–2	• Guideline and Exhibits Regarding Regulatory Requirements for Comprehensive Assessment and Use of the Outcome and Assessment Information Set
	State Operations Manual Provider Certification (HCFA Pub. 7) (Superintendent of Documents No. HE 22.8/12)
11	• State Agency Identification of Potential Provider and Suppliers Provider-Based Designation Hospital Merger/Multiple Campus Criteria Certification of Hospitals with Multiple Components as Single Hospital
12	• Appendix A, Survey Procedures for Hospitals
13	• Introduction Definitions and Acronyms Emphasis, Components and Applicability Informal Dispute Resolution Certification of Compliance and Noncompliance for Skilled Nursing Facility and Nursing Facilities Action When Facility is not in Substantial Compliance Appeal of Certification of Noncompliance Certification—Related Terms Notice Requirements Timing of Civil Money Penalties Enforcement Action When Immediate Jeopardy Exists Key Dates When Immediate Jeopardy Exists Enforcement Action When Immediate Jeopardy Does Not Exist Special Procedures for Recommending and Providing Notice of Category 1 Remedies and Denial of Payment for New Admissions Key Dates When Immediate Jeopardy Does Not Exist Response to the Plan of Correction New Deficiencies Identified Action When There is Substandard Quality of Care Skilled Nursing Facility/Nursing Facility Readmission to Medicare or Medicaid Program After Termination Enforcement Remedies for Skilled Nursing Facilities and Nursing Facilities Life Safety Code Enforcement Guidelines for Skilled Nursing Facilities and Nursing Facilities Denial of Payment for All New Medicare and Medicaid Admissions for Skilled Nursing Facilities and Nursing Facilities Basis for Imposing Civil Money Penalties Determining Amount of Civil Money Penalty Effective Date of Civil Money Penalty Duration of Civil Money Penalty Appeal of Noncompliance Which Led to Imposition of Civil Money Penalty Notice of Amount Due and Collectible Continuation of Payment During Remediation Sanctions for Inadequate State Survey Performance

ADDENDUM III.—MEDICARE AND MEDICAID MANUAL INSTRUCTIONS—Continued

Transmittal No.	Manual/Subject/Publication No.
	Peer Review Organization Manual (HCFA Pub. 19) (Superintendent of Documents No. HE 22.8/8–15)
77	• Introduction
	Assistants at Cataract Surgery
	Hospital and Medicare+Choice Organization Notices of Non-coverage
	Hospital-Requested Higher-Weighted Diagnostic Related Group Assignments
	Potential Concerns Identified During Project Data Collection
	Referrals
78	• Introduction
	Quality Improvement Project Process
	Selecting a Clinical Topic
	Identifying Quality Indicators
	Measuring Baseline Performance on Quality Indicators
	Developing and Conducting Interventions
	Remeasuring Performance on Quality Indicators
	Documenting and Disseminating Results
	National and Regional Projects
	Local Projects
	Medicare+Choice Organization Projects
	Related Activities through Peer Review Organization, Carrier, Intermediary, and End-Stage Renal Disease Network Cooperation
	Information Collection
	Publication Policy
	Project Data Collection
79	• Notice of Discharge and Medicare Appeal Rights Citations and Authority
	Notice of Discharge and Medicare Appeal Rights
	Medicare Enrollee Request for Peer Review Organization Immediate Review
80	• Physician/Provider Meeting Activities Required by Statute
	Physician/Provider Meeting Activities Required by Peer Review Organization Contract
	Peer Review Organization/Intermediary/Carrier Coordination Activities
	Additional Peer Review Organization/Carrier Coordination Activities
	Background
	Confidentiality Requirements
	Report Requirements
	Publication Requirements
	Hospital Manual (HCFA Pub. 10) (Superintendent of Documents No. HE 22.8/2)
745	• Billing for Mammography Screening
746	• Pneumococcal Pneumonia, Influenza Virus, and Hepatitis B Vaccines
747	• HCFA Common Procedure Coding System
	Reporting Outpatient Services Using HCFA Common Procedure Coding System
	Billing for Hospital Outpatient Partial Hospitalization Services
	Completion of Form HCFA—1450 for Inpatient and/or Outpatient Billing
	Home Health Agency Manual (HCFA Pub. 11) Superintendent of Documents No. HE 22.8/5
291	• Billing for Pneumococcal Pneumonia, Influenza Virus, and Hepatitis B Vaccines
	Skilled Nursing Facility Manual (HCFA Pub. 12) Superintendent of Documents No. HE 22.8/3
361	• Special Billing Instructions for Pneumococcal Pneumonia, Influenza Virus, and Hepatitis B Vaccines

ADDENDUM III.—MEDICARE AND MEDICAID MANUAL INSTRUCTIONS—Continued

Transmittal No.	Manual/Subject/Publication No.
	Medicare Rural Health Clinic & Federally Qualified Health Centers Manual (HCFA Pub. 27) Superintendent of Documents No. HE 22.8/19:985
34	• Billing for Mammography Screening by Rural Health Clinics and Federally Qualified Health Centers
	Medicare Renal Dialysis Facility Manual (Non-Hospital Operated) (HCFA Pub. 29) Superintendent of Documents No. HE 22.8/13
87	• Pneumococcal Pneumonia, Influenza Virus and Hepatitis B Vaccines
	Hospice Manual (HCFA Pub. 21) Superintendent of Documents No. HE 22.8/18
56	• Billing for Covered Medicare Services After Hospice Benefits are Exhausted • Clarification of Reimbursement for Transfers That Result in Same Day Hospice Discharge and Admission
57	• Special Billing Instructions for Pneumococcal Pneumonia, Influenza Virus and Hepatitis B Vaccines
	Outpatient Physical Therapy and Comprehensive Outpatient Rehabilitation Facility Manual (HCFA Pub. 9) Superintendent of Documents No. HE 22.8/9
7	• Billing Instructions for Partial Hospitalization Services Provided in Community Mental Health Centers
8	• Pneumococcal Pneumonia, Influenza Virus, and Hepatitis B Vaccines
	Coverage Issues Manual (HCFA Pub. 6) Superintendent of Documents No. HE 22.8/14
120	• Infusion Pumps
121	• Adult Liver Transplantation
	Provider Reimbursement Manual—Part 1 (HCFA Pub. 15–1) (Superintendent of Documents No. HE 22.8/4)
410	• Dismissal for Lack of Board Jurisdiction Provider Reimbursement Review Board Jurisdiction
411	• Development of Skilled Nursing Facility Inpatient Routine Service Cost Limits Provider Requests Regarding Applicability of Cost Limits Requests Regarding New Provider Exemption General Requirements Intermediary Responsibilities Regarding Exceptions Provider-Based Designation Classification of Skilled Nursing Facilities for Cost Limit Application
412	• Regional Medicare Swing-Bed Skilled Nursing Facility Rates
	Provider Reimbursement Manual—Part 2 Provider Cost Reporting Forms and Instructions Chapter 32—Form HCFA–1728–94 (HCFA Pub. 15–2–32) (Superintendent of Documents No. HE 22.8/4)
8	• Home Health Agency Cost Report
	Provider Reimbursement Manual—Part 2 Provider Cost Reporting Forms and Instructions Chapter 35—Form HCFA–2540–96 (HCFA Pub. 15–2–35) (Superintendent of Documents No. HE 22.8/4)
6	• Skilled Nursing Facility and Skilled Nursing Facility Complex Cost Report
7	• Skilled Nursing Facility and Skilled Nursing Facility Complex Cost Report

ADDENDUM III.—MEDICARE AND MEDICAID MANUAL INSTRUCTIONS—Continued

Transmittal No.	Manual/Subject/Publication No.
	Provider Reimbursement Manual—Part 2 **Provider Cost Reporting Forms and Instructions** **Chapter 36—Form HCFA–2552–96** **(HCFA Pub. 15–2–36)** **(Superintendent of Documents No. HE 22.8/4)**
6	• Hospital and Hospital Health Care Complex, Cost Reporting Form
	Provider Reimbursement Manual—Part 2 **Provider Cost Reporting Forms and Instructions** **Chapter 37—Form HCFA–2540S–97** **(HCFA Pub. 15–2–37)** **(Superintendent of Documents No. HE 22.8/4)**
2	• Skilled Nursing Facility Cost Report
	State Medicaid Manual—Part 4 **Services** **(HCFA Pub. 45–5)** **Superintendent of Documents No. HE 22. 8/10**
73	• Personal Care Services
	Medicare/Medicaid **Sanction—Reinstatement Report** **(HCFA Pub. 69)**
99–10	• Report of Physicians/Practitioners, Providers and/or Other Health Care Suppliers Excluded/Reinstated—September 1999
99–11	• Report of Physicians/Practitioners, Providers and/or Other Health Care Suppliers Excluded/Reinstated—October 1999
99–12	• Report of Physicians/Practitioners, Providers and/or Other Health Care Suppliers Excluded/Reinstated—November 1999
	January 2000 through March 2000
	Intermediary Manual **Part 3—Claims Process** **(HCFA Pub. 13–3)** **(Superintendent of Documents No. HE 22.8/6)**
1788	• Provider Electronic Billing File Record Formats
1789	• HCFA Common Procedure Coding System for Hospital Outpatient Radiology Services and Other Diagnostic Procedures
1790	• Oral Cancer Drugs
1791	• Claims Processing Timeliness
	Carriers Manual **Part 2—Program Administration** **(HCFA Pub. 14–2)** **(Superintendent of Documents No. HE 22.8/7–3)**
140	• Function Standards for Claims Processing Claims Operations
	Carriers Manual **Part 3—Program Administration** **(HCFA Pub. 14–3)** **(Superintendent of Documents No. HE 22.8/7)**
1658	• Billing Requirement for Global Surgeries
1659	• External Counterpulsation
1660	• Clinical Psychologists Services
1661	• National Emphysema Treatment Trial Background Coverage Summary Beneficiaries Participating in the Study Sites of Service Format for Submitted Claims Identifying National Emphysema Treatment Trial Bypassing Existing Edits in Your System Common Working File Processing of National Emphysema Treatment Trial Dates of Service Late Claim Submission Termination of the Beneficiary's Participation Coding Payment Managed Care

ADDENDUM III.—MEDICARE AND MEDICAID MANUAL INSTRUCTIONS—Continued

Transmittal No.		Manual/Subject/Publication No.
		Responding to Billing Questions Denied Claims Participating Clinical Center
1662	•	Transmyocardial Revascularization Medicare Coverage of Abortion Services
1663	•	Pancreas Transplants Billing Instructions Pancreas Transplants

Program Memorandum
Intermediaries (HCFA Pub. 60A)
(Superintendent of Documents No. HE 22.8/6–5)

A–00–01	•	Consolidated Billing for Skilled Nursing Facility Patients When Receiving Outpatient Emergency Care in a Medicare-Participating Hospital or Critical Access Hospital
A–00–02	•	Installation of the Medicare Outpatient Code Editor Version 15.1
A–00–03	•	Implementation of H. R. 3426, the Medicare, Medicaid, and the State Child Health Insurance Program Balanced Budget Refinement Act of 1999, P.L 106–113, Section 301 (a) Which Provides an Adjustment to Defray the Cost Incurred by a Home Health Agency Attributable to Data Collection and Reporting Requirements Under the Outcome and Assessment Information Set
A–00–04	•	Provider Statistical and Reimbursement Report Unibill Record
A–00–05	•	Claims Processing Instructions for the National Institutes of Health National Emphysema Treatment Trial
A–00–06	•	Instructions for an End-Stage Renal Disease Facility to Retain Its Previously Approved Exception Payment Rate
A–00–07	•	Addition of Modifiers 25, 58, 78, and 79 to the List of Modifiers Approved for Hospital Outpatient Use and Correction to Program Memorandum A–99–41
A–00–08	•	Payment Safeguard Review of Skilled Nursing Facility Prospective Payment Bills—Updated Instructions
A–00–09	•	Hospital Outpatient Services Prospective Payment System Background
A–00–10	•	Discarding Program Memoranda on Surety Bonds
A–00–11	•	Medicare Home Health Benefit-Section 4615 of the Balanced Budget Act of 1997, Clarification That No Home Health Benefits Are Authorized Based Solely on Drawing Blood
A–00–12	•	Revision of Final Date to Accept Abbreviated Version of the UB–92 for Encounter Data Collection
A–00–13	•	Procedures for Financial Reporting of Medicare Letter of Credit Draws and Collections between the Hospital Insurance and Supplemental Medicare Insurance Trust Funds
A–00–14	•	Hospital Outpatient Radiology Services
A–00–15	•	Hospital Outpatient Procedures: Medicare Changes for Radiology and Other Diagnostic Coding Due to the 1998 HCFA Common Procedure Coding System Update: Changes Miscellaneous
A–00–16	•	The Balanced Budget Refinement Act Revision to PM Trasmittal No. A–99–51: FY 2000 Prospective Payment System and Excluded Hospital Bill Processing Changes—Wage Adjust 75th Percentile Cap of the Target Amounts or Excluded Hospitals and Units

Program Memorandum
Carriers
(HCFA Pub. 60B)
(Superintendent of Documents No. HE 22.8/6–5)

B–00–01	•	Paramedic Intercept Provisions of the Balanced Budget Act of 1997
B–00–02	•	Payment for Teleconsultations in Rural Health Professional Shortage Areas
B–00–03	•	Emergency Change to the 2000 Medicare Physician Fee Schedule Database
B–00–04	•	Fee-for Services Enrollment of Managed Care Organizations for the Indirect Payment Procedure
B–00–05	•	Adjustment to Remittance Advice Explanation of Medicare Benefits and Medicare Summary Notice Messages Generated by Carriers for Services Subject to the Facility/Non-Facility Payment Differential on the Medicare Physician Fee Schedule Database
B–00–06	•	Matrix to Complete Provider/Supplier Enrollment Application (Form HCFA–855)
B–00–07	•	Change to Correct Coding Edits, Version 6.1, Effective April 1, 2000
B–00–08	•	Instruction for Usage of the Revised Oxygen Certificate of Medical Necessity Form 484.2 (11/99)
B–00–09	•	Clarification of Medicare Policies Concerning Ambulance Services
B–00–10	•	First Quarterly Update to the 2000 Medicare Physician Fee Schedule Database
B–00–11	•	Paramedic Intercept—New Definition for Rural
B–00–12	•	Notification Process for Changes to Health Professional Shortage Area Designations
B–00–13	•	Calculation of National Standard Format for Electronic Remittance Advice Amount Fields and Balancing of National Standard Format Data; and Clarification to Claim National Standard Format Field EAO 21 for Coordination of Benefits—Modification of Program Memorandum B–99–42 (CR1016) of December 1999

Program Memorandum
Intermediaries/Carriers
(HCFA Pub. 60A/B)
(Superintendent of Documents No. HE 22.8/6–5)

AB–00–01	•	Prospective Payment System for Outpatient Rehabilitation Services and Application of Financial Limitation
AB–00–02	•	Durable Medical Equipment Regional Carrier—Pre Discharge Delivery of Durable Medical Equipment Prosthetic, Orthotics & Supplies for Fitting and Training
AB–00–03	•	Notice of New Interest Rate for Medicare Overpayments and Underpayments

ADDENDUM III.—MEDICARE AND MEDICAID MANUAL INSTRUCTIONS—Continued

Transmittal No.	Manual/Subject/Publication No.
AB–00–04	• April Quarterly Update for 2000 Durable Medical Equipment, Prosthetics, Orthotics, and Supplies Fee Schedule
AB–00–05	• Operating Instructions for Expanded Coverage of the Electrical Osteogenic Stimulator for Fracture Healing. Effective for Services Performed on or after 4/1/2000
AB–00–06	• Do not Forward Initiative
AB–00–07	• Moratorium on Data Center Movements
AB–00–08	• Payment for All Comprehensive Outpatient Rehabilitation Facility Services Under the Medicare Physician Fee Schedule
AB–00–09	• Transmittal number AB–00–09 has been reserved for Y2k contingency planning and will have a limited distribution.
AB–00–10	• Implementing Instructions for Services Provided in Religious Nonmedical Health Care Institutions
AB–00–11	• Medicare Secondary Payer—Identification and Write Off/Adjustment of Medicare Secondary Payer Settlement Related Group Health Plan Based Accounts Receivable, and Write Off of Unsupportable
AB–00–12	• Correction to Coordination of Benefits Contractor Numbers
AB–00–13	• New Waived Tests—Effective Data Receipt
AB–00–14	• Questions and Answers Regarding the Prospective Payment System for Outpatient Rehabilitation Services and Physical Medicine Current Procedural Terminology Coding Guidance
AB–00–15	• Delay of Hyperbaric Oxygen Therapy Coverage Policy
AB–00–16	• Instructions to All Medicare Contractors for Reporting Audited Year 2000 Costs on the Final Administrative Costs Proposals
AB–00–17	• Clarification of Liver Transplant Policy
AB–00–18	• Consolidated Billing for Skilled Nursing Facilities—The Balanced Budget Refinement Act of 1999
AB–00–19	• Access to Eligibility Data by Eligibility Verification Vendors
AB–00–20	• Guidance on April Release Implementation
	State Operations Manual Provider Certification (HCFA Pub. 7) (Superintendent of Documents No. HE 22.8/12)
14	• Nurse Aid Training and Competency Evaluation Programs and Competency Evaluation Programs
	Peer Review Organization Manual (HCFA Pub. 19) (Superintendent of Documents No. HE 22.8/8–15)
81	• Peer Review Organization Responsibilities • Background • Statutory Authority for Memorandum of Agreement • Scope • Provider Memorandum of Agreement Specifications • Introduction • Intermediary/Carrier Memorandum of Agreement Specifications
	Hospital Manual (HCFA Pub. 10) (Superintendent of Documents No. HE 22.8/2)
748	• HCFA Common Procedure Coding System for Hospital Outpatient Radiology Services and Other Diagnostic Procedures
749	• Oral Cancer Drugs Oral Anti-Nausea Drugs as Full Therapeutic Replacements for Intravenous Dosage Forms as Part of a Cancer Chemotherapeutic Regimen
750	• Claims Processing Timelines
	Home Health Agency Manual (HCFA Pub. 11) Superintendent of Documents No. HE 22.8/5
292	• Claims Processing Timeliness **Skilled Nursing Facility Manual (HCFA Pub. 12)Superintendent of Documents No. HE 22.8/3**
362	• Claims Processing Timeliness
	Rural Health Clinic Manual & Federally Qualified Health Centers Manual (HCFA Pub. 27) Superintendent of Documents No. He 22.8/19:985
35	• Claims Processing Timeliness
	Renal Dialysis Facility Manual (Non-Hospital Operated) (HCFA Pub. 29) Superintendent of Documents No. 22. 8/13
88	• Claims Processing Timeliness

ADDENDUM III.—MEDICARE AND MEDICAID MANUAL INSTRUCTIONS—Continued

Transmittal No.	Manual/Subject/Publication No.
	Hospice Manual (HCFA Pub. 21) Superintendent of Documents No. HE 22. 8/18
58	• Claims Processing Timeliness
	Outpatient Physical Therapy and Comprehensive Outpatient Rehabilitation Facility Manual (HCFA Pub. 9) Superintendent of Documents No. HE 22. 8/9
9	• Claims Processing Timeliness
	Coverage Issues Manual (HCFA Pub. 6)Superintendent of Documents No. HE 22. 8/14
122	• External Counterpulsation for Severe Angina
123	• Osteogenic Stimulation
	Provider Reimbursement Manual—Part 1 (HCFA Pub. 15–1) (Superintendent of Documents No. HE 22.8/4)
413	• Travel Expense
	State Medicaid Manual Part 2—State Organization and General Administration (HCFA Pub. 45–2) Superintendent of Documents No. HE 22. 8/10
92	• Compliance with Disclosure of Information on Physician Incentive Plan Regulations
	Medicare/Medicaid Sanction—Reinstatement Report (HCFA Pub. 69)
00–01	Report of Physicians/Practitioners, Providers and/or Other Health Care Suppliers Excluded/Reinstated—December 1999
00–02	Report of Physicians/Practitioners, Providers and/or Other Health Care Suppliers Excluded/Reinstated—January 2000
00–03	Report of Physicians/Practitioners, Providers and/or Other Health Care Suppliers Excluded/Reinstated—February 2000
	[April 2000 through June 2000]
	Intermediary Manual Part 2—Claims Process (HCFA Pub. 13–2) (Superintendent of Documents No. HE 22.8/6)
413	• Assessment of Benefit Savings Attributable to Medical Review Activities
414	• These Manual Changes Reflect Budget Performance Requirements implemented in Fiscal Year 2000 for the Beneficiary Telephone Customer Service
	Intermediary Manual Part 3—Claims Process (HCFA Pub. 13–3) (Superintendent of Documents No. HE 22.8/6)
1792	• Payment for Blood Clotting Factor Administered to Hemophilia Inpatients
1793	• Clarification of Reimbursement for Transfers That Result in Same Day Hospice Discharge and Admission
1794	• Billing for Abortion Services
1795	• Review of Form HCFA–1450 for Inpatient and Outpatient Bills Review of Hospice Bills
1796	• Provider Electronic Billing File and Record Formats
1797	• Routine Services and Appliances Pneumococcal Pneumonia, Influenza Virus and Hepatitis B Vaccines
1798	• Limitation of Liability for Provider Claims Under Parts A and B of Medicare Program Medical Review for Coverage of Skilled Nursing Facility Services
1799	• Medicare Rural Hospital Flexibility Program Requirements for Critical Access Hospital Services and Critical Access Hospital Long-Term Care Services Payment for Services Furnished by a Critical Access Hospital Services
	Carriers Manual Part 2—Claims Process (HCFA Pub. 14–2) (Superintendent of Documents No. HE 22.8/7)
141	These Manual Changes Reflect Budget Performance Requirements Implemented in Fiscal Year 2000 for Beneficiary Telephone Customer Service

ADDENDUM III.—MEDICARE AND MEDICAID MANUAL INSTRUCTIONS—Continued

Transmittal No.	Manual/Subject/Publication No.
	Carriers Manual Part 3—Claims Process (HCFA Pub. 14–3) (Superintendent of Documents No. HE 22.8/7)
1664	• Payment for Oral Anti-Emetic Drugs When Used as Full Replacement for Intravenous Anti-Emetic Drugs as Part of a Cancer Chemotherapeutic Regimen Claims Processing Jurisdiction
1665	• Correction in Section G, to the Type of Service for 78267 and 78268
1666	• Chiropractic Services
1667	• Reasonableness and Necessity Billing for Pneumococcal, Hepatitis B, and Influenza Virus Vaccines Billing Requirements Payment Requirements Simplified Roster Bills
1668	• Durable Medical Equipment, Prosthetic, and Orthotic Supplies: Contents have been moved to the Program Integrity Manual (Pub. 83) Medical Review Program General Information: Contents have been moved to the Program Integrity Manual (Pub. 83) Fraud and Abuse Background, Exhibits and Appendices: Contents have been moved to the Program Integrity Manual (Pub. 83)
1669	• Durable Medical Equipment Regional Carrier Billing Procedures
	Program Memorandum Intermediaries (HCFA Pub. 60A) (Superintendent of Documents No. HE 22.8/6–5)
A–00–17	• Change to FY 2000 Hospital Prospective Payment System Policies as Required by the Medicare, Medicaid, and State Child Health Insurance Program Balanced Budget Refinement Act of 1999, P. L. 106–113
A–00–18	• Fiscal Intermediary Community Mental Health Center Enrollment and Change of Ownership Site Visit Process and Coordination with National Site Visit Contractor
A–00–19	• Implementation of Provider Enrollment, Chain and Ownership System
A–00–20	• The Report of Benefit Savings
A–00–21	• Revised Outpatient Code Editor Specifications for the Outpatient Prospective Payment System
A–00–22	• Instructions For Reporting Additional Detailed Information of Form HCFA–750 Contractor Financial Report (Fiscal Intermediaries Only)
A–00–23	• Hospital Outpatient Prospective Payment System Implementation Instructions
A–00–24	• Upcoming Training on Home Health Prospective Payment System, Outpatient Prospective Payment System and Skilled Nursing Prospective Payment System Refinements and Consolidated Billing
A–00–25	• Provider Statistical and Reimbursement Report
A–00–26	• Payment of Skilled Nursing Facility Claims for Beneficiaries Disenrolling from Terminating Medicare+Choice Plans Who Have Not Met the 3-Day Stay Requirement
A–00–27	• Permitting Reclassification of Certain Urban Hospitals as Rural Application Procedures
A–00–28	• Clarification of Provider Cost Report Filing Requirements
A–00–29	• Electronic Filing of Provider Cost Reports; Home Health Agencies and Skilled Nursing Facilities
A–00–30	• Announcement of Medicare Rural Health Clinics and Federally Qualified Health Centers Payment Rate Increases and Policy Clarifications and Guidance for Services Furnished by Rural Health Clinics and Federally Qualified Health Centers
A–00–31	• Reporting a Patient's Reason for Visit on a Part A Outpatient Claim
A–00–32	• Effectuating Favorable Final Appellate Decisions That a Beneficiary is ''Confined to Home''—Regional Home Health Intermediaries Only
A–00–33	• Education and Outreach to Coordination of Benefits Trading Partners
A–00–34	• Provider Statistical and Reimbursement Report
A–00–35	• Revised Outpatient Code Editor Specifications for the Outpatient Prospective Payment System
A–00–36	• Hospital Outpatient Prospective Payment System Implementation Instructions
A–00–37	• Line Item Denials and the Reporting of Savings Generated by Claim Expansion and Line Item Processing
	Program Memorandum Carriers (HCFA Pub. 60B) (Superintendent of Documents No. HE 22.8/6–5)
B–00–14	• Revisions to Durable Medical Equipment Regional Carrier Information Form (DIF) Immunosuppressive Drugs Durable Medical Equipment Regional Carrier Form (latest revision 7/25/95)
B–00–15	• Change to Health Insurance Claim Form HCFA–1500 Instructions for Processing Physician Claims in Global Payment Systems
B–00–16	• Provider Education Article: Role of Physicians in the Home Health Prospective Payment System
B–00–17	• Emergency Changes to the 2000 Medicare Physician Fee Schedule Database
B–00–18	• Emergency Changes to the 2000 Medicare Physician Fee Schedule Database
B–00–19	• Durable Medical Equipment Regional Carrier Report on Expansion of Immunosuppressive Drugs
B–00–20	• Collection and Submission of Data for the Provider Enrollment and Chain Ownership System
B–00–21	• 2000 Jurisdiction List
B–00–22	• Durable Medical Equipment Regional Carriers and New Oral Anti-Cancer Drugs Approved for Use by Medicare

ADDENDUM III.—MEDICARE AND MEDICAID MANUAL INSTRUCTIONS—Continued

Transmittal No.	Manual/Subject/Publication No.
B–00–23	• Business Requirements For Processing Physician Encounter Data In The HCFA Data Center
B–00–24	• Issues Involving Certificates of Medical Necessity Certified Medical Necessity and Cover Letters for Certified Medical Necessity
B–00–25	• New Temporary K Codes for Hydrogel Impregnated Gauze
B–00–26	• Carrier Adjustments to be Made for Payment for HCFA Common Procedure Coding System Code 90669, Pneumococcal Conjugate Vaccine, Polyvalent, for Intramuscular Use
B–00–27	• Durable Medical Equipment Regional Carriers Common Working File Changes for Codes J8999, E0784, E0781, A4230–4232, E0616, and E0749
B–00–28	• Billing of Influenza (Flu) and Pneumococcal Pneumonia Vaccine Virus Claims for Authorized Centralized Billing Providers to be Processed Through One Designated Carrier
B–00–29	• Correct Effective Date for Adjustment in Payment Amounts for New Technology Intraocular Lenses Furnished by Medicare-Approved Ambulatory Surgical Centers
B–00–30	• Clarification of Billing for G0170 and G0171
B–00–31	• Use of Common Procedural Terminology Code 33999 for Transmyocardial Revascularization
B–00–32	• Common Procedural Terminology Codes 99214 and 99233
B–00–33	• Changes to Correct Coding Edits, Version 6.2, Effective July 1, 2000
	Program Memorandum Intermediaries/Carriers (HCFA Pub. 60A/B) (Superintendent of Documents No. HE 22.8/6–5)
AB–00–21	• Self-Administered Injectable Drugs and Biologicals
AB–00–22	• ''No Fee'' Policy for Medicare Contractors' Provider Education and Training Activities Program Management and Medicare Integrity Program Funded Activities
AB–00–23	• Medigap (Medicare Supplemental Insurance) Insurers Fraud Referrals
AB–00–24	• Development and Dissemination of a Product Classification List for HCFA Common Procedure Coding System Code L0430
AB–00–25	• Contractor Testing Requirements
AB–00–26	• July Quarterly Update for 2000 Durable Medical Equipment, Prosthetics Orthotics, and Supplies
AB–00–27	• Medicare Secondary Payer Government Performance and Results Act Goal for Fiscal Year 2000
AB–00–28	• Update of Rates for Ambulatory Surgical Center Payments
AB–00–29	• Comprehensive Error Rate Testing Program—Medicare Contractor Change Requirements and Medicare Part B/Durable Medical Equipment Regional Carrier Standard System Change Requirements
AB–00–30	• Implementing Instructions for Services Provided in Religious Nonmedical Health Care Institutions
AB–00–31	• Sending Common Working File Referrals for Initial Enrollment Questionnaire and Internal Revenue Services/Social Security Administration/Health Care Financing Administration Data Match Records to the Coordination of Benefits Contractor
AB–00–32	• New Waived Tests
AB–00–33	• Processing of Medicare+Choice Encounter Data at the Health Care Financing Administration Data Center
AB–00–34	• Program Integrity Management Reporting System
AB–00–35	• Further Guidance on April Release Implementation
AB–00–36	• Transfer of Initial Medicare Secondary Payer Development Activities to the Coordination of Benefits Contractor
AB–00–37	• Notice of New Interest Rate for Medicare Overpayments and Underpayments
AB–00–38	• Consolidation of Program Memorandums for Outpatient Rehabilitation Therapy Services
AB–00–39	• Consolidation of Program Memorandums for Outpatient Rehabilitation Therapy Services
AB–00–40	• Written Statements of Intent to Claim Medicare Benefits; 60-Day Grace Period
AB–00–41	• Procedures for the Benefit Integrity and Medical Review Units on Unsolicited Voluntary Refund Checks
AB–00–42	• Claims Processing Instructions for the Medicare Coordinated Care Demonstration
AB–00–43	• Program Memorandum on Written Statements of Intent to Claim Medicare Benefits
AB–00–44	• Medicare Coverage of Non-Invasive Vascular Studies When Used to Monitor the Access Site of End-Stage Renal Disease Patients
AB–00–45	• Award of Medicare+Choice Contract to Sterling Life Insurance Co., Inc. for Medicare+Choice Private Fee-for-Service Plan
AB–00–46	• Health Care Financing Administration Policy for Disclosure of Individually Identifiable Information
AB–00–47	• Release to Be Implemented June 5, 2000
AB–00–48	• Model Acknowledgment Letters for Valid and Invalid Written Statements of Intent to Claim Medicare Benefits (As Referenced in PM Transmittal AB–99–88)
AB–00–49	• Program Memorandum on Statements of Intent to File Claims for Claims Filing Periods that End on December 31, 1999
AB–00–50	• Medicare Fraud Information Specialist Position
AB–00–51	• Claims Processing Instructions for Claims Submitted With a Written Statement of Intent
AB–00–52	• Assisted Suicide Funding Restriction Act of 1997 (P. L. 105–12)
AB–00–53	• Suspension of National Coverage Policy on Electrostimulation for Wound Healing
AB–00–54	• Modified Procedures for Sharing Health Care Financing Administration Data with the Department of Justice
AB–00–55	• Hemodialysis Flow Study
AB–00–56	• Memorandum of Understanding Between the Office of Inspector General and the Department of Justice—Sharing Fraud Referrals
AB–00–57	• Contractor Updating of the International Classification of Diseases, Ninth Revision, Clinical Modification
AB–00–58	• Guidance on Implementation of the Calendar Year 2000 Third Quarter Release
AB–00–59	• Correction to July Quarterly Update for 2000 Durable Medical Equipment Prosthetics, Orthotics, and Supplies Fee Schedule
AB–00–60	• Future Software Releases

ADDENDUM III.—MEDICARE AND MEDICAID MANUAL INSTRUCTIONS—Continued

Transmittal No.	Manual/Subject/Publication No.
AB–00–61	• New Waived Tests
AB–00–62	• Rescinding Change Requests Numbers 1001, 1108, 1116, and 1163
AB–00–63	• Ocular Photodynamic Therapy
AB–00–64	• Medicare Summary Notice Implementation at Seven Contractor Sites
AB–00–65	• Business and System Requirements for the Home Health Prospective Payment System
	State Operations Manual—Provider Certification (HCFA Pub. 7) Superintendent of Documents No. HE 22.8/12
16	• Medicare/Medicaid Certification and Transmittal, Form HCFA–1539 Change in Size or Location of Participating Skilled Nursing Facility and/or Nursing Facility Regional Office Verifying Continued Compliance with Exclusion Criteria by Currently Excluded Hospitals or Units Change in Size or Location of Participating Skilled Nursing Facility and/or Nursing Facility Change in Provider Location and/or Bed Complement—Other Than Distinct Part
17	• Condition of Participation: Patients' Rights
	Hospice Manual (HCFA Pub. 10) (Superintendent of Documents No. HE 22.8/2)
751	• Payment for Blood Clotting Factor Administered to Hemophilia Inpatients
752	• Billing for Mammography Screening
753	• Billing for Abortion Services
754	• Pneumococcal Pneumonia, Influenza Virus, and Hepatitis B Vaccines
755	• Disclosure of Itemized Statement to an Individual for Any Item or Service Provided
756	• Fraud and Abuse—General: Contents have been moved to the Program Integrity Manual (Pub. 83) Focused Medical Review: Contents have been moved to the Program Integrity Manual (Pub. 83) Billing for Part B Intermediary Outpatient Occupational Therapy Services: Contents have been moved to the Program Integrity Manual (Pub. 83) Special Instructions for Billing Dysphagia: Contents have been moved to the Program Integrity Manual (Pub. 83)
757	• Medicare Rural Hospital Flexibility Program Requirements for Critical Access Hospital Services and Critical Access Hospital Long-term Care Services Payment for Services Furnished by a Critical Access Hospital
	Home Health Agency Manual (HCFA Pub. 11) Superintendent of Documents No. HE 22.8/5
293	• Billing for Pneumococcal Pneumonia, Influenza Virus, and Hepatitis B Vaccines
294	• Disclosure of Itemized Statement to an Individual for Any Item or Service Provided
295	• Fraud and Abuse—General: Contents have been moved to the Program Integrity Manual (Pub. 83) Billing for Part B—Outpatient Physical Therapy Services: Contents have been moved to the Program Integrity Manual (Pub. 83) Focused Medical Review: Contents have been moved to the Program Integrity Manual (Pub. 83)
	Skilled Nursing Facility Manual (HCFA Pub. 12) Superintendent of Documents No. HE 22.8/3
363	• Special Billing Instructions for Pneumococcal Pneumonia, Influenza Virus and Hepatitis B Vaccines
364	• Distinct Part of an Institution as a Skilled Nursing Facility
365	• Disclosure of Itemized Statement to an Individual for Any Item or Service Provided
366	• Fraud and Abuse—General: Contents have been moved to the Program Integrity Manual (Pub. 83) Focused Medical Review: Contents have been moved to the Program Integrity Manual (Pub. 83) Billing Part B Intermediary Outpatient Physical Therapy Bills: Contents have been moved to the Program Integrity Manual (Pub. 83)
	Rural Health Clinic Manual & Federally Qualified
	Health Centers Manual (HCFA Pub. 27) Superintendent of Documents No. He 22. 8/19:985
36	• Disclosure of Itemized Statement to an Individual for Any Item or Service Provided
	Renal Dialysis Facility Manual (Non-Hospital Operated) (HCFA Pub. 29) Superintendent of Documents No. 22.8/13
89	• Pneumococcal Pneumonia, Influenza Virus and Hepatitis B Vaccines
90	• Disclosure of Itemized Statement to an Individual for Any Item or Service Provided

ADDENDUM III.—MEDICARE AND MEDICAID MANUAL INSTRUCTIONS—Continued

Transmittal No.	Manual/Subject/Publication No.
	ESRD Network Organizations Manual (HCFA Pub. 81) Superintendent of Documents No. HE 22.9/4
10	• Organizational Structure Medical Review Board Other Committees Network Staff Administrative Reports Health Care Financing Administration Meeting Cooperative Activities with State Survey Agencies and Peer Review Organizations Annual Report Format
	Hospice Manual (HCFA Pub. 21) Superintendent of Documents No. HE 22.8/18
59	• Completion of the Uniform (Institutional Provider) Bill (HCFA–1450) for Hospice Bills
60	• Special Billing Instructions for Pneumococcal Pneumonia, Influenza Virus and Hepatitis B Vaccines
61	• Disclosure of Itemized Statement to an Individual for Any Item or Services Provided
62	• Fraud and Abuse: Contents have been moved to the Program Integrity Manual (Pub. 83) Focused Medical Review: Contents have been moved to the Program Integrity Manual (Pub. 83)
	Outpatient Physical Therapy and Comprehensive Outpatient Rehabilitation Facility Manual (HCFA Pub. 9) Superintendent of Documents No. HE 22.8/9
10	• Pneumococcal Pneumonia, influenza Virus, and Hepatitis B Vaccines
11	• Disclosure of Itemized Statement to an Individual for Any Item or Service Provided
12	• Fraud and Abuse—General: Contents have been moved to the Program Integrity Manual (Pub. 83) Medical Review of Comprehensive Outpatient Rehabilitation Facility Claims: Contents have been moved to the Program Integrity Manual (Pub. 83) Focused Medical Review: Contents have been moved to the Program Integrity Manual (Pub. 83) Intermediary Medical Review of Part B Outpatient Physical Therapy: Contents have been moved to the Program Integrity Manual (Pub. 83)
	Coverage Issues Manual (HCFA Pub. 6) Superintendent of Documents No. HE 22.8/14
124	• Pancreas Transplants
	Provider Reimbursement Manual—Part 1 (HCFA Pub. 15–1) (Superintendent of Documents No. HE 22.8/4)
414	• Effective Date of Change in Bed Size and/or Bed Designation(s) of Participating Skilled Nursing Facility and/or Nursing Facility Requirements for Distinct Part Certification Changes in Bed Size of Participating Skilled Nursing Facility and/or Nursing Facility General Request Filing Requirements Exceptions Change in Designated Bed Location(s) Cost Report Requirement after Change in Bed Size and/or Change in Designated Bed Location(s)
415	• Historical Costs Purchase of Facility as Ongoing Operation Useful Life of Depreciable Assets Salvage Value Disposal of Assets Gains or Loss on Disposal of Depreciable Assets (Excluding Involuntary Conversions) Bona Fide Sale Sale and Leaseback and Lease-Purchase Agreement
416	• Right to Board Hearing Individual Appeals Group Appeals Expedited Judicial Review Request for Board Hearing or for Expedited Judicial Review

ADDENDUM III.—MEDICARE AND MEDICAID MANUAL INSTRUCTIONS—Continued

Transmittal No.		Manual/Subject/Publication No.
		Provider Reimbursement Manual—Part 2 **Provider Cost Reporting Forms and Instructions** **Chapter 18—Form HCFA–2088–92** **(HCFA Pub. 15–2–32)** **(Superintendent of Documents No. HE 22.8/4)**
9	•	Home Health Agency Cost Reporting Form HCFA–1728–94
		State Medicaid Manual—Part 4/Services **(HCFA Pub. 45–6)** **Superintendent of Documents No. HE 22.8/10**
36	•	Updates ingredient prices used by States to establish upper limits for prescription drugs
		Medicare Program Integrity Manual **(HCFA Pub. 83)**
1	•	Medical Review and Benefit Integrity Programs Sources to Identify Aberrancies, and Developing Fraud or Abuse Cases Corrective Actions Examples of Fraudulent Activities Items and Services Having Special Durable Medical Equipment Regional Carrier Review Considerations Intermediary Medical Review Guidelines for Specific Services Medical Review Reports Program Memoranda Medical Review Information Reported Electronically
		Medicare/Medicaid **Sanction—Reinstatement Report** **(HCFA Pub. 69)**
00–04	•	Report of Physicians/Practitioners, Providers and/or Other Health Care Suppliers Excluded Reinstated—March 2000
00–05	•	Report of Physicians/Practitioners, Providers and/or Other Health Care Suppliers Excluded/Reinstated—April 2000
00–06	•	Report of Physicians/Practitioners, Providers and/or Other Health Care Suppliers Excluded/Reinstated—May 2000
		[July through September 2000]
		Intermediary Manual **Part 3—Claims Process** **HCFA Pub. 13–3)** **(Superintendent of Documents No. HE 22.8/6)**
1800	•	Provider Electronic Billing File and Record Formats
1801	•	Prostate Cancer Screening Tests and Procedures
1802	•	Bill Review for Partial Hospitalization Services Provided in Community Mental Health Centers
1803	•	Information Regarding the Release of Medicare Eligibility Data New Policy on Releasing Eligibility Data Advise Your Providers and Network Service Vendors Network Service Agreement
1804	•	Review of Form HCFA–1450 for Inpatient and Outpatient Bills Outpatient Services Hospital Outpatient Partial Hospitalization Services Calculating the Part B Payment Addition, Deletion and Change of Local Codes Reporting Hospital Outpatient Services Using Health Care Financing Administration Common Procedure Coding System
1805	•	Stem Cell Transplantation Allogeneic Stem Cell Transplantation Autologous Stem Cell Transplantation Acquisition Costs
1806	•	Pancreas Transplants
1807	•	Screening Pap Smears and Screening Pelvic Examinations
1808	•	Billing by Home Health Agencies Under Cost/Interim Payment System Reimbursement Billing by Home Health Agencies Under the Home Health Prospective Payment System When Bills Are Submitted Billing for Nonvisit Charges Durable Medical Equipment Furnished as a Home Health Benefit More Than One Agency Furnished Home Health Services Home Health Services Are Suspended or Terminated Then Reinstated Preparation of a Home Health Billing Form in No-Payment Situations Billing for Part B Medical and Other Health Services Reimbursement of Home Health Agency Claims

ADDENDUM III.—MEDICARE AND MEDICAID MANUAL INSTRUCTIONS—Continued

Transmittal No.	Manual/Subject/Publication No.
	Osteoporosis Injections as Home Health Agency Benefit
	Completion of Form HCFA–1450 for Home Health Agency Billing Under Home Health Prospective Payment
	Requests for Anticipated Payment
	Home Health Prospective Payment System Claims
	Home Health Prospective Payment System Claims When No Request for Anticipated Payment Was Submitted
	Background on Home Health Prospective Payment System
	Creation of Home Health Prospective Payment System
	Regulatory Implementation of Home Health Prospective Payment System
	Commonalities of the Cost Reimbursement and Home Health Prospective Payment System Environment
	Effective Date and Scope of Home Health Prospective Payment System for Claims
	Configuration of the Home Health Prospective Payment System Environment
	New Software for the Home Health Prospective Payment System Environment
	The Home Health Prospective Payment System Episodes
	Effect of Election of Health Maintenance Organization and Eligibility Changes on Home Health Prospective Payment System Episodes
	Split Percentage Payment of Episodes and Development of Episode Rates
	Basis of Medicare Prospective Payment System and Case Mix
	Coding of Home Health Prospective Payment System Episode Case-Mix Groups
	On Home Health Prospective Payment System Claims: Research Group and Health Insurance Prospective Payment System Codes
	Composition of Health Insurance Prospective Payment System Codes for Home Health Prospective Payment System
	Significance of Health Insurance Prospective Payment Systems
	Overview of the Provider Billing Process Under Home Health Prospective Payment
	Overview—Grouper Links Assessment and Payment
	Overview—Health Insurance Query Access System Shows Primary Home Health Agency
	Overview—Request for Anticipated Payment: Submission and Processing Establishes Home Health Prospective Payment System Episode and Provides First Percentage Payment
	Overview—Claim Submission and Processing Completes Home Health Prospective Payment System Payment, Closes Episode and Performs A–B Shift
	Overview—Payment, Claim Adjustments and Cancellations
	Definition of the Request for Anticipated Payment
	Definition of Transfer Situation Under Home Health Prospective Payment System
	Payment Effects
	Payment When Death Occurs During a Home Health Prospective Payment System Episode
	Adjustments of Episode Payment—Low Utilization Payment Adjustments
	Adjustments of Episode Payment—Low Utilization Payment Adjustment
	Adjustments of Episode Payment—Special Submission Case: ''No-Request Anticipated Payment'' Low Utilization Payment Adjustments
	Adjustments of Episode Payment—Therapy Threshold
	Adjustments of Episode Payment—Partial Episode Payment
	Adjustments of Episode Payment—Significant Change in Condition
	Adjustments of Episode Payment—Outlier Payments
	Adjustments of Episode Payment—Exclusivity and Multiplicity of Adjustments
	Seven Scenarios for Home Health Prospective Payment Adjustment
	General Guidance on Line Item Billing Under Home Health Prospective Payment System
	Acronym Table
	Home Health Prospective Payment System Consolidated Billing and Primary Home Health Agency
	New Common Working File Requirements for the Home Health Prospective Payment System
	Creation of the Health Insurance Query System for Home Health Agencies And Hospices in the Common Working File—Replacement of Health Insurance Query System for Home Health Agencies
	Health Insurance Query Access System Inquiry and Response
	Timeliness and Limitations of Health Insurance Query System for Home Health Agency Responses
	Inquiries to Regional Home Health Intermediaries Based on Health Insurance Query System for Home Health Agency Responses
	National Home Health Prospective Payment Episode History File
	Opening and Length of Home Health Prospective Payment System Episodes
	Closing, Adjusting and Prioritizing Home Health Prospective Payment System
	Episodes Based on Request for Anticipated Payment and Home Health Prospective Payment System
	Episodes Based on Request for Anticipated Payment and Home Health Agency Claim Activity
	Other Editing and Changes for Home Health Prospective Payment System Episodes
	Priority Among Other Claim Types and Home Health Prospective Payment System
	Consolidated Billing for Episodes
	Medicare Secondary Payment and the Home Health Prospective Payment System Episode File
	Chart Summarizing Effects of Request for Anticipated Payment/Claim Actions on the Home Health Prospective Payment System Episode File
	Home Health Prospective Payment System Episode File Pricer Program
	Outpatient Prospective Payment System Remittance Advice Instructions and 3753, Home Health Prospective Payment System Remittance Advice Instructions
1809	• Under Arrangements
	Outpatient Hospital Psychiatric Services
	Partial Hospitalization Services

ADDENDUM III.—MEDICARE AND MEDICAID MANUAL INSTRUCTIONS—Continued

Transmittal No.		Manual/Subject/Publication No.
1810	•	Definition of Medicare Secondary Payer/Common Working File Medicare Secondary Payer Maintenance Transaction Record Processing
		Carriers Manual Part 3—Claims Process (HCFA Pub. 14–3) (Superintendent of Documents No. HE 22.8/7)
1670	•	Echocardiography Services (Codes 93303—93350)
1671	•	Magnetic Resonance Angiography Magnetic Resonance Angiography Coverage Summary Coding Requirements Payment Requirements and Methodology Format for Submitting Medicare Carrier Claims Claims Editing
1672	•	Claims Processing Jurisdiction
1673	•	Information Regarding the Release of Medicare Eligibility Data New Policy on Releasing Eligibility Data Advise Your Provider and Network Services Vendors Network Service Agreement
1674	•	Stem Cell Transplantation General HCFA Common Procedure Coding System and Diagnosis Code Non-Covered Conditions Edits Suggested Medicare Summary Notice/Explanation of Medicare Benefits and Regional Administrator Messages
1675	•	Screening Pap Smear and Pelvic Examination Screening Pap Smears Billing Requirements Common Working File Edits Medicare Summary Notices and Explanation of Your Medicare Benefits Message Remittance Advice Notices Screening Pelvic Examination
1676	•	HCFA Common Procedure Coding System and Payments Requirements Calculating the Frequency Common Working File Edits Correct Coding Requirements Diagnosis Coding Requirements Denial Messages
1677	•	Definition of Medicare Secondary Payor/Common Working File Terms Medicare Secondary Payor Maintenance Transaction Record Processing
1678	•	Medicare Physician Fee Schedule Database 2001 File Layout
		Carriers Manual Part 4—Professional Relations (HCFA Pub. 14–4) (Superintendent of Documents No. HE 22.8/7–4
22	•	Enrollment Procedures for General Application
		Program Memorandum Intermediaries (HCFA Pub. 60A) (Superintendent of Documents No. HE 22.8/6–5)
A–00–38	•	Change in Hospice Payment Rates, Update to the Hospice Cap, Revised Hospice Wage Index and Hospice Pricer
A–00–39	•	Monitoring Process for Skilled Nursing Facility Exception Determinations
A–00–40	•	Further Information on the Use of Modifier -25 in Reporting Hospital Outpatient Services
A–00–41	•	Transition to the Home Health Prospective Payment System
A–00–42	•	Coding Information for Hospital Outpatient Prospective Payment System
A–00–43	•	Advance Beneficiary Notices for Services for Which Institutional Part B Claims Will be Processed by Fiscal Intermediaries
A–00–44	•	Outpatient Prospective Payment System Contingency Plans and Instructions
A–00–45	•	Interim Process for Certain ''Inpatient Only'' Code Changes
A–00–46	•	Skilled Nursing Facility Adjustment Billing: Adjustments to Health Insurance Prospective Payment System Codes Resulting From Minimum Data Set Corrections
A–00–47	•	Skilled Nursing Facility Annual Update: Prospective Payment System Pricer and Health Insurance Prospective Payment System Coding Changes
A–00–48	•	Drugs, Biologicals, Devices and New Technology HCFA Common Procedure Coding System Codes For Use Under the Hospital Outpatient Prospective Payment System
A–00–49	•	Payment of Skilled Nursing Facility Claims for Beneficiaries Disenrolling From Terminating Medicare+Choice Plans Who Have Not Met the 3-Day Hospital Stay Requirement
A–00–50	•	Department of Veterans Affairs Claims Adjudication Services Project: Systems Changes Needed

ADDENDUM III.—MEDICARE AND MEDICAID MANUAL INSTRUCTIONS—Continued

Transmittal No.	Manual/Subject/Publication No.
A–00–51	• Q Codes For Use Under the Hospital Outpatient Prospective Payment System
A–00–52	• Community Mental Health Centers Payment Instructions For Outpatient Prospective System Contingency Plans
A–00–53	• Proper Billing of Units for Intrathecal Baclofen Under the Outpatient Prospective Payment System
A–00–54	• The Supplemental Security Income Medicare Beneficiary Data for Fiscal Year 1999 for Prospective Payment System Hospitals
A–00–55	• Provider Statistical and Reimbursement Report
A–00–56	• Update of Rates for Ambulatory Surgical Center Payment
A–00–57	• Payment of Skilled Nursing Facility Claims for Beneficiaries Disenrolling from Terminating Medicare+Choice Plans Who Have Not Met the 3-Day Stay Required
A–00–58	• Destroy Outdated Stock of Medicare Summary Notices and Part A Explanation of Medicare Benefits Under the Hospital Outpatient Prospective Payment System
A–00–59	• Home Health Prospective Payment System Phase in Plan, Contingency Plan, and Instructions
A–00–60	• Standard Questions and Answers for Beneficiary Inquiries Related to the Hospital Outpatient Prospective Payment System
A–00–61	• Update 1—Coding Information for Hospital Outpatient Prospective Payment System
A–00–62	• File Descriptions and Instructions for Retrieving the 2001 Physician, Clinical Lab, Durable Medical Equipment, Prosthetics/Orthotics and Supplies Fee Schedule Payment Amounts Through Health Care Financing Administration's Mainframe Telecommunications Systems
A–00–63	• Cost-to-Charge Ratios for Calculating Certain Payments Under the Hospital Outpatient Prospective Payment System
A–00–64	• Terminating State Access to the Common Working File Eligibility Data
A–00–65	• Release of Internal Revenue Service Data Elements on Eligibility Queries
A–00–66	• Fiscal Year 2001 Prospective Payment System Hospital and Other Bill Processing Changes
A–00–67	• Deactivation of Inactive Community Mental Health Center Medicare Numbers
A–00–68	• Provider Statistical and Reimbursement Report
A–00–69	• Background and Documentation for Correct Coding Initiative and Unit of Service Edits
A–00–70	• Provider Statistical and Reimbursement Report
	Program Memorandum Carriers (HCFA Pub. 60B) (Superintendent of Documents No. HE 22.8/6–5)
B–00–34	• This Transmittal Number Was Inadvertently Skipped and Will Not Be Used In the Future
B–00–35	• Addition of Five ''WW'' Codes to Identify a New Source for Methotrexate
B–00–36	• Returned Mail—Unique Physician Identification Number
B–00–37	• Standard System Acceptance of Primary Payer Information at the Line Level
B–00–38	• Addition of ''WW'' Codes to Identify a New Source for an Oral Anti-Cancer Drug in Dosages of 25mg and 100mg
B–00–39	• Department of Veterans Affairs Claims Adjudication Services Project: Systems Changes Needed
B–00–40	• Final Update to the 2000 Medicare Physician Fee Schedule Database
B–00–41	• Changes to Correct Coding Edits, Version 6.3, Effective October 1, 2000
B–00–42	• Analysis of Services Provided in Congregate Settings
B–00–43	• New Temporary ''K'' Codes for Negative Pressure Wound Therapy Pumps
B–00–44	• Site Visits and Enrollment of Independent Diagnostic Testing Facilities
B–00–45	• Reporting of Carrier Pricing Methodology for Influenza and Pneumococcal Vaccinations to Health Care Financing Administration
B–00–46	• Changes to Correct Coding Edits, Version 6.2, Effective September 5, 2000
B–00–47	• Addition of Special Processing Number 39 (Centralized Billing of Flu and Pneumococcal Pneumonia Vaccine Claims) to the Common Working File
B–00–48	• Claims Processing Instructions for the DME Prosthetic, Orthotics & Supplies Competitive Bidding Demonstration
B–00–49	• Implementation of the Health Insurance Portability and Accountability Act Transaction Standards
	Program Memorandum Intermediaries/Carriers (HCFA Pub. 60A/B) (Superintendent of Documents No. HE 22.8/6–5)
AB–00–66	• Coverage of Diabetes Outpatient Self-Management Training Services, Effective: July 1, 1998
AB–00–67	• Implementation of § 4105 of the Balanced Budget Act Regarding Coverage of Diabetes Outpatient Self-Management Training Services
AB–00–68	• Current Status of Medicare Program Memoranda Issued Before Calendar Year 2000
AB–00–69	• Notice of New Interest Rate for Medicare Overpayments and Underpayments
AB–00–70	• Program Safeguard Contractor for Corporate Integrity Agreements
AB–00–71	• Claims Processing Instructions for the Medicare Coordinated Care Demonstration
AB–00–72	• Medical Review Progressive Corrective Action
AB–00–73	• Proper Billing of Outpatient Pathology Services Under the Outpatient Prospective Payment System
AB–00–74	• Transfer of Initial Medicare Secondary Payer Development Activities to the Coordination of Benefits Contractor
AB–00–75	• The Internal Control Certification Statement Required by the Budget and Performance Requirements for the Fiscal Year Ending September 30, 2000
AB–00–76	• Modification of Medicare Policy for Erythropoietin
AB–00–77	• New State Code for Maryland Provider Numbers
AB–00–78	• Reasonable Charge Update for 2001 for Items and Services, Other than Ambulance Services, Still Subject to the Reasonable Change Payment Methodology

ADDENDUM III.—MEDICARE AND MEDICAID MANUAL INSTRUCTIONS—Continued

Transmittal No.	Manual/Subject/Publication No.
AB–00–79	• Establishment of Contractor Numbers for Program Safeguard Contractors
AB–00–80	• Instruction Implementation Reporting
AB–00–81	• Self-Administered Injectable Drugs and Biologicals
AB–00–82	• Update of Rates and Wage Index for Ambulatory Surgical Center Payments Effective October 1, 2000
AB–00–83	• Verteporfin (Visudyne)
AB–00–84	• Provider Toll-Free Telephone Inquiry Service
AB–00–85	• Guidance on Implementation of the Calendar Year 2000 Fourth Quarter Release
AB–00–86	• An Additional Source of Average Wholesale Price Data in Pricing Drugs and Biologicals Covered by the Medicare Program
AB–00–87	• 2001 Payment Limit for Ambulance Services
AB–00–88	• Implementation of the Ambulance Fee Schedule
AB–00–89	• Claims Processing Instructions for Carriers, Durable Medical Equipment Regional Carrier, Intermediaries and Regional Home Health Intermediaries for Claims Submitted for Medicare Beneficiaries Participating in Medicare Qualifying Clinical Trials
AB–00–90	• Year 2001 Health Care Financing Common Procedure Coding System Annual Update Reminder
	Program Memorandum Medicaid State Agencies (HCFA Pub. 17) Superintendent of Documents No. HE 22.8/6–5
00–01	• Current Status of Medicaid Program Memoranda and Action Transmittals Issued Before Calendar Year 2000
	State Operations Manual—Provider Certification (HCFA Pub. 7) Superintendent of Documents No. HE 22.8/12
18	• Religious Nonmedical Healthcare Institutions Certification of Religious Nonmedical Healthcare Institutions Interpretive Guidelines for Responsibilities of Medicare-Participating Religious Nonmedical Healthcare Institutions
19	• Guidelines for Determining Immediate Jeopardy
20	• Guidance to Surveyors—Long-Term Care Facilities
	Peer Review Organization (HCFA Pub. 19) Superintendent of Documents No.HE 22.8/8–15
82	• Disclosure of Quality Review Information to Complainants Scope of Review Complaints That Do Not Meet Statutory Requirements Referrals Review Process Notice of Disclosure Final Response to Complainants Disclosure of Quality Review Information to Complainants Request for Information Model Form Final Response to Inquirer Model Notice (Concern Involved Practitioners) Potential Quality Concern Model Notice
	Hospice Manual (HCFA Pub. 10) (Superintendent of Documents No. HE 22.8/2)
758	• Prostate Cancer Screening Tests and Procedures
759	• Reporting Hospital Outpatient Services Using Health Care Financing Administration Common Procedure Coding System Billing for Hospital Outpatient Partial Hospitalization Services Completion of Form HCFA–1450 for Inpatient and/or Outpatient Billing Addition, Deletion and Change of Local Codes Reporting Hospital Outpatient Services Using Health Care Financing Administration Common Procedures Coding System
760	• Screening Pap Smears and Screening Pelvic Examinations
761	• Outpatient Hospital Psychiatric Services Outpatient Partial Hospitalization Programs
	Skilled Nursing Facility Manual (HCFA Pub. 12) Superintendent of Documents No. HE 22.8/3
367	• Distinct Part of an Institution as a Skilled Nursing Facility

ADDENDUM III.—MEDICARE AND MEDICAID MANUAL INSTRUCTIONS—Continued

Transmittal No.	Manual/Subject/Publication No.
	ESRD Network Organizations Manual **(HCFA Pub. 81)** **Superintendent of Documents No. HE 22.9/4**
11	• End Stage Renal Disease Health Care Quality Improvement Program Responsibilities Quality Improvement Projects Background and Project Topics Quality Improvement Program Frequency, Project Consultant, and Required Reporting Project Idea Quality Improvement Program Narrative Project Plan Final Project Report Identifying Additional Opportunities for Improvement Quarterly Progress and Status Report Clinical Performance Measures Clinical Performance Measures—Network/National Sample Clinical Performance Measures—Sampling Method Clinical Performance Measures—Data Collection Clinical Performance Measures—Data Validation Clinical Performance Measures—Data Validating Reports Health Care Financing Administration—Compiled Data Reports Network Resources to Support the United States Renal Data System End Stage Renal Disease Clinical Performance Measures Annual Estimate of Patient Sample Per Network for United States Renal Data System Special Studies End Stage Renal Disease Network—Project Idea Document Format End Stage Renal Disease Network—Narrative Project Plan Format End Stage Renal Disease Network—Final Project Report Format
	Hospice Manual **(HCFA Pub. 21)** **Superintendent of Documents No. HE 22.8/18**
63	• Reducing Barriers to Pneumococcal Vaccines
	Outpatient Physical Therapy and Comprehensive Outpatient Rehabilitation Facility Manual **(HCFA Pub. 9)** **Superintendent of Documents No. HE 22.8/9**
13	• Billing Instructions for Partial Hospitalization Services Provided in Community Mental Health Centers
14	• General Partial Hospitalization Defined Patient Eligibility Criteria Documentation Requirements and Physician Supervision Community Mental health Center Requirements Outpatient Mental Health Treatment Limitation Documentation Requirements and Physician Supervision
	Coverage Issues Manual **(HCFA Pub. 6)** **Superintendent of Documents No. HE 22.8/14**
125	• Stem Cell Transplantation
126	• Routine Costs of Clinical Trials
	Provider Reimbursement Manual—Part 1 **(HCFA Pub. 15–1)** **(Superintendent of Documents No. HE 22.8/4)**
417	• Special Treatment of Sole Community Hospitals Under Prospective Payment System
	Provider Reimbursement Manual—Part 2 **Provider Cost Reporting Forms and Instructions** **Chapter 1—General—2088–92** **(HCFA Pub. 15–2–1)** **(Superintendent of Documents No. HE 22.8/4)**
20	• Electronic Submission of Hospital Cost Reports Requirement To File Cost Report Initial Cost Reporting Period Cessation of Participation in Program Cost Report Forms

ADDENDUM III.—MEDICARE AND MEDICAID MANUAL INSTRUCTIONS—Continued

Transmittal No.	Manual/Subject/Publication No.
	Use of Substitute Cost Reporting Forms
	Provider Reimbursement Manual—Part 2 **Provider Cost Reporting Forms and Instructions** **Chapter 35—Form HCFA–2540–96** **(HCFA Pub. 15–2–35)** **(Superintendent of Documents No. HE 22.8/4)**
8	• Skilled Nursing Facility & Complex Cost Report
	Provider Reimbursement Manual—Part 2 **Provider Cost Reporting Forms and Instructions** **Chapter 38—Form HCFA–1984–99** **(HCFA Pub. 15–2–38)** **(Superintendent of Documents No. HE 22.8/4)**
2	• Hospice Cost Report
	Medicare Program Integrity Manual **(HCFA Pub. 83)**
2	• Medical Review of Partial Hospitalization Claims
	Medicare/Medicaid **Sanction—Reinstatement Report** **(HCFA Pub. 69)**
00–07	• Report of Physicians/Practitioners, Providers and/or Other Health Care Suppliers Excluded Reinstated—June 2000
00–08	• Report of Physicians/Practitioners, Providers and/or Other Health Care Suppliers Excluded/Reinstated—July 2000
00–09	• Report of Physicians/Practitioners, Providers and/or Other Health Care Suppliers Excluded/Reinstated—August 2000
	October through December 2000
	Intermediary Manual **Part 3—Claims Process**
	(HCFA Pub. 13–3) **(Superintendent of Documents No. HE 22.8/6)**
1811	• Extracorporeal Immunoadsorption Using Protein A Columns Hospital Outpatient Partial Hospitalization Services
1812	• Dialysis for End-Stage Renal Disease—General
1813	• Provider Electronic Billing File and Record Formats
1814	• Claims Processing Timeliness Beneficiary-Driven Demand Billing Under Home Health Prospective Payment System Prospective Payment System Pricer Program Home Health Agency Bills Denials and Conditional Payments in Medicare Secondary Payer Situations Provider Specific Payment Data Provider Specific Payment Data Record Layout and Description Intermediary Responsibilities The Cancel Only Adjustment Code (Action Code 4)
1815	• Payment for Blood Clotting Factor Administered to Hemophilia Inpatients
1816	• Bill Review for Partial Hospitalization Services Provided In Community Mental Health Centers Hospital Outpatient Partial Hospitalization Services
1817	• Heart Transplants
1818	• Oral Anti-Nausea Drugs as Full Therapeutic Replacements for Intravenous Dosage Forms As Part of a Cancer Chemotherapeutic Regimen
1819	• Pneumococcal Pneumonia, Influenza Virus and Hepatitis B Vaccines
1820	• Review of Form HCFA–1450 for Inpatient and Outpatient Bills
1821	• Beneficiary-Driven Demand Billing Under Home Health Prospective Payment System
	Carriers Manual **Part 3—Claims Process** **(HCFA Pub. 14–3)** **(Superintendent of Documents No. HE 22.8/7)**
1679	• Extracorporeal Immunoadsorption Using Protein A Columns Coverage Summary Coding and Payment Denial Messages
1680	• Beneficiaries Previously Enrolled in Managed Care Who Return to Traditional Fee For Service
1681	• Type of Service

ADDENDUM III.—MEDICARE AND MEDICAID MANUAL INSTRUCTIONS—Continued

Transmittal No.		Manual/Subject/Publication No.
1682	•	Furnishing Medicare Physician Fee Schedule Database Pricing Files Furnishing Physician Fee Schedule Data for Local and Carrier Price Codes Furnishing Physician Fee Schedule Data for National Codes Furnishing Fee Schedule (Excluding Physician Fee Schedule), Prevailing Charge and Conversion Factor Data to Palmetto GBA, Fiscal Intermediaries, State Agencies, Indian Health Services and United Mine Workers Health Maintenance Organization Processing Requirements Specialty Code/Place of Service
1683	•	Durable Medical Equipment Regional Carrier Instructions for Denying Claims For Prescription Drugs Billed and/or Paid to Suppliers Not Licensed to Dispense Prescription Drugs
1684	•	Responsibility to Download and Implement Durable Medical Equipment, Prosthetics, Orthotics, and Supplies Fee Schedules
1685	•	Home Use of Durable Medical Equipment Evidence of Medical Necessity Incurred Expenses for Durable Medical Equipment and Orthotic and Prosthetic Devices Evidence of Medical Necessity Oxygen Claims
1686	•	Type of Service
1687	•	End-Stage Renal Disease Bill Processing Procedures Home Dialysis Patients Options for Billing
1688	•	Durable Medical Equipment Regional Carrier Instructions for Denying Claims for Prescription Drugs Billed and/or Paid to Suppliers Not Licensed to Dispense Prescription Drugs
1689	•	Payment and Coding Requirements Processing Claims to Ensure That Payment Conditions Are Met
		Carriers Manual **Part 4—Professional Relations** **(HCFA Pub. 14–4)** **(Superintendent of Documents No. HE 22.8/7–4)**
23	•	Registry Customer Information Control System
		Program Memorandum **Intermediaries (HCFA Pub. 60A)** **(Superintendent of Documents No. HE 22.8/6–5)**
A–00–71	•	Medical Review of Home Health Services—For Regional Home Health Intermediaries
A–00–72	•	Technical Correction to Coding Information for Hospital Outpatient Prospective Payment System
A–00–73	•	Clarification of Modifier Usage in Reporting Outpatient Hospital Services
A–00–74	•	October Outpatient Code Editor
A–00–75	•	Corrections to Calculation of Inpatient Payment Amounts
A–00–76	•	Clarification of the Application of the Regulations at 42 Code of Federal Regulations 413.134(l) to Mergers and Consolidations Involving Non-Profit Providers
A–00–77	•	Change in Hospice Payment Rates, Update to the Hospice Cap, Revised Hospice Wage Index and Hospice Pricer
A–00–78	•	Provider Statistical and Reimbursement Report
A–00–79	•	Settlement Agreement Between the Health Care Financing Administration and National Medical Care, Inc. d/b/a Fresenius Medical Care North America for Payment of Medicare End-Stage Renal Disease Bad Debts
A–00–80	•	Notification to Outpatient Hospital Service Providers Concerning Deductible and Coinsurance Amounts on Electronic Remittance Advice Version 3051.4a
A–00–81	•	Resolution of Outpatient Prospective Payment System Implementation Issues
A–00–82	•	January 2001 Update: Coding Information for Hospital Outpatient Prospective Payment System
A–00–83	•	Business Requirements for Processing Outpatient Encounter Data in the Health Care Financing Administration Data Center
A–00–84	•	Medicare+Choice Inpatient Encounter Data—Migration of Data Processing to the Health Care Financing Administration Data Center
A–00–85	•	The Report of Benefit Savings
A–00–86	•	Changes to Fiscal Year 2000 Nursing and Allied Health Education Payment Policies as Required by the Medicare, Medicaid, and State Child Health Insurance Program Balanced Budget Refinement Act of 1999, P. L. 106–113
A–00–87	•	Off-Label Use of Oral Chemotherapy Drugs Methotrexate and Cyclophosphamide
A–00–88	•	Fee Schedule and Consolidated Billing for Skilled Nursing Facility Services
A–00–89	•	Implementation of Health Insurance Portability and Accountability Act Transaction Standards—Overview and Specific Instruction for Implementing the Inbound Claim
A–00–90	•	Policy Clarification: Coding for Adequacy of Hemodialysis
A–00–91	•	Inpatient Rehabilitation Facility Prospective Payment System
A–00–92	•	Corrections to Calculation of Federal Fiscal Year 2001 Inpatient Payment Amounts
A–00–93	•	Do Not Forward Initiative, Change Request 681, Transmittal No. AB–00–06, Dated February 2000
A–00–94	•	New End Stage Renal Disease Composite Payment Rates Effective January 1, 2001
A–00–95	•	Renewal of Program Memorandum A–97–8—Instructions to Implement the New Medicare Summary Notice Combined with Program Memorandum AB–98–31
A–00–96	•	Clarification of C-Code Reportable Under the Hospital Outpatient Prospective Payment System
A–00–97	•	Partial Implementation of Change Request 1119
A–00–98	•	Reporting of Outpatient Prospective Payment System and Home Health Prospective Payment System Data in Provider Remittance Advice Transactions

ADDENDUM III.—MEDICARE AND MEDICAID MANUAL INSTRUCTIONS—Continued

Transmittal No.	Manual/Subject/Publication No.
A–00–99	• Medicare Contractor Use of the Regional Home Health Intermediary Outcomes and Assessment Information Set Verification Protocol for Review of Home Health Agency Prospective Payment Bills
A–00–100	• Conversion to the UB–92 Version 6.0 and Continued Use of Version 5.0
A–00–101	• Medicare Outpatient Code Editor Version 16.1
A–00–102	• Hospital Outpatient Prospective Payment System Pass-Through Payment Corrections for Two Radiopharmaceuticals
	Program Memorandum Carriers (HCFA Pub. 60B)
B–00–50	• Home Health Prospective Payment System
B–00–51	• Changes to Correct Coding Edits, Version 7.0, Effective January 1, 2001
B–00–52	• Schedule for Completing the Calendar Year 2001 Fee Schedule Updates and the Participating Physician Enrollment Procedures
B–00–53	• Calendar Year 2001 Participation Enrollment and Medicare-Participating Physicians and Suppliers Directory Procedures
B–00–54	• Program Integrity Management Reporting System
B–00–55	• Durable Medical Equipment Regional Carrier Common Working File to Add ICD–9 Diagnosis Code for Oral Anti-Cancer Drugs
B–00–56	• Durable Medical Equipment Regional Carrier Common Working File Edit# 5211 Services after the Date of Death for Durable Medial Equipment Rental Items
B–00–57	• Part B Outbound X12N 837 Coordination of Benefits Mapping
B–00–58	• Durable Medical Equipment Regional Carriers—Change in Common Working File for Code K0009
B–00–59	• Durable Medical Equipment Regional Carrier—Common Working File Revision for Oxygen Certificate of Medical Necessity
B–00–60	• New Temporary ''K'' Codes for Augmentative and Alternative Communication Devices
B–00–61	• Comprehensive Error Rate Testing Program Requirements for Medicare Contractor Operations
B–00–62	• Promoting Influenza and Pneumococcal Vaccinations
B–00–63	• Medicare Payment Allowance for Flu Vaccine
B–00–64	• Program Integrity Sampling Module for Part B and Durable Medical Equipment Carriers
B–00–65	• 2001 Physician Fee Schedule for Payment Policies
B–00–66	• Durable Medical Equipment Regional Carrier Operating Instructions for Coverage of the Ultrasonic Osteogenic Stimulators for Fracture Healing: Effective for Services Performed on or after 1/1/2001
B–00–67	• Consolidated Billing for Skilled Nursing Facility Residents
B–00–68	• X12N Professional Flat File
B–00–69	• Blood Glucose Test Strips—Marketing to Medicare Beneficiaries
B–00–70	• Changes to Correct Coding Edits, Version 7.1, Effective April 1, 2001
B–00–71	• Addition of a Miscellaneous ''WW'' Code and National Drug Code for Oral Anti-Cancer Drugs
B–00–72	• Instructions to Implement the New Medicare Summary Notice—Program Memorandum B–98–4 and PM AB–98–31
B–00–73	• Correct Coding Initiative Edits Correction: Influenza (G0008), Pneumococcal (G0009), and Hepatitis B (G0010) Vaccine Codes
B–00–74	• Claims Processing Instructions for Carriers To Make Available Claims and Medical Records for a Program Safeguard Contractor Task Order Request for Medical Record Review
B–00–75	• Emergency Changes to the 2001 Medicare Physician Fee Schedule Database
B–00–76	• Revised 2001 Anesthesia Conversion Factors
	Program Memorandum Intermediaries/Carriers (HCFA Pub. 60A/B) (Superintendent of Documents No. HE 22.8/6–5)
AB–00–91	• Mammography Screening Payment Limit for Calendar Year 2001
AB–00–92	• Sending Common Working File Referrals for Initial Enrollment Questionnaire and Internal Revenue Services/Social Social Security Administration/Health Care Financing Administration Data Match Records to the Coordination of Benefits Contractor
AB–00–93	• Coordination With the Y2K Program Safeguard Contractor
AB–00–94	• Urokinase (Abbokinas) Shortage
AB–00–95	• Facility Requirements for Transplantation Centers
AB–00–96	• Clarification of Fiscal Intermediary and Durable Medical Equipment Regional Carrier Responsibilities Concerning Home Dialysis Method Election and Claims Processing
AB–00–97	• Notification to Providers and Suppliers of Transaction and Code Set Rule Promulgated In Accordance With the Health Insurance Portability and Accountability Act
AB–00–98	• Medicare Deductible and Premium Rates for Calendar Year 2001
AB–00–99	• Glucose Monitoring Note
AB–00–100	• Mandatory Training on Ambulance Fee Schedule
AB–00–101	• Notice of Interest Rate for Medicare Overpayments and Underpayments
AB–00–102	• Clarification to Medicare Carriers Manual § 2130 Prosthetic Devices and Coverage Issues Manual § 60–9 Durable Medical Equipment Reference List—Coverage of Intermittent Catheterization
AB–00–103	• Final Rule Revising and Updating Medicare Polices Concerning Ambulance Services
AB–00–104	• Autologous Stem Cell Transplantation for Patients with Multiple Myeloma
AB–00–105	• New Waived Test—November 9, 2000
AB–00–106	• Establishment of Provider/Supplier Information and Education Resource Directory

ADDENDUM III.—MEDICARE AND MEDICAID MANUAL INSTRUCTIONS—Continued

Transmittal No.	Manual/Subject/Publication No.
AB–00–107	• Transfer of Initial Medicare Secondary Payer Development Activities to the Coordination of Benefits Contractor
AB–00–108	• Glucose Monitoring
AB–00–109	• 2001 Clinical Laboratory Fee Schedule an Laboratory Costs Subject to Reasonable Charge Payment Methodology
AB–00–110	• Implementation of the New Payment Limit for Drugs and Biologicals
AB–00–111	• Revised Claims Processing Instructions for Medicare Qualifying Clinical Trial Claims for Managed Care Enrollees
AB–00–112	• Home Health Prospective Payment System/Consolidated Billing Edits and Systems Changes—Instructions for Standard Systems, Common Working File, and Contractors Part II
AB–00–113	• Instructions for Implementing and Updating 2001 Payment Amounts for Durable Medical Equipment, Prosthetics, Orthotics, and Supplies
AB–00–114	• Update of Codes and Payments for Ambulatory Surgical Centers
AB–00–115	• Source of Average Wholesale Price Data in Pricing Drugs and Biologicals Covered by the Medicare Program
AB–00–116	• Local Medical Review Policy Development and Format
AB–00–117	• Payment of Drugs, Biologicals and Supplies in a Comprehensive Outpatient Rehabilitation Facility
AB–00–118	• Delay Implementation of the Ambulance Fee Schedule
AB–00–119	• Change in the Collection of Comprehensive Encounter Data for the Medicare Choices Demonstration, Long-Term Care Demonstrations (Social Health Maintenance Organization Evercare, Department of Defense Subvention Demonstration, and Dual Eligible Demonstrations
AB–00–120	• Operating Instructions for Coverage of Non-Implantable Pelvic Floor Electrical Stimulators
AB–00–121	• Medicare Intermediary Claims Processing Standard Systems Delay of Calendar Year 2001 Quarter Release
AB–00–122	• Appeals of Medicare Part A/Part B Coverage Determinations
AB–00–123	• Use of Beneficiary Question & Answers on www.hcfa.gov
AB–00–124	• Payment for Method II Home Dialysis Supplies
AB–00–125	• Accelerated Referral of Non-Medicare Secondary Payor Delinquent Debts (Active and Currently Not Collectible to Debt Collection Center for Cross Servicing and Treasury Offset Program)
AB–00–126	• Use of the American Medical Associations' Physicians' Current Procedural Terminology, Fourth Edition Codes on Contractors' Web Sites
AB–00–127	• Reimbursement for Ambulance Services to Nonhospital-Based Dialysis Facilities
AB–00–128	• Extension of the Limitation on Payment for Services to Individuals Entitled to Benefits on the Basis of End-Stage Renal Disease Who Are Covered by Group Health Plan
AB–00–129	• Coordination of Benefits Contractor Fact Sheet for Providers
AB–00–130	• Intestinal Transplantation
AB–00–131	• Clarification to Implementation of the Ambulance Fee Schedule
AB–00–132	• Clarification Regarding Release of Medicare Eligibility Data
AB–00–133	• Coordination With Provider Education Program Safeguard Contractor
AB–00–134	• Cervical or Vaginal Smear Tests (Pap Smears) in Calendar Year 2001 Clinical Diagnostic Laboratory Fee Schedule
	Program Memorandum State Survey Agencies (HCFA Pub. 65) (Superintendent of Documents No. HE 22.8/6–5)
99–2	• Guidelines and Exhibits Regarding Regulatory Requirements for Comprehensive Assessment and Use of the Outcome and Assessment Information Set
	State Operations Manual Provider Certification (HCFA Pub. 7) (Superintendent of Documents No. HE 22.8/12)
21	• List of Appendices Interpretive Guidelines and Survey Procedures—Hospital—Table of Contents Interpretive Guidelines for Home Health Agencies
22	• Minimum Data Set System System Description Administration Requirements Validation and Editing Process Correction of Errors in Minimum Data Set Records That Have Been Accepted by the Standard Minimum Data Set System at the State
23	• Hospice—Citations and Description Community Mental Health Centers—Citations and Description Attestation Statement Provider Agreement Fiscal Intermediary Medicare Provider Billing Number Deactivation Letter Used by Fiscal Intermediary Model Denial Letter for Community Mental Health Center Applicants—State Restrictions on Screening Model Letter, Notice of Findings of Non-Compliance Model Letter, Notice of Termination of Provider Agreement Model Letter, Community Mental Health Center That Has Ceased Operating Model Letter, Participation in Medicare as a Community Mental Health Center Providing Partial Hospitalization Services (Including Threshold and Service Requirements) Model Letter, Notice of Failure to Meet Threshold and Service Requirements

ADDENDUM III.—MEDICARE AND MEDICAID MANUAL INSTRUCTIONS—Continued

Transmittal No.	Manual/Subject/Publication No.
	Peer Review Organization Manual (HCFA Pub. 19) (Superintendent of Documents No. HE 22.8/8–15)
83	• Introduction Review Responsibilities to Handle Clinical Data Abstraction Center Referrals Developing the Capacity to Estimate Local Payment Error Rates Determining the Types of Errors and Developing the Interventions Necessary to Reduce or Eliminate Errors Developing, Applying, and Assessing the Effect of Interventions Collaborating With Provider and Practitioner Groups Collaborating Efforts with Federal and State Agencies and Other Medicare Contractors
84	• Review Process Notice of Disclosure Final Response to Complainants Disclosure of Quality Review Information to Complainants Request for Information Model Form Final Response to Inquirer Model Notice (Concern Involved Practitioner) Final Response to Inquirer Model Notice (Concern Involved Provider Facility)
	Hospital Manual (HCFA Pub. 10) (Superintendent of Documents No. HE 22.8/2)
762	• Extracorporeal Immunoadsorption Using Protein A Columns
763	• Billing for Sodium Ferric Gluconate Complex in Sucrose Injection
764	• Payment for Blood Clotting Factor Administered to Hemophilia Inpatients
765	• Billing for Hospital Outpatient Partial Hospitalization Services
766	• Heart Transplants
767	• Completion of Form HCFA–1450 for Inpatient and/or Outpatient Billing
	Renal Dialysis Facility Manual (Non-Hospital Operated) (HCFA Pub. 29) (Superintendent of Documents No. 22.8/13)
91	• Billing for Sodium Ferric Gluconate Complex in Sucrose Injection
	ESRD Network Organizations Manual (HCFA Pub. 81) (Superintendent of Documents No. HE 22.9/4)
12	• List of Commonly Used Acronyms, and Glossary Authority Purpose of End-Stage Renal Disease Network Organizations Requirements for End-Stage Renal Disease Network Organization Responsibilities of End-Stage Renal Disease Network Organizations Goals Network Organization's Role in Health Care Quality Improvement Program Annual Report Format Quarterly Progress and Status Report Format
	Outpatient Physical Therapy and Comprehensive Outpatient Rehabilitation Facility Manual (HCFA Pub. 9) (Superintendent of Documents No. HE 22.8/9)
15	• Billing Instructions for Partial Hospitalization Services Provided in Community Mental Health Centers
	Coverage Issues Manual (HCFA Pub. 6) (Superintendent of Documents No. HE 22.8/14)
127	• Extracorporeal Immunoadsorption Using Protein A Columns
128	• Air-Fluidized Beds
129	• Hyperbaric Oxygen Therapy
130	• Intravenous Iron Therapy
131	• Osteogenic Stimulation
132	• Durable Medical Equipment Reference List Speech Generating Devices
133	• Non-Implantable Pelvic Floor Electrical Stimulator
134	• Artificial Hearts and Related Devices

ADDENDUM III.—MEDICARE AND MEDICAID MANUAL INSTRUCTIONS—Continued

Transmittal No.	Manual/Subject/Publication No.
	Provider Reimbursement Manual—Part 1 (HCFA Pub. 15–1) (Superintendent of Documents No. HE 22.8/4)
418	• Requirements for Distinct Part Certification
419	• Regional Medicare Swing-Bed Skilled Nursing Facility Rates
	Provider Reimbursement Manual—Part 2 Provider Cost Reporting Forms and Instructions Chapter 35—Form HCFA–2540–96 (HCFA Pub. 15–2–35) (Superintendent of Documents No. HE 22.8/4)
9	• Skilled Nursing Facility, and Skilled Nursing Facility Health Care Complex Cost Report, Form HCFA–2540–96
	Provider Reimbursement Manual—Part 2 Provider Cost Reporting Forms and Instructions Chapter 36—Form HCFA–2552–96 (HCFA Pub. 15–2–36) (Superintendent of Documents No. HE 22.8/4)
7	• Hospital and Hospital Health Care Complex Cost Report, Form HCFA–2552–96
	Medicare Program Integrity Manual (HCFA Pub. 83) (Superintendent of Documents No. HE 22)
3	• Types of Claims For Which Contractors Are Responsible The Medicare Medical Review Program National Coverage Policy and Local Medical Review Policy and Individual Claim Determinations Individual Claim Determinations Identification of Services for Which A Local Medical Review Policy is Needed Coding Rules in Local Medical Review Policy Local Medical Review Policy Notice Process Manual Review Personnel and Levels of Review The Contractor Advisory Committee Medicare Fraud Information Specialist Medicare Integrity Program—Provider Education and Training Activities Contractor Medical Director Office of Inspector General Referrals and Appropriate Fraud Information Database Entries Introduction Provider Tracking System Evaluating Effectiveness of Corrective Actions Verifying Potential Errors and Setting Priorities Determining Whether the Problem is Widespread or Provider-Specific Provider Education Prepayment Review of Selected Claims Automated and Manual Prepayment Review Prepayment Edits Development of Claims for Additional Documentation Location of Postpay Reviews Advance Determination of Medicare Coverage of Customized Durable Medical Equipment Effectuating Favorable Final Appellate Decisions That A Beneficiary is ''Confined to Home'' Contractor Advisory Committee Structure Contractor Advisory Committee Process The Medicare Fraud Program Staffing of the Fraud Unit and Security Training Durable Medical Equipment Fraud Functions Identifying Potential Errors—Introduction Data Analysis Resources Needed for Data Analysis Determine Indicators to Identify Norms and Deviations Overview of Prepayment and Postpayment Review Automated and Manual Prepayment Review Categories of Medical Review Edits Overpayment Assessment Procedures Consent Settlement Offer Based on Potential Projected Overpayment Certified Medical Necessity as the Written Order Pick-up Slips Incurred Expenses for Durable Medical Equipment and Orthotics and Prosthetic Devices List of Medical Review Codes, Categories, and Conversion Factors for Fiscal Year 2000 Description of Carrier Advisory Committee

ADDENDUM III.—MEDICARE AND MEDICAID MANUAL INSTRUCTIONS—Continued

Transmittal No.	Manual/Subject/Publication No.
	Consent of Settlement Documents HCFA Forms 700 and 701
	Medicare/Medicaid Sanction—Reinstatement Report (HCFA Pub. 69)
00–10	• Report of Physicians/Practitioners, Providers and/or Other Health Care Suppliers Excluded Reinstated—September 2000
00–11	• Report of Physicians/Practitioners, Providers and/or Other Health Care Suppliers Excluded/Reinstated—October 2000
00–12	• Report of Physicians/Practitioners, Providers and/or Other Health Care Suppliers Excluded/Reinstated—November 2000 **January 2001 through March 2001**
	Intermediary Manual Part 1—Claims Process (HCFA Pub. 13–1) (Superintendent of Documents No. HE 22.8/6–3)
130	• Principles of Reimbursement for Administrative Costs
	Intermediary Manual Part 2—Claims Process (HCFA Pub. 13–2) (Superintendent of Documents No. HE 22.8/6–3)
415	• System Security Authority, Exhibits, and Appendices: *www.hcfa.gov/pubforms/pim/pimtoc.htm*
416	• Recovery of Overpayments Due to a Pattern of Furnishing Excessive or Noncovered Services
417	• This Transmittal contains no updated information
	Intermediary Manual Part 3—Claims Process (HCFA Pub. 13–3) (Superintendent of Documents No. HE 22.8/6)
1822	• No Legal Obligation To Pay For Or Provide Services Review of Form HCFA–1450 For Inpatient And Outpatient Bills Medicare Secondary Payor Maintenance Transaction Record Processing Alphabetic Listing Of Data Elements
1823	• Screening Pap Smears and Screening Pelvic Examinations
1824	• Colorectal Screening
1825	• Hospital Outpatient Partial Hospitalization Services
1826	• Review of Form HCFA–1450 For Inpatient and Outpatients Bills
1827	• Beneficiary-Driven Demand Billing Under Home Health Prospective Payment System
	Carriers Manual Part 2—Program Administration (HCFA Pub. 14–1) (Superintendent of Documents No. HE 22.8/7–2)
124	• Principles of Reimbursement for Administrative Costs Budget Preparation Budget Preparation
	Carriers Manual Part 3—Program Administration (HCFA Pub. 14–2) (Superintendent of Documents No. HE 22.8/7)
142	• System Security Authority, Exhibits, and Appendices: *www.hcfa.govpubforms/83__pim/pimtoc.htm*
	Carriers Manual Part 3—Program Administration (HCFA Pub. 14–3) (Superintendent of Documents No. HE 22.8/7)
1690	• Claims for Anesthesia Services Performed on and After January 1, 1992 Entities/Suppliers Whose Physicians' Services Are Paid for Under Fee Schedule Method for Computing Fee Schedule Amounts Payment Conditions for Anesthesiology Services Assisted Suicide Site-of-Service Payment Differential Optometry Services

ADDENDUM III.—MEDICARE AND MEDICAID MANUAL INSTRUCTIONS—Continued

Transmittal No.		Manual/Subject/Publication No.
		Allowable Adjustments
		Evaluation and Management Service Codes—General
		Payment for Office/Outpatient Visits
		Consultations
		Payment For Physician's Visits To Residents of Skilled Nursing Facilities and Nursing Facilities
		Home Care and Domiciliary Care Visits
		Prolonged Services
		Home Services
		Geographic Practice Cost Indices by Medicare Carrier and Locality
		Determining Reasonable Charges for Services of Nurse Practitioners and Clinical Nurse Specialists
1691	•	No Legal Obligation To Pay For Or Provide Services
		Medicare Secondary Payer General Provisions
		Medicare Secondary Payer General Provisions Applicable To Individuals Covered By Group Health Plans and Large Group Health Plans
		Limitation On Payment For Services To Individuals Eligible For Or Entitled To Benefits On Basis Of End Stage Renal Disease Who Are Covered By Group Health Plans
1692	•	Patient and Insured Information
		Physician or Supplier Information
		Place of Service Codes and Definitions Exhibits
1693	•	Physicians Billing for Purchased Diagnostic Tests (Other Than Clinical Diagnostic Laboratory Tests
1694	•	Screening Pap Smear Coverage and Payment Requirements
		Screening Pelvic Examination Coverage and Payment Requirements
		Diagnosis Coding
		Billing Requirements
		Calculating Frequency Limitations
		Common Working File Edits
		Medicare Summary Notices and Explanations of Your Part B Medicare Benefits
		Remittance Advice Notices
1695	•	Coding Changes Became Effective for Hepatitis B Vaccines Through the Health Care Financing Administration Common Procedure Coding System
		Annual Updates
1696	•	Evidence of Medical Necessity Oxygen Claims
1697	•	Covered Services and Health Care Financing Administration Common
		Procedure Coding System Codes
		Coverage Criteria
		Determining Whether or Not the Beneficiary is at High Risk for Developing Colorectal Cancer
		Determining Frequency Standards
		Noncovered Services
		Payment Requirements
		Common Working File Edits
		Medicare Summary Notices and Explanations of Your Part B Medicare Benefits
		Remittance Advice Notices
		Ambulatory Surgical Center Facility Fee
1698	•	Dual Eligibility/Entitlement Situations
		Program Memorandum Intermediaries (HCFA Pub. 60A) (Superintendent of Documents No. HE 22.8/6–5)
A–01–01	•	January Outpatient Code Editor Specifications Version (V2.0)
A–01–02	•	Use of Telehealth In Delivery of Home Health Services
A–01–03	•	Temporary 2-Month Extension of Periodic Interim Payment for Home Health Providers
A–01–04	•	Change in Hospice Payment Rates As Required by the Benefits Improvement and Protection Act
A–01–05	•	Advance Beneficiary Notices Must Be Given To Beneficiaries and Demands Bills Must Be Submitted By Home Health Agencies
A–01–06	•	Restoration of Full Home Health Market Basket Update for Home Health Services for Fiscal Year 2001 and Temporary 10 Percent Payment Increase for Home Health Services Furnished in a Rural Area For 24 Months Under the Home Health Prospective Payment System
A–01–07	•	Application of Wage Index for Wichita, Kansas, Metropolitan Statistical Area Hospice Providers
A–01–08	•	Adjustments to the Federal Skilled Nursing Facility Prospective Payment System Rates for Fiscal Year 2001
A–01–09	•	Exemption of Critical Access Hospital Swing Beds From Skilled Nursing Facility Prospective Payment System
A–01–10	•	Technical Corrections to the January 2001 Update: Coding Information for Hospital Outpatient Prospective Payment System
A–01–11	•	Changes to Federal Fiscal Year 2001 Inpatient Hospital Payment As Required By the Benefits Improvement And Protection Act of 2000 (Public Law 106–554)
A–01–12	•	Provider Statistical and Reimbursement Report
A–01–13	•	Clarification of Allowable Medicaid Days in the Medicare Disproportionate Share Hospital Adjustment Calculation
A–01–14	•	Clarifications to Transmittal A–01–03, Change Request 1437, Temporary 2-Month Extension of Periodic Interim Payment for Home Health Providers
A–01–15	•	Implementation of Sections 111, 401, 403, and 405 of the Medicare, Medicaid, and State Child Health Insurance Program Benefits Improvement and Protection Act of 2000

ADDENDUM III.—MEDICARE AND MEDICAID MANUAL INSTRUCTIONS—Continued

Transmittal No.	Manual/Subject/Publication No.
A–01–16	• Claims Guidance Related to Outpatient Code Editor Edit 27
A–01–17	• Impact of the Benefits Improvement and Protection Act on Devices Eligible for Transitional Pass-Through Payments Under the Hospital Outpatient Prospective Payment System
A–01–18	• Effective Dates for all Medicare Secondary Payer Sub-Modules Found in the Medicare Secondary Payer Pay Module
A–01–19	• New Composite Payment Rates Effective April 1, 2001, through December 31, 2001, and the Application of Exceptions Under the End Stage Renal Disease Composite Rate System
A–01–20	• Health Insurance Portability and Accountability Act Health Care Claim and Coordination of Benefits
A–01–21	• Clarification of the Homebound Definition Under the Medicare Home Health Benefit
A–01–22	• Extension of Due Date for Filing Provider Cost Reports
A–01–23	• Modification to Home Health Prospective Payment System Date Matching Edit in Medicare Standard System Software
A–01–24	• Further Guidance on Handling Outpatient Code Editor Error 13
A–01–25	• New Processing and Reporting Requirements for Resolution of Outpatient Prospective Payment System Implementation Issues
A–01–26	• Clarification of Exclusions to the Temporary 2-Month Extension of Periodic Interim Payments For Home Health Providers
A–01–27	• Problems with Processing of Non-Outpatient Prospective Payment System Claims Through the Outpatient Code Editor
A–01–28	• Addendum to Periodic Interim Payments For Home Health Providers
A–01–29	• Medicare Review of Certification and Re-Certifications of Residents in Skilled Nursing Facilities
A–01–30	• Advance Beneficiary Notices Must Be Given To Beneficiaries and Demand Bills Must Be Submitted By Home Health Agencies
A–01–31	• Clinical Diagnostic Laboratory Tests Furnished by Critical Access Hospitals
A–01–32	• Biweekly Interim Payments for Certain Hospital Outpatient Items and Services That Are Paid On A Cost Basis, and Direct Medical Education Payment, Not Included in the Hospital Outpatient Prospective Payment System
A–01–33	• Fiscal Intermediary Community Mental Health Center Enrollment and Change of Ownership Site Visit Process and Coordination With National Community Mental Health Center Site Visit Contractor
A–01–34	• Salary Equivalency Guidelines Update Factors
A–01–35	• Medicare+Choice Inpatient Encounter Data-Migration of Data Processing to the Health Care Financing Administration Data Center
A–01–36	• April Outpatient Code Editor Specifications Version (V2.1)
A–01–37	• Change in the Standard Paper Remittance Advice for Home Health Agencies
A–01–38	• Changes to Fiscal Year 2001 and Fiscal Year 2002 Graduate Medical Education Policies as Required by the Medicare, Medicaid, and State Child Health Insurance Program Balanced Budget Refinement Act of 1999, P.L. 106–113, and the Medicare, Medicaid, and State Child Health Insurance Program Benefits Improvement and Protection Act of 2000, P.L. 106–554
A–01–39	• Postacute Care Transfer Policy
A–01–40	• Additional Information on Transitional Pass-Through Devices and Drugs
A–01–41	• Categories for Use in Coding Devices Eligible for Transitional Pass-Through Payments Under the Hospital Outpatient Prospective Payment System
A–01–42	• Indian Health Service Hospital Payment Rates for Calendar Years 2000 and 2001
A–01–43	• This Transmittal Has Been Rescinded
A–01–44	• Standard Systems Changes Required to Incorporate Provider-Specific Payment-to-Cost Ratios into the Calculation of Interim Transitional Corridor Payment Outpatient Prospective Payment System
A–01–45	• Clarification and HCFA Common Procedure Coding System Coding Update: Part B Fee Schedule and Consolidated Billing for Skilled Nursing Facility Services
A–01–46	• Further Guidance on Handling the Outpatient Code Editor Edit 43
A–01–47	• Implementation of Updates to the Federal Fiscal Year 2001 Inpatient Hospital Payments and Disproportionate Share Hospital Thresholds and Adjustments as Required by the Benefits Improvement and Protection Act of 2000 (Public Law 106–554)
	Program Memorandum Carriers (HCFA Pub. 60B) (Superintendent of Documents No. HE 22.8/6–5)
B–01–01	• Use of Statistical Sampling for Overpayment Estimation When Performing Administrative Reviews of Part B Claims
B–01–02	• Medicare Requirements for Payment for Medicare-Covered Drugs Administrative Reviews of Part B Claims
B–01–03	• Request for Carriers to Include a Message on Paper Remittance Notices
B–01–04	• New Temporary ''K'' Codes for Insulin Lispro
B–01–05	• Matrix to Complete Provider/Supplier Enrollment Application (HCFA–855)
B–01–06	• Health Insurance Portability and Accountability Act Health Care Claim and Coordination of Benefits
B–01–07	• Apligraf (Graftskin)
B–01–08	• Change in Effective Data For Five ''WW'' Codes For Methotrexate
B–01–09	• Suspension of Recently Implemented Correct Coding Initiative Edits Bundling Evaluation and Management Codes and Ophthalmologic Codes Revision to Version 7.0
B–01–10	• Systems Requirements for the Benefits Improvement and Protection Act of 2000 for Drugs and Biologicals Covered by Medicare, Section 114, Mandatory Submission of Assigned Claims for Drugs and Biologicals
B–01–11	• Supplier Billing for Glucose Test Strips
B–01–12	• Initial Viable Information Processing Systems Virtual Multiple Storage Changes Necessary to Allow for ''Full Program Safeguard Contractor Implementation''
B–01–13	• Explanation of Medicare Benefits, Medicare Summary Notice and Supplier Remittance Message Durable Medical Equipment Regional Carriers Must Use on Claims for Drugs and Related Equipment Supplied by a Supplier Not Licensed to Dispense the Drug

ADDENDUM III.—MEDICARE AND MEDICAID MANUAL INSTRUCTIONS—Continued

Transmittal No.	Manual/Subject/Publication No.
B–01–14	• New Oral Anti-Cancer Drugs Approved for Use by Medicare
B–01–15	• Durable Medical Equipment Regional Carrier System Requirements to Implement § 114 of the Benefits Improvement and Protection Act of 2000
B–01–16	• Clarification of Medicare Policies Concerning Ambulance Services
B–01–17	• Durable Medical Equipment Regional Carrier System Changes to Enforce Medicare Requirements for Payment for Medicare-Covered Drugs
B–01–18	• Changes to Correct Coding Edits, Version 7.2, Effective July 1, 2001
B–01–19	• Additional Information for Trail Blazer Health Enterprise for Centralized Billing of Flu and Pneumococcal Vaccinations
B–01–20	• Two New ''K'' Codes for Heavy Duty Hospital Beds
B–01–21	• Durable Medical Equipment Regional Carrier System Requirements to Implement § 114 of Benefits Improvement and Protection Act of 2000 (Additional Requirements for Change Request (CR) 1562, Transmittal B–01–15)
B–01–22	• Initial Viable Information Processing System Medicare System Virtual Multiple Storage Changes Necessary to Allow for Full Program Safeguard Contractor Implementation
	Program Memorandum Intermediaries/Carriers (HCFA Pub. 60A/B) (Superintendent of Documents No. HE 22.8/6–5)
AB–01–01	• Upcoming Train the Trainer Sessions on Skilled Nursing Facility Prospective Payment System and Consolidated Billing Updates
AB–01–02	• Managing Medicare Appeals Workloads in Fiscal Year 2001
AB–01–03	• April Quarterly Update for 2001 Durable Medical Equipment, Prosthetics, Orthotics, and Supplies Fee Schedule
AB–01–04	• Implementation of the National Drug Code to Process Claims for Prescription Drugs and Biologicals and Request for Comments
AB–01–05	• New Waived Tests—Effective Date of Receipt
AB–01–06	• Replacement of Prosthetic Devices and Parts
AB–01–07	• Contractor Testing Requirements
AB–01–08	• Program Safeguard Contractor for Corporate Integrity Agreements
AB–01–09	• Clarification of Physician Certification Requirements for Medicare Hospice
AB–01–10	• Elimination of Time Limit for Coverage of Immunosuppressive Drugs Under Medicare
AB–01–11	• Health Care Financing Administration Business Partner Systems Security Manual
AB–01–12	• Charging Fees to Providers for Medicare Education and Training Activities Program Management
AB–01–13	• Pap Test for Women Aged 65 and Older: Dispelling the Myths
AB–01–14	• Notification to Beneficiaries About Cervical Cancer Month and the Benefit of Pap Tests
AB–01–15	• Instructions to All Medicare Contractors for Reporting Audited Year 2000 Costs on the Final Administrative Costs Proposals
AB–01–16	• Implementation of Benefits Improvement and Protection Act of 2000 Requirements for Drugs and Biologicals Covered by Medicare
AB–01–17	• Medicare Coverage of Epoetin Alfa (Procrit) for Preoperative Use
AB–01–18	• New Automatic Notice of Change to Medicare Secondary Payer Auxiliary File
AB–01–19	• First Update to the 2001 Medicare Physician Fee Schedule Database
AB–01–20	• Payment Revisions For Diagnostic and Screening Mammograms Performed With New Technologies—Effectuated By Benefits Improvement and Protection Act 2000
AB–01–21	• Form HCFA–1522, Monthly Contractor Financial Report, Reconciliation
AB–01–22	• 2001 Payment Limit Update for Ambulance Services
AB–01–23	• Medicare Summary Notices Programming Errors
AB–01–24	• Medicare Secondary Payer: (1) Procedures for ''Write-Off—Closed'' of Medicare Secondary Payer Accounts Receivable; (2) Elimination of Automated/Systems ''Write-Off—Closed'' Actions for Medicare Secondary Payer Accounts Receivable; Zero Backend Tolerance for Medicare Secondary Payer Accounts Receivable (Reminder); and (3) Date for Establishment of Medicare Secondary Payer Accounts Receivable (Reminder)
AB–01–25	• Clarification of Transmittal AB–00–107, Change Request 1163, and Transmittal AB–00–129, Change Request 1460, Regarding the Coordination of Benefits Contract of Benefits Contractor and Medicare Secondary Payer Prepay Work Activities for Customer Service, Medicare Secondary Payer and Standard Systems Contractor Staff
AB–01–26	• Changes to the 2001 Payment Amounts for Durable Medical Equipment Prosthetics, Orthotics, and Supplies
AB–01–27	• Notice of Interest Rate for Medicare Overpayments and Underpayments
AB–01–28	• Current Status of Medicare Program Memoranda Issued Before Calendar Year 2001
AB–01–29	• Free Electronic Billing Software
AB–01–30	• Claims Processing Instructions for the Medicare Coordinated Care Demonstration—Correction and Enhancement
AB–01–31	• Fraud Investigation Database
AB–01–32	• Promoting Colorectal Cancer Screening as a Part of Colorectal Cancer Awareness Month
AB–01–33	• Delay of Carrier and Intermediary Actions Required in Change Requests 1256 and 1323, Consolidated Billing for Skilled Nursing Facility Residents, and Fee Schedule for Part B Residents and Outpatients
AB–01–34	• Health Care Financing Administration Office of the Inspector General Hotline Referrals
AB–01–35	• Delay of Carrier and Intermediary Action Required in Change Request 1412, Transmittal AB–00–112, Dated November 16, 2000, Consolidated Billing for Home Health Agencies
AB–01–36	• Extension of Moratorium on the Application of the Financial Limitation for Outpatient Rehabilitation Services
AB–01–37	• Verteporfin
AB–01–38	• Transmittal number AB–01–38, has been rescinded and will not be released
AB–01–39	• Salary Equivalency Guidelines Update Factors

ADDENDUM III.—MEDICARE AND MEDICAID MANUAL INSTRUCTIONS—Continued

Transmittal No.		Manual/Subject/Publication No.
AB–01–40	•	Correction to Change Request 1500 (Transmittal AB–01–26)—Changes to the 2001 Payment Amounts for Durable Medical Equipment, Prosthetics, Orthotics, and Supplies
AB–01–41	•	Correction to April Quarterly Update for 2001 Durable Medical Equipment, Prosthetics, Orthotics, and Supplies Fee Schedule
AB–01–42	•	Changes to 2001 Clinical Laboratory Fee Schedule Required by the Benefits Improvement and Protection Act of 2000
AB–01–43	•	Revision to Carrier/Intermediary Provider Training for Skilled Nursing Facility Prospective Payment System and Consolidated Billing
AB–01–44	•	Binding Contractor Hearing Officers to Local and Regional Medical Review Policies
AB–01–45	•	Retention of HCFA Common Procedure Coding System Level III Codes
AB–01–46	•	New Waived Test—Effective Date of Receipt
AB–01–47	•	Independent Laboratory Billing for the Technical Component of Physician Pathology Services to Hospital Patients
AB–01–48	•	Remittance Advice and Medicare Summary Notice Messages for the Home Health Prospective Payment System
AB–01–49	•	Follow On Instructions to Health Care Financing Administration Business Partners Systems Security Requirements
		Program Memorandum Medicaid State Agencies (HCFA Pub. 17) Superintendent of Documents No. HE 22. 8/6–5
01–01	•	Current Status of Medicaid Program Memoranda and Action Transmittal Issued Before Calendar Year 2001
		Medicare Regional Office Manual—Part 2 (HCFA Pub. 23–3) Superintendent of Documents No. HE 22.8/8
330	•	Security Oversight Manual— *www.hcfa.gov/pubforms/progma.htm.*
		State Operations Manual Provider Certification (HCFA Pub. 7) (Superintendent of Documents No. HE 22.8/12)
24	•	Psychiatric Hospitals Conducting Initial Surveys and Scheduled Resurveys
25	•	Citations and Description Organization of Home Health Agency Characteristics Differentiating Branches From Subunits of Home Health Agency Guidelines for Determining Parent, Branch, or Subunit Processing Change from Branch to Subunit Health Care Financing Administration Approval Necessary for Non-Parent Locations Separate Entities Operation of the Home Health Agencies Consumer Awareness Staff Awareness Operation of Home Health Agencies Across State Lines Surveying Health Maintenance Organization—Operated Home Health Agency Guidelines for Determining Survey Frequency Home Health Agency Survey Process for Determining Quality of Care Definitions Home Health Functional Assessment Instrument Outcome and Assessment Information Set Requirements Clinical Laboratory Improvement Amendments Standard Survey—Structure Survey Tasks Resident Assessment Protocols
26	•	Regional Office Assignment of Provider and Supplier Identification Numbers
		Peer Review Organization Manual (HCFA Pub. 19) (Superintendent of Documents No. HE 22.8/8–15)
85	•	Statutory Background Hospital Requirements Hospital Penalties For Noncompliance Regional Offices Responsibilities State Agency Surveys Peer Review Organization Review Responsibilities Physician Review Outline 60-Day Peer Review Organization Review: Opportunity for Discussion (Sample Letter to Physician/Hospital),
86		Quality Review Admission Review Coverage Review

ADDENDUM III.—MEDICARE AND MEDICAID MANUAL INSTRUCTIONS—Continued

Transmittal No.		Manual/Subject/Publication No.
		Discharge Review Outlier Review Limitation on Liability Determinations Readmission Review Circumvention of Prospective Payment System Introduction Review Setting Using Screening Criteria Providing Opportunity for Discussion Profiling Case Review Results Physician Reviewers Health Care Practitioners Other Than Physicians Conflict of Interest When an Action Plan is Not Need Additional Performance Improvement Activities Denial and Reopening Time Frames
		Hospice Manual (HCFA Pub. 10) (Superintendent of Documents No. HE 22.8/2)
768	•	Screening Pap Smears and Screening Pelvic Examinations
769	•	Billing for Colorectal Screening
770	•	Billing for Hospital Outpatient Partial Hospitalization Services
771	•	Completion of Form HCFA–1450 for Inpatient and /or Outpatient Billing
		Coverage Issues Manual (HCFA Pub. 6) Superintendent of Documents No. HE 22. 8/14
135	•	Photodynamic Therapy
Photosensitive Drugs		**Provider Reimbursement Manual—Part 1 (HCFA Pub. 15–1) (Superintendent of Documents No. HE 22.8/4)**
420	•	Travel Expenses
		Provider Reimbursement Manual—Part 2 Chapter 31, Form HCFA–287–92 (HCFA Pub. 15–2–31) (Superintendent of Documents No. HE 22.8/4)
4	•	Home Office Equity Capital—General Form HCFA–287–92 Worksheets
		Provider Reimbursement Manual—Part 2 Chapter 18, Form HCFA–2088–92 (HCFA Pub. 15–2–18) (Superintendent of Documents No. HE 22.8/4)
4	•	Outpatient Rehabilitation Provider Cost Reporting Form
		Provider Reimbursement Manual—Part 2 Provider Cost Reporting Forms and Instructions Chapter 35/Form HCFA–2540–96 (HCFA Pub. 15–2–35)
10	•	Skilled Nursing Facility and Skilled Nursing Facility Complex Cost Report
		State Medicaid Manual—Part 4/Elegibility (HCFA Pub. 45–3) Superintendent of Documents No. HE 22.8/10
75	•	Medicaid Estate Recoveries
		Medicare Program Integrity Manual (HCFA Pub. 83)
4	•	Physician Assistant Rules Concerning Orders and Certificates of Medical Necessity
5	•	Advance Determination of Medicare Coverage of Customized Durable Medical Equipment Definitions of Customized Durable Medical Equipment Items Eligible for Advance Determination of Medicare Coverage

ADDENDUM III.—MEDICARE AND MEDICAID MANUAL INSTRUCTIONS—Continued

Transmittal No.		Manual/Subject/Publication No.
		Instructions for Processing Advance Determination of Medical Coverage Requests Affirmative Advance Determination of Medical Coverage Decisions Negative Advance Determination of Medical Coverage Decisions Durable Medical Equipment Regional Carrier Tracking
		Business Partners Systems Security Manual (HCFA Pub. 84)
1	•	Introduction Information Technology Systems Security Roles and Responsibilities Information Technology Systems Program Management Health Care Financing Administration Core Security Requirements, and an overview the Contractor Assessment Security Tool An Approach to Risk Assessment An Approach to Business Continuity and Contingency Planning An Approach to Fraud Control Acronyms and Abbreviations Glossary
		Business Partners Security Oversight Manual (HCFA Pub. 85)
1	•	Introduction
2	•	Information Technology Systems Security Roles and Responsibilities Information Technology Systems Security Program Management Audit Protocols and the Contractor Assessment Security Tool
		Medicare/Medicaid Sanction—Reinstatement Report
		(HCFA Pub. 69)
01–01	•	Report of Physicians/Practitioners, Providers and/or Other Health Care Suppliers Excluded/Reinstated—December 2000
02–01	•	Report of Physicians/Practitioners, Providers and/or Other Health Care Suppliers Excluded/Reinstated—January 2001
03–01	•	Report of Physicians/Practitioners, Providers and/or Other Health Care Suppliers Excluded/Reinstated—February 2001
		April 2001 through June 2001
		Intermediary manual
		Part 1—Claims Process (HCFA Pub. 13–1) (Superintendent of Documents No. HE 22.8/6–3)
131	•	General Instructions for Completing the HCFA–750A/B Contractor Financial Reports Instructions for Completing the HCFA–751A/B Status of Accounts Receivable Instructions for Completing the HCFA–C751A/B Status of Non-Medicare Secondary Payer Debt Currently Not Collectible Instruction for Completing the HCFA–M751A/B Status of Medicare Secondary Payer Accounts Receivable Instruction for Completing the HCFA–MC751 A/B Status of Medicare Secondary Payer Debt Currently Not Collectible Provides Exhibits to be used to Prepare Contractor Financial Reports
		Intermediary Manual Part 2—Claims Process (HCFA Pub. 13–2) (Superintendent of Documents No. HE 22.8/6–3)
418	•	Beneficiary Services
		Intermediary Manual Part 3—Claims Process (HCFA Pub. 13–3) (Superintendent of Documents No. HE 22.8/6)
1828	•	Prospective Payment for Outpatient Rehabilitation Services and the Financial Limitation
1829	•	Overpayment for Provider Services—General
1830	•	Review of Form HCFA–1450 for Inpatient And Outpatient Bills
1831	•	Type of Bill Body of Report
1832	•	Requirements for Critical Access Hospital Services and Critical Access

ADDENDUM III.—MEDICARE AND MEDICAID MANUAL INSTRUCTIONS—Continued

Transmittal No.		Manual/Subject/Publication No.
		Hospital Long Term Care Service
		Payment for Services Furnished by a Critical Access Hospital
		Payment for Post-Hospital Skilled Nursing Facility Care Furnished by a Critical Access Hospital
1833	•	Provider Enrollment
1834	•	Dialysis for End Stage Renal Disease—General
1835	•	Cryosurgery of the Prostate Gland
1836	•	Diabetes Outpatient Self-Management Training Services
1837	•	Checking Reports
		Body of Report
		Quarterly Supplement to the Intermediary Workload Report—HCFA–1566A, Pages 1, 2, and 3
1838	•	Drugs and Biologicals
1839	•	Request for Anticipated Payment
		Home Health Prospective Payment System Claims
		Effective Date and Scope of Home Health Prospective Payment System for Claims
		Split Percentage Payment of Episodes and Development of Episode Rates
		Coding of Home Health Prospective Payment System Episode Case—Mix
		Groups on Home Health Prospective Payment System Claims: Health Research Groups and Health Insurance Prospective Payment System Codes
		Overview—Health Insurance Query System for Home Health Agency Inquiry System Shows Primary Home Health Agency
		Overview—Request for Anticipated Payment Submission and Processing
		Establishes Home Health Prospective Payment System Episode and Provides First Percentage Payment
		Overview—Claim Submission and Processing Complete Home Health Prospective Payment System Payment Closes Episode and Performs A–B Shift
		Definition of Transfer Situation Under Home Health Prospective Payment System Payment Effects
		Payment When Death Occurs During a Home Health Prospective Payment System Episode
		Adjustments of Episode Payment—''Special Submission Case: ''No Resource Allocation Plan'' Low Utilization Payment Adjustment
		Adjustment of Episode Payment—''Significant Change in Condition
		General Guidance on Line Item Billing under Home Health Prospective Payment System Home Health Prospective Payment System Consolidated Billing and Primary Home Health Agency
		Creation of the Health Insurance Query System for Home Health Agencies and hospices in the Common Working File—Replacement of Health Insurance Query System for Home Health Agencies
		Health Insurance Query System for Home Health Agencies Inquiry and Response
		Timeliness and Limitations of Health Insurance Query System for Home Health Agencies Responses
		Inquiries to Regional Home Health Intermediaries Based on Health Insurance Query System for Home Health Agencies Responses
		National Home Health Prospective Payment Episode History File
		Closing, Adjusting and Prioritizing Home Health Prospective Payment System Episodes Based on Resource Allocation Plan and Home Health Agencies Claim Activity
		Other Editing and Changes for Home Health Prospective Payment System Episodes
		Priority Among Other Claim Types and Home Health Prospective Payment System Consolidated Billing for Episodes
		Version 3051.4A.01 Line Level Reporting Requirements for the Claim Payment in an Episode (More than 4 Visits)
		Carriers Manual Part 1—Program Administration (HCFA Pub. 14–1) (Superintendent of Documents No. HE 22.8/7–2)
125	•	General
		Instructions for Completing the HCFA–750B Contractor Financial Reports
		Instructions for Completing the HCFA–751B Status of Accounts Receivable
		Instructions for Completing the HCFA–C751B Status of Non-Medicare Secondary Payer Debt Currently Not Collectible
		Instructions for Completing the HCFA–C751B Status of Medicare Secondary Payer Accounts Receivable
		Instructions for Completing the HCFA–M751B Status of Medicare Secondary Payer Accounts Receivable
		Carriers Manual Part 2—Program Administration (HCFA Pub. 14–2) (Superintendent of Documents No. HE 22.8/7)
143	•	Beneficiary Services
		Carriers Manual Part 3—Program Administration (HCFA Pub. 14–3) (Superintendent of Documents No. HE 22.8/7)
1699	•	Overpayments—General
1700	•	Billing for Pneumococcal, Hepatitis B, And Influenza Virus Vaccines
		General Claims Processing Requirements
		Billing Requirements

ADDENDUM III.—MEDICARE AND MEDICAID MANUAL INSTRUCTIONS—Continued

Transmittal No.		Manual/Subject/Publication No.
		Simplified Roster Bills
1701	•	The Do Not Forward Initiative
1702	•	Durable Medical Equipment Regional Carrier Pre-Discharge Delivery of DME Prosthetic, & Supplies for Fitting and Training
1703	•	Correct Coding Initiative
1704	•	Coverage of Medical Devices under Medicare
		Appeals Process for Investigational Device Exemption Categorization Decisions
		Certain Devices with a Food and Drug Administration Investigational Device Exemption
		Certain Devices with an Food & Drug Administration Investigational Device Exemption
		Payment of Certain Investigational Devices
		HCFA's Master File of Investigational Devices
		Adjudicating the Claim Executive Office of Management & Budget Messages
		Executive Office of Management & Budget Messages
1705	•	Professional Relations
		Professional Relations for HCFA Common Procedure Coding System
1706	•	Dual Eligibility/Entitlement Situations
1707	•	Preoperative Services Paid Under the Physician Fee Schedule
1708	•	Payment for Intravenous Iron Replacement Therapy Drugs
		Sodium Ferric Gluconate Complex in Sucrose Injection
		Iron Sucrose Injection
		Messages for Use with Denials
1709	•	Home Care And Domiciliary Care Visits
1710	•	Summary
		Payment and Coding Requirements
		Processing Claims to Ensure That Payment Conditions Are Met
1711	•	Simplified Roster Bills
1712	•	Review of Health Insurance Claim Form HCFA–1500
1713	•	Definition of Drug of Biologicals
1714	•	Billing Procedures and Modifiers for Certified Registered Nurse Anesthetist and Anesthesiologist in a Single Anesthesia Procedure
		Exempt Certified Registered Nurse Anesthetist as Rural Hospitals
1715	•	Responsibility to Download and Implement DME Prosthetic, Orthotics & Supplies Fee Schedules
		Carriers Manual Part 4—Program Administration (HCFA Pub. 14–4) (Superintendent of Documents No. HE 22.8/7)
24	•	Provider Enrollment
		Program Memorandum Intermediaries (HCFA Pub. 60A) (Superintendent of Documents No. HE 22.8/6–5)
A–01–48	•	Requirement for Line-Item Dates of Service for Ambulance Claims
A–01–49	•	Announcement of Medicare Rural Health Clinic and Federally Qualified Health Centers Payment Rate Increases, Changes to the Rural Health Clinic Benefit Made By the Medicare, Medicaid, and State Child Health Insurance Program Benefits Improvement and Protection Act (BIBA) of 2000 and Clarification Regarding Drugs Furnished by Rural Health Clinics Federally Qualified Health Center Manuals
A–01–50	•	Further Guidance Regarding Billing Under the Outpatient Prospective Payment System
A–01–51	•	Calculating Payment-to-Cost Ratios for Purposes of Determining Transitional Corridor Payment Under the Outpatient Prospective Payment System and Revising the Criteria Under Which a Provider May Request a Recalculation of Its Cost-to-Change Ratio
A–01–52	•	Medicare Payment for Ambulance Services Furnished by Certain Critical Access Hospitals
A–01–53	•	Discontinuing the Recognition and Financial Reporting of Accounts Receivables Due
A–01–54	•	Elimination of the Initial Request for Anticipated Payment Medicare Summary Notice Explanation of Medicare Benefits
A–01–55	•	Accelerated Referral of Non-Medicare Secondary Payor Active Delinquent Debts to the Debt Collection Center for Cross Servicing and Treasury Offset Program
A–01–56	•	Clarification to Health Insurance Prospective Payment System Coding and Billing Instructions
A–01–57	•	Health Insurance Portability Accountability Act of 1996 Administrative Simplification Implementation of Version 4010 of the Accredited Standards Committee X12N 835 (Payment/Remittance Advice) Transaction Standard Format
A–01–58	•	Clarification of Provider Cost Report Filing Requirements
A–01–59	•	Correction of Some Fiscal Year 2001 Hospice Wage Indices
A–01–60	•	Revised Processing and Reporting Requirement Timeframes for Resolution of Outpatient Prospective Payment System Implementation Issues
A–01–61	•	Processing of 1999 Bills Under the End Stage Renal Disease Composite Rate System
A–01–62	•	Extension of Due Date for Filling Provider Cost Reports
A–01–63	•	Further Guidance Regarding Health Insurance Portability and Accountability Act Health Care Claim and Coordination of Benefits
A–01–64	•	Providers Statistical and Reimbursement Report
A–01–65	•	HCFA Common Procedure Coding System Codes for Wheelchairs and Accessories
		Instructions for Regional Home Health Intermediaries

ADDENDUM III.—MEDICARE AND MEDICAID MANUAL INSTRUCTIONS—Continued

Transmittal No.	Manual/Subject/Publication No.
A–01–66	• July Outpatient Code Editor Specifications Version (V2.2)
A–01–67	• July Medicare Outpatient Code Editor Version 16.2
A–01–68	• Adjusting Clinical Diagnostic Laboratory Test Claims Furnished by Critical Access Hospitals
A–01–69	• Inclusion of Medicare Paid Provider Message and Removal of the Ambulatory Payment Classification Code from Medicare Summary Notice
A–01–70	• Frequently Asked Questions About Home Health Advance Beneficiary Notice Form HCFA–R–296
A–01–71	• Medicare Transitional Pass-Through Payments Under the Hospital Outpatient Prospective Payment System for Pacemakers and Neurostimulators
A–01–72	• Additional Problems with Processing of Non-Outpatient Prospective Payment System Claims Through the Outpatient Prospective Payment System Outpatient Code Editor
A–01–73	• July 2001 Update to the Hospital Outpatient Prospective Payment System
A–01–74	• Replace Therapy Abstract File
A–01–75	• Children's Hospital Graduate Medical Education
A–01–76	• Scheduled Release for October Updates to Software Programs and Pricing/Coding
A–01–77	• Advance Beneficiary Notices for Services for Which Institutional Part B Claims Will Be Processed by Fiscal Intermediaries
A–01–78	• Special Handling of Outpatient Prospective Payment System Claims Containing HCFA Common Procedure Coding System Code G0121 (Screening Colonoscopy)
A–01–79	• Medicare Program-Update to the Prospective Payment System for Home Health
A–01–80	• Use of Modifier—25 and Modifier—27 in the Hospital Outpatient Prospective Payment System
A–01–81	• Change in Hospice Payment Rates, Update to the Hospice Cap, Revised Hospice Wage Index and Hospice Pricer
	Program Memorandum Carriers (HCFA Pub. 60B) (Superintendent of Documents No. HE 22.8/6–5)
B–01–23	• New Temporary ''K'' Code for the Residual Limb Support System
B–01–24	• Notification to Providers of Centralized Influenza and Pneumococcal Vaccination Billing
B–01–25	• Implementation of Carrier Jurisdiction Manual Instructions Based on the Medicare Carriers Manual Part 3, §§ 3100–3101 for the Multi-Carrier System Standard System And Associated Medicare Carriers
B–01–26	• Claims Processing Instructions for the Durable Medical Equipment, Prosthetics, Orthotics and Supplies Competitive Bidding Demonstration
B–01–27	• Durable Medical Equipment Regional Carrier Common Working File
B–01–28	• Physician Supervision of Diagnostic Tests
B–01–29	• 2001 Jurisdiction List
B–01–30	• Deletion of the HCFA Common Procedure Coding System Codes A9160, A9170, and A9190 and the GX Modifier and Replacement with New Codes and Modifiers; Status Change to HCFA Common Procedure Coding System Code A9270
B–01–31	• Accelerated Referral of Non-Medicare Secondary Payor Delinquent Active Debts
B–01–32	• Health Insurance Portability and Accountability Act Health Care Claim and Coordination of Benefits
B–01–33	• Suspend the Transmission of Box 10 Development Inquiries to the Coordination of Benefits Contractor
B–01–34	• Payment for Services Furnished by Audiologists
B–01–35	• Health Insurance Portability and Accountability Act of 1996 Administrative Simplification—Implementation of Version 4010 of the Accredited Standards Committee X12 835 (Payment/Remittance Advice) Transaction Standard Format
B–01–36	• Corrections to the Correct Coding Edits, Version 7.2, Effective July 1, 2001
B–01–37	• Systems Changes for New Oxygen Testing Requirements
B–01–38	• Adjustment to Messages Required by Change Request 1553, Transmittal B–01–10, Systems Requirements for the Benefits Improvement and Protection Act of 2000 for Drugs and Biologicals Covered by Medicare, § 114, Mandatory Submission of Assigned Claims for Drugs and Biologicals
B–01–39	• Quarterly Do Not Forward Reports
B–01–40	• Expanded Coverage of Diabetes Outpatient Self-Management Training (This Change Request Replaces the Draft Change request 1423 and Includes Full Implementation Instructions.)
B–01–41	• Clarification—Durable Medical Equipment Regional Carrier Implementation of Mandatory Assignment for Drug Claims
B–01–42	• Changes to Correct Coding Edits, Version 7.3, Effective October 1, 2001
	Program Memorandum Intermediaries/Carriers (HCFA Pub. 60A/B) (Superintendent of Documents No. HE 22.8/6–5)
AB–01–50	• Release of Version 2.1.1 of the Electronic Correspondence Referral System
AB–01–51	• Clarification Related to Troponin
AB–01–52	• Payment of Physician and Nonphysician Services in Certain Indian Providers
AB–01–53	• July Updates for 2001 Durable Medical Equipment, Prosthetics, Orthotics, and Supplies Fee Schedule
AB–01–54	• Expanded Coverage of Positron Emission Tomography Scans and Related Claims Processing Changes
AB–01–55	• Information Collection Requirements from Medicare Contractor Call Centers
AB–01–56	• Questions and Answers Regarding Payment for the Services of Therapy Students under Part B of Medicare
AB–01–57	• Registration Process for, and Expectations for Use of, the Healthcare Integrity and Protection Data Bank
AB–01–58	• Intestinal and Multi-Visceral Transplantation
AB–01–59	• Second Update to the 2001 Medicare Physician Fee Schedule Database

ADDENDUM III.—MEDICARE AND MEDICAID MANUAL INSTRUCTIONS—Continued

Transmittal No.	Manual/Subject/Publication No.
AB–01–60	• New Temporary ''Q'' Codes for Splints and Casts Used for Reduction of Fractures and Dislocations
AB–01–62	• Fiscal Intermediary Durable Medical Equipment Regional Carrier and Common
AB–01–61	• Administrative Law Judge Case File Preparation, Request From the Department Appeals Board for Case File, and Retrieval of Master Files for the Departmental Appeals Board
AB–01–63	• Change of Interest Citation in the Overpayment Sections of the Medicare Intermediary Manual and the Medicare Carriers Manual from 42 Code of Federal Regulations § 405.376 to 42 Code of Federal Regulations § 405.378.
AB–01–64	• Notice of Interest Rate for Medicare Overpayments and Underpayments
AB–01–65	• Procedures Subject to Home Health Consolidated Billing
AB–01–66	• Implementation of Medicare, Medicaid, and State Child Health Insurance Program Benefits Improvement and Protection Act of 2000 Requirements for Payment Allowance of Drugs and Biologicals Covered by Medicare
AB–01–67	• Program Memorandum on Written Statements of Intent to Claim Medicare Benefits
AB–01–68	• Consolidation of Program Memorandums for Outpatient Rehabilitation Therapy Services
AB–01–69	• Revision of Medicare Reimbursement for Telehealth Services
AB–01–70	• Revision of Existing Home Health Prospective Payment System Consolidated Billing Edits
AB–01–71	• Billing for Audiologic Function Tests for Beneficiaries That are Patients of a Skilled Nursing Facility
AB–01–72	• New Zip Code File
AB–01–73	• Payment Instructions for Intestinal Transplants Furnished to Beneficiaries Enrolled in Medicare+Choice Plans With Dates of Service on or After April 1, 2001, but Before January 1, 2002
AB–01–74	• Claims Processing Instructions for Clinical Trials on Carotid Stenting With Category B Investigational Device Exemptions
AB–01–75	• Common Working File Access Change
AB–01–76	• Coordination of Benefits Contractor Fact Sheet for Providers
AB–01–77	• The Certification Package for Internal Controls for Fiscal Year Ending September 30, 2001
AB–01–78	• Common Working File Beneficiary Other Insurer Auxiliary File
AB–01–79	• Instructions for Coverage and Billing of Biofeedback Training for the Treatment of Urinary Incontinence
AB–01–80	• Data Center Management Controls and Standard System Source Code
AB–01–81	• Update of Codes and Payments for Ambulatory Surgical Centers
AB–01–82	• Clarification of Health Care Financing Administration Core Security Requirements
AB–01–83	• Medicare Secondary Payer Debt Collection Improvement Act of 1996 Activities
AB–01–84	• Correction to Second Update to the 2001 Medicare Physician Fee Schedule Database
AB–01–85	• Health Insurance Portability and Accountability Act Release Testing/Production
AB–01–86	• Deletion of Temporary ''K'' Codes K0008 and K0013
AB–01–87	• Disclosure Desk Reference for Call Centers
AB–01–88	• Prior Approval Requirement for Data Center and Front End Movement
AB–01–89	• Future Software Releases
AB–01–90	• Ocular Photodynamic Therapy
AB–01–91	• Contractor Updating of the International Classification of Diseases, Ninth Revision, Clinical Modification
AB–01–92	• Use of the American Dental Association's Current Dental Terminology Third Edition Codes on Medicare Contractors Web Sites
AB–01–93	• Claims Processing Instructions for the Medicare Coordinated Care Demonstration—Correction and Enhancement
	Program Memorandum Medicaid State Agencies (HCFA–Pub. 17) Superintendent of Documents No. HE 22.8/6–5
01–02	Title XIX, Social Security Act, Medicaid Coverage and Payment
	Medicare Regional Office Manual—Part 2 (HCFA Pub. 23–2) Superintendent of Documents No. HE 22. 8/8
331	• Contractor Performance Evaluation Contractor Performance Evaluation Strategy and Planning Process Conducting the Contractor Performance Evaluation Review Contractor Notification of Performance Evaluation Entrance and Exit Conferences Pre-Contractor Performance Evaluation Report Rebuttals from Medicare Contractors Team Dynamics/Professional Behavior on Contractor Performance Evaluation Reviews Contractor Performance Evaluation Review Protocols
	Hospice Manual (HCFA Pub. 10) (Superintendent of Documents No. HE 22.8/2)
772	• Criteria and Payment for Sole Community Hospitals and for Medicare Dependent Hospitals

ADDENDUM III.—MEDICARE AND MEDICAID MANUAL INSTRUCTIONS—Continued

Transmittal No.		Manual/Subject/Publication No.
		Requirements for Critical Access Hospital Services and Critical Access Hospital Long Term Care Services Payment for Services Furnished by a Critical Access Hospital Payment for Post-Hospital Skilled Nursing Facility Care Furnished by a Critical Access Hospital
773	•	Billing for Intravenous Iron Therapy
774	•	Cryosurgery of the Prostate Gland
775	•	Diabetes Outpatient Self-Management Training Services
776	•	Drugs and Biologicals
		Home Health Agency Manual (HCFA Pub. 11) (Superintendent of Documents No. HE 22.8/5)
297	•	Effective Date and Scope of Home Health Prospective Payment System for Claims Number, Duration and Claims Submission of Home Health Prospective Episodes Split Percentage Payment of Episodes and Development of Episode Rates Coding of Home Health Prospective Payment System Episode Case-Mix Groups on Home Health Prospective Payment System Claims Health Research Group and Home Health Prospective Payment System Codes Health Insurance Query System for Health Agencies Inquiry Systems Shows Primary Home Health Agency Request for Anticipated Payment Claim Submission and Processing Payment When Death Occurs During an Home Health Prospective Payment System Episode Adjustments of Episode Payment—Special Submission Case ''No-Request for Anticipated Payment Low Utilization Payment Adjustment Adjustments of Episode Payment—Therapy Threshold Adjustment of Episode Payment—Significant Change in Condition Adjustment of Episode Payment—Outlier Payments General Guidance on Line Item Billing Under Home Health Prospective Payment System Home Health Prospective Payment System Consolidated Billing and Primary Home Health Agency Creation of the Health Insurance Query for Home Health Agencies Health Insurance Query Access System Inquiry and Response Timeliness and Limitations of Health Insurance Query Access System Responses Inquiries to Regional Home Health Intermediary Health Insurance Query System for Home Health Agencies Responses National Home Health Prospective Payment Episode History File Closing, Adjusting and Prioritizing Home Health Prospective Payment System Episodes Based on Resource Allocation Plans and Home Health Agency Claim Activity Other Editing and Changes for Home Health Prospective Payment System Episodes Priority Among Other Claim Types and Home Health Prospective Payment System Consolidated Billing for Episodes Request for Anticipated Payment Home Health Prospective Payment System Claims Durable Medical Equipment and Other Items Not included in Home Health Prospective Payment System Episode Payment Line Level Reporting Requirements for Resource Allocation Plan Payments Line Level Reporting Requirements for the Claim Payment in an Episode (More than 4 Visits) Instructions for Versions Subsequent to Electronic 835 Version 3051.4A.01 Submitting the HCFA–838
		Skilled Nursing Facility Manual (HCFA–Pub. 12) Superintendent of Documents No. HE 22. 8/3
368	•	Hospital Insurance A Brief Description Inpatient Hospital Services Posthospital Home Health Services Benefits Annual Part B Deductible and Coinsurance Delayed Certification and Recertifications Disposition of Certifications and Recertifications Statements Coverage of Outpatient Physical Therapy, Occupational Therapy, and Services Speech Pathology Services Services Furnished under Arrangements with Providers Signature on the Request for Payment by Someone Other Than the Patient Time Limits For Requests Claims For Payment for Services Paid Under Prospective Payment System, Fee Schedule or a Reasonable Cost Basis Usual Time Limit Extension of Time Limit Where Late Filing is Due to Administrative Error Part B Services (HCFA–1450 Billings), and Section 315, Time Limit for Filing Part B Claims Rules Governing Charges to Beneficiaries 3-Day Stay and 30-Day Transfer Requirements Billing Medicare for the Professional Component of Skilled Nursing Facility-Based Physician's Services Skilled Nursing Facility Prospective Payment System Billing Where Charges Which Include Accommodation Charges Are Incurred in Different Accounting Years

ADDENDUM III.—MEDICARE AND MEDICAID MANUAL INSTRUCTIONS—Continued

Transmittal No.		Manual/Subject/Publication No.
		Retention of Health Insurance Records Duplicate Edits and Resolution
369	•	Drugs and Biologicals
		Renal Dialysis Facility Manual (Non-Hospital Operated) (HCFA Pub. 29) (Superintendent of Documents No. HE 22.8/13)
92	•	Billing for Intravenous Iron Therapy
		Coverage Issues Manual (HCFA Pub. 6) (Superintendent of Documents No. HE 22.8/14)
136	•	Positron Emission Tomography Scans
137	•	Percutaneous Transluminal Angioplasty
138	•	Biofeedback Therapy for the Treatment of Urinary Incontinence
139	•	Intravenous Iron Therapy
140	•	Cryosurgery of the Prostate
141	•	Diabetes Outpatient Self-Management Training
		Provider Reimbursement Manual—Part 2 Provider Cost Reporting Forms and Instructions Chapter 32/Form HCFA–1728–94 (HCFA Pub. 15–2–32)
10	•	Home Health Agency Cost Reporting Form HCFA 1728–94
		Medicare Program Integrity Manual (HCFA Pub. 83)
6	•	Maintaining the Confidentiality of Medical Review Records
		Business Partners Security Oversight Manual
1	•	Information Technology Systems Security Roles and Responsibilities Information Technology Systems Security Program Management Audit Protocols and the Contractor Assessment Security Tool
		Medicare/Medicaid Sanction—Reinstatement Report (HCFA Pub. 69)
04–01	•	Report of Physicians/Practitioners, Providers and/or Other Health Care Suppliers Excluded/Reinstated—March 2001
05–01	•	Report of Physicians/Practitioners, Providers and/or Other Health Care Suppliers Excluded/Reinstated—April 2001
06–01	•	Report of Physicians/Practitioners, Providers and/or Other Health Care Suppliers Excluded/Reinstated—May 2001
		July 2001 through September 2001
		Intermidiary Manual Part 3—Claims Process (CMS Pub. 13–3) (Superintendent of Documents No. HE 22.8/6)
1840	•	Review of Form CMS–1450 for Inpatient and Outpatient Bills Alphabetic Listing of Data Elements
1841	•	Prospective Payment System Pricer Program Provider-Specific Payment Data Provider-Specific Data Record Layout and Description
1842	•	Mammography Screening Diagnostic Mammography Diagnostic and Screening Mammograms Performed with New Technologies
		Carriers Manual Part 3—Program Administration (CMS Pub. 14–3) (Superintendent of Documents No. HE 22.8/7)
1716	•	Medicare Physician Fee Schedule Database 2002 File Layout
1717	•	Roster Billing Specialty Code/Place of Service Processing Requirements Centralized Billing for Flu and Pneumococcal Vaccination Claim
1718	•	Review of Health Insurance Claim Form CMS–1500
1719	•	Preoperative Services Paid under the Physician Fee Schedule

ADDENDUM III.—MEDICARE AND MEDICAID MANUAL INSTRUCTIONS—Continued

Transmittal No.	Manual/Subject/Publication No.
1720	• Evidence of Medical Necessity for Durable Medical Equipment
1721	• Introduction to the Appeals Process Initial Determination Steps in the Appeals Process: Overview Carrier Correspondence with Beneficiaries or Other Parties Regarding—Appeals Parties to an Appeal Appointment of Representative Introduction Who May Be a Representative How to Make and Revoke an Appointment When to Submit the Appointment Where to Submit the Appointment Rights and Responsibilities of a Representative Validity of an Appointment Over Time Timeliness of an Appeal Request and Completeness of Appointment Powers of Attorney Incapacitation or Death of Beneficiary Disclosure of Individually Identifiable Beneficiary Information to Representatives Amount in Controversy Defined General Requirements Calculating the Amount in Controversy Additional Considerations for Calculation of the Amount in Controversy Aggregation of Claims to Meet the Amount in Controversy Extension of Time Limit for Filing a Request for Review or Hearing Officer Hearing Good Cause General Procedure to Establish Good Cause Conditions that May Establish Good Cause for Late Filing by Beneficiaries Example of Situations Where Good Cause for Late Filing Exists for Physicians or Other Suppliers Conditions that May Establish Good Cause for Late Filing by Physicians or Other Suppliers Example of Situations Where Good Cause for Late Filing Exists for Physicians or Other Supplier Good Cause Not Found for Beneficiary, or for Physician or Other Supplier Fraud and Abuse Authority Inclusion and Consideration of Evidence of Fraud and /or Abuse Claims Where There Is Evidence That Items or Services Were Not Furnished, or Were Not Furnished as Billed Responsibilities or Reviewers and Hearing Officers Requests to Suspend the Appeals Process Continuing Appeals of Physicians or Other Suppliers who are Under Fraud or Abuse Investigations Appeals of Claims Involving Excluded Physicians or Other Suppliers Guidelines for Writing Appeals Correspondence General Guidelines Letter Format Required Elements in Appeals Correspondence Disclosure of Information General Information Fraud and Abuse Investigations Medical Consultants Used Multiple Beneficiaries The First Level of Appeal Filing a Request for Review Time Limit for Filing a Request for Review Recording of Inquires and Other Actions on the Carriers Appeal Report (Form Center for Medicare Services–2590) The Review The Review Determination Review Determination Letter Effect of the Review Determination Telephone Review Procedures Informing the Beneficiary and Provider Communities About Your Telephone Review Process Issues for Telephone Review Issues During the Telephone Review Time Limit for Requesting a Telephone Review Review Request Made on Behalf of the Party on the Telephone Conducting the Telephone Review Documenting the Call Timely Processing Requirements Review Determination Letters Education Monitoring Telephone Reviews Hearing Officers Hearing—The Second Level of Appeal Filing a Request for Hearing Officer Hearing

ADDENDUM III.—MEDICARE AND MEDICAID MANUAL INSTRUCTIONS—Continued

Transmittal No.		Manual/Subject/Publication No.
		Time Limit for Filing A Request for Hearing Officer Hearing
		Request for Hearing Officer Hearing Filed Prior to a Review Determination
		Exceptions to Filing Requirements
		Request for Hearing Officer Hearing
		Timely Processing Requirements
		Carrier Responsibilities
		Requests for Transfer of In-Person Hearings
		Acknowledgment of Request for HO Hearing
		Case File Development
		Case File Preparation
		Types of Hearing Officer Hearings
		In-Person Hearing
		Telephone Hearing
		On-the-Record Hearing and Decision
		Preliminary On-the-Record Hearing and Decision
		Hearing Officer Authority and Responsibilities
		Hearing Officer Authority
		Qualifications and General Responsibilities
		Disqualification of Hearing Officer
		Hearing Officer Hearing Procedures
		Preparation for the Hearing Officer Hearing
		Scheduling the Date, Time and Place of Hearing
		Adjournment and/or Postponement of Telephone or In-Person Hearing
		Pre-Hearing Review of the Evidence
		Forwarding Copies of Cast File Prior to Telephone Hearing
		In-Person and Telephone Hearing Procedures
		The Hearing Officer Hearing Decision Timeliness
		Effectuation of Hearing Officer Hearing Decisions
		General Rule
		Delaying Effectuation
		Elements of Written Request for Reopening
		Notice to Parties of Reopening Requests
		Hearing Officer Reply to Reopening Request
		Notice to Parties of Hearing Officer Determinations
		Requests for Part B Administrative Law Judge Hearing
		Right to Part B Administrative Law Judge Hearing
		Forwarding Requests to Social Security Administration/Office of Hearings & Appeals
		Case File Preparation
		Acknowledgement of Request for Part B Administrative Law Judge Hearings
		Model Format for Acknowledgement of Administrative Law Judge Hearing Request
		Review and Effectuation of Part B Administrative Law Judge Decisions/ Dismissals
		Review and Effectuation of Administrative Law Judge Decisions—General Effectuation Time Limits
		Administrative Law Judge Data Extraction Form
		Misrouted Administrative Law Judge Case Files
		Duplicate Administrative Law Judge Decisions
		Recommending Agency Referral of Part B Administrative Law Judge Decisions or Dismissals to the Centers for Medicare and Medicaid Services Regional Office (formerly known as the Agency Protest Process)
		Time Limits for Forwarding Agency Referral Memorandum to Centers for Medicare and Medicaid Services Regional Office
		Guidelines for Reviewing Administrative Law Judge Decisions/Dismissals
		Draft Agency Referral Memorandum Content
		Draft Memorandum Format
		Submission of Draft Agency Referral Memorandum to Centers for Medicare and Medicaid Services Regional Office
		Effectuation of Departmental Appeals Board Orders and Decisions
1722	•	Diagnosis or Nature of Illness of Injury
1723	•	Billing Procedures for Teaching Physician Services
1724	•	Screening Mammography and Diagnostic Mammography
		Identifying a Screening Mammography Claim and A Diagnostic Mammography Claim
		Adjudicating the Claim
		Diagnostic and Screening Mammograms Performed with New Technologies
1724	•	Diagnostic X-Ray, Diagnostic Laboratory, and Other Diagnostic Tests
		Program Memorandum Intermediaries (CMS Pub. 60A) (Superintendent of Documents No. HE 22.8/6–5)
A–01–82	•	Centers for Medicare and Medicaid Services Audit and Cost Report Settlement Expectations
A–01–83	•	Skilled Nursing Facility Annual Updated for Fiscal Year 2002
A–01–84	•	Problem With Processing Certain Clinical Diagnostic Laboratory Claims and Other Claims through the July Outpatient Code Editor
A–01–85	•	Notification of Access to Eligibility Vendor
A–01–86	•	New Patient Status Codes
A–01–87	•	Comprehensive Error Rate Testing Program—Requirements for Medicare Part A Contractor Operation

ADDENDUM III.—MEDICARE AND MEDICAID MANUAL INSTRUCTIONS—Continued

Transmittal No.	Manual/Subject/Publication No.
A–01–88	• Extension of Due Date for Filing Provider Cost Reports
A–01–89	• Payment for Blood Clotting Factor Administered to Hemophilia Inpatients
A–01–90	• Home Health Agency Prospective Payment System Correction in Financial Reporting For Trust Funds
A–01–91	• Clarification of Provider Billing Requirements Under the Outpatient Prospective Payment System
A–01–92	• Instructions for Implementing the Inpatient Rehabilitation Facility Prospective Payment System
A–01–93	• Hospital Outpatient Prospective Payment System Implementation Instructions
A–01–94	• Implementation of Fee Schedule for Additional Part B Services Furnished by a Skilled Nursing Facility or Another Entity Under Arrangements with the Skilled Facility
A–01–95	• Workaround for Home Health Prospective Payment System Transfer Claims Received Out of Sequence-Regional Home Health Intermediaries Only
A–01–96	• Clarification of the Regulations at 42 Code of Federal Regulations 413.134(1) To Mergers and Consolidations Involving Non-profit Providers
A–01–97	• Technical Corrections Under the Hospital Outpatient Prospective Payment System
A–01–98	• October Outpatient Code Editor Specifications Version (V2.3)
A–01–99	• Changes in the Paid Claim Record—Notification Process
A–01–100	• Upcoming Train the Trainer Session for Inpatient Rehabilitation Facility Prospective Payment System
A–01–101	• Changes to Fiscal Year 2001 Hospital Inpatient and Outpatient Prospective Payment System Policies As Required by the Medicare, Medicaid, and State Child Health Insurance Program Balanced Budget Refinement Act of 1999, P.L. 106–113
A–01–102	• Fiscal Year 2002 Prospective Payment System Hospital, Skilled Nursing Facility and Other Bill Processing Changes
A–01–103	• October Medicare Outpatient Code Editor Specifications Version 17.0 for Bills from
A–01–104	• File Descriptions and Instructions for Retrieving the 2002 Physician, Clinical Laboratory Durable Medical Equipment, Prosthetics/Orthotics and Supplies, and Therapy Fee • Schedule Payment Amounts through Centers for Medicare & Medicaid Services Telecommunications System
A–01–105	• Screening Glaucoma Services
A–01–106	• Instructions for Billing and Processing of Hospital Outpatient Claims Containing Charges for Epoetin Alfa Tradenames: Epogen and Procrit
A–01–107	• October 2001 Update to the Hospital Outpatient Prospective Payment System
A–01–108	• The Report of Benefit Savings
A–01–109	• The Supplemental Security Income/Medicare Beneficiary Data for Fiscal Year 2000 For Prospective Payment System Hospitals
A–01–110	• Instructions for Implementing the Inpatient Rehabilitation Facility Prospective Payment System
A–01–111	• Clarification of Activity Therapy (HCPC G0176) and Patient Education/Training Services (HCPC G0177) Under the Hospital Outpatient Prospective Payment System
A–01–112	• Removal of Category Code C1723 from the Pass-Through Device Category List under The Hospital Outpatient Prospective Payment System
A–01–113	• Prospective Payment System Patient Transfers Improperly Paid as Hospital Discharges
A–01–114	• Handling of Claims Containing CMS Common Procedure Coding System Codes G0204 and G0205
A–01–115	• Bypassing Medicare Secondary Payer Edits on Indirect Medical Education Claims for Medicare+Choice Organization Enrollees
A–01–116	• Medicare Secondary Payer Policies Relaxed for Hospitals
A–01–117	• Production Dates for the Provider Statistical and Reimbursement Report and Extension Of Due Date for Filing Provider Cost Reports
A–01–118	• Clarification of Cost Reporting Policy in Charge Request 1468, Concerning Submission of Home Office Cost Statements for Chain Home Offices
A–01–119	• Correction to Program Memorandum (PM) A–01–94 (CR 1689: Implementation of Fee Schedule for Additional Part B Services Furnished by a Skilled Nursing Facility Or Another Entity Under Arrangements with the Skilled Nursing Facilities
A–01–120	• Removal of CMS Common Procedure Coding System/Revenue Code Editing under The Outpatient Prospective Payment
A–01–121	• Skilled Nursing Facility Adjustment Billing: Adjustments to Health Insurance Prospective Payment System
A–01–122	• Payment of Skilled Nursing Facility Claims for Beneficiaries Disenrolling from Terminating Medicare+Choice Plans Who Have Not Met the 3-Day Hospital Stay Requirement
A–01–123	• Fiscal Year 2001 Prospective Payment System Hospital and Other Bill Processing Changes
A–01–124	• Clarification to Health Insurance Prospective Payment System Coding and Billing Instructions
A–01–125	• Guidance Regarding a Change in Reimbursement for Part B Inpatient Ancillary Services
	Program Memorandum Carriers (CMS Pub. 60B) (Superintendent of Documents No. HE 22.8/6–5)
B–01–43	• Clarification of Payment and Place of Service Requirements for Ambulatory Surgical Center Claims
B–01–44	• Medicare TeleMedicine Demonstration Ending Date
B–01–45	• Tracking and Reporting Requirements for Advance Determinations of Medicare Coverage
B–01–46	• Instructions for Billing for Claims for Screening Glaucoma Services
B–01–47	• Comprehensive Error Rate Testing Program—Requirements Update for Medicare Part B Contractor Operations
B–01–48	• Medical Nutrition Therapy Services for Beneficiaries with Diabetes or Renal Disease
B–01–49	• Additional Information Regarding Medicare Payment Allowance for Flu Vaccine
B–01–50	• Attestation Option for Submission Requirement for Clinical Laboratories Billing The Technical Component of Physician Pathology Services to Hospital Patients
B–01–51	• Common Working File Changes Required for Processing Native American and Alaskan Native Railroad Retiree Claims
B–01–52	• Changes to the Center for Medicare & Medicaid Services Part B Standard System Carrier CMS Part B Standard System Responsibility (Accelerate, Claims Collection Software)
B–01–53	• Change in Jurisdiction for Pessary Codes
B–01–54	• Implementation of New Fee Schedule for Parenteral and Enteral Nutrition Items and Services

ADDENDUM III.—MEDICARE AND MEDICAID MANUAL INSTRUCTIONS—Continued

Transmittal No.	Manual/Subject/Publication No.
B–01–55	• Changes to Correct Coding Edits, Version 8.0, Effective January 1, 2002
B–01–56	• Payment for Home Dialysis Supplies and Equipment
B–01–57	• New Specialty Code for Pain Management
B–01–58	• Coding for Non-Covered Services and Services Not Reasonable and Necessary
B–01–59	• Clarification of Medicare Contractor Financial Reporting Instructions Outlined In § 4923.2 of the Medicare Carriers Manual. (Issued May 2001)
B–01–60	• Schedule for Completing the Calendar Year 2002 Fee Schedule Updates and the Participating Physician Enrollment Procedures
B–01–61	• Interface Control Document
	Program Memorandum Intermediaries/Carriers (CMS Pub. 60A/B) (Superintendent of Documents No. HE 22.8/6–5)
AB–01–94	• Profiling Medicare Contractor Call Center
AB–01–95	• New Waived Test—July 12, 2001
AB–01–96	• Health Insurance Portability and Accountability Act Electronic Data Interchange Testing and Reporting Requirements
AB–01–97	• Claims Processing Instructions for the Medicare Participating Center of Excellence Demonstration and the Medicare Provider Partnership Demonstration
AB–01–98	• Durable Medical Equipment Regional Carrier Denial Code for Durable Medical Equipment Furnished in Skilled Nursing Facilities
AB–01–99	• This Transmittal Has Been Rescinded
AB–01–100	• Common Working File Health Master Record Redesign & Beneficiary Master File Expansion
AB–01–101	• Harkin Grants: Complaint Tracking System
AB–01–102	• Common Working File Y2K Wrapper Logic Removal Changes
AB–01–103	• Revised Guidelines for Processing Claims for Clinical Trial Routine Care Services
AB–01–104	• Modifications to the Common Working File to: (1) Suppress Hust Type Total Cost Transactions for Medicare+Choice and Adjustment Claims; and (2) Activate Coordination of Benefits Contractor #11100
AB–01–105	• Medical Review Progressive Corrective Action
AB–01–106	• Implementation of the Health Insurance Portability and Accountability Act Claims Status Request/Response Transaction Standard
AB–01–107	• Customer Services Plans Reporting Procedures
AB–01–108	• Final Update to the 2001 Medicare Physician Fee Schedule Database
AB–01–109	• Correction of Payment for Diabetes Outpatient Self-Management Training Services
AB–01–110	• Notice of Interest Rate for Medicare Overpayments and Underpayments
AB–01–111	• Completion of Home Health Prospective Payment System Consolidated Billing Enforcement
AB–01–112	• Installation of Digital Satellite Dishes at Medicare Contractors
AB–01–113	• Clarification of Comprehensive Error Rate Testing Program Requirements for Medicare Contractor Operations Regarding Prepayment Random Medical Review
AB–01–114	• Data Center Testing—Electronic Correspondence Referral System Software Version 3.0
AB–01–115	• Payment Instructions for Intestinal Transplants Furnished to Beneficiaries Enrolled in Medicare+Choice Plans With Dates of Service on or After April 1, 2001, but Before January 1, 2002
AB–01–116	• Provider/Supplier Plan Quarterly Report Format
AB–01–117	• Instruction Implementation Reporting
AB–01–118	• Reasonable Charge Update for 2002 for Items and Services, Other Than Ambulance and Laboratory Services
AB–01–119	• New Zip Code File
AB–01–120	• Correction to the Revision of Medicare Reimbursement for Telehealth Services
AB–01–121	• Update of Rates and Wage Index for Ambulatory Surgical Center Payments Effective October 1, 2001
AB–01–122	• Procedures for Re-issuance and Stale Dating of Medicare Checks
AB–01–123	• Useful Lifetime Expectancy for Breast Prosthesis
AB–01–124	• Health Insurance Portability and Accountability Act Budget Requests for Electronic Data Interchange Testing and Reporting
AB–01–125	• Clarification and Update to Medicare Payment for Code Q3014 (Telehealth Facility Fee)
AB–01–126	• Instructions for Implementing and Updating 2002 Payment Amounts for Durable Medical Equipment, Prosthetics, Orthotics, and Supplies
AB–01–127	• Year 2002 Healthcare Common Procedure Coding System Annual Update Reminder
AB–01–128	• Annual Update of Non-Routine Medical Supply and Therapy Codes for Home Health Consolidated Billing
AB–01–129	• Medicare Coverage of Non-Invasive Vascular Studies for End Stage Renal Disease Patients
AB–01–130	• Claims Processing Instructions for Carriers, Durable Medical Equipment Regional Carrier, Intermediaries and Regional Home Health Intermediaries for Claims Submitted for Medicare Beneficiaries Participating in Medicare Qualifying Clinical Trials
AB–01–131	• Fiscal Intermediary Instructions on Applying Payment Bans on Skilled Nursing Facility Admissions
AB–01–132	• Further Guidance Concerning Implementation of the Health Insurance Portability and Accountability Act Transactions
AB–01–133	• Interim Instructions—Document and Correspondence Name Transition from Health Care Financing Administration to Centers for Medicare & Medicaid Services
AB–01–134	• New Source of Provider Information to be Available on CMS Website October 1, 2001
AB–01–135	• Medical Review of Services for Patients with Dementia
AB–01–136	• Supplemental Instructions on CMS Business Partners Systems Security Requirements
AB–01–137	• CMS Policy for Disclosure of Individually Identifiable Information: Provider Telephone Inquiries for Medicare Eligibility Information

ADDENDUM III.—MEDICARE AND MEDICAID MANUAL INSTRUCTIONS—Continued

Transmittal No.	Manual/Subject/Publication No.
AB–01–138	• New Zip Code File
AB–01–139	• Claims Processing Instructions for Claims Submitted With a Written Statement of Intent
AB–01–140	• Claims Processing Instructions for the Medicare Participating Centers of Excellence Demonstration and the Medicare Provider Partnership Demonstration
	State Operations Manual—Provider Certification
	(CMS–Pub. 7)
27	• Surveying Health Maintenance Organization Operated Home Health Agencies Providing Home Health Services Through Medicare Survey and Certification Process Classification of Maintenance Dialysis Facilities as Hospital-Based or Independent Prospective Pay • Regional Office Assessment of Provider and Supplier Identification Number
	Hospice Manual **(CMS Pub. 10)** **(Superintendent of Documents No. HE 22.8/2)**
777	• General Admission Procedures Identifying Other Primary Payers During The Admission Process Types of Admission Questions to Ask Medicare Beneficiaries Policy For Provider Records Retention of Medicare Secondary Payer Information
	Skilled Nursing Facility Manual **(CMS–Pub. 12)** **(Superintendent of Documents No. HE 22. 8/3)**
370	• This Transmittal is notification that the printed copy of Transmittal 368, Change Request 1323, dated May 24, 2001, is a final copy. The stamp ''Advance Copy of Final Issues'' was inadvertently printed on the Transmittal page.
	Coverage Issues Manual **(CMS Pub. 6)** **(Superintendent of Documents No. HE 22.8/14)**
142	• Adult Liver Transplantation
143	• Infusion Pumps
	Provider Reimbursement Manual—Part 1 **(CMS Pub. 15–1)** **(Superintendent of Documents No. HE 22.8/4)**
421	• Regional Medicare Swing-Bed Rates
422	• Reasonable Cost of Therapy and Other Services Furnished by Outside Suppliers
	Provider Reimbursement Manual—Part 2 **Provider Cost Reporting Forms and Instructions** **Chapter 18/Form CMS–2088–92** **(CMS Pub. 15–2–18)**
5	• Outpatient Rehabilitation Provider Cost Reporting Form CMS–2088–92
	Provider Reimbursement Manual—Part 2 **Provider Cost Reporting Forms and Instructions** **Chapter 35/Form CMS–2540–96** **(CMS Pub. 15–2–35)**
11	• Skilled Nursing Facility Cost Report Form CMS 2540–96
	Provider Reimbursement Manual—Part 2 **Provider Cost Reporting Forms and Instructions** **Chapter 36/Form CMS–2552–96** **(CMS Pub. 15–2–36)**
8	• Hospital and Hospital Health Care Complex Cost Report
	ESRD Network Organizations Manual **(CMS Pub. 81)** **(Superintendent of Documents No. HE 22.9/4)**
13	• Background/Authority Responsibilities System Capacity

ADDENDUM III.—MEDICARE AND MEDICAID MANUAL INSTRUCTIONS—Continued

Transmittal No.	Manual/Subject/Publication No.
	Hardware/Software Requirements Center Medicaid Services System Access Data Security Confidentiality of Data Database Management Patient Database Updates Center Medicaid Services-Directed changes to Your Patient Database
	Medicare Program Integrity Manual (CMS–Pub. 83)
8	• The Medicare Medical Review Program Quality of Care Issues Goal of the Medical Review Program Medical Review Manager Annual Medical Review Strategy Annual Quality Indicator Program Report National Coverage Decisions, Coverage Provisions in Interpretive Manual, Local Medical Review Policy, and Individual Claim Determinations National Coverage Decisions Coverage Provisions in Interpretive Manuals Local Medical Review Policy Individual Claim Determinations Local Medical Review Policy Development Process Identification of Services For Which a New or Revised Local Medical Review Process is Needed Techniques for Writing Local Medical Review Policies Evidence Supporting Local Medical Review Policy Benefit Category Statutory Exclusions on Grounds Other Than Section 1862 Reasonable and Necessary Coding Provisions in Local Medical Review Policies
9	• Local Medical Review Policy Comment Process Local Medical Review Policy Notice Process Local Medical Review Policy Format Retired Local Medical Review Policy American Medical Association Common Procedural Terminology Copyright Agreement Local Medical Review Policy Notice Process Format Local Medical Review Policy Notice Process Submission/Requirements
10	• Contractor Advisory Committees Process
11	• Certificates of Medical Necessity as the Written Order Cover Letters for Certificate of Medical Necessity Completing a Certificates of Medical Necessity DME Regional Carrier Authority to Assess an Overpayment and /oCMP When Invalid Certificates of Medical Necessity Acceptability of Faxed Orders and Facsimile or Electronic Certificates of Medical Necessity
12	• Certificates of Medical Necessity as the Written Order Cover Letters for Certificates of Medical Necessity Completing a Certificate of Medical Necessity Durable Medical Equipment Regional Coordinator's Authority to Assess an Overpayment and/or Civil Monetary Penalty When Invalid Certificates of Medical Necessity's are Identified Certificates of Medical Necessity Acceptability of Faxed Orders and Facsimile or Electronic Certificates of Medical Necessity
12	• Fiscal Intermediary, Carrier Durable Medical Equipment Regional Carriers and Regional Home Health Intermediary Interaction and Coordination with Program Safeguard Contractors Introduction Program Safeguard Contractors for Corporate Integrity Agreements
13	• Administrative Relief from Medical Review and Benefit Integrity in Disaster Situations
14	• Local Medical Review Policy Format Local Medical Review Policy Submission/Requirements
	Medicare/Medicaid Sanction—Reinstatement Report (CMS Pub. 69)
07–01	• Report of Physicians/Practitioners, Providers and/or Other Health Care Suppliers Excluded/Reinstated—June 2001
08–01	• Report of Physicians/Practitioners, Providers and/or Other Health Care Suppliers Excluded/Reinstated—July 2001
09–01	• Report of Physicians/Practitioners, Providers and/or Other Health Care Suppliers Excluded/Reinstated—August 2001

ADDENDUM III.—MEDICARE AND MEDICAID MANUAL INSTRUCTIONS—Continued

Transmittal No.	Manual/Subject/Publication No.
	October 2001 through December 2001
	Intermediary Manual Part 3—Claims Process (CMS Pub. 13–1) (Superintendent of Documents No. HE 22.8/6–3)
132	• Overpayments for Provider Services—General
	Intermediary Manual Part 3—Claims Process (CMS Pub. 13–3) (Superintendent of Documents No. HE 22.8/6)
1843	• Payment for Services Furnished by A Critical Access Hospital
1844	• Overpayments for Provider Services
1845	• CMS Common Procedure Coding System for Hospital Outpatient Radiology Services and Other Diagnostic Procedures
1846	• Special Coverage Requirements
1847	• Payment for Blood Clotting Factor Administered to Hemophilia Inpatients
1848	• CMS Common Procedure Coding System for Hospital Outpatient Radiology Service and Other Diagnostic Procedures Outpatient Therapeutic Services Immunosuppressive Drugs Furnished to Transplant Patients
1849	• Therapeutic Pheresis (Apheresis)
	Carriers Manual Part 3—Claims Process (CMS Pub. 14–3) (Superintendent of Documents No. HE 22.8/7)
1726	• The Destination
1727	• Overpayments—General
1728	• Claims Involving Beneficiaries Who Have Elected Hospice Coverage Processing Claims For Attending Physician Services Furnished to Hospice Patients Services Unrelated to a Hospice Patients Terminal Condition Non-Hospice Services Furnished to Hospice Patients Who Are M+C Enrollees Payment Safeguard Medicare Summary Notices and Explanation of Medicare Benefits and Remittance Advice Messages
1729	• End Stage Renal Disease Bill Processing Procedures
1730	• Durable Medical Equipment Regional Carrier Billing Procedures
1731	• Centralized Billing for Flu and Pneumococcal Vaccination Claims
1732	• Type of Service
1733	• Mandatory Submission of Assigned Claims for Drugs and Biologicals Claims for Drugs and Biologicals.
1734	• Physician Assistant Services Nurse Practitioner Services Clinical Nurse Specialist Services Billing for Physician Assistant Nurse Practitioner Or Clinical Nurse Specialist Services Billing Requirements for Physician Assistant Services Billing Requirements for Nurse Practitioner or Clinical Nurse Specialist Services Billing for Teaching Physician Services
1735	• Coverage Criteria Ambulatory Surgical Center Fee
1736	• Paying Claims Without Common Working File Approval Requesting to Pay Claims Without Common Working File Approval Procedures for Paying Claims Without Common Working File Approval
1737	• Glaucoma Screening Conditions of Coverage Claims Submission Requirements and Applicable HCPCS Codes Calculating the Frequency Common Working File Edits Claims Editing Diagnosis Coding Requirements Payment Methodology Remittance Advice Notices Medicare Summary Notice and Explanation of Medicare Benefits Messages
	Carriers Manual Part 4—Professional Relations (CMS Pub. 14–4) (Superintendent of Documents No. HE 22.8/7–4)
25	• The Attestation statement has been replaced by a new GV modifer

ADDENDUM III.—MEDICARE AND MEDICAID MANUAL INSTRUCTIONS—Continued

Transmittal No.	Manual/Subject/Publication No.
	Program Memorandum Intermediaries (CMS Pub. 60A) (Superintendent of Documents No. HE 22.8/6–5)
A–01–126	• Scheduled Release for January Updates to Software Programs and Pricing/Coding Files
A–01–127	• Common Working File Processing of Home Health Prospective Payment System Transfer Episodes Received Out of Sequence
A–01–128	• Common Working File Processing of Home Health Prospective Payment System (HH PPS) Transfer Episodes Received Out of Sequence
A–01–129	• Reporting Claims Accounting Information to the Healthcare Integrated General Ledger Accounting System (HIGLAS)
A–01–130	• Receipt and Processing of Non-Covered Charges on Other Than Part A Inpatient Claims
A–01–131	• Additional Instructions for Implementing the Inpatient Rehabilitation Facility Prospective Payment System (IRF PPS)
A–01–132	• Screening Glaucoma Services
A–01–133	• Clarification of Payments Made to Hospital Outpatient Departments Under the Outpatient Prospective Payment System (OPPS)
A–01–134	• January Medicare Outpatient Code Editor (OCE) Specifications Version 17.1 For Bills From Hospitals That Are Not Paid Under the Outpatient Prospective Payment System (OPPS)
A–01–135	• HCPCS Code Updates and Corrections for SNF Part A PPS Consolidated Billing and SNF Part B Fee Schedule for 2002.
A–01–136	• Do not Forward Initiative
A–01–137	• Modifications to Form CMS–339 Requirements, Provider Cost Report
A–01–138	• Announcement of Medicare Rural Health Clinics and Federally Qualified Health Centers Payment Rate Increases, Changes to the Exception Criteria for the Payment Limit for Rural Health Clinics Based in Rural Hospitals
A–01–139	• Special Instructions for Handling of Outpatient Pa
A–01–140	• Special Payment for Outpatient Prospective Payment System Due to Delay in Implementing System Updates
A–01–141	• Center for Medicare and Medicaid Services Audit and Cost Report Settlement Expectations
A–01–142	• Clarification and HCPCs Coding Update: Part B Fee Schedule And Consolidated Billing For Skilled Nursing Facility Services
A–01–143	• Provider Education Article: CY 2002 Outpatient PPS Rate Implementation
A–01–144	• Additional Information Related to Section 212 of the Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act of 2000 (Public Law 106–554) Affecting Medicare-Dependent, Small Rural Hospitals. Also, Clarifications and Corrections to: *Changes to the Hospital Inpatient Prospective Payment Systems and Rates and Costs of Graduate Medical Education; Fiscal Year 2002 Rates, Etc.; Final Rules,* as Published in the **Federal Register** on August 1, 2001 (66 FR 39828)
A–01–145	• Delay of the 2002 Update to the Outpatient Prospective Payment System
A–01–146	• Inpatient Rehabilitation Facility Prospective Payment System Revenue Code File Update
A–01–147	• Federal Fiscal Year (FY) 2003 Wage Index: Request for FY 1999 Wage Data from Hospitals Affected by the Filing Extensions Provided by Transmittal Numbers A–01–88 and A–01–117
A–01–148	• Changes to Fiscal Year (FY) 2001 Nursing and Allied Health Education Payment Policies as Required by the Benefits Improvement and Protection Act of 2000 (BIPA), P. L. 106–554
A–01–149	• Amended Production Dates for the Provider Statistical and Reimbursement Report and Extension of Due for Filing Provider Cost Reports
A–01–150	• Provider Education Article: CY2002 Outpatient Prospective Payment System Rate Implementation Delay
	Program Memorandum Carriers (CMS Pub. 60B) (Superintendent of Documents No. HE 22.8/6–5)
B–01–62	• Problem Resolution to Issues Raised by Implementation of Change Request 1646 for The Medicare Carriers Processing on the Multi-Carrier System
B–01–63	• New Modifier for Rental Items
B–01–64	• DMERCs—Advance Beneficiary Notices for Upgrades
B–01–65	• Calendar Year 2002 Participation Enrollment and Medicare Participating Physicians and Suppliers Directory Procedures
B–01–66	• Program Integrity Sampling Module for Part B and DME Carriers
B–01–67	• Updated Correct Coding Initiative Coding Policy Manual
B–01–68	• Provider Upgrades of Durable Medical Equipment, Prosthetics, Othotics and Supplies Without Any Extra Charge
B–01–69	• 2002 Anesthesia Conversion Factor
B–01–70	• Reporting Claims Accounting information to the Healthcare Integrated General Ledger Accounting System
B–01–71	• American National Standards Institute X12N 837 Professional Health Care Claims Companion Document
B–01–72	• Change in Common Working File for two immunosuppressive Drugs
B–01–73	• Reviewing Deceased Physicians' Unique Physician Identification Numbers on Durable Medical Equipment Regional Carrier Claims
B–01–74	• Supplier Billing for Glucose Test Strips and Supplies (Revised)
B–01–75	• Changes to Correct Coding Edits, Version 8.1, Effective April, 2002
B–01–76	• Issuance of Standard Paper Remittance Advice Notices and SPR–X12835V4010 Crosswalk
B–01–77	• Correction to Correct Coding Edits, Version 8.0, Effective January 1, 2002
B–01–78	• Correction to Fee Schedule File for Parenteral and Enteral Nutrition Items and Services

ADDENDUM III.—MEDICARE AND MEDICAID MANUAL INSTRUCTIONS—Continued

Transmittal No.	Manual/Subject/Publication No.
	Program Memorandum Intermediaries/Carriers (CMS Pub. 60A/B) (Superintendent of Documents No. HE 22.8/6–5)
AB–01–141	• Update of Codes and Payments for Ambulatory Surgical Centers (ASCs)
AB–01–142	• Revised Guidelines for Processing Claims for Clinical Trial Routine Care Services
AB–01–143	• Coverage and Billing of Sacral Nerve Stimulation
AB–01–144	• International Classification of Diseases, Ninth Revision, Clinical Modification Coding for Diagnostic Tests
AB–01–145	• New Waived Tests—September 13, 2001
AB–01–146	• Distribution of Revised Form CMS–855s—Medicare Provider/Supplier Enrollment Applications—(Formerly Form CMS–855) Dated November 1, 2001
AB–01–147	• Electronic Correspondence Referral System User Manual 3.0.1 and Electronic Correspondence Referral System Quick Reference Card
AB–01–148	• Ambulance Inflation Factor for 2002
AB–01–149	• Unsolicited Response and Auto Adjustment of Claims for the Medicare Participating Centers of Excellence Demonstration and the Medicare Provider Partnership Demonstration
AB–01–150	• Breakdown of the American Medical Association's Physicians' Current Procedural Terminology, Fourth Edition 2002 Codes
AB–01–151	• Clarification of Common Working File Y2K Wrapper Logic Removal Changes (Change Request 1774)
AB–01–152	• Breakdown of the American Medical Association's Physicians' Current Procedural Terminology, Fourth Edition 2002 Codes
AB–01–153	• Tracking the Number of Diabetes Outpatient Self-Management Training and Medical Nutrition Therapy Hour by the Common Working File
AB–01–154	• Medical Deduction and Premium Rates Calendar Year 2002
AB–01–155	• Information Collection Requirements from Medicare Contractor Call Centers
AB–01–156	• Expanding the Number of Source Identifiers for Common Working File MSP Records
AB–01–157	• New Common Working File Medicare Secondary Payer Edit to Reject Medicare Secondary Payer Records for Medicare Beneficiaries Who Are Only Entitled to Medicare Part B, and Are Covered by a Group Health Plan
AB–01–158	• New Common Working File Edits and Standard System Responses on Skilled Nursing Facility Claims
AB–01–159	• Common Working File Reject and Utilization Edits and Carrier Resolution for Consolidated Billing for Skilled Nursing Facility Residents
AB–01–160	• Standardize Common Working File Hosts' Processes and Procedures With Standard Software (AMEN Program)
AB–01–161	• Notice of Interest Rate for Medicare Overpayments and Underpayments
AB–01–162	• 2002 Clinical Laboratory Fee Schedule and Laboratory Costs Subject to Reasonable Charge Payment Methodology
AB–01–163	• Expand Standard Date Format and Remove Common Working File,Y2K Wrapper Logic for Part B Eligibility File, Part B (HUBC), and DME (HUDC) Incoming and Reponse Transactions
AB–01–164	• Correction to Program Memorandum AB–01–53: Elimination of DMEPOS Fee Schedules for Repair Codes E1340, L4205, L7520, and L8049
AB–01–165	• Implementation of an Ambulance Fee Schedule
AB–01–166	• Coverage and Billing of Sacral Nerve Stimulation
AB–01–167	• Correction to 2nd Update to 2001 Medicare Physician Fee Schedule Database
AB–01–168	• The Use of Gamma Cameras and Full Ring and Partial Ring Positron Emission Tomography Scanners for Positron Emission Tomography Scans
AB–01–169	• Transaction Certification and Testing
AB–01–170	• Clarification to Medicare Carrier Manual § 2130 Prosthetic Devices and Coverage Issues Manual § 60–9 Durable Medical Equipment Reference List—Coverage of Intermittent Catheterization
AB–01–171	• Request for Contractor's Business Contingency Plan—January 15, 2002
AB–01–172	• Promoting Medicare's Screening Pap Test Benefit in Support of Cervical Health Month (January)
AB–01–173	• Name Transition From Health Care Financing Administration to Centers for Medicare & Medicaid Services—Identity Mark Guidelines
AB–01–174	• The Certification Package for Internal Controls for Fiscal Year Ending September 30, 2002
AB–01–175	• Payment for Method II Home Dialysis Supplies
AB–01–176	• The Medicare Exclusion Database Replaces Publication 69
AB–01–177	• Emergency Changes to the 2002 Medicare Physician Fee Schedule Database
AB–01–178	• April Quarterly Updates for 2002 Durable Medical Equipment, Prosthetics, Orthotics, and Suppliers Fee Schedule
AB–01–179	• Zip Code File on the Direct Connect
AB–01–180	• Payment for Method II Home Dialysis Supplies
AB–01–181	• Coordination of Benefits Contractor Fact Sheet for Provider
AB–01–182	• Use of the American Medical Association's Physicians' Current Procedural Terminology, Fourth Edition Codes on Contractors' Web Sites
AB–01–183	• Appeals of Medicare Part A/Part B Coverage Determinations
AB–01–184	• Clarifications to Implementation of the Ambulance Fee Schedule
AB–01–185	• Implementation of the Ambulance Fee Schedule
AB–01–186	• Suspension of National coverage Policy on Electrical Stimulation for Wound Healing
AB–01–187	• Update to Waived Test—November 21, 2001
AB–01–188	• Coverage and Billing of Ambulatory Blood Pressure Monitoring
AB–01–189	• Medicare Coverage of Non-Invasive Vascular Studies for End Stage Renal Disease Patients

ADDENDUM III.—MEDICARE AND MEDICAID MANUAL INSTRUCTIONS—Continued

Transmittal No.	Manual/Subject/Publication No.
	Hospital Manual (CMS Pub. 10) (Superintendent of Documents No. HE 22.8/2)
778	• Critical Access Hospital
779	• CMS Common Procedure Coding System for Hospitals Outpatient Radiology Services and Other Diagnostic Procedures
780	• Payment for Blood Clotting Factor Administered to Hemophilia Inpatients
781	• Outpatient Therapeutic Services, and Section 439, Billing for Immunosuppressive Drugs Furnished to Transplant Patients
782	• Completion of Form CMS–1450 for Inpatient and/or Outpatient Billing Provider Electronic Billing File and Record Formats
783	• Addendum B—Alphabetic Listing of Data Elements
	Home Health Agency Manual (CMS Pub. 11) (Superintendent of Documents No. HE 22.8/5)
298	• Home Health Agency Arrangements by Home Health Agencies Home Health Prospective Payment System National 60 Day Episode Rate Adjustments to the 60 Day Episode Rate Continuous 60 Day episode Recertification Counting 60 Day Episodes Split Percentage Payment Approach to the 60 Day Episode Physician Signature Requirements for the Split Percentage Payment Low Utilization Payment Adjustment Partial Episode Payment Adjustment Significant Change in Condition Payment Adjustment Outlier Payment Discharge Issues Consolidated Billing Telehealth Change of Ownership Relationship to Episodes under Prospective Payment System Reasonable and Necessary Services Confined to the Home Services Are Provided Under a Plan of Care Established and Approved by a Physician Needs Skilled Nursing Care on an Intermittent Basis (Other than Solely Venipuncture For the Purposes of Obtaining a Blood Sample) or Physical Therapy or Speech-Language Pathology Services or Has Continued Need for Occupational Therapy Physician Certification Skilled Nursing Care Skilled Therapy Service Home Health Aide Services Medical Supplies (Except for Drugs and Biologicals) and the Use of Durable Medical Equipment Part-time or Intermittent Home Health Aide and Skilled Nursing Services Special Conditions for Coverage and Payment of Home Health Services Under Hospital Insurance (Part A) and Supplementary Medical Insurance (Part B) Beneficiaries Who Are Enrolled in Part A and Part B, but do Not Meet the Threshold for Post-Institutional Home Health Services Beneficiaries Who Are Part A Only or Part B Only Coinsurance, Copayments, and Deductibles Number of Home Health Visits under Hospital Insurance (Part A), Number of Home Health Visits under Supplementary Medical Insurance (Part B) Counting Visits Evaluation Visits Medical and Other Health Services Surgical Dressings, and Other Dressings Used for Reduction of Fractures and Dislocations Prosthetic Devices Outpatient Physical Therapy, Occupational Therapy, and Speech Pathology Services
	Skilled Nursing Facility Manual (CMS–Pub. 12) Superintendent of Documents No. HE 22. 8/3
371	• Drugs and Biologicals, and Section 542, Billing for Immunosupressive Drugs Furnished to Transplant Patients
	Hospice Manual (CMS–Pub. 21) Superintendent of Documents No. HE 22. 8/18
64	• Inpatient Respite Care

ADDENDUM III.—MEDICARE AND MEDICAID MANUAL INSTRUCTIONS—Continued

Transmittal No.	Manual/Subject/Publication No.
	Coverage Issues Manual (CMS–Pub. 6) Superintendent of Documents No. HE 22. 8/14
144	• Sacral Nerve Stimulation for Urinary Incontinence
145	• Treatment of Actinic Keratosis
146	• External Counterpulsation for Severe Angina
147	• Positron Emission Tomography
148	• Pneumatic Compression Devices
149	• Ambulatory Blood Pressure Monitoring
150	• Continuous Positive Airway Pressure
	Medicare Program Integrity Manual (CMS–Pub. 83)
15	• Medical Records of Partial Hospitalization Claims
16	• Medicare Benefits Integrity Unit Organizational Requirements Anti-Fraud Training Procedural Requirements Medicare Fraud Information Specialist Coordination of Medical Records and Benefit Integrity Units Request for Information from Outside Organizations Agency Agreement Memorandum of Understanding Between the Office of the Inspector General and the Department of Justice—Sharing Fraud Complaints Development of Complaints and Cases Fraud Alerts Types of Fraud Alerts Alert Specifications Editorial Requirements Coordination Distribution of Alerts Offices of the Inspector General Referrals and Appropriate Fraud Investigation Database Entries Table of Contents Consent Settlement Instructions Consent Settlement Budget and Performance Requirements Basis of Authority Purpose Enforcement Administrative Actions Documents Civil Monetary Penalty Authorities Civil Monetary Penalty Delegated to Centers for Medicare & Medicaid Services Civil Monetary Penalty Delegated to Offices of the Inspector General Referral Process to Centers for Medicare & Medicaid Services Referral to Offices of the Inspector General Centers for Medicare & Medicaid Services Generic Civil Monetary Penalty Case Contents Beneficiary Right to Itemized Statement Medicare Limiting Charge Violations Table of Contents Quality Improvement Program Reporting Vulnerability Report Table of Contents Definitions Request for Information from Outside Organizations Memorandum of Understanding Regarding Requests form Federal Bureau Investigation /Department of Justice Reporting Requirements Periodic Exchange of Information Among Offices of the Inspector General, Federal Bureau Investigation Department of Justice Reporting Requirements Periodic Exchange of Information Among Offices of the Inspector General, Federal Form Letter for Department of Justice Request Department of Justice Report (Excel Spreadsheet) National Medicare Fraud Alert Restricted Medicare Fraud Alert Organizational Requirements Request for Information from Outside Organizations Procedures for the benefit Integrity and Medical Review Units on Unsolicited Voluntary Refund Checks Anti-Kickback Statute Implications
17	• Overview of Prepayment and Postpayment Review for Medical Review Purpose Determinations Made During Prepayment and Postpayment Medial Review Documentation Specifications for Areas Selected to Prepayment or Postpayment or Postpayment Medical Review Additional Documentation Requests During Prepayment or Postpayment Medical Review Completing Complex Reviews Handling Late Documentation

ADDENDUM III.—MEDICARE AND MEDICAID MANUAL INSTRUCTIONS—Continued

Transmittal No.		Manual/Subject/Publication No.
		Denials
		Documenting That A Claim Should be Denied
		Internal Medical Review Guidelines
		Types of Prepayment and Postpayment Review
		Spreading Workload Evenly
		New Provider/ New Benefit Monitoring
		Review That Involves Utilization Parameters
		Prepayment Review of Claims for Medical Review Purposes
		Automated Prepayment Review
		Prepayment Edits
		Categories of Medical Review Edits
		Postpayment Review of Claims for Medical Review Purposes
		Postpayment Review Case Selection
		Location of Postpayment Reviews
		Re-adjudication of Claims
		Estimate of the Correct Payment Amount and Subsequent Over/Underpayment
		Notification of Provider (s) Rebuttal(s) of Findings
		Recovery of Overpayments
		Evaluation of the Effectiveness of Postpayment Review and Next Steps Postpayment Files
		Effect of Sections 1879 and 1870 of the Social Security Act During Postpayment Reviews
		Medicare Managed Care Manual (CMS-Pub. 86)
1	•	Payments to Medicare+Choice Organizations
		Effect of Change of Ownership and Leasing
		Contract Determination and Appeals
2	•	Minimum Specified Amount or ''Floor Rate
		Transition to a Comprehensive Risk Adjustment Method
		Transition Schedule for Implementation of the Risk Adjustment Method
		Exclusions from Risk Adjustment Factor
		Two Required Quality Indicators Designated Must be Met
		Reporting Extra Payment
		Questions About the Extra payment in Recognition of the Cost of Successful Outpatient Chief Care
		Implementation of 100 Percent Risk—Adjusted Payment for Qualifying Congestive Heart Failure Enrollees in 2001
		Encounter Data Collection for the Risk Adjustment Model
		Hospital Inpatient Encounter Data Requirements
		Deadlines for Submission of Encounter Data
		Announcement of Annual Capitation Rates and Methodology Changes
		Clarification of the Definition of ''Certified Institution'' for Adjusting Payments Under the Demographic-Only Method
		Payment for Institutional Status
		Previously Underserved Payment Area
		Eligibility for Bonus Payment-the Period of Application
		Reconciliation Process for Changes in Risk Adjustment Factors
		Reconciliation Schedule and Late Submission of Encounter Data
		Quality Indicators for Extra Payment in Recognition of the Costs of Successful Outpatient Treatment of Congestive Heart Failure
3	•	Quality Assurance
4	•	Marketing
		Medicare/Medicaid Sanction—Reinstatement Report (CMS Pub. 69)
01–10	•	Report of Physicians/Practitioners, Providers and/or Other Health Care Suppliers Excluded Reinstated—September 2001
01–11	•	Report of Physicians/Practitioners, Providers and/or Other Health Care Suppliers Excluded/Reinstated—October 2001
01–12	•	Report of Physicians/Practitioners, Providers and/or Other Health Care Suppliers Excluded/Reinstated—November 2001
		January 2002 through March 2002
		Intermediary Manual Part 3—Claims Process (CMS Pub. 13–3) (Superintendent of Documents No. 22.8/6)
1850	•	Ambulance Service
1851	•	Payment for Blood Clotting Factor Administered to Hemophilia Inpatients
1852	•	Release Software Diagnostic Mammography Diagnostic and Screening Mammograms Performed With New Technologies
1853	•	Clinical Laboratory Improvement Amendments
		Request for Anticipated Payment
		Home Health Perspective Payment System Claims

ADDENDUM III.—MEDICARE AND MEDICAID MANUAL INSTRUCTIONS—Continued

Transmittal No.	Manual/Subject/Publication No.
	Special Billing Situations Involving Outcome and Assessment Information Set Beneficiary-Driven Demand Billing Under Home Health Perspective Payment System New Software for the Home Health Perspective Payment System Environment Adjustments of Episode Payment—Exclusivity and Multiplicity of Adjustments General Guidance on Line Item Billing Under Home Health Prospective Payment System
	Carriers Manual Part 3—Program Administration (CMS Pub. 14–3) (Superintendent of Documents No. HE 22.8/7)
1738	• Transmittal 1738 has been rescinded and will not be printed or issued in the future
1739	• Air Ambulance Services
1740	• Beneficiaries Previously Enrolled In a Medicare Health Maintenance Organization Managed Care Program Who Transition to Traditional Fee for Service
1741	• Durable Medical Equipment Regional Carrier Instructions for Denying Claims for Drugs Billed and/or Paid to Suppliers Not Licensed To Dispense Drugs
1742	• Evidence of Medical Necessity Oxygen Claims
1743	• Home Dialysis Supplies and Equipment Payment for Method II Home Dialysis Supplies When the Beneficiary Is an Inpatient
1744	• Physician Assistant Services
1745	• Release Software Contractor Testing Requirements
	Program Memorandum Intermediaries (CMS Pub. 60A) (Superintendent of Documents No. HE 22.8/6–5)
A–02–001	• January Outpatient Code Editor Specifications Version
A–02–002	• Discontinuance of Contract With Integriguard To Conduct Community Mental Health Centers Site Visits After January 15, 2002
A–02–003	• Handling of Inpatient Claims Containing Healthcare Common Procedure Codes J7198, J7199, and Q2022 for Payment for Blood Clotting Factor Administered to Hemophilia Inpatients
A–02–004	• Critical Access Hospitals Exempt From the Ambulance Fee Schedule
A–02–005	• Correction of Production Problem With Home Health Prospective Payment System Claims Involving Medicare Secondary Payer
A–02–006	• Extended Repayment Schedules for Home Health Agencies Affected by the Interim Payment System
A–02–007	• Addendum to Periodic Interim Payments for Home Health Providers
A–02–008	• Processing of Home Health Prospective Payment System Mass Adjustments—Regional Home Health Intermediaries Only
A–02–009	• Payment of Skilled Nursing Facility Claims for Beneficiaries Disenrolling From Terminating Medicare+Choice Plans Who Have Not Met the 3-day Stay Requirement
A–02–010	• Changes to Common Working File Beneficiary Eligibility Checks for Medicare+Choice Encounter Data
A–02–011	• Receipt of Payment Data from the Healthcare Integrated General Ledger Accounting System by the Fiscal Intermediary Standard System
A–02–012	• Do Not Forward Initiative
A–02–013	• Implementation of the Health Insurance Portability and Accountability Act Health Care Eligibility Benefit Inquiry/Response Transaction (270/271) Standard
A–02–014	• Health Insurance Portability and Accountability Act Institutional 837 Health Care Claim Implementation Updates
A–02–015	• Installation of Version 27.1 of the Provider Statistical and Reimbursement Report
A–02–016	• Conversion of Hospital Swing Bed Facilities to the Skilled Nursing Facility Prospective Payment System Effective for Cost Reporting Periods Starting July 1, 2002
A–02–017	• Advance Beneficiary Notices Must Be Given to Beneficiaries and Demand Bills Must Be Submitted By Home Health Agencies
A–02–018	• Advance Beneficiary Notices Must Be Given To Beneficiaries and Demand Bills Must Be Submitted By Home Health Agencies
A–02–019	• Scheduled Release for April Updates to Software Program and Pricing/Coding Files
A–02–020	• Coverage and Billing of Sacral Nerve Stimulation
A–02–021	• Medicare Secondary Payer Information Collection Policies Changed for Hospitals
A–02–022	• Clarification of Program Memorandum A–01–86, New Patient Status Codes 62 and 63
A–02–023	• Accelerated Referral of Non-Medicare Secondary Payer Active Delinquent Debts to the Collection Center for Cross Servicing and Treasury Offset Program
A–02–024	• Off Label Use of Oral Chemotherapy Drugs Methotrexate and Cyclophosphamide
A–02–025	• April Outpatient Code Editor Specifications Version 9V3.0)
A–02–026	• 2002 Update of the Hospital Outpatient Prospective Payment System
	Program Memorandum Carriers (CMS Pub. 60B) (Superintendent of Documents No. HE 22.8/6–5)
B–02–001	• Transmittal B–02–001 has been rescinded and will not be printed or issued in the future

ADDENDUM III.—MEDICARE AND MEDICAID MANUAL INSTRUCTIONS—Continued

Transmittal No.	Manual/Subject/Publication No.
B–02–002	• Notification to Carriers and Providers of Skilled Nursing Facility Consolidated Billing Coding Information on Centers for Medicare and Medicaid Services Web site
B–02–003	• New Permanent Modifier for ''Specific Required Documentation on File''
B–02–004	• Payment for Services Furnished by Audiologists
B–02–005	• Transmittal B–02–005 has been rescinded and will not be printed or issued in the future
B–02–006	• Receipt of Payment Data from the Healthcare Integrated General Ledger Accounting System by the Fiscal Intermediary Standard System
B–02–007	• Use of Statistical Sampling for Overpayment Estimation When Performing Administrative Reviews of Part B Claims
B–02–008	• Type of Service Corrections
B–02–009	• Payment for Therapy Services Wrongfully Denied
B–02–010	• Correct Payment for Medical Nutrition Therapy Services Rendered by Registered Dietitians or Nutrition Professionals
B–02–011	• Revision and Clarification of Requirements for Quarterly Do Not Forward Reports
B–02–012	• Transmittal B–02–012 has been rescinded and will not be printed or issued in the future
B–02–013	• Changes to Correct Coding Edits, Version 8.2, Effective July 1, 2002
B–02–014	• Common Working File Changes for Emergency Home Dialysis Supplies for Method II Beneficiaries
B–02–015	• 2002 Jurisdiction List
B–02–016	• Addition of Four ''WW'' Codes to Identify a New Source for Methotrexate
B–02–017	• Standard System Acceptance of Primary Payer Information at the Line Level
B–02–018	• Implementation of Carrier Jurisdiction Manual Instructions Based On the Medicare Carriers Manual Part 3, §§ 3100–3101 for the Multi-Carrier System, Standard System and Associated Medicare Carriers
B–02–019	• Accelerated Referral of Non-Medicare Secondary Payer Active Delinquent Debts to the Debt Collection Center for Cross Servicing and Treasury Offset Program
B–02–020	• Coding for Non-Covered Services and Services Not Reasonable and Necessary
B–02–021	• Problem Resolution to Issues Raised By Implementation of Change Request 1646 for the Medicare Carriers Processing on the Multi-Carrier System
	Program Memorandum Intermediaries/Carriers (CMS Pub. 60A/B) (Superintendent of Documents No. HE 22.8/6–5)
AB–02–001	• New Temporary ''K'' Codes for Ostomy Devices and Supplies
AB–02–002	• Claims Processing Instructions for the Medicare Quality Partnerships Demonstration (formerly referred to as ''Centers of Excellence'') and the Medicare Provider Partnership Demonstration
AB–02–003	• Transmittal AB–02–003 has been rescinded and will not be printed or issued in the future
AB–02–004	• Harkin Grantees: Aggregate Report Dates
AB–02–005	• Elimination of Official Level III Healthcare Common Procedure Coding System Codes/Modifiers and Unapproved Local Codes/Modifiers
AB–02–006	• Customer Service Assessment Management System for Medicare Call Centers
AB–02–007	• Children's Hospital Graduate Medical Education Amendment to Change Request 1736
AB–02–008	• Form CMS–1522, Monthly Contractor Financial Report, Reconciliation
AB–02–009	• Clarification of Physician Certification Requirements for Medicare Hospice
AB–02–010	• Promoting Colorectal Cancer Screening as a Part of Colorectal Cancer Awareness Month
AB–02–011	• Notice of Interest Rate for Medicare Overpayments and Underpayments
AB–02–012	• Revised Backup Withholding Tax Rate
AB–02–013	• Improve the Out-of-Service-Area Claims Process in the Common Working File
AB–02–014	• Implementation of Common Working File Edits for Flu and Pneumonia Claims
AB–02–015	• Clarification of Payment Responsibilities for Fee-for-Service Contractors as it Relates to Hospice Members Enrolled in Managed Care Organizations and Claims Processing Instructions for Processing Rejected Claims
AB–02–016	• Effective Date for Q3017
AB–02–017	• Sending of HUSC Files from Common Working File to Recovery Management and Accounting System
AB–02–018	• First Update to the 2002 Medicare Physician Fee Schedule Database
AB–02–019	• Supplemental Systems Security Information for FY 02
AB–02–020	• Revised Timeliness for Health Insurance Portability and Accountability Act Requirements
AB–02–021	• Common Working File Unsolicited Response Edit and Carrier Resolution for Consolidated Billing for Skilled Nursing Facility Residents
AB–02–022	• Clarification of Transmittal AB–00–107, Change Request 1163, and Transmittal AB–00–129, Change Request 1460, Regarding the Coordination of Benefits Contractor and Medicare Secondary Payer Prepay Work Activities for Customer Service, Medicare Secondary Payer and Standard Systems Contractor Staff
AB–02–023	• Common Working File Edits with Unsolicited Responses for Skilled Nursing Facility Consolidated Billing
AB–02–024	• New Waived Tests—January 18, 2002
AB–02–025	• Non-Contact Normothermic Wound Therapy
AB–02–026	• System Networking Electronic Correspondence Referral System User Guide
AB–02–027	• Corrections to Program Memorandum A–01–135—Codes Billable by Skilled Nursing Facilities and Suppliers for Skilled Nursing Facility Residents
AB–02–028	• Centers for Medicare and Medicaid Services Office of the Inspector General Hotline Referrals
AB–02–029	• Electronic Medicare Provider/Supplier Enrollment Forms
AB–02–030	• Administrative Policies Related to Processing Claims for Clinical Diagnostic Laboratory Services
AB–02–031	• Payment Policy for Air Ambulance Transportation of Deceased Beneficiary
AB–02–032	• Data Center Testing and Production—Electronic Correspondence Referral System User Manual 4.0
AB–02–033	• Provider Education Training Activities to Implement Updates to the Ambulance Fee Schedule

ADDENDUM III.—MEDICARE AND MEDICAID MANUAL INSTRUCTIONS—Continued

Transmittal No.	Manual/Subject/Publication No.
AB–02–034	• Managing Medicare Appeals Workloads in FY 2001
AB–02–035	• Notification of Updates to Coding Files on Centers for Medicare and Medicaid Services Web Site for Skilled Nursing Facility Consolidated Billing
AB–02–036	• Temporary Codes for Ambulance Fee Schedule
AB–02–037	• Reissue of Information in Change Request 1955, Transmittal AB–02–021, Common Working File Unsolicited Response Edit and Carrier Resolution for Consolidated Billing for Skilled Nursing Facility Residents
AB–02–038	• Billing for Audiologic Function Tests for Beneficiaries That Are Patients of a Skilled Nursing Facility
AB–02–039	• Amplification of Annual Compliance Audit Requirements
AB–02–040	• Intestinal and Multi-Visceral Transplantation
AB–02–041	• Correction of Remark Code Message for Home Health Consolidated Billing
	State Operations Manual Provider Certification (CMS—Pub. 7) (Superintendent of Documents No. 22.8/12)
28	• Federally Qualified Health Centers—Citations and Description
	• Regional Office Approval Process for Federally Qualified Health Centers Attestation Statement for Federally Qualified Health Centers, and Model Letter to Applicants for Participation in Medicare as a Federally Qualified Health Center
	• Federally Qualified Health Center Crucial Data Extract
	• Notice to Accredited Psychiatric Hospital of Involuntary Termination
29	• Federal Monitoring Surveys—Definition and Purpose
	• Federal Monitoring Surveys—Expectations and Responsibility
	Hospital Manual (CMS Pub. 10) (Superintendent of Documents No. HE 22.8/2)
783	Payment for Blood Clotting Factor Administered to Hemophilia Inpatients
	Home Health Agency Manual (CMS Pub. 11) (Superintendent of Documents No. HE 22.8/5)
299	• Excluded Foot Care Services
300	• Billing Procedures for an Agency Being Assigned Multiple Provider Numbers or a Change in Provider Number More Than One Agency Furnished Home Health Services Transfer to Another Agency Under the Same Plan of Treatment Clinical Laboratory Improvement Amendments New Software for the Home Health Prospective Payment System Adjustments of Episode Payment—Significant Change in Condition Adjustments of Episode Payment—Exclusivity and Multiplicity of Adjustments General Guidance on Line Item Billing Under Home Health Prospective Payment System Request for Anticipated Payment Home Health Prospective Payment System Claims Special Billing Situations Involving Outcome and Information Assessment Set Beneficiary-Driven Demand Billing Under Home Health Prospective Payment System No-Payment Billing and Receipt of Denial Notices Under Home Health Prospective Payment System Billing and Payment for Medicare Secondary Payer Claims Under the Home Health Prospective Payment System
	Skilled Nursing Facility Manual (CMS–Pub. 12) (Superintendent of Documents No. HE 22. 8/3)
372	• Recertification Coverage and Patient Classification
	Coverage Issues Manual (CMS Pub. 6) (Superintendent of Documents No. HE 22.8/14)
151	• Pneumatic Compression Devices
152	• Noncontact Normothermic Wound Therapy

ADDENDUM III.—MEDICARE AND MEDICAID MANUAL INSTRUCTIONS—Continued

Transmittal No.	Manual/Subject/Publication No.
	Provider Reimbursement Manual—Part 2 **Provider Cost Reporting Forms and Instructions Chapter 29/Form CMS–222–92** **(CMS Pub. 15–2–29)**
5	• Cost Report Forms
	Provider Reimbursement Manual—Part 2 **Provider Cost Reporting Forms and Instructions Chapter 34/Form CMS–265–94** **(CMS Pub. 15–2–34)**
6	• Cost Report Forms
	Provider Reimbursement Manual—Part 2
	Provider Cost Reporting Forms and Instructions Chapter 38/Form CMS–1894–99 **(CMS Pub. 15–2–38)**
3	• Worksheet A—Reclassification and Adjustment of Trial Balance Expenses
	Program Integrity Manual **(CMS–Pub. 83)**
18	• Medical Review of Skilled Nursing Facility Prospective Payment System Types of Review Bill Review Requirements Bill Review Process Workload Data Analysis Medicare Integrity Program-Provider Education and Training Quality Issues in Skilled Nursing Facility and Referral to Other Agencies Reporting
19	• Security Requirements
20	• 20 Medical Review of Ambulance Services
21	• 21 Types of Claims for Which Contractors Are Responsible
22	• 22 Medical Review Workload, Cost, and Savings Allocations Medical Review Overview Reporting Medical Review Workload and Cost Information and Documentation in Contractor Administrative Budget and Financial Management Prepay Review for Medical Review Purposes Automated Prepay Review Workload and Cost (Activity Code 21001) Routine Manual Prepay Review Workload and Cost (Activity Code 21002) Complex Manual Prepay Reviews Workload and Cost (Activity Code 21003) Data Analysis Costs (Activity Code 21007) Policy Development Activities Workload and Costs (Activity Code 21008) Third Party Liability or Demand Bills Workload and Cost (Activity Code 21010) Postpayment Claim Review Activities for Medical Review Purposes Routine Manual Postpayment Claims Review Workload and Cost (Activity Code 21030) Complex Manual Service-Specific Postpayment Claims Review Workload And Cost (Activity Code 21032) Program Safeguard Contractor Support Services (Activity Code 21100) Reporting Medical Review Savings in Contractor Reporting of Operational and Workload Data Benefit Integrity Workload, Cost, and Savings Allocation Medicare Integrity Program Provider Education and Training Workload, Cost and Savings Allocation Medicare Integrity Program Provider Education and Training Overview Reporting Medicare Integrity Program Provider Education and Training Workload and Cost Information in Contractor Administrative Budget and Financial Management Reporting Medicare Integrity Program Provider Education and Training Savings in Contractor Reporting of Operational Workload and Data Provider Enrollment Workload, Cost, and Savings Allocation
23	• Home Health Certification and Plan of Care Data Plan of Care Medical Review of Home Health Claims General Types of Review Medical Review Process Claim Selection Record Request Record Review Outcome of Review

ADDENDUM III.—MEDICARE AND MEDICAID MANUAL INSTRUCTIONS—Continued

Transmittal No.		Manual/Subject/Publication No.
		Data Analysis Medical Review of Skilled Nursing and Home Health Aide Hours for Determining Part-Time or Intermittent Care Treatment Codes for Home Health Services Effectuating Favorable Final Appellate Decision That A Beneficiary is ''Confined to Home'' Reporting Description of Items on Form CMS–485 Treatment Codes Home Health Certification and Plan of Care
		Managed Care Manual (CMS Pub. 86)
5	•	Guidelines for Advertising (Pre-enrollment) Materials Must Use/Can't Use/Can Use Chart Final Verification Review Process Nominal Gifts Operational Considerations Related to Value-Added Items and Services Specific Guidance About the Use of Independent Insurance Agents Marketing of Multiple Lines of Business Under Medicare+Choice Performance Improvement Projects Non-Clinical Focus Areas—Non-Clinical Focus Areas Applicable to All Enrollees Sustained Improvement Over Time Process for Centers for Medicare and Medicaid Services Multi-Year QAIP Project Approvals Centers for Medicare and Medicaid Services Regional Office Representatives Subsection ''Project Completion Report'' Subsection ''When to Report'' Subsection ''Project Review Report'' Subsection ''Other Tools'' Subsection ''Corrective Action Process'' Obligations of Deemed Medicare+Choice Organizations
6	•	Medicare+Choice Enrollment and Disenrollment
7	•	Organization Compliance with State Law and Pre-emption by Federal Law
8	•	Medicare+Choice Contract Requirements
		Medicare/Medicaid Sanction—Reinstatement Report (CMS Pub. 69)
01–02	•	Report of Physicians/Practitioners, Providers and/or Other Health Care Suppliers Excluded/Reinstated-December 2001
02–02	•	Report of Physicians/Practitioners, Providers and/or Other Health Care Suppliers Excluded/Reinstated-January 2002
03–02	•	Report of Physicians/Practitioners, Providers and/or Other Health Care Suppliers Excluded/Reinstated-February 2002

ADDENDUM IV.—REGULATION DOCUMENTS PUBLISHED IN THE FEDERAL REGISTER

[October 1999 through March 2002]

Publication date	FR Vol. 64 page	CFR* Part(s)	File code**	Regulation title	End of comment period	Effective date
10/1/99	53394–53396		HCFA–1058–FN	Medicare Program; Sustainable Growth Rate for Fiscal Year 2000.		10/1/99
10/1/99	53394		HCFA–3025–N	Medicare Program; Notice of the Implementation of the Medicare Lifestyle Modification Program Demonstration Project.		
10/5/99	54030–54031		HCFA–1056–CN	Medicare Program; Prospective Payment System and Consolidated Billing for Skilled Nursing Facilities—Update; Correction.		10/1/99
10/6/99	54263–54268		HCFA–2004–P	Medicaid Program; Flexibility in Payment Methods for Services of Hospitals, Nursing Facilities, and Intermediate Care Facilities for the Mentally Retarded.	12/6/99	
10/14/99	55738		HCFA–1092–N	Medicare Program; October 29, 1999, Meeting of the Competitive Pricing Advisory Committee.		

ADDENDUM IV.—REGULATION DOCUMENTS PUBLISHED IN THE FEDERAL REGISTER—Continued

[October 1999 through March 2002]

Publication date	FR Vol. 64 page	CFR* Part(s)	File code**	Regulation title	End of comment period	Effective date
10/14/99	55738–55739		HCFA–3023–N	Medicare Program; Meeting of the Laboratory and Diagnostic Services Panel of the Medicare Coverage Advisory Committee—November 15 and 16, 1999.		
10/15/99	55949–55950		HCFA–1091–N	Medicare Program; Open Public Meeting on November 1, 1999 to Discuss Activities Related to the Collection of Encounter Data from Medicare+Choice Organizations for Risk Adjustment.		
10/19/99	56353		HCFA–5001–N	Medicare Program; Establishment of the Health Care Financing Administration's Management Advisory Committee.		
10/19/99	56353–56354			Notice of Hearing: Reconsideration of Disapproval of New Mexico Children's Health Insurance Program State Plan Amendment.		
10/22/99	57101–57103		HCFA–1060–N	Correction— Notice—Schedules of Per-Visit and Per-Beneficiary Limitations on Home Health Agency Costs for Cost Reporting Periods Beginning on or After October 1, 1999 and Portions of Cost Reporting Periods Beginning Before October 1, 2000.		10/1/99
10/22/99	57110–57112		HCFA–8004–N	Medicare Program; Part A Premium for 2000 for the Uninsured Aged and for Certain Disabled Individuals Who Have Exhausted Other Entitlement.	1/1/00	
10/22/99	57103–57104		HCFA–8005–N	Medicare Program; Inpatient Hospital Deductible and Hospital and Extended Care Services Coinsurance Amounts for 2000.		1/1/00
10/22/99	57105–57110		HCFA–8006–N	Medicare Program; Monthly Actuarial Rates and Monthly Supplementary Medical Insurance Premium Rate Beginning January 1, 2000.		1/1/00
10/25/99	57431–57436		HCFA–6003–P	Medicare Program; Appeals of Carrier Determinations That a Supplier Fails to Meet the Requirements for a Medicare Billing Number.	12/27/99	
10/25/99	57473–57474		HCFA–1105–N	Medicare Program; November 9, 1999 Notice of Meeting of the Competitive Pricing Demonstration Area Advisory Committee, Maricopa County, AZ.		
10/26/99	57612–57613		HCFA–1103–N	Medicare Program; Open Town Hall Meeting on November 8, 1999 to Present an Overview of the Home Health Prospective Payment System Proposed Rule Followed by a General Home Health Listening Session.		
10/28/99	58134–58209	409, 410, 411, 413, 424, 484.	HCFA–1059–P	Medicare Program; Prospective Payment System for Home Health Agencies.	12/27/99	
10/29/99	58419		HCFA–3026–N	Medicare Program; Open Town Hall Meeting to Discuss Transplant Center Criteria.		
11/2/99	59379–59590	410, 411, 414, 415, 485.	HCFA–1065–FC	Medicare Program; Revisions to Payment Policies Under the Physician Fee Schedule for Calendar Year 2000.	1/3/00	1/1/00

ADDENDUM IV.—REGULATION DOCUMENTS PUBLISHED IN THE FEDERAL REGISTER—Continued

[October 1999 through March 2002]

Publication date	FR Vol. 64 page	CFR* Part(s)	File code**	Regulation title	End of comment period	Effective date
11/4/99	60122	409, 411, 413, 489.	HCFA–1913–CN	Medicare Program; Prospective Payment System and Consolidated Billing for Skilled Nursing Facilities; Correction.		9/28/99
11/8/99	60821–60822		HCFA–1093–N	Medicare Program; Request for Nominations for the Practicing Physicians Advisory Council.	12/15/99	
11/8/99	60882–60963	431, 433, 435, 457.	HCFA–2006–P	SCHIP Program; Implementing Regulations for the State Children's Health Insurance Program.	1/7/00	
11/15/99	61892–61893		HCFA–3027–N	Medicare Program; Meeting of the Executive Committee of the Medicare Coverage Advisory Committee—December 8, 1999.	11/18/99	
11/22/99	63819		HCFA–1079–N	Medicare Program; December 13, 1999, Meeting of the Practicing Physicians Advisory Council.		
11/24/99	66233–66304	460, 462, 466, 473, 476.	HCFA–1903–IFC	Medicare and Medicaid Programs; Programs of All-Inclusive Care for the Elderly (PACE); Final Rule.	1/24/00	11/24/99
11/26/99	66396–66402	420	HCFA–4000–FC	Medicare Program; Suggestion Program on Methods to Improve Medicare Efficiency.	1/25/00	12/27/99
11/30/99	67028–67052	403, 412, 431, 440, 442, 446, 456, 488, 489.	HCFA–1909–IFC	Medicare and Medicaid Programs; Religious Nonmedical Health Care Institutions and Advance Directives; Interim Rule.	1/31/00	1/31/00
12/1/99	67223–67235	433, 438	HCFA–2015–P	Medicaid Program; External Quality Review of Medicaid Managed Care Organizations.	1/31/00	
12/3/99	67920–67925		HCFA–4009–GNC	Medicare Program; Criteria and Standards for Evaluating Intermediary and Carrier Performance During FY 2000.	1/3/00	
12/7/99	68357–68364		HCFA–9004–N	Medicare and Medicaid Programs; Quarterly Listing of Program Issuances—First Quarter, 1999.		
12/13/99	69538–69539		HCFA–3029–N	Medicare Program; Meeting of the Medical and Surgical Procedures Panel of the Medicare Coverage Advisory Committee—January 19 and 20, 2000.	12/29/99	
12/20/99	71148–71149		HCFA–3024–NC	Medicare Program; Adjustment in Payment Amounts for New Technology Intraocular Lenses Furnished by Ambulatory Surgical Centers.	1/19/00	
12/22/99	71673–71678	422	HCFA–1011–F	Medicare Program; Solvency Standards for Provider-Sponsored Organizations.		1/21/00
12/23/99	72086		HCFA–1109–N	Meeting of the Competitive Pricing Advisory Committee, January 12, 2000.		
12/29/99	73057			Office of Strategic Planning; Statement of Organization, Functions, and Delegations of Authority.		
12/30/99	73561		HCFA–2024–FC2	CLIA Program; Transfer of Clinical Laboratory Complexity Categorization Responsibility.		1/31/00
1/5/00	498		HCFA–3029–WN	Medicare Program; Cancellation of the Meeting of the Medical & Surgical Procedures Panel of the MCAC—January 19 and 20, 2000.		
1/5/00	495		HCFA–3028–N	Medicare Program; Notice of the Solicitation for Proposals to Expand the Medicare Lifestyle Modification Program Demonstration.		
1/5/00	494		HCFA–1094–N	GME Consortia Demonstration		

ADDENDUM IV.—REGULATION DOCUMENTS PUBLISHED IN THE FEDERAL REGISTER—Continued

[October 1999 through March 2002]

Publication date	FR Vol. 64 page	CFR* Part(s)	File code**	Regulation title	End of comment period	Effective date
1/7/00		1081	HCFA–1125–N	Medicare Program; Meetings of the Negotiated Rulemaking Committee on the Ambulance Fee Schedule.		
1/10/00	1400		HCFA–9005–N	Medicare and Medicaid Programs; Quarterly Listing of Program Issuances—Second Quarter, 1999.		
1/12/00	1817	412, 413, 483, and 485.	HCFA–1053–CN2	Medicare Program; Changes to the Hospital Inpatient Prospective Payment Systems and Fiscal Year 2000 Rates; Correction.		
1/20/00	3136	412	HCFA–1124–IFC	Medicare Program; Medicare Inpatient Disproportionate Share Hospital Adjustment Calculation: Change in the Treatment of Medicaid Patient Days in States with Section 1115 Expansion Waivers.	3/20/00	
1/28/00	4545		HCFA–1002–N3	Medicare Program; Meeting of the Negotiated Rulemaking Committee on the Ambulance Fee Schedule.		
2/2/00	4986		HCFA–3031–N	Medicare Coverage Advisory Committee—Executive Committee Meeting on March 1, 2000.		
2/7/00	5933	412, 413, 483, and 485.	HCFA–1053–CN2	Medicare Program; Changes to the Hospital Inpatient Prospective Payment System and Fiscal Year 2000 Rates.		
2/9/00	6380		HCFA–1085–N	Update of Ambulatory Surgical Center Payment Rates Effective for Services on or after October 1, 1999.		
2/15/00	4617		HCFA–4012–N	Meeting of the Advisory Panel on Medicare Education—February 15, 2000.		
2/22/00	8725		HCFA–2059–FN	Medicare and Medicaid Programs; Reapproval of the Deeming Authority of the Community Health Accreditation Program, Incorporated (CHAP) for Home Health Agencies (HHAs).		2/22/00
2/22/00	8722		HCFA–2058–FN	Medicare and Medicaid Programs; Reapproval of the Deeming Authority of the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) for Application of the JCAHO for Home Health Agencies.		2/22/00
2/22/00	8727		HCFA–2057–FN	Medicare and Medicaid Programs; Recognition of the American Osteopathic Association (AOA) for Continued Approval of Deeming Authority of the Community Health Accreditation Program, Incorporated (CHA) for Hospitals.		2/22/00
2/22/00	8660	413	HCFA–1860–FC	Medicare Program; Payment Amount if Customary Charges are Less than Reasonable Costs: Technical Amendments.		
2/22/00	8722		HCFA–1060–N2	Medicaid Program; Additional Comment Period for the Schedules of Per-Visit and Per-Beneficiary Limitations on HHA Costs for Cost Reporting Periods Beginning on or After October 1, 1999 and Portions Beginning October 1, 2000.		

ADDENDUM IV.—REGULATION DOCUMENTS PUBLISHED IN THE FEDERAL REGISTER—Continued

[October 1999 through March 2002]

Publication date	FR Vol. 64 page	CFR* Part(s)	File code**	Regulation title	End of comment period	Effective date
2/28/00	10450	405, 491	HCFA–1910–P	Medicare Program; Rural Health Clinics: Amendments to Participation Requirements and Payment Provisions; and Establishment of a Quality Assessment and Performance Improvement Program.	5/1/00	
2/29/00	10812		HCFA–1127–N	Medicare Program; Open Public Meeting on March 15, 2000 to Provide Overview of Data Requirements for Collection of Physician and Hospital Outpatient Encounter Data from Medicare+Choice Organizations for Risk Adjustment.		
3/10/00	13082	410	HCFA–3250–P	Medicare Program; Coverage and Administrative Policies for Clinical, Diagnostic, and Laboratory Services.	5/9/00	
3/10/00	13012		HCFA–1130–N	Meeting of the Practicing Physicians Advisory Council; March 27, 2000.		
3/15/00	13983		HCFA–3032–N	Medicare Program; Meeting of the Medical and Surgical Procedures Panel of the Medicare Coverage Advisory Committee—April 12 and 13, 2000.		
3/15/00	13911	405, 410	HCFA–1813–F	Medicare Program; Coverage of, and Payment for, Paramedic Intercept Ambulance Services.		
3/17/00	14510		HCFA–2233–N	CLIA Program; Cytology Proficiency Testing.		
4/7/00	18342		HCFA–3028–N2	Medicare Program; Notice of the Solicitation for Proposals to Expand the Medicare Lifestyle Modification Demonstration Project; Cancellation Notice.		4/7/00
4/7/00	18341		HCFA–1128–N	Medicare Program; Process for Requesting Recognition of New Technologies and Certain Drugs, Biologicals, and Medical Devices for Special Payment Under the Hospital Outpatient Prospective Payment System.		
4/7/00	18434	409, 410, 411, 412, 413, 419, 424, 489, 498, and 1003.	HCFA–1005–FC	Medicare Program; Prospective Payment Systems for Hospital Outpatient Services.	6/6/00	7/1/00
4/10/2000	18999		HCFA–2893–N	Medicare Program; Deductible Amount for Medigap High Deductible Options for Calendar Year 2001.		1/1/00
4/10/00	19188	411, 489	HCFA–1112–P	Medicare Program; Prospective Payment System and Consolidated Billing for Skilled Nursing Facilities—Update.	6/9/00	
4/10/00	19000		HCFA–1110–N	Medicare Program; Sustainable Growth Rate for Year 2000.		
4/11/00	19329		HCFA–1065–CN	Medicare Program; Revisions to Payment Policies Under the Physician Fee Schedule for Calendar Year 2000, Correction Notice.		
4/27/00	24707		HCFA–1133–N	Medicare Program; May 12, 2000 Meeting of the Citizens Advisory Panel on Medicare Education.		
4/27/00	24666	414	HCFA–1084–P	Medicare Program; Payment for Upgraded Durable Medical Equipment.	6/26/00	

ADDENDUM IV.—REGULATION DOCUMENTS PUBLISHED IN THE FEDERAL REGISTER—Continued

[October 1999 through March 2002]

Publication date	FR Vol. 64 page	CFR* Part(s)	File code**	Regulation title	End of comment period	Effective date
4/28/00	24971		HCFA–3053–N	Medicare Program; Open Town Hall Meeting to Promote and Establish Partnerships Between the Medicare Peer Review Organizations (PROs) and Entities in the Health Care Community to Foster Health Care Quality Improvement—May 15, 2000.		
4/28/00	24970		HCFA–1132–N	Medicare Program; May 23, 2000 Notice of Meeting of the Competitive Pricing Advisory Committee.		
5/2/00	25492		HCFA–2117–N	Medicare, Medicaid, and CLIA Programs; CLIA of 1988 Removal of Exemptions of Labs in the State of Oregon.		
5/3/00	25738		HCFA–3030–N	Medicare Program; Lenses Eligible for an Adjustment in Payment Amount for New Technology Lenses Furnished by Ambulatory Surgical Centers.		
5/3/00	25493		HCFA–1134–N	Medicare Program; Open Public Meeting on May 18, 2000 to Discuss the Coverage of Drugs and Biologicals that Cannot be Self-Administered.		
5/3/00	25664	414	HCFA–1111–IFC	Medicare Program; Criteria for Submitting Supplemental Practice Expense Survey Data.	7/3/00	
5/5/00	26282	412, 413, and 485	HCFA–1118–P	Medicare Program; Changes to the Hospital Inpatient Prospective Payment Systems and Fiscal Year 2001 Rates.	7/5/00	
5/16/00	31124		HCFA–3432–NOI	Medicare Program; Criteria for Making Coverage Decisions Under Medicare.	7/17/00	
5/19/00	31917		HCFA–1136–N	Medicare Program; June 5, 2000 Meeting of the Practicing Physicians Advisory Council.		
5/24/00	33616	447, 457	HCFA–2114–F	State Children's Health Insurance Program; State Children's Health Allotments and Payment to States.		6/23/00
5/24/00	33638		HCFA–2067–N	State Children's Health Insurance Program; Final Allotments to States, the District of Columbia, and U.S. Territories and Commonwealths for Fiscal Year 2000.		
5/24/00	33634		HCFA–2064–N	State Children's Health Insurance Program; Final Allotments to States, Commonwealths, and Territories for Fiscal Years 1998 and 1999.		
5/30/00	34481		HCFA–9001–N	Medicare and Medicaid Programs; Quarterly Listing of Program Issuances for Third Quarter, 1999.		
5/31/00	34715		HCFA–2076–N	Medicaid Infrastructure Grant Program to Support the Competitive Employment of People with Disabilities.		
5/31/00	34478		HCFA–2063–N	Medicaid Program; State Allotments for Payment of Medicare Part B Premiums for Qualifying Individuals: Federal Fiscal Year 2000.		
6/1/00	34983	403	HCFA–4005–IFC	Medicare Program; State Health Insurance Assistance Program (SHIP).	7/31/00	7/3/00

ADDENDUM IV.—REGULATION DOCUMENTS PUBLISHED IN THE FEDERAL REGISTER—Continued

[October 1999 through March 2002]

Publication date	FR Vol. 64 page	CFR* Part(s)	File code**	Regulation title	End of comment period	Effective date
6/5/00	35654		HCFA–1137–N	Medicare Program; Announcement of a Series of National and Regional Training Sessions to Provide Training to Medicare+Choice Organizations and Others Concerning Data Requirements, and the Timely and Accurate Submission of Physician and Hospital Outpatient Encounter Data to Support a Comprehensive Risk Adjustment Model.		
6/6/00	35947		HCFA–1138–N	Medicare Program; Town Hall Meeting to Discuss the Documentation Guidelines for Evaluation and Management Services—June 22, 2000.		
6/15/00	37507		HCFA–3432–N3	Medicare Program; Criteria for Making Coverage Decisions; Extension of Comment Period.	7/17/00	
6/26/00	39314		HCFA–1139–N	Medicare Program; Town Hall Meeting on July 18, 2000 to Present an Overview of the Home Health Prospective Payment System Final Rule.		
6/29/00	40112		HCFA–1030–N	Medicare Program; Medicare+Choice Deeming Authority.		
6/29/00	40170		HCFA–1030–FC	Medicare Program; Medicare+Choice Program.	8/28/00	7/31/00
6/30/00	40535	409, 410, 411, 412, 413, 419, 424, 489, 498, and 1003.	HCFA–1005–N5	Medicare Program; Hospital Outpatient Prospective Payment Systems, Request for Delay of Effective Date.		8/1/00
7/3/00	58134		HCFA–1059–F	Medicare Program; Prospective Payment System for Home Health Agencies.		
7/5/00	41477		HCFA–1141–N	Medicare Program; Open Public Meeting on July 25, 2000 to Discuss the Coverage of Drugs and Biologicals that Cannot be Self Administered.		
7/7/00	42022		HCFA–1140–N	Medicare Program; Question and Answer Session on July 24, 2000 to Discuss Remaining Concerns About the Implementation of the Hospital Outpatient Prospective Payment System.		
7/17/00	44176	410, 414	HCFA–1120–P	Medicare Program; Revisions to Payment Policies Under the Physician Fee Schedule for Calendar Year 2001.	9/15/00	
7/28/00	46473		HCFA–1144–N	Medicare Program; Announcement of a Series of Regional Training Sessions to Provide Training to Medicare+Choice Organizations, Physicians, Medicare+Choice Organization Non-Physician Practitioners, and Medicare+Choice Organization Medicare Directors, as well as Physician Organizations and Billing Associations Involved in the Timely and Accurate Submission of Physician Encounter Data to Support a Comprehensive Risk Adjustment Model.		
7/28/00	46466		HCFA–1115–N	Medicare Program; Solicitation for Proposals for the Medicare Coordinated Care Demonstration.		

ADDENDUM IV.—REGULATION DOCUMENTS PUBLISHED IN THE FEDERAL REGISTER—Continued

[October 1999 through March 2002]

Publication date	FR Vol. 64 page	CFR* Part(s)	File code**	Regulation title	End of comment period	Effective date
7/31/00	46770	411, 413, and 489	HCFA–1112–F	Medicare Program; Prospective Payment System and Consolidated Billing for Skilled Nursing Facilities—Update.		
8/1/00	47026–47211	410, 412, 413, 482, and 485.	HCFA–1131–IFC	Medicare Program; Provisions of the Balanced Budget Refinement Act of 1999, Hospital Inpatient Payments and Rates and Costs of Graduate Medical Education.	8/31/00	8/1/00
8/1/00	47054	410, 412, 413 and 485.	HCFA–1118–F	Medicare Program; Changes to the Hospital Inpatient Prospective Payment Systems and Fiscal Year 2001 Rates.		10/1/00
8/3/00	47706–47709	413	HCFA–1143–P	Medicare Program; Prospective Payment System for Hospital Outpatient Services: Revision of the Provider-Based Location Criteria for Certain PPS-Exempt Facilities.	10/2/00	
8/3/00	67798–68020	413, 419	HCFA–1005–IFC	Medicare Program; Prospective Payment System for Hospital Outpatient Services: Revisions to Criteria to Define New or Innovative Medical Devices, Drugs, and Biologicals Eligible for Pass-Through Payments and Corrections to the Criteria for the Grandfather Provision for Certain Federally Qualified Health Centers.	9/5/00	1/1/01
8/17/00	50171		HCFA–3432–N4	Medicare Program; Open Town Hall Meeting to Discuss Criteria for Making Coverage Decisions—August 31, 2000.		
8/17/00	50373		HCFA–0149–N	Administrative Simplification; Health Insurance Reform: Announcement of Designated Standard Maintenance Organizations.		10/16/00
8/17/00	50312	45 CFR Parts 160 and 162.	HCFA–0149–F	Health Insurance Reform; Standards for Electronic Transactions.		10/16/00
8/25/00	51839		HCFA–1149–N	Medicare Programs; September 11, and 12, 2000, Meeting of the Practicing Physicians Advisory Council.		
8/28/00	52042–52043	457	HCFA–2114–CN	State Children's Health Insurance Program; Allotments and Payments to States; Correction.		6/23/00
8/29/00	52432		HCFA–3432–N5	Medicare Program; Postponent of Open Town Hall Meeting to Discuss Criteria for Making Coverage Decisions from August 31, 2000 to September 31, 2000.		
9/1/00	53320–53321		HCFA–1146–N	Medicare Program; September 21, 2000, Meeting of the Advisory Panel on Medicare Education.		
9/6/00	53936	405	HCFA–6003–N	Medicare Program; Appeals of Carrier Determinations That a Physician or Other Supplier Fails to Meet the Requirements for Medicare Billing Privileges; Reopening of Comment Period.	1/4/01	
9/8/00	54537		HCFA–3036–N	Medicare Program; Meeting of the Medical and Surgical Procedures Panel of the Medicare Coverage Advisory Committee—October 17 and 18, 2000.		
9/8/00	54537		HCFA–1153–N	Medicare Program; Open Town Hall Meeting to Discuss Medicare Policy for Community Mental Health Centers on September 25, 2000.		

ADDENDUM IV.—REGULATION DOCUMENTS PUBLISHED IN THE FEDERAL REGISTER—Continued

[October 1999 through March 2002]

Publication date	FR Vol. 64 page	CFR* Part(s)	File code**	Regulation title	End of comment period	Effective date
9/12/00	55076		HCFA–2006–CN	State Children's Health Insurance Program; Allotments and Payments to States.		
9/12/00	55078–55100	410, 414	HCFA–1002–P	Medicare Program; Fee Schedule for Payment of Ambulance Services and Revisions to Physician Certification Requirements for Coverage of Nonemergency Ambulance Services.	11/13/00	
9/27/00	58992–58093		HCFA–1145–NC	Medicare and Medicaid Programs; Announcement of Additional Applications from Hospitals Requesting Waivers for Organ Procurement Service Areas.	11/13/00	
10/3/00	58919–58920	413, 489, and 498	HCFA–1005–CN4	Medicare Program; Prospective Payment System and Hospital Outpatient Services: Provider-Based Criteria; Delay of Effective Date and Correction.		1/10/01
10/6/00	60072		HCFA–1135–N	Medicare Program; Hospice Wage Index.		10/1/00
10/6/00	59748–59749	422	HCFA–1030–CN2	Medicare Program; Establishment of the Medicare+Choice Program; Correction.		7/31/00
10/6/00	59748	412, 413 and 489	HCFA–1005–CN2	Medicare Program; Prospective Payment System for Hospital Outpatient Services; Delay of Effective Date.		8/1/00
10/10/00	60151	447	HCFA–2071–P	Medicaid Program; Revision to Medicaid Upper Payment Limit Requirements for Hospital Services, Nursing Facility Services, Intermediate Care Facility Services for the Mentally Retarded, and Clinic Services.		11/9/00
10/10/00	60105–60108	440, 441	HCFA–2010–FC	Medicaid Program; Home and Community-Based Services.	12/11/00	10/1/97
10/10/00	60104–60105	413	HCFA–1883–F2	Medicare Program; Revision of the Procedures for Requesting Exceptions to Cost Limits for Skilled Nursing Facilities and Elimination of Reclassifications, Corrections.		9/9/99
10/11/00	60366–60378	424	HCFA–6004–FC	Medicare Program; Additional Supplier Standards.	12/11/00	12/11/00
10/16/00	6112–6113	413, 489, and 498	HCFA–1155–N	Medicare Program; Open Town Hall Meeting to Discuss Implementation of Provider-Based Regulations; October 31, 2000.		
10/19/00	62727–62733		HCFA–8009–N	Medicare Program; Monthly Actuarial Rates and Monthly Supplementary Medical Insurance Premium Rate Beginning January 1, 2001.		1/1/01
10/19/00	62733		HCFA–8008–N	Medicare Program; Part A Premium for 2001 for the Uninsured Aged and for Certain Disabled Individuals Who Have Exhausted Other Entitlement.		
10/19/00	6725–6727		HCFA–8007–N	Medicare Program; Inpatient Hospital Deductible and Hospital and Extended Care Services Coinsurance Amounts for 2001.		1/1/01
10/19/00	62645–62646	409, 410, 489, and 498.	HCFA–3045–F	Medicare Program; Removal of the Requirements for the Cardiac Pacemaker Registry.		10/19/00
10/19/00	62681	410	HCFA–1088–P	Medicare Program; Clinical Social Worker Services.	12/18/00	

ADDENDUM IV.—REGULATION DOCUMENTS PUBLISHED IN THE FEDERAL REGISTER—Continued

[October 1999 through March 2002]

Publication date	FR Vol. 64 page	CFR* Part(s)	File code**	Regulation title	End of comment period	Effective date
10/24/00	63604–63605		HCFA–3058–N	Medicare Program; Meeting of the Executive Committee of the Medicare Coverage Advisory Committee—November 7, 2000.	10/31/00	
10/31/00	64968–64974		HCFA–4010–GNC	Medicare Program; Criteria and Standards for Evaluating Intermediary and Carrier Performance During Fiscal Year 2001.	11/30/00	10/1/00
10/31/00	64966–64968		HCFA–2118–N	Medicare, Medicaid Programs and CLIA Programs; Continuance of the Approval of COLA as a CLIA Accreditation Organization.		10/31/00
10/31/00	64919–64924	435	HCFA–2086–P	Medicaid Program; Change in Application of Federal Financial Participation Limits.	11/30/00	
11/02/00	65376	410, 414	HCFA–1120–FC	Medicare Program; Revisions to Payment Policies under the Physician Fee Schedule for Calendar Year 2001.	1/2/01	1/1/01
11/03/00	66304–66442	412, 413	HCFA–1069–P	Medicare Program; Prospective Payment System for Inpatient Rehabilitation Facilities.	2/1/01	
11/13/00	67798	419	HCFA–1005–IFC	Medicare Program; Prospective Payment System for Hospital Outpatient Services.	1/12/01	
11/16/00	69416–69424	482	HCFA–3014–P	Medicare and Medicaid Programs; Hospital Conditions of Participation: Laboratory Services.	1/16/01	
11/21/00	69946–69947		HCFA–1157–N	Medicare Program; December 12, 2000, Meeting of the Competitive Pricing Advisory Committee.	12/12/00	
11/21/00	69945–69946		HCFA–1151–N	Medicare Program; Ambulance Services Demonstration.		3/21/00
11/24/00	70575		HCFA–2118–CN	Medicare and Medicaid Programs; Continuance of the Approval of COLA as a CLIA Accreditation Organization; Correction.		11/24/00
11/24/00	70507	45 CFR 160, 162	HCFA–0149–CN	Health Insurance Reform; Standards for Electronic Transactions; Correction.		11/24/00
11/27/00	70729		HCFA–1165–N	Medicare Program; December 11, 2000, Meeting of the Practicing Physicians Advisory Council.		12/11/00
12/4/00	75720		HCFA–1156–N	Medicare Program; Request for Nominations for the Practicing Physicians Advisory Council.		12/30/00
12/5/00	75943–75944		HCFA–1162–N	Medicare Program; Establishment of the Advisory Panel on Ambulatory Payment Classification Groups and Request for Nominations for Members.	12/26/00	
12/21/00	80442–80443		HCFA–2092–N	Medicare Program; Deductible Amount for Medigap High Deductible Policy Options for Calendar Year 2001.		1/1/01
12/21/00	80443–80444		HCFA–1172–N	Medicare Program; January 10, 2001, Meeting of the Advisory Panel on Medicare Education.		1/10/01
12/27/00	81878–81879		HCFA–9006–N	Medicare Program; Correction of HHS Regulatory Plan and Unified Agenda.		12/27/00
12/27/00	81813	422	HCFA–1160–P	Medicare Program; Requirements for the Recredentialing of Medicare+Choice Organization Providers.	1/26/01	

ADDENDUM IV.—REGULATION DOCUMENTS PUBLISHED IN THE FEDERAL REGISTER—Continued

[October 1999 through March 2002]

Publication date	FR Vol. 64 page	CFR* Part(s)	File code**	Regulation title	End of comment period	Effective date
12/27/00	81813	412, 413	HCFA–1069–N	Medicare Program; Medicare; Prospective Payment System for Inpatient Rehabilitation Facilities; Extension of Comment Period.		
12/28/00	82462	45 CFR 160, 164	HCFA–0177–F	Standards for Privacy of Individually Identifiable Health Information.		2/26/01
12/29/00	83155		HCFA–3002–N	Medicare Program; Application Process for National Organizations to Obtain Deeming Authority for Diabetes Self-Management Training Programs.		1/29/01
1/3/01	376		HCFA–2089–N	State Children's Health Insurance Program; Final Allotments to States, the District of Columbia, and U.S. Territories and Commonwealths for Fiscal Year, 2001..		
1/4/01	856	411, 424	HCFA–1809–FC	Medicare and Medicaid Programs; Physicians' Referrals to Health Care Entities With Which They Have Financial Relationships,.		
1/9/01	1599	413, 489	HCFA–1005–F3	Medicare Program; Prospective Payment System for Hospital Outpatient Services; Correction.		
1/11/01	2490	431, 433, 435	HCFA–2006–F	State Children's Health Program; Implementing Regulations for the State Children's Health Insurance Program, Part II..		
1/11/01	2432		HCFA–2112–N	Medicaid Program; Infrastructure Grant Program to Support the Competitive Employment of People with Disabilities..		
1/12/01	2316	435	HCFA–2086–F	Medicaid Program; Change in Application of Federal Financial Participation Limits.		
1/12/01	3377	413	HCFA–1089–P	Medicare Program; Payment for Clinical Psychology Training Programs.		
1/12/01	3358	413, 422	HCFA–1685–F	Medicare Program; Payment for Nursing and Allied Health Education.		
1/12/01	3148	447	HCFA–2071–F	Medicaid Program; Revision to Medicaid Upper Payment Limit Requirements for Hospital Services, Nursing Facility Services, Intermediate Care Facility Services for the Mentally Retarded, and Clinical Services.		
1/16/01	3497	411, 413, 489	HCFA–1112–CN	Medicare Program; Prospective Payment System and Consolidated Billing for Skilled Nursing Facilities—Update; Correction.		
1/18/01	4674	416, 482, 485	HCFA–3049–F	Medicare and Medicaid Programs; Hospital Conditions of Participation: Anesthesia Services.		
1/19/01	6228	400, 430, 431,434, 435, 438, 440, 447.	HCFA–2001–FC	Medicaid Program; Medicaid Managed Care.		
1/22/01	7148	441,483	HCFA–2065–IFC	Medicaid Program; Use of Restraint and Seclusion in Psychiatric Residential Treatment Facilities Providing Psychiatric Services to Individuals Under Age 21.		
1/22/01	6630		HCFA–2089–FC	State Children's Health Insurance Program; Final Allotments to States, the District of Columbia, and U.S. Territories and Commonwealths for Fiscal Year 2001; Correction.		

ADDENDUM IV.—REGULATION DOCUMENTS PUBLISHED IN THE FEDERAL REGISTER—Continued

[October 1999 through March 2002]

Publication date	FR Vol. 64 page	CFR* Part(s)	File code**	Regulation title	End of comment period	Effective date
1/24/01	7593	422, 489	HCFA–4024–P	Medicare Program; Improvements to the Medicare+Choice Appeal and Grievance Procedures.		
2/2/01	8771	411, 424	HCFA–1809–F2	Medicare and Medicaid Programs; Physicians' Referrals to Health Care Entities with which They Have Financial Relationships: Delay of Effective Date of Final Rule and Technical Amendment.		
2/5/01	8974		HCFA–3061–N	Medicare Program; Meetings of the Medical Devices and Prosthetics Panel and the Executive Committee of the Medicare Coverage Advisory Committee; February 21 and 22, 2001.		
2/12/01	9857		HCFA–1174–N	Medicare Program; Meeting of the Advisory Panel on Ambulatory Payment Classification Groups.		
2/26/01	11547	431, 433, 435, 436, 457.	HCFA–2006–N	State Children's Health Insurance Program; Implementing Regulations for the State Children's Health Insurance Program: Delay of Effective Date.		
2/26/01	11546	400, 430, 431, 434, 435, 438, 440, 447.	HCFA–2001–F2	Medicaid Program; Medicaid Managed Care: Delay of Effective Date.		
3/2/01	13021	410, 412, 413, 485.	HCFA–1118–CN1	Medicare Program; Changes to the Hospital Inpatient Prospective Payment Systems and Fiscal Year 2001 Rates; Correction.		
3/2/01	13020	410, 412, 413, 485.	HCFA–1118–CN2	Medicare Program; Changes to the Hospital Inpatient Prospective Payment Systems and Fiscal Year 2001 Rates; Midyear Corrections Effective.		
3/5/01	13328		HCFA–2068–N	Medicare, Medicaid, and CLIA Programs; Continuance of the Approval of the American Society for Histocompatibility and Immunogenetics as a CLIA Accreditation Organization.		
3/9/01	14157		HCFA–1188–N	Medicare Program; March 26, 2001, Meeting of the Practicing Physicians Advisory Council.		
3/12/01	14343	435	HCFA–2086–F2	Medicaid Program; Change in Application of Federal Financial Participation Limits: Delay of Effective Date.		
3/12/01	14342	413, 422	HCFA–1685–F2	Medicare Program; Payment for Nursing and Allied Health Education: Delay of Effective Date.		
3/14/02	14906		HCFA–2079–PN	Medicare and Medicaid Programs; Recognition of the American Osteopathic Association for Ambulatory Surgical Centers Program.		
3/14/01	14861	410, 414, 424, 480, 498.	HCFA–3002–CN	Medicare Program; Expanded Coverage for Outpatient Diabetes Self-Management Training and Diabetes Outcome Measurements.		
3/19/01	15352	416, 482, 485	HCFA–3049–F2	Medicare and Medicaid Programs; Hospital Conditions of Participation: Anesthesia Services; Delay of Effective Date.		

ADDENDUM IV.—REGULATION DOCUMENTS PUBLISHED IN THE FEDERAL REGISTER—Continued

[October 1999 through March 2002]

Publication date	FR Vol. 64 page	CFR* Part(s)	File code**	Regulation title	End of comment period	Effective date
3/21/01	15800	441,483	HCFA–2065–F	Medicare Program; Use of Restraint and Seclusion in Residential Treatment Facilities Providing Inpatient Psychiatric Services to Individuals under Age 21: Delay of Effective Date.		
3/27/01	16607	410,414	HCFA–1120–CN	Medicare Program; Revisions to Payment Policies under the Physician Fee Schedule for Calendar Year 2001.		
3/28/01	16950		HCFA–4020–N	Medicare Program; Renewal of the Advisory Panel for Medicare Education (APME).		
4/3/01	17657	447	HCFA–2100–P	Medicaid Program; Modification of the Medicaid Upper Payment Limit Transition Period for Inpatient Hospital Services, Outpatient Hospital Services, Nursing Facility Services, Intermediate Care Facility Services for the Mentally Retarded, and Clinic Services.		
4/4/01	17813	411,424	HCFA–1809–N	Medicare and Medicaid Programs; Physicians' Referrals to Health Care Entities with which they have Financial Relationships; Extension of Comment Period.		
4/12/01	18959		HCFA–3057–N	Medicare Program; Annual Review of the Appropriateness of Payment Amounts for New Technology Intraocular Lenses (NTIOLS) Furnished by Ambulatory Surgical Centers (ASCs).		
4/13/01	19178		HCFA–3068–N	Medicare Program; Educational Symposium to Discuss the Use of Evidence-Based Medicine in the Medicare Coverage Decision Process—May 3, 2001.		
4/16/01	19509		HCFA–2099–N	Medicare and Medicaid Programs; Application by the American Osteopathic Association (AOA) for Approval of Deeming Authority for Critical Access Hospitals.		
4/18/01	19961		HCFA–9007–N	Notice of Change of Address for the Provider Reimbursement Review Board, the Medicare Geographic Classification Review Board, the Health Care Financing Administration Hearing Officer, and the Office of Hearings.		
4/26/01	20997		HCFA–1561	Medicare Program; Evaluation Criteria and Standards for Peer Review Organization 6th Round Contract.		
4/30/01	21403		HCFA–3066–N	Medicare Program; Meeting of the Diagnostic Imaging Panel of the Medicare Coverage Advisory Committee—June 19, 2001.		
4/30/01	21402		HCFA–3067–N	Medicare Program; Request for Nominations for Members for the Medicare Coverage Advisory Committee (MCAC).		
5/1/01	21770		HCFA–1182–PN	Medicare Program; Revision of Payment Rates for End-Stage Renal Disease (ESRD) Patients Enrolled in Medicare+Choice Plans.		

ADDENDUM IV.—REGULATION DOCUMENTS PUBLISHED IN THE FEDERAL REGISTER—Continued

[October 1999 through March 2002]

Publication date	FR Vol. 64 page	CFR* Part(s)	File code**	Regulation title	End of comment period	Effective date
5/4/01	22646	405, 412, 413, 485, 486.	HCFA–1158–P	Medicare Program; Changes to the Hospital Inpatient Prospective Payment Systems and Fiscal Year 2002 Rates Parts I–IV.		
5/10/01	23984	410, 411, 413, 424, 482, 489.	HCFA–1163–P	Medicare Program; Prospective Payment System and Consolidated Billing for Skilled Nursing Facilities—Update, Part II.		
5/10/01	23946		HCFA–10037	Emergency Clearance: Public Information Collection Requirements Submitted to the Office of Management and Budget (OMB).		
5/18/01	27662		HCFA–3069–N	Medicare Program; Meeting of the Executive Committee of the Medicare Coverage Advisory Committee—June 14, 2001.		
5/18/01	27598	416, 482, 485	HCFA–	Medicare and Medicaid Programs: Hospital Conditions of Participation: Anesthesia Services: Delay of Effective Date.		
5/22/01	28183		HCFA–2125–N	Medicaid Program; Infrastructure Grant Program to Support the Design and Delivery of Long Term Services and Supports that Permit People and any Age who have a Disability or Long-Term Illness to Live in the Community.		
5/22/01	28110	441, 483	HCFA–2065–IFC2	Medicaid Program; Use of Restraint and Seclusion in Psychiatric Residential Treatment Facilities Providing Inpatient Psychiatric Services to Individuals Under Age 21.		
6/1/01	29824		HCFA–3071–N	Medicare Program; Meeting of the Drugs, Biologics, and Therapeutics Panel of the Medicare Coverage Advisory Committee—June 20, 2001.		
6/8/01	31028		HCFA–1170–PN	Medicare Program; Five-Year Review of Work Relative Value Units Under the Physician Fee Schedule, Part III.		
6/8/01	30936		HCFA–1194–N	Medicare Program; Meeting of the Practicing Physicians Advisory Council on June 25, 2001.		
6/11/01	31178	431, 433, 435, 436, 457.	HCFA–2006–F3	State Children's Health Program, Implementing Regulations for the State Children's Health Insurance Program: Further Delay of Effective Date.		
6/13/01	32172	410, 412, 413, 485.	HCFA–1178–IFC]	Medicare Program; Provisions of the Benefits Improvement and Protection Act of 2000; Inpatient Payments and Rates and Costs of Graduate Medical Education, Part VII.		
6/18/01	32777	409, 410, 411, 413, 424, 484.	HCFA–1059–F2	Medicare Program; Prospective Payment System for Home Health Agencies; Correction.		
6/18/01	32776	400, 430, 431, 434, 435, 438, 440, 447.	HCFA–2001–F3	Medicaid Program; Medicaid Managed Care: Further Delay of Effective Date.		

ADDENDUM IV.—REGULATION DOCUMENTS PUBLISHED IN THE FEDERAL REGISTER—Continued

[October 1999 through March 2002]

Publication date	FR Vol. 64 page	CFR* Part(s)	File code**	Regulation title	End of comment period	Effective date
6/20/01	33030	405	HCFA–3074–F	Medicare and Medicaid Programs; End-Stage Renal Disease—Waiver of Conditions for Coverage under a State of Emergency in Houston, TX area.		
6/21/01	33257		HCFA–2124–N	State Children's Health Insurance Program; Redistribution and Continued Availability of Unexpended SCHIP Funds from the Appropriation for FY 1998.		
6/25/01	33810	431, 433, 435, 436, 457.	HCFA–2006–IFC	State Children's Health Program; Revisions to the Regulations Implementing the State Children's Health Insurance Program, Part IV.		
6/26/01	33966		HCFA–4019–N	Medicare Program; Meeting of the Advisory Panel on Medicare Education—July 12, 2001.		
6/27/01	34223		HCFA–3072–PN	Medicare Program; Application by the American Diabetes Association for Recognition as a National Accreditation Program for Accrediting Entities to Furnish Outpatient Diabetes Self-Management Training.		
6/29/01	34693		HCFA–1186–N	Medicare Program; Public Meeting for New Clinical Laboratory Tests—Payment Determinations for Calendar Year 2002.		
6/29/01	34687		HCFA–1147–NC	Medicare Program; Update to the Prospective Payment System for Home Health Agencies for FY 2002.		
7/5/01	35395	416, 482, 485	HCFA–3070–P	Medicare and Medicaid Programs; Hospital Conditions of Participation: Anesthesia Services.		
7/5/01	35442		HCFA–1060–N3	Medicare Program; Cost-of-Living Adjustment for the Territory of Guam in the Schedules of Per-Visit Limitations on Home Health Agency Costs.		
7/3/01	35253		HCFA–1147–CN	Medicare Program; Update to the Prospective Payment System for Home Health Agencies for FY 2002, Correction.		
7/3/01	35260		HCFA–3073–N	Medicare Program; Town Hall Meeting on Physician Query Forms.		
7/30/01	39322		CMS–1135–CN	Medicare Program; Hospice Wage Index Fiscal Year 2001, Correction.		
7/31/01	39562	410, 411, 413, 424, 489.	CMS–1163–F	Medicare Program; Prospective Payment System and Consolidated Billing for Skilled Nursing Facilities—Update.		
7/31/01	39450		CMS–9010–FC	Medicare and Medicaid Programs; Change of Agency Name: Technical Amendments.		
8/1/01	39828	405, 410, 412, 413, 482, 485, 486.	CMS–1131–F, CMS–1158–F, CMS–1178–F	Medicare Program; Changes to the Hospital Inpatient Prospective Payment Systems and Rates and Costs of Graduate Medical Education: Fiscal Year 2002 Rates; Provisions of the Balanced Budget Refinement Act of 1999; and Provisions of the Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act of 2000.		

ADDENDUM IV.—REGULATION DOCUMENTS PUBLISHED IN THE FEDERAL REGISTER—Continued

[October 1999 through March 2002]

Publication date	FR Vol. 64 page	CFR* Part(s)	File code**	Regulation title	End of comment period	Effective date
8/1/01	39755		CMS–4025–PN	Medicare Program; Medicare+Choice Programs—Application by the National Committee for Quality Assurance (NCQA) for Approval of Deeming Authority for Medicare+Choice Organizations That are Licensed as a Health Maintenance Organization.		
8/1/01	39773		CMS–4023–PN	Medicare Program; Medicare+Choice Organizations—Application by the Accreditation Association for Ambulatory Health Care, Inc. for Approval of Deeming Authority for Medicare+Choice Organizations That are Licensed as a Health Maintenance Organization or a Preferred Provider Organization.		
8/2/01	40372	405, 410, 411, 414, 415.	CMS–1169–P	Medicare Program; Revisions to Payment Policies Under the Physician Fee Schedule for Calendar Year 2002, Part III.		
8/2/01	40289		CMS–1196–N	Medicare Program; Notice of Practicing Physicians Advisory Council Rechartering and Request for Nominations.		
8/3/02	40706		CMS–1193–NC	Medicare and Medicaid Programs; Announcement of Applications From Hospitals Requesting Waivers for Organ Procurement Service Areas.		
8/10/02	42229		CMS–1107–N	Medicare and Medicaid Programs; Notice for the Solicitation of Proposals for the Private, For-Profit Demonstration Project for the Program of All-Inclusive Care for the Elderly.		
8/17/01	43090	400, 430, 431, 434, 435, 438, 440, 447.	CMS–2001–IFC	Medicaid Program; Medicaid Managed Care; Further Delay of Effective Date.		
8/20/01	43614	400, 430, 431, 434, 435, 438, 440, 447.	CMS–2104–P	Medicaid Program; Medicaid Managed Care, Part II.		
8/24/01	44672	413, 419, 489	CMS–1159–P	Medicare Program; Changes to the Hospital Outpatient Prospective Payment System and Calendar Year 2002 Payment Rates, Part II.		
8/24/01	44585	416, 482, 485	CMS–3070–CN	Medicare and Medicaid Programs; Hospital Conditions of Participation: Anesthesia Services.		
8/28/01	45173	414	CMS–1010–F	Medicare Program; Replacement of Reasonable Charge Methodology by Fee Schedules for Parenteral and Enteral Nutrients, Equipment, and Supplies.		
8/31/01	46015		CMS–1195–N	Medicare Program; September 17, 2001, Meeting of the Practicing Physicians Advisory Council.		
9/5/01	46397	447	CMS–2100–F	Medicaid Program; Modification of the Medicaid Upper Payment Limit Transition Period for Inpatient Hospital Services, Outpatient Hospital Services, Nursing Facility Services, Intermediate Care Facility Services for the Mentally Retarded, and Clinic Services.		

ADDENDUM IV.—REGULATION DOCUMENTS PUBLISHED IN THE FEDERAL REGISTER—Continued

[October 1999 through March 2002]

Publication date	FR Vol. 64 page	CFR* Part(s)	File code**	Regulation title	End of comment period	Effective date
9/7/01	46902	412	CMS–1176–F	Medicare Program; Payments for New Medical Services and New Technologies Under the Acute Care Hospital Inpatient Prospective Payment System, Part III.		
9/7/01	46763	431	CMS–2128–P	Medicaid Program; Continue to Allow States an Option Under the Medicaid Spousal Impoverishment Provisions to Increase the Community Spouse's Income When Adjusting the Protected Resource Allowance.		
9/12/01	47493		CMS–2119–N	Medicare, Medicaid, and CLIA Programs; Continuance of the Approval of the College of American Pathologists as a CLIA Accreditation Organization.		
9/12/01	47410	422	CMS–1160–F	Medicare Program; Requirements for the Recredentialing of Medicare+Choice Organization Providers.		
9/17/01	48078	411	CMS–1163–F	Medicare Program; Prospective Payment System and Consolidated Billing for Skilled Nursing Facilities-Update.		
9/18/01	48147		CMS–4026–N	Medicare Program; Medicare+Choice Organizations—Application by the Joint Commission on Accreditation of Healthcare Organizations for Approval of Deeming Authority for Medicare+Choice Organizations That Are Licensed as Health Maintenance Organizations or Preferred Provider Organizations.		
9/19/01	48262		CMS–3075–N	Medicare Program; Meeting of the Executive Committee of the Medicare Coverage Advisory Committee—October 17, 2001.		
9/27/01	49454		CMS–1175–N	Medicare Program; Hospice Wage Index Fiscal Year 2002, Part II.		
9/28/01	49677		CMS–2099–FN	Medicare Program; Approval of Deeming Authority for Critical Access Hospitals by the American Osteopathic Association.		
9/28/01	49544	402, 405	CMS–6145–FC	Medicare Program; Civil Money Penalties, Assessments, and Revised Sanction Authorities.		
10/1/01	49958		CMS–1182–FN	Medicare Program; Revision of Payment Rates for End-Stage Renal Disease Patients Enrolled in Medicare+Choice Plans.		
10/03/01	50440		CMS–4029–N	Medicare Program; Request for Nomination for the Advisory Panel on Medicare Education.		
10/04/01	50658		CMS–4028–N	Medicare Program; Meeting of the Advisory Panel on Medicare Education—Thursday, October 25, 2001.		
10/05/01	51095		CMS–1175–N	Medicare Program; Hospice Wage Index Fiscal Year 2002 (correction notice).		
10/12/01	52189		CMS–1175–N	Medicare Program; Hospice Wage Index Fiscal Year 2002 (correction notice).		

ADDENDUM IV.—REGULATION DOCUMENTS PUBLISHED IN THE FEDERAL REGISTER—Continued

[October 1999 through March 2002]

Publication date	FR Vol. 64 page	CFR* Part(s)	File code**	Regulation title	End of comment period	Effective date
10/26/01	54266		CMS–1197–N	Medicare Program; December 10–11, 2001 Meeting of the Practicing Physicians Advisory Council and Request for Nominations.		
10/26/01	54264		CMS–8012–N	Medicare Program; Part A Premium for 2002 for the Uninsured Aged and for Certain Disabled Individuals Who Have Exhausted Other Entitlement.		
10/26/01	54263		CMS–3072–FN	Medicare Program; Approval of Application by the American Diabetes Association for Recognition as a National Accreditation Program for Accrediting Entities to Furnish Outpatient Diabetes Self-Management.		
10/26/01	54262		CMS–3076–PN	Medicare Program; Application by the Indian Health Service for Recognition as a National Accreditation Organization for Accrediting American Indian and Alaska Native Entities to Furnish Outpatient Diabetes Self-Management Training.		
10/26/01	54261		CMS–3061–NC	Medicare Program; Adjustment in Payment Amounts for New Technology Intraocular Lenses Furnished by Ambulatory Surgical Centers.		
10/26/02	54255		CMS–8010–N	Medicare Program; Monthly Actuarial Rates and Monthly Supplementary Medical Insurance Premium Rate Beginning January 1, 2002.		
10/26/01	54253		CMS–3080–NR	Medicare Program; The National and Local Coverage Determination Review Process for an Individual With Standing as Defined in Section 522 of the Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act of 2000.		
10/26/01	54251		CMS–8011–N	Medicare Program; Inpatient Hospital Deductible and Hospital Extended Care Services Coinsurance Amounts for 2002.		
10/26/01	54246		CMS–2133–N	State Children's Health Insurance Program; Final Allotments to States, the District of Columbia, and U.S. Territories and Commonwealths for Fiscal Year 2002.		
10/26/01	54186	408	CMS–4007–P	Medicare Program; Supplementary Medical Insurance Premium Surcharge Agreements.		
10/26/01	54179	403, 416, 418, 460, 482, 483.	CMS–3047–P	Medicare and Medicaid Programs; Fire Safety Requirements for Certain Health Care Facilities.		
11/01/01	55246	405, 410, 411, 414, 415.	CMS–1169–FC	Medicare Program; Revisions to Payment Policies and Five-Year Review of and Adjustments to the Relative Value Units Under the Physician Fee Schedule for Calendar Year 2002, Part II.		

ADDENDUM IV.—REGULATION DOCUMENTS PUBLISHED IN THE FEDERAL REGISTER—Continued

[October 1999 through March 2002]

Publication date	FR Vol. 64 page	CFR* Part(s)	File code**	Regulation title	End of comment period	Effective date
11/02/01	55857	419	CMS–1159–F1	Medicare Program; Announcement of the Calendar Year 2002 Conversion Factor for the Hospital Outpatient Prospective Payment System and Pro Rata Reduction on Transitional Pass-Through Payments, Part V.		
11/02/01	55850	419	CMS–1179–IFC	Medicare Program; Prospective Payment System for Hospital Outpatient Services: Criteria for Establishing Additional Pass-Through Categories for Medical Devices, Part V.		
11/02/01	55677		CMS–9012–NC	Medicare and Medicaid Programs; Plan to Create an Open and Responsive Federal Agency.		
11/13/01	56902		CMS–2133–N	State Children's Health Insurance Program; Final Allotments to States, the District of Columbia; and U.S. Territories and Commonwealths for Fiscal Year 2002.		
11/13/01	56762	416, 482, 485	CMS–3070–F	Medicare and Medicaid Programs; Hospital Conditions of Participation: Anesthesia Services.		
11/23/01	58788	410	CMS–3250–F	Medicare Program; Negotiated Rulemaking: Coverage and Administrative Polices for Clinical Diagnostic Laboratory Services, Part II.		
11/23/01	58786	411	CMS–1163–F	Medicare Program; Prospective Payment System and Consolidated Billing for Skilled Nursing Facilities—Update (Correction).		
11/23/01	58743		CMS–1190–NC	Medicare Program; Establishment of Procedures That Permit Public Consultation Under the Existing Process for Making Coding and Payment Determinations for New Clinical Laboratory Tests and for New Durable Medical Equipment.		
11/23/01	58742		CMS–3079–N	Medicare Program; Meeting of the Diagnostic Imaging Panel of the Medicare Coverage Advisory Committee—January 10, 2002.		
11/23/01	58741		CMS–3077–N	Medicare Program; Withdrawal of Medicare Coverage of Certain Positron Emission Tomography Scanners.		
11/23/01	58694	447	CMS–2134–P	Medicaid Program; Modification of the Medicaid Upper Payment Limit for Non–State Government-Owned or Operated Hospitals.		
11/30/01	58694	413, 419, 489	CMS–1159–F2	Medicare Program; Changes to the Hospital Outpatient Prospective Payment System for Calendar Year 2002, Part III.		
12/3/01	60154	411	CMS–1809–IFC	Medicare and Medicaid Programs; Physicians' Referrals to Health Care Entities With Which They Have Financial Relationships: Partial Delay of Effective Date.		
12/14/01	64839		CMS–4031–N	Medicare Program; Open Public Meeting on January 16, 2002 to Discuss Activities Related to the Collection of Diagnostic Data from Medicare+Choice Organizations for Risk Adjustment.		

ADDENDUM IV.—REGULATION DOCUMENTS PUBLISHED IN THE FEDERAL REGISTER—Continued

[October 1999 through March 2002]

Publication date	FR Vol. 64 page	CFR* Part(s)	File code**	Regulation title	End of comment period	Effective date
12/14/01	64838		CMS–1191–N	Medicare Program; Meeting of the Advisory Panel on Ambulatory Payment Classification Groups.		
12/28/01	67266		CMS–2135–N	Medicare Program; Deductible Amount for Medigap High Deductible Options for Calendar Year 2002.		
12/28/01	67257		CMS–4021–GNC	Medicare Program; Criteria and Standards for Evaluating Intermediary, Carrier, and Durable Medical Equipment, Prosthetics, Orthotics and Supplies Regional Carrier Performance During Fiscal Year 2002.		
12/28/01	67109	486	CMS–3064–IFC	Medicare and Medicaid Programs; Emergency Recertification for Coverage for Organ Procurement Organizations.		
12/31/01	67494	413, 419, 489	CMS–1159–F3	Medicare Program; Prospective Payment System for Hospital Outpatient Services; Delay in Effective Date of Calendar Year 2002 Payment Rates and the Pro Rata Reduction on Transitional Pass-Through Payments.		
1/18/02	2602	447	CMS–2134–F	Medicaid Program; Modification of the Medicaid Upper Payment Limit for Non-State Government-Owned or Operated Hospitals.		
1/25/02	3720		CMS–4034–N	Medicare Program; Meeting of the Advisory Panel on Medicare Education—February 13, 2002.		
1/25/02	3719		CMS–3081–N	Medicare Program; Peer Review Organization Contracts: Solicitation of Statements of Interest From In-State Organizations—Alaska, Hawaii, Idaho, Illinois, Kentucky, Maine, Nebraska, South Carolina, Vermont, and Wyoming.		
1/25/02	3716		CMS–4025–FN	Medicare Program; Medicare+Choice Organizations—Approval of the Deeming Authority of the National Committee for Quality Assurance for Medicare+Choice Managed Care Organizations That Are Licensed as Health Maintenance Organizations.		
1/25/02	3713		CMS–2087–PN	Medicaid Program; State Allotments for Payment of Medicare Part B Premiums for Qualifying Individuals: Federal Fiscal Year 2001.		
1/25/02	3712		CMS–2139–N	Medicaid Program; Infrastructure Grant Program To Support the Competitive Employment of People with Disabilities.		
1/25/02	3662	401	CMS–6011–P	Medicare Program; Reporting and Repayment of Overpayments.		

ADDENDUM IV.—REGULATION DOCUMENTS PUBLISHED IN THE FEDERAL REGISTER—Continued

[October 1999 through March 2002]

Publication date	FR Vol. 64 page	CFR* Part(s)	File code**	Regulation title	End of comment period	Effective date
1/25/02	3641		CMS–9877–P	Medicare and Medicare Programs; Terms, Definitions, and Addresses: Technical Amendments.		
2/22/02	8272		CMS–1214–N	Medicare Program; March 25–26, 2002, Meeting of the Practicing Physicians Advisory Council.		
2/22/02	8272		CMS–3087–N	Medicare Program; Meeting of the Executive Committee of the Medicare Coverage Advisory Committee—April 16, 2002.		
2/22/02	8270		CMS–3061–FN	Medicare Program; Disapproval of Alcon Laboratories' Request for an Adjustment in Payment Amounts for New Technology Intraocular Lenses Furnished by Ambulatory Surgical Centers.		
2/22/02	8267		CMS–4030–N	Medicare Program; Solicitation for Proposals for the Demonstration Project for Disease Management for Severely Chronically I11 Medicare Beneficiaries With Congestive Heart Failure, Diabetes, and Coronary Heart Disease.		
2/27/02	9100	410, 414	CMS–1002–FC	Medicare Program; Fee Schedule for Payment of Ambulance Services and Revisions to the Physician Certification Requirements for Coverage of Nonemergency Ambulance Services, Part IV.		
3/1/02	9556	413, 419, 489	CMS–1159–F4	Medicare Program; Correction of Certain Calendar Year 2002 Payment Rates Under the Hospital Outpatient Prospective Payment System and the Pro Rata Reduction on Transitional Pass-Through Payments; Correction of Technical and Typographical Errors, Part V.		
3/5/02	9936	457	CMS–2127–P	State Children's Health Insurance Program; Eligibility for Prenatal Care for Unborn Children.		
3/6/02	10293	403	CMS–4032–ANPRM	Medicare Program; Medicare-Endorsed Prescription Drug Discount Card Assistance Initiative for State Sponsors, Part II.		
3/6/02	10262	403	CMS–4027–P	Medicare Program; Medicare-Endorsed Prescription Drug Card Assistance Initiative, Part II.		
3/14/02	11549	410, 411, 413, 424, 489.	CMS–1163–F	Medicare Program; Prospective Payment System and consolidated Billing for Skilled Nursing Facilities—Update.		
3/15/02	11745	403	CMS–4027–P	Medicare Program; Medicare-Endorsed Prescription Drug Card Assistance Initiative (correction).		
3/18/02	11969		CMS–1206–N	Medicare Program; Town Hall Meeting on Payment for Certain Drugs, Biologicals, and Devices under the Hospital Outpatient Prospective Payment System for Calendar Year 2003.		
3/19/02	12479	447	CMS–2134–N	Medicaid Program; Modification of the Medicaid Upper Payment Limit for Non-State Government-Owned or Operated Hospitals: Delay of Effective Date.		

ADDENDUM IV.—REGULATION DOCUMENTS PUBLISHED IN THE FEDERAL REGISTER—Continued

[October 1999 through March 2002]

Publication date	FR Vol. 64 page	CFR* Part(s)	File code**	Regulation title	End of comment period	Effective date
3/22/02	13416	412, 413, 476	CMS–1177–P	Medicare Program; Prospective Payment System for Long-Term Care Hospitals: Proposed Implementation and FY 2003 Rates, Part II.		
3/22/02	13347		CMS–3089–N	Medicare Program; Annual Review of the Appropriateness of Payment Amounts for New Technology Intraocular Lenses Furnished by Ambulatory Surgical Centers.		
3/22/02	13345		CMS–3076–FN	Medicare Program; Approval of the Indian Health Service as a National Accreditation Organization for Accrediting American Indian and Alaska Native Entities To Furnish Outpatient Diabetes Self-Management Training.		
3/22/02	13344		CMS–2140–PN	Medicare and Medicaid Programs; Application by the Joint Commission on Accreditation of Healthcare Organization for Approval of Deeming Authority for Critical Access Hospitals.		
3/22/02	13341		CMS–2138–N	Medicare, Medicaid, and CLIA Programs; Continuance of Approval of the American Osteopathic Association as an CLIA Accreditation Organization.		
3/22/02	13337		CMS–4026–FN	Medicare Program; Medicare+Choice Organizations—Approval of the Joint Commission on Accreditation of Healthcare Organizations for Medicare+Choice Deeming Authority for Managed Care Organizations That Are Licensed as Health Maintenance Organizations or Preferred Provider Organizations.		
3/22/02	13297		CMS–6012–NOI	Medicare Program; Establishment of Special Payment Provisions and Standards for Suppliers of Prosthetics and Certain Custom-Fabricated Orthotics; Intent to Form Negotiated Rulemaking Committee.		
3/22/02	13278	417, 422	CMS–1181–F	Medicare Program; Modifications to Managed Care Rules Based on Payment Provisions of the Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act of 2000, and Technical Corrections.		
3/22/02	13278	410, 411, 413, 424, 489.	CMS–1163–CN	Medicare Program; Prospective Payment System and Consolidated Billing for Skilled Nursing Facilities; Correction.		
3/28/02	15011	410, 411, 413, 424, 489.	CMS–1163–N	Medicare Program; Prospective Payment System and Consolidated Billing for Skilled Nursing Facilities; Correction.		
3/29/02	15149	483, 488	CMS–2131–P	Medicare and Medicaid Programs; Requirements for Paid Feeding Assistants in Long Term Care Facilities.		

*42 CFR except where noted

**N—General Notice; PN—Proposed Notice; NC—Notice with Comment Period; FN—Final Notice; P—Notice of Proposed Rulemaking (NPRM); F—Final Rule; FC—Final Rule with Comment Period; CN—Correction Notice; IFC—Interim Final Rule with Comment Period; GNC—General Notice with Comment Period

Addendum V—Categorization of Food and Drug Administration—Allowed Investigational Device Exemptions

Under the Food, Drug, and Cosmetic Act (21 U.S.C. 360c), devices fall into one of three classes. Also, under the new categorization process to assist CMS, the Food and Drug Administration assigns each device with a Food and Drug Administration-approved investigational device exemption to one of two categories. To obtain more information about the classes or categories, please refer to the **Federal Register** notice published on April 21, 1997 (62 FR 19328).

The following information presents the device number, category (A or B), and criterion code.

Investigational Device Exemption Numbers, October 1999–December 1999

G980094 B4
G990047 A1
G990118 B2
G990128 A
G990135 B2
G990151 B2
G990179 B
G990212 B
G990215 B
G990216 B2
G990217 B4
G990220 B3
G990221 B4
G990224 B4
G990226 A1
G990228 B4
G990234 B2
G990235 A2
G990240 B2
G990243 B2
G990247 B2
G990248 B1
G990250 B4
G990251 B2
G990252 B1
G990258 B4
G990261 B2
G990263 A2
G990267 A1
G990268 B2
G990269 B2
G990270 B2
G990273 B4
G990272 B3
G990275 B4
G990279 B1
G990280 B2
G990282 B4
G990283 B4
G990287 B1
G990288 B4
G990290 B4
G990292 B5
G990294 B3
G990296 B4
G990299 B3
G990300 B4
G990301 B4
G990303 A1

Investigational Device Exemption Numbers, January 2000–March 2000

G 970009 B
G 980242 B
G 990038 A
G 990110 B
G 990154 B
G 990190 B
G 990193 B
G 990208 B
G 990256 A
G 990257 B
G 990259 B
G 990260 B
G 990281 A
G 990304 B
G 990306 B
G 990307 B
G 990309 B
G 990313 B
G 990317 B
G 990321 B
G 990322 B
G 990323 B
G 990324 B
G 990327 B
G 990328 B
G 990329 B
G 990330 B
G 990331 B
G 990332 B
G 990333 B
G 000001 B
G 000002 B
G 000003 B
G 000004 B
G 000005 A
G 000006 B
G 000008 B
G 000010 B
G 000011 B
G 000013 B
G 000014 B
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G 000016 A
G 000017 B
G 000018 B
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G 000021 B
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G 000023 A
G 000025 B
G 000026 B
G 000030 B
G 000032 B
G 000035 B
G 000036 B
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G 000042 B
G 000043 B
G 000046 B
G 000049 B
G 000053 B
G 000054 B
G 000055 B
G 000057 B
G 000058 B
G 000059 B

Investigational Device Exemption Numbers, April 2000–June 2000

G 990060 B
G 990092 A
G 990227 B
G 990238 B
G 990297 B
G 990318 B
G 990325 B
G 000007 B
G 000050 B
G 000062 B
G 000063 B
G 000064 B
G 000065 B
G 000070 B
G 000073 B
G 000075 B
G 000076 B
G 000077 B
G 000078 B
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G 000115 A
G 000118 B
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G 000121 B
G 000122 B
G 000125 A
G 000126 B
G 000128 B
G 000136 B
G 000139 B
G 000140 B
G 000141 B
G 000143 B
G 000145 B
G 000147 B

Investigational Device Exemption Numbers, July 2000–September 2000

G 99027 B
G 990320 B
G 000052 B
G 000068 B
G 000074 B
G 000109 B
G 000129 A
G 000152 B

G 000153 B
G 000156 B
G 000157 B
G 000158 B
G 000162 B
G 000164 B
G 000165 B
G 000168 B
G 000173 B
G 000175 B
G 000177 B
G 000179 B
G 000184 B
G 000190 B
G 000192 B
G 000195 B
G 000200 B
G 000201 B
G 000202 B
G 000204 B
G 000206 B
G 000207 A
G 000210 A
G 000211 B
G 000219 B
G 000221 B
G 000223 B
G 000224 A
G 000225 B
G 000231 B

Investigational Device Exemption Numbers, October 2000–December 2000

G 980253 B
G 990021 B
G 990191 B
G 990235 B
G 990302 B
G 000061 B
G 000137 A
G 000169 B
G 000176 B
G 000178 B
G 000217 B
G 000228 B
G 000229 B
G 000230 B
G 000234 B
G 000237 B
G 000238 B
G 000240 B
G 000245 B
G 000246 B
G 000248 A
G 000249 A
G 000253 B
G 000255 B
G 000256 B
G 000257 B
G 000258 B
G 000261 B
G 000264 B
G 000265 B
G 000266 B
G 000267 B
G 000268 B
G 000269 A
G 000272 B
G 000275 B
G 000276 B
G 000277 B
G 000278 B
G 000280 B
G 000281 B
G 000282 B
G 000284 B
G 000285 B
G 000287 B
G 000290 B
G 000203 B
G 000296 B
G 000297 B
G 000298 B
G 000299 B
G 000308 B
G 000311 B

Investigational Device Exemption Numbers, January 2001–March 2001

G000012 B
G000071 B
G000187 B
G000209 B
G000247 B
G000291 B
G000307 B
G000309 B
G000312 B
G000315 B
G000316 B
G000319 B
G000320 B
G000322 B
G000323 B
G000324 A
G000325 B
G000326 B
G000328 B
G000329 A
G000331 B
G000332 A
G000333 B
G010002 B
G010003 B
G010007 B
G010012 B
G010013 A
G010018 B
G010020 B
G010021 B
G010024 B
G010025 B
G010027 B
G010028 B
G010031 B
G010037 B
G010039 B
G010040 B
G010041 B
G010042 B
G010043 B
G010045 B
G010048 B
G010050 B
G010051 B
G010053 B
G010054 B
G010056 A
G010057 B
G090014 A
G960194 B
G970097 B
G980034 B
G980223 B
G990025 B
G990034 B
G990188 B

Investigational Device Exemption Numbers, April 2001–June 2001

G000103 B
G010006 B
G010011 B
G010019 B
G010032 B
G010059 A
G010060 B
G010061 B
G010062 B
G010064 A
G010067 B
G010068 B
G010070 B
G010071 B
G010072 B
G010073 B
G010074 B
G010077 B
G010078 B
G010081 B
G010083 B
G010084 B
G010088 B
G010089 B
G010090 B
G010091 B
G010099 A
G010101 B
G010102 B
G010103 B
G010104 B
G010107 B
G010108 B
G010109 B
G010110 B
G010113 B
G010115 B
G010116 B
G010120 B
G010121 A
G010122 B
G010123 B
G010124 B
G010125 B
G010126 B
G010128 B
G010129 B
G010132 B
G010136 B
G010136 B
G010138 B
G010139 B
G010140 B
G010141 B
G010142 B
G010145 B
G010149 B

G980228 B

Investigational Device Exemption Numbers, July 2001–September 2001

G960015 B
G970299 B
G980164 B
G990092 B
G990263 B
G000060 B
G000243 A
G000321 B
G010017 B
G010079 B
G010114 B
G010133 B
G010147 B
G010148 B
G010151 B
G010152 B
G010156 B
G010160 B
G010164 B
G010166 B
G010167 B
G010169 B
G010174 B
G010177 B
G010180 B
G010184 B
G010185 B
G010186 B
G010189 B
G010190 B
G010191 B
G010195 B
G010198 B
G010199 B
G010200 A
G010202 B
G010204 B
G010205 B
G010206 B
G010208 A
G010211 B
G010213 B
G010214 B
G010219 B
G010224 B
G010225 B
G010226 B
G010229 B
G010232 B
G010236 B
G010253 B

Investigational Device Exemption Numbers, October 2001–December 2001

G000123 B
G001027 B
G010066 B
G010196 B
G010208 B
G010209 B
G010234 B
G010237 B
G010238 B
G010239 B
G010240 B
G010243 B
G010244 B
G010245 B
G010246 B
G010247 B
G010248 B
G010251 B
G010254 B
G010257 B
G010259 B
G010262 B
G010263 B
G010264 B
G010268 B
G010269 B
G010270 A
G010272 B
G010276 B
G010277 B
G010278 B
G010280 B
G010282 B
G010283 B
G010284 B
G010285 B
G010286 B
G010287 B
G010288 B
G010289 B
G010291 B
G010292 B
G010294 B
G010295 B
G010296 B
G010297 B
G010300 B
G010301 B
G010302 B
G010303 B
G010304 B
G010308 B
G010310 B
G010311 B
G010313 A
G010315 B
G010316 B
G010318 B
G010319 B
G010333 B
G010334 B

Investigational Device Exemption Numbers, January 2002–March 2002

G990204 B
G000279 B
G010033 B
G010075 B
G010197 B
G010250 B
G010252 A
G010255 B
G010261 B
G010273 B
G010274 B
G010290 B
G010312 B
G010324 B
G010330 B
G010331 B
G010337 B
G010338 B
G010340 A
G010341 B
G010343 B
G010344 B
G010345 B
G010348 B
G010349 A
G010351 B
G010356 B
G020001 B
G020002 B
G020003 B
G020005 B
G020004 B
G020006 B
G020008 B
G020009 B
G020010 B
G020011 B
G020016 B
G020017 B
G020019 B
G020022 B
G020024 B
G020026 B
G020027 B
G020028 B
G020029 B
G020033 B
G020036 B
G020037 B
G020040 A
G020041 B
G020044 B

Addendum VI—National Coverage Determinations

A national coverage determination (NCD) is a determination by the Secretary with respect to whether or not a particular item or service is covered nationally under Title XVIII of the Social Security Act, but does not include a determination of what code, if any, is assigned to a particular item or service covered under this title or a determination with respect to the amount of payment made for a particular item or service so covered. We include below all of the NCDs that have been effective since June 28, 1999, the effective date of Medicare's new coverage process. Please note that because we order the NCDs by effective date, some of the decisions are dated later than March 2002, the terminus for most of the other information listed in this notice. The entries below include information concerning completed decisions as well as sections on program and decision memoranda, which also announce impending decisions or, in some cases, explain why it was not appropriate to issue a NCD. We identify completed decisions by title, effective date, and section of the publication where the decision can be found. Also,

please note that in some cases more than one NCD was made affecting a single procedure. Information on completed decisions as well as pending decisions has also been posted on the CMS website at *http://www.hcfa.gov/coverage.*

NATIONAL COVERAGE DETERMINATIONS

[July 1999–July 2002]

Coverage Issues Manual HCFA Pub. 06 Section	Title	Effective date
35–74	Enhanced External Counterpulsation (EECP)	July 1, 1999.
35–82	Pancreas Transplants	July 1, 1999.
35–85.1	Implantation of Automatic Defibrillators	July 1, 1999.
	Transmyocardial Revascularization (TMR) for Treatment of Severe Angina	July 1, 1999.
35–96	Cryosurgery of the Prostate	July 1, 1999.
50–14	Magnetic Resonance Angiography	July 1, 1999.
50–36	Positron Emission Tomography (PET)	July 1, 1999.
50–54	Cardiac Output Monitoring by Electrical Bioimpedance	July 1, 1999.
	Vagus Nerve Stimulation for the Treatment of Seizures	July 1, 1999.
35–53	Adult Liver Transplantation	December 10, 1999.
50–55	Prostate Cancer Screening Tests	January 1, 2000.
	Stimulation	April 1, 2000.
35–48.1 35–74	External Counterpulsation (ECP) for Severe Angina	April 1, 2000.
60–14	Infusion Pumps	April 1, 2000.
30–1	Routine Costs of Clinical Trials	September 19, 2000.
35–30.1	Stem Cell Transplantation	October 1, 2000.
35–82	Pancreas Transplants	October 1, 2000.
35–90	Extracorporeal Immunoadsorption (ECI) Using Protein A Columns	October 1, 2000.
60–19	Air-Fluidized Beds (AFB's)	November 1, 2000.
45–29	Intravenous Iron Therapy	December 1, 2000.
35–48	Osteogenic Stimulation	January 1, 2001.
60–9	Durable Medical Equipment Reference List	January 1, 2001.
60–23	Speech Generating Devices	January 1, 2001.
65–15	Artificial Hearts & Related Devices	January 1, 2001.
80–2	Diabetes Outpatient Self-Management Training	February 27, 2001.
60–24	Non-Implantable Pelvic Floor Electrical Stimulation	April 1, 2001.
35–100	Photodynamic Therapy	July 1, 2001.
45–30	Photosensitive Drugs	July 1, 2001.
50–36	Position Emission Tomography (PET) Scans	July 1, 2001.
50–32	Percutaneous Transluminal Angioplasty (PTA)	July 1, 2001.
35–27.1	Biofeedback Therapy for the Treatment of Urinary Incontinence	July 1, 2001.
35–96	Cryosurgery of the Prostate	July 1, 2001.
35–53	Adult Liver Transplantation	September 1, 2001.
45–29	Intravenous Iron Therapy	October 1, 2001.
35–74	External Counterpulsation (ECP) for Severe Angina	November 15, 2001.
35–101	Treatment of Actinic Keratosis (AK)	November 26, 2001.
60–14	Infusion Pumps	January 1, 2002.
65–18	Sacral Nerve Stimulation	January 1, 2002.
50–36	Position Emission Tomography (PET) Scans	January 1, 2002.
60–16	Pneumatic Compression Devices	January 14, 2002.
50–42	Ambulatory Blood Pressure Monitoring	April 1, 2002.
60–17	Continuous Positive Airway Pressure (CPAP)	April 1, 2002.
60–25	Warm-Up Wound Therapy	July 1, 2002.
50–8.1	Services Provided for the Diagnosis and Treatment of Diabetic Sensory Neuropathy With Loss of Protective Sensation (aka Diabetic Peripheral Neuropathy).	July 1, 2002.
50–56	Home Prothrombin Time International Normalized Ration (INR) Monitoring for Anticoagulation Management.	July 1, 2002.

PROGRAM MEMORANDUM

PM No.	Title	Effective date
AB–01–58, reissued as AB–02–040	Intestinal and Multivisceral Transplantation	July 1, 2001.
AB–00–95, reissued as AB–01–150	Criteria for Medical Approval of Transplant Centers	October 11, 2000.

JOINT LETTER AND FEDERAL REGISTER PUBLICATIONS

Date	Title	Effective date
June 15, 2001	Liver Transplants in Non-Approved Centers During the Emergency in Houston.	June 15, 2001.

JOINT LETTER AND FEDERAL REGISTER PUBLICATIONS—Continued

Date	Title	Effective date
66 FR 33030–33031	HCFA–3074–F: Medicare Program; End Stage Renal Disease—Waiver of Conditions for Coverage under a State of Emergency in Houston, Texas Area.	June 15, 2001.

Decision Memoranda Announcing Maintenance of Existing National Coverage Determination

The following decision memoranda announce the agency's intention to issue NCDs or they announce the agency's determination that NCDs are inappropriate and thus reasonable and necessary determinations are left to contractor discretion. The relevant sections of the Coverage Issues Manual, however, have not yet been revised. The revisions will occur at a later date.

Date of Memo	Title	CIM section
September 27, 1999	Prolotheraphy for Chronic Low Back Pain	35–13
October 18, 1999	Helicobactor Pylori Testing	n/a
March 20, 2001	Cardiac Pacemakers	65–6
May 21, 2001	Noninvasive Positive Pressure RADs for COPD Patients	n/a
November 1, 2001	Cardiac Pacemakers	65–6
February 19, 2002	Air Fluidized Beds	60–19
February 28, 2002	Home Biofeedback for Urinary Incontinence	35–27.1
March 29, 2002	Ocular Photodynamic Therapy with Verteporfin	35–100, 45–30
April 30, 2002	Adult Liver Transplantation	35–53

[FR Doc. 02–16147 Filed 6–27–02; 8:45 am]

BILLING CODE 4120–01–P

Federal Register

Friday,

June 28, 2002

Part IV

Department of Health and Human Services

Centers for Medicare & Medicaid Services

42 CFR Parts 410 and 414

Medicare Program; Revisions to Payment Policies Under the Physician Fee Schedule for Calendar Year 2003; Proposed Rule

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

42 CFR Parts 410 and 414

[CMS–1204–P]

RIN 0938–AL21

Medicare Program; Revisions to Payment Policies Under the Physician Fee Schedule for Calendar Year 2003

AGENCY: Centers for Medicare & Medicaid Services (CMS), HHS.

ACTION: Proposed rule.

SUMMARY: The proposed rule would refine the resource-based practice expense relative value units (RVUs) and make other changes to Medicare Part B payment policy. The policy changes concern: Medicare Economic Index, pricing of the technical component for positron emission tomography (PET) scans, Medicare qualifications for clinical nurse specialists, a process to add or delete services to the definition of telehealth, definition for ZZZ global periods, global period for surface radiation, and an endoscopic base for urology codes. We also discuss the refinement of anesthesia work values, clinical social worker services, and how drugs are accounted for in the sustainable growth rate.

We are proposing these changes to ensure that our payment systems are updated to reflect changes in medical practice and the relative value of services. We solicit comments on the proposed policy changes.

This proposed rule also clarifies the enrollment of physical and occupational therapists as therapists in private practice. In addition, this proposed rule discusses physical and occupational therapy payment caps and makes technical changes to outpatient rehabilitation services.

DATES: We will consider comments if we receive them at the appropriate address, as provided below, no later than 5 p.m. on August 27, 2002.

ADDRESSES: In commenting, please refer to file code CMS–1204–P. Because of staff and resource limitations, we cannot accept comments by facsimile (FAX) transmission. Mail written comments (one original and two copies) to the following address ONLY: Centers for Medicare & Medicaid Services, Department of Health and Human Services, Attention: CMS–1204–P, P.O. Box 8013, Baltimore, MD 21244–8013.

Please allow sufficient time for us to receive mailed comments on time in the event of delivery delays.

If you prefer, you may deliver (by hand or courier) your written comments (one original and two copies) to one of the following addresses: Room 445–G, Hubert H. Humphrey Building, 200 Independence Avenue, SW., Washington, DC 20201, or Room C5–14–03, 7500 Security Boulevard, Baltimore, MD 21244–8013.

(Because access to the interior of the HHH Building is not readily available to persons without Federal Government identification, commenters are encouraged to leave their comments in the CMS drop slots located in the main lobby of the building. A stamp-in clock is available if you wish to retain proof of filing by stamping in and retaining an extra copy of the comments being filed.)

Comments mailed to the addresses indicated as appropriate for hand or courier delivery may be delayed and could be considered late.

For information on viewing public comments, see the beginning of the **SUPPLEMENTARY INFORMATION** section.

FOR FURTHER INFORMATION CONTACT: Carolyn Mullen, (410) 786–4589, Marc Hartstein, (410) 786–4539, or Stephanie Monroe (410) 786–6864 (for issues related to resource-based practice expense relative value units).

Jim Menas, (410) 786–4507 (for issues related to anesthesia).

Marc Hartstein, (410) 786–4539 (for issues related to sustainable growth rate).

Gail Addis, (410) 786–4522 (for issues related to PET scans and HCPCS codes).

Craig Dobyski, (410) 786–4584 (for issues related to telehealth).

Terri Harris, (410) 786–6830 (for issues related to physical and occupational therapy).

Latesha Walker, (410) 786–1101 (for all other issues).

SUPPLEMENTARY INFORMATION:

Inspection of Public Comments: Comments received timely will be available for public inspection as they are received, generally beginning approximately 3 weeks after publication of a document, at the headquarters of the Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Baltimore, Maryland 21244, Monday through Friday of each week from 8:30 a.m. to 4 p.m. To schedule an appointment to view public comments, phone (410) 786–7197.

Copies: To order copies of the **Federal Register** containing this document, send your request to: New Orders, Superintendent of Documents, P.O. Box 371954, Pittsburgh, PA 15250–7954. Specify the date of the issue requested and enclose a check or money order payable to the Superintendent of Documents, or enclose your Visa or Master Card number and expiration date. Credit card orders can also be placed by calling the order desk at (202) 512–1800 (or toll-free at 1–888–293–6498) or by faxing to (202) 512–2250. The cost for each copy is $9. 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**.

This **Federal Register** document is also available from the **Federal Register** online database through *GPO Access,* a service of the U.S. Government Printing Office. The web site address is: *http://www.access.gpo.gov/nara/index.html.*

Information on the physician fee schedule can be found on our homepage. You can access this data by using the following directions:

1. Go to the CMS homepage (*http://www.cms.hhs.gov*).
2. Click on ''Medicare.''
3. Click on ''Professional/Technical Information.''
4. Select Medicare Payment Systems.
5. Select Physician Fee Schedule.

Or, you can go directly to the Physician Fee Schedule page by typing the following: *http://www.cms.hhs.gov/medicare/pfsmain.htm.*

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 is not exclusively in section V.

Table of Contents

In addition, because of the many organizations and terms to which we refer by acronym in this proposed rule, we are listing these acronyms and their corresponding terms in alphabetical order below:

AMA—American Medical Association
BBA—Balanced Budget Act of 1997
BBRA—Balanced Budget Refinement Act of 1999
CF—Conversion factor
CFR—Code of Federal Regulations
CMS—Centers for Medicare & Medicaid Services
CNS—Clinical Nurse Specialist
CPT—(Physicians') Current Procedural Terminology (4th Edition, 2002, copyrighted by the American Medical Association)
CPEP—Clinical Practice Expert Panel
CRNA—Certified Registered Nurse Anesthetist
E/M—Evaluation and management
FMR—Fair market rental
GAF—Geographic adjustment factor
GPCI—Geographic practice cost index
HCPCS—Healthcare Common Procedure Coding System
HHA—Home health agency
HHS—(Department of) Health and Human Services
IDTFs—Independent Diagnostic Testing Facilities
MCM—Medicare Carrier Manual
MedPAC—Medicare Payment Advisory Commission
MEI—Medicare Economic Index
MGMA—Medical Group Management Association
MSA—Metropolitan Statistical Area
NAMCS—National Ambulatory Medical Care Survey
PC—Professional component
PEAC—Practice Expense Advisory Committee
PET—Positron Emission Tomography
PPS—Prospective payment system
RUC—(AMA's Specialty Society) Relative (Value) Update Committee
RVU—Relative value unit
SGR—Sustainable growth rate
SMS—(AMA's) Socioeconomic Monitoring System
SNF—Skilled Nursing Facility
TC—Technical component

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 provides for three major elements: (1) A fee schedule for the payment of physicians' services; (2) limits on the amounts that nonparticipating physicians can charge beneficiaries; and (3) a sustainable growth rate for the rates of increase in Medicare expenditures for physicians' services. 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 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 adjustments to RVUs cause expenditures to change by more than $20 million, we must make adjustments to preserve budget neutrality.

B. Published Changes to the Fee Schedule

In the July 2000 proposed rule (65 FR 44177), we listed all of the final rules published through November 1999. In the August 2001 proposed rule (66 FR 40372) we discussed the November 2000 final rule relating to the updates to the RVUs and revisions to payment policies under the physician fee schedule.

In the November 2001 final rule with comment period (66 FR 55246), we revised the policy for resource-based practice expense RVUs; services and supplies incident to a physician's professional service; anesthesia base unit variations; recognition of CPT tracking codes; and nurse practitioners, physician assistants, and clinical nurse specialists performing screening sigmoidoscopies. We also addressed comments received on the June 8, 2001 proposed notice (66 FR 31028) for the 5-year review of work RVUs and finalized these work RVUs. In addition, we acknowledged comments received in response to a discussion of modifier-62, which is used to report the work of co-surgeons. The November 2001 final rule also updated the list of services that are subject to the physician self-referral prohibitions in order to reflect CPT and Healthcare Common Procedure Coding System (HCPCS) code changes that were effective January 1, 2002. All these revisions ensure that our payment systems are updated to reflect changes in medical practice and the relative value of services.

The Medicare, Medicaid, and State Child Health Insurance Program (SCHIP) Benefits Improvement and Protection Act of 2000 (Pub. L. 106–554) (BIPA) modernized the mammography screening benefit and authorized payment under the physician fee schedule effective January 1, 2002. It provided for biennial screening pelvic examinations for certain beneficiaries and expanded coverage for screening colonoscopies to all beneficiaries effective July 1, 2001. It provided for annual glaucoma screenings for high-risk beneficiaries and established coverage for medical nutrition therapy services for certain beneficiaries effective January 1, 2002. It expanded payment for telehealth services effective October 1, 2001; required certain Indian Health Service providers to be paid for some services under the physician fee schedule effective July 1, 2001; and revised the payment for certain physician pathology services effective January 1, 2001. This final rule conformed our regulations to reflect these statutory provisions.

The final rule also announced the calendar year 2002 physician fee schedule conversion factor of $36.1992.

II. Provisions of the Proposed Regulations

This proposed rule would affect the regulations set forth at part 410, Supplementary medical insurance (SMI) benefits and part 414, Payment for Part B medical and other health services.

A. Resource-Based Practice Expense Relative Value Units

1. Resource-Based Practice Expense Legislation

Section 121 of the Social Security Act Amendments of 1994 (Pub. L. 103–432), enacted on October 31, 1994, required us to develop a methodology for a resource-based system for determining practice expense RVUs for each physician's service beginning in 1998. In developing the methodology, we were 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.

Section 4505(a) of the Balanced Budget Act of 1997 (BBA) (Pub. L. 105–33), enacted on August 5, 1997, amended section 1848(c)(2)(ii) of the Act and delayed the effective date of the resource-based practice expense RVU system until January 1, 1999. In addition, section 4505(b) of the BBA provided for a 4-year transition period from charge-based practice expense RVUs to resource-based RVUs.

Further legislation affecting resource-based practice expense RVUs was included in the Medicare, Medicaid and State Child Health Insurance Program (SCHIP) Balanced Budget Refinement Act of 1999 (BBRA) (Pub. L. 106–113), enacted on November 29, 1999. Section 212 of the BBRA amended section 1848(c)(2)(ii) of the Act by directing us to establish a process under which we accept and use, to the maximum extent practicable and consistent with sound data practices, data collected or developed by entities and organizations. These data would supplement the data we normally collect in determining the practice expense component of the physician fee schedule for payments in CY 2001 and CY 2002. (In the 1999 final rule (64 FR 59380), we extended, for an additional 2 years, the period during which we would accept supplementary data.)

2. Current Methodology for Computing the Practice Expense Relative Value Unit System

Effective with services furnished on or after January 1, 1999, we established a new methodology for computing resource-based practice expense RVUs that used 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) Socioeconomic Monitoring System (SMS) data. The methodology was based on an assumption that current aggregate specialty practice costs are a reasonable way to establish initial estimates of relative resource costs for physicians' services across specialties. The methodology allocated these aggregate specialty practice costs to specific procedures and, thus, can be seen as a ''top-down'' approach.

a. Major Steps

A brief discussion of the major steps involved in the determination of the practice expense RVUs follows. (Please see the November 1, 2001 final rule (66 FR 55249) for a more detailed explanation of the top-down methodology.)

- *Step 1*—Determine the specialty specific practice expense per hour of physician direct patient care. We used the AMA's SMS survey of actual aggregate cost data by specialty to determine the practice expenses per hour for each specialty. We calculated the practice expenses per hour for the specialty by dividing the aggregate practice expenses for the specialty by the total number of hours spent in patient care activities.
- *Step 2*—Create a specialty specific practice expense pool of practice expense costs for treating Medicare patients. To calculate the total number of hours spent treating Medicare patients for each specialty, we used the physician time assigned to each procedure code and the Medicare utilization data. We then calculated the specialty specific practice expense pools by multiplying the specialty practice expenses per hour by the total physician hours.
- *Step 3*—Allocate the specialty specific practice expense pool to the specific services performed by each specialty. For each specialty, we divided the practice expense pool into two groups based on whether direct or indirect costs were involved and used a different allocation basis for each group.

(i) Direct costs—For direct costs (which include clinical labor, medical supplies, and medical equipment), we used the procedure specific CPEP data on the staff time, supplies, and equipment as the allocation basis.

(ii) Indirect costs—To allocate the cost pools for indirect costs, including administrative labor, office expenses, and all other expenses, we used the total direct costs combined with the physician fee schedule work RVUs. We converted the work RVUs to dollars using the Medicare CF (expressed in 1995 dollars for consistency with the SMS survey years).

- *Step 4*—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.

b. Other Methodological Issues

(i) Zero Physician Work Pool—For services with physician work RVUs equal to zero (including those services with a technical and professional component), we created a separate practice expense pool using the average clinical staff time from the CPEP data and the ''all physicians'' practice expense per hour.

We then used the adjusted 1998 practice expense RVUs to allocate this pool to each service. Also, for all radiology services that are assigned physician work RVUs, we used the adjusted 1998 practice expense RVUs for radiology services as an interim measure to allocate the direct practice expense cost pool for radiology.

(ii) Crosswalks for Specialties without Practice Expense Survey Data

Since many specialties identified in our claims data did not correspond exactly to the specialties included in the SMS survey data, it was necessary to crosswalk these specialties to the most appropriate SMS specialty.

(iii) Because we believe that most physical therapy services furnished in physicians' offices are performed by physical therapists, we crosswalked all utilization for therapy services in the CPT 97000 series to the physical and occupational therapy practice expense pool.

B. Practice Expense Proposals for Calendar Year 2003

1. CPEP Data

a. Ophthalmology Services—Rank Order Anomalies

Rank order anomalies were created in three ophthalmology families of codes because only certain services in each family were brought to the Practice Expense Advisory Committee (PEAC) for refinement, while CPEP data for the other codes were left unchanged. The American Academy of Ophthalmology has requested that we make the following changes in the CPEP data to ensure that the more complex services in a family of codes are not paid less than the simpler services and we are proposing to do so.

CPT code 67820, Revise eyelashes—remove ophthane from the supply list.

CPT code 67825, Revise eyelashes—remove the bipolar handpiece from the supply list.

CPT code 65220, Removal foreign body from eye—use the supply list and clinical staff time assigned to CPT code 65222. The exam lane should be the only equipment assigned.

CPT codes 92081 and 92083, Visual field examination(s)—Assign the same supplies and equipment as CPT code 92082; assign 35 minutes of clinical staff time to 92081 and 70 minutes to 92083.

b. Practice Expense Inputs for Thermotherapy Procedures

There are three CPT codes for transurethral destruction of prostate tissue: CPT 53850, by microwave

therapy, CPT 53852, by radiofrequency thermotherapy, and CPT 53853, by water-induced thermotherapy (WIT). A manufacturer of WIT equipment has expressed concern that the practice expense inputs currently assigned to CPT 53853 underestimate the costs associated with that procedure relative to the other two codes. We have compared the inputs of the three codes and agree that the WIT procedure has not been assigned many of the basic supply and equipment inputs that are included in the CPEP inputs for the other two procedures. Therefore, we are proposing to add, on an interim basis, the following inputs: Power table, ultrasound unit, mayo stand, endoscopy stretcher, light source, chux, sani-wipe, patient education book, sterile towel, sterile gloves, specimen cup, alcohol swab, gauze, tape, lidocaine, betadine, 10 cc syringe, 30 cc syringe, sterile water, leg bag. These inputs would be in addition to the thermotherapy unit, treatment catheter, drainage bag, cystopak (which contains drapes, syringe, irrigation tubing, surgical lubricant, sterile cup, gauze pad and cysto tubing) and minimum visit package for each visit (which contains patient gown, unsterile gloves, exam table paper, pillow case and thermometer probe cover) that are currently assigned as practice expense inputs for this procedure.

We are also proposing to change on an interim basis the staff type for CPT code 53853 from the RN/LPN/MTA blend to RN in order to make the staff type consistent among these three similar procedures. In addition, we have corrected for all three procedures the minutes assigned to each piece of equipment to reflect the intra- and post-clinical staff times only, rather than the total clinical staff times as we do for all services.

We will request that these three procedures be reexamined by the PEAC at the same time in order to ensure that there is a consistent approach to the assignment of direct cost inputs.

We have also received questions regarding the large disparity in prices that we have used for the three different thermotherapy machines. Currently, the thermotherapy equipment for CPT code 53850 is priced at $180,000, code 53852 at $42,995 and code 53853 at $18,500. The first two prices were given to us in 1999 and we have been sent documentation that indicates that the prices have fallen dramatically since that time. This documentation indicates that the current price for the thermotherapy equipment for CPT 53580 is somewhere between $55,000 and $100,000 and for code 53852 between $25,000 and $30,000. We are proposing to set the prices at $60,000 and $30,000, respectively and are also requesting that commenters furnish any additional available price documentation, particularly invoices for recently purchased equipment, so that we can ensure that any differences in assigned prices accurately reflect actual differences in costs.

c. Revision to Inputs for Iontophoresis

It has been brought to our attention that the electrodes assigned to the supply list for CPT code 97033, Iontophoresis, are not the type of electrodes required for this procedure. We are proposing to substitute two electrodes with a medication vesicle as the appropriate supply for iontophoresis.

d. Correction to Price for Sterile Water

The current price of $40.00 for 1000 ml of sterile water that is listed in our CPEP supply database is incorrect. We are proposing to change this to $3.00.

2. Zero Physician Work Pool for Practice Expense

a. Discussion of Alternatives to the Zero Physician Work Pool

Within the last year, there have been two reports that have addressed the zero physician work pool. The GAO released a report in October 2001 that recommended eliminating the zero physician work pool (GAO–02–53, page 25). The Lewin Group, under contract with us, provided a draft report on June 5, 2001 analyzing the zero physician work pool and provided several ideas that we could study as alternatives. As we indicated in the November 2, 1998 final rule (63 FR 58821), we created the zero physician work pool as an interim measure until we could further analyze the effect of the top-down methodology on the Medicare payment for services that do not have physician work RVUs. Given our interest in finding alternatives to the zero physician work pool, we have analyzed the following possible ideas:

• *Eliminate the Zero Physician Work Pool.*

The Lewin Group indicated that one idea could be to eliminate the zero physician work pool, as recommended by the GAO (the Lewin Group, page 19). We do not believe that the zero physician work pool should be eliminated at this time. In the absence of a change to the methodology or additional data, eliminating the zero physician work pool would result in large reductions in payments for some of the specialties whose services are included in the pool. The Lewin Group also indicated that this idea is not a ''viable alternative to the current zero (physician) work pool approach.'' (The Lewin Group, pages 19–20).

• *Develop Specialty-Specific Zero Physician Work Pools.*

Under this approach, the Lewin Group report described an idea for maintaining the general zero physician work pool approach with specialty-specific zero physician work pools (the Lewin Group, page 20). Since the zero physician work pool is an exception to the basic methodology, we are not currently interested in developing another exception to replace it. We are interested in finding a single methodology that would apply to all physicians' services. While we are not adopting this suggestion, we do appreciate the Lewin Group's work in developing this and many other ideas for consideration as we make refinements to the practice expense methodology.

• *Make Technical Component Equal Global Less Professional Component RVUs.*

Many of the services that are affected by the zero physician work pool are services that have both professional and technical components. Under current policy, the technical component practice expense RVU is determined in the zero physician work pool. It is added to the practice expense RVUs for the professional component determined under the basic methodology to determine payment for the global service. This Lewin Group idea would change this to make the technical component RVUs equal the difference between the global and the professional component RVUs while other zero physician work services would be returned to the basic methodology (The Lewin Group, page 21).

If we were to adopt this approach, the zero physician work pool would no longer have any effect. The zero physician work pool would not have any effect on the professional and technical component services since the global service from the basic methodology would be used to derive the technical component value. The practice expense RVUs for other zero physician work services would be priced under the basic methodology. In the absence of a change to the methodology or additional data, this idea would result in large reductions in payments for some of the specialties whose services are included in the pool.

As we have indicated above, we are concerned about adopting this idea at this time. While we are not currently proposing to adopt this idea as an alternative to the zero physician work

pool, we do believe there is merit in making the technical component value equal the difference between the global and professional component RVU for services that are unaffected by the zero physician work pool. We receive many more bills for the global than the technical component only. Since it is far more common to receive a global than a technical component only bill, it is far more likely that using the global to value the technical component service will result in a payment that is more typical of the relative actual practice expense associated with the service.

For this reason, we are proposing to make the technical component value equal to the difference between the global and the professional component for procedure codes that are not included in the zero physician work pool. We will continue to make the global value equal to the sum of the professional and the technical component values for procedure codes that remain in the zero physician work pool. However, we may revisit this decision in the future if we can address issues related to the zero physician work pool. We have provided more detail on the redistributive impact of this proposal among all physician specialties in the impact section of this proposed rule.

• *Develop Proxy Physician Work RVUs for Zero Physician Work Services.*

Finally, the Lewin Group described an idea that would retain work and direct expenses as the basic allocators of indirect costs but create proxy physician work values for services that have no physician work (the Lewin Group, pages 22–23). The GAO suggests that the basic method for allocating indirect expenses does not adequately account for the indirect costs associated with services that do not have physician work RVUs (GAO–02–53, page 22). We do not believe that the large payment reductions that would occur if some zero physician work services were priced under the basic methodology are necessarily associated with the indirect cost allocation methodology. While the zero physician work pool is of benefit to many of the services that were originally included, some specialties commented that this methodological change negatively affected the particular services they provide. As a result, we allowed specialties to request that their services be removed from the zero physician work pool (see July 22, 1999 proposed rule (64 FR 39620)). If there are shortcomings in the indirect cost allocation for services that have zero physician work, it seems likely that the values for all zero physician work services would be adversely affected. However, since many zero physician work services are not adversely affected under the top down methodology, it seems unlikely that the indirect cost allocation explains the adverse payment impact that would result for some services from elimination of the zero physician work pool. For this reason, we do not anticipate modifying the indirect cost allocation for zero physician work services.

Based on our analysis of the Lewin suggestions, we do not believe that allocation of either direct or indirect expenses explains the effect of the top down methodology on zero physician work services. Rather, we believe it is likely that a relatively low practice expense per hour for some of the specialties included in the zero physician work pool explains why their payments are adversely affected by its elimination.

The specialties whose services are affected by the zero physician work pool may want to conduct supplemental practice expense surveys if they believe there are shortcomings in the practice expense per hour information that we use as part of the basic methodology. We have published in this issue of the **Federal Register,** an interim final rule with comment that will modify the criteria for acceptance of supplemental data. This should make it easier for specialties to incorporate new practice expense survey information into the methodology. Further, as we indicated previously in the November 1, 2000 **Federal Register** (65 FR 65384), we believe that there are significant advantages to receiving practice cost information through multi-specialty surveys. For this reason, we would welcome a multi-specialty practice expense survey from all of the specialties that have payments affected by the zero physician work pool.

b. Other Proposals for Changes to the Zero Physician Work Pool

(i) Adjustment to Oncology Supplies Practice Expense Per Hour

In the June 5, 1998 proposed rule (63 FR 30832), we proposed an adjustment to the medical supplies practice expense per hour for oncology as a result of a concern that their inordinately high practice expense per hour included expenses associated with separately payable cancer drugs. We proposed to substitute the ''all physician'' average for the oncology-specific medical supplies practice expense per hour. We received public comments indicating that, even after excluding the effect of higher drug expenses, oncologists have higher medical supply expenses than the average physician because of high supply costs associated with the administration of chemotherapy. These commenters suggested alternatives to using the average physician rate. In our November 2, 1998 (63 FR 58825) final rule, we made an adjustment to the medical supplies practice expense per hour for oncology and indicated our belief that oncology medical supply expenses would not necessarily exceed those of the average physician. However, the adjustment has largely had no effect since the practice expense RVUs for chemotherapy administration services are determined in the zero physician work pool.

In its October 2001 report, the GAO recommended that we examine the effect of the adjustment made to oncologists' reported medical supplies expenses per hour. GAO did not suggest a specific alternative to the adjustment we made (GAO–02–53, pages 24–25). Consistent with the GAO recommendation, we have examined this adjustment and its impact on Medicare payments to oncologists. Upon further review, we believe that there is merit in reconsidering the adjustment that we made to the medical supply expenses for oncologists in combination with removing chemotherapy administration services from the zero physician work pool.

At this time, we have no specific information on oncology medical supply expenses net of separately payable drugs. However, we have established a process that would allow specialties to submit supplemental practice expense survey data to us. While the criteria for performing a survey require consistency with the SMS, we are amenable to modifications to the survey instrument so that it can address questions that are of concern to a specific medical specialty. For instance, we would allow an oncology survey to request that respondents distinguish between drug and other medical supply related expenses. We believe that using specific data on this question from a survey would be preferable to developing an alternative adjustment that requires us to make assumptions about oncology medical supply expenses. However, if further survey information is unavailable to us, we are considering information that could be used as a reasonable proxy to determine the portion of the supplies practice expense per hour that is attributable to medical supplies that are not separately payable. Such an idea was suggested in the public comments on the June 5, 1998 proposed rule. We are considering other alternatives as well. These approaches to the supplies

practice expense per hour would apply if chemotherapy administration services were removed from the zero physician work pool.

(ii) Change to Staff Time Used To Create the Pool

In the November 2, 1998 final rule (63 FR 58841), we indicated that average clinical staff time was used in the creation of the zero physician work pool. Since the cost pools are created based on physician time and, by definition, zero physician work services have no physician time, we need to use staff time to create the cost pool. If our database indicates that multiple staff types are typically involved in the service, we have used an average of the different clinical staff times. We are proposing to create the cost pool using the highest staff time in place of average staff time. The impact of this proposal is shown in the impact section of this proposed rule.

(iii) Removal of Non-Invasive Vascular Diagnostic Study Codes From the Zero Physician Work Pool

We are proposing to remove the non-invasive vascular diagnostic study codes (CPT codes 93875–93990) from the zero physician work pool based on a request from the American Association for Vascular Surgery and the Society for Vascular Surgery. The impact of this proposal is also described further in the impact section.

(iv) Removal of Immunization CPT Codes 90471 and 90472 From the Zero Physician Work Pool

As discussed above, in the November 2, 1998 final rule (63 FR 58841), in response to the many commenters who were concerned about the proposed reductions for services with zero physician work RVUs, we created a separate practice expense pool for all services with zero physician work RVUs. The assignment of services to this zero physician work pool was of benefit to most services in this expense pool. However, some specialties were negatively affected by this methodology, and we have allowed specialties to indicate whether their services should be priced in this pool.

Immunization administration services do not have physician work RVUs and have been included in the zero physician work pool. So that the direct practice expense resource costs associated with the immunization administration services are recognized, we propose removing these services from the zero physician work pool methodology and treating them like the vast majority of services on the physician fee schedule. Using the direct cost practice expense inputs as recommended by the AMA's RUC, the proposed practice expense relative value units will be 0.22 for CPT code 90471 and 0.09 for CPT code 90472. This change will nearly double payment for CPT code 90471 and slightly reduce payment for CPT code 90472. Procedure CPT code 90471 is used for immunization administration and CPT code 90472 is used for each additional vaccine. Since CPT code 90472 must be billed in conjunction with CPT code 90471, the total payment for these procedures will increase when billed together.

We have not assigned immunization administration physician work RVUs because this service does not typically involve a physician. The nurse that administers the vaccine typically provides the necessary counseling to the patient and this time is accounted for in the practice expense RVU.

In addition, we would note that not all services represented by CPT codes 90471 and 90472 are covered by Medicare. For example, medically necessary administrations of tetanus toxoid (such as following a severe injury) would be covered whereas preventive administration of this vaccine would not be covered. Also, we will consider whether the amount of counseling of the patient and/or family may be different for childhood immunizations than for the typical Medicare service. Therefore, we are considering whether coding changes to reflect these differences would be appropriate.

3. Utilization Data

As indicated earlier, Medicare utilization is an important data source used in determining the practice expense RVUs. In our final rule published on November 2, 1998 (63 FR 58815), we used 1997 Medicare utilization data to create the original resource-based practice expense RVUs. Based on a public comment, we indicated in our November 2, 1999 final rule (64 FR 59405) that we would use 1998 Medicare utilization to develop the fully implemented RVUs that appear in that final rule. Because these data were unavailable to us for the proposed rule, the first time we could act on this public comment was in the final rule. We have continued our policy of using the latest utilization data to develop each successive year's fully implemented practice expense RVUs during each year of the transition (see 65 FR 65436, published on November 1, 2000, and 66 FR 55322, published on November 1, 2001).

While substituting the latest year's utilization data into the practice expense methodology generally made little difference on total Medicare payments per specialty, it had a larger impact on services that have values affected by the zero physician work pool. The practice expense values for the technical component and other services included in the zero physician work pool declined 4 percent in 2002 as a result of using the most recent Medicare utilization data. Since the technical component is used to derive the global practice expense RVUs for professional and technical component services, there was also a reduction in the practice expense RVU for the global service.

The specialties that provide many of the services that are included in the zero physician work pool have expressed concern about the impact of the most recent data on utilization on values for their services. They recently suggested that we use combined utilization data from 1997 to 2000 to determine the practice expense values. Alternatively, these commenters suggested using either the 1997 or 1999 utilization as a ''base year'' until an alternative to the zero physician work pool can be developed. These commenters further indicated that, once an option is chosen, we should not use more recent utilization data until comprehensive reform of the zero physician work methodology is adopted.

We believe the suggestion of using multiple years of utilization data in the practice expense methodology has merit. Using multiple years of data has the potential to minimize the effect of year to year case mix changes on practice expense RVUs and improves the stability of our payment systems. We are proposing to develop the practice expense RVUs using Medicare utilization data from 1997–2000. More information on the impact of this proposal can be found in the regulatory impact statement of this proposed rule.

We also agree with the suggestion that the utilization data not change annually until the zero physician work pool is eliminated. In fact, we are reconsidering whether to continue the practice of using the most recent utilization to develop each successive year's practice expense RVUs. As we have indicated elsewhere in this and earlier rules, we are continuing the refinement process beyond the 1998–2002 transition period mandated by the BBA. Once the refinement process is complete, we believe that the physician community has a reasonable expectation that the practice expense RVUs will not change from year to year unless further

refinement is undertaken. Once the initial refinement of practice expense RVUs is complete, we expect to make additional refinements at least every 5 years as provided for in section 1848(c)(2)(B) of the Act. As the refinement process continues, there have been fewer widespread changes to Medicare payments and there has been increased year-to-year consistency in the practice expense RVUs. We believe this stability would improve if we incorpoated the most recent utilization data into the practice expense methodology only when we undertake substantial refinement as part of a 5-year review. For this reason, we are proposing to use the 1997–2000 utilization data to develop the CY 2003 practice expense RVUs and not further update the utilization data to incorporate the 2001 utilization data in this year's final rule. Further, we are proposing to continue using the 1997–2000 utilization data in the practice expense methodology until we undertake the 5-year review of practice expense RVUs. We invite comments on these issues.

4. Site of Service

As part of our resource-based practice expense methodology, we make a distinction between the practice expense RVUs for the non-facility and the facility setting.

This distinction is needed because of the higher resource costs to the physician in the non-facility setting when the practitioner typically bears the cost of the resources associated with the service. In addition, the distinction ensures that we do not make a duplicate payment for any of the practice expenses incurred in performing a service for a Medicare beneficiary. When the beneficiary is a facility patient, we pay the facility for the clinical staff, supplies, and equipment needed to care for the patient. A generally lower facility practice expense rate is paid to the practitioner. Currently, we have designated only hospitals, skilled nursing facilities (SNFs), and community mental health centers (CMHCs) as facilities for purposes of calculating practice expense. An ambulatory surgical center (ASC) is designated as a facility if it is the place of service for a procedure on the ASC list. All other places of service are currently considered non-facility.

Several new places of service are now in use for which we need to assign a site-of-service designation. Also, we are proposing revisions to the site-of-service designation for several existing places of service. We are proposing to assign a facility site of service where a facility or other payment will be made, in addition to the physician fee schedule payment to the practitioner, to reflect the practice expenses incurred in providing a service to a Medicare patient. We are proposing to designate all other places of service as non-facilities.

The following is a list of the new places of service, along with their place of service numerical codes and their proposed site of service designations using the above criteria:

04—Homeless Shelter—

We are proposing that this be considered a nonfacility setting.

05—Indian Health Service Free-Standing Facility—

We are proposing that this be considered a nonfacility setting.

06—Indian Health Service Provider-Based Facility—

We are proposing that this be considered a facility setting.

07—Tribal 638—Free-Standing Facility—

We are proposing that this be considered a nonfacility setting.

08—Tribal 638—Provider-Based Facility—

We are proposing that this be considered a facility setting.

15—Mobile Unit

We are proposing that this be considered a nonfacility setting.

If a mobile unit provides a service to a facility patient, the appropriate place-of-service code for the facility should be used. For instance, if a portable X-ray service is provided to a patient in a Part A skilled nursing facility stay, the place of service is 31, Skilled Nursing Facility. No payment is made under Part B for the technical component of a diagnostic test, portable x-ray transportation or portable x-ray set up. Payment is made to the SNF for Part A services and includes payment for diagnostic services that may be needed by the patient. This policy is consistent with recommendations made by the Inspector General in a recent report, Review of Improper Payments Made by Medicare Part B for Covered Services under the Part A Skilled Nursing Facility Prospective Payment System (A–01–00–00538).

20—Urgent Care Facility—

We are proposing that this be considered a nonfacility setting.

We are proposing changes in site of service to the following current designations:

26—Military Treatment Facility—

Currently this is designated as a nonfacility. We are proposing that this be considered a facility setting.

41—Ambulance-Land

42—Ambulance Air or Water—

Currently codes 41 and 42 are designated as nonfacility. We would propose to designate them as facilities because we make payments for ambulance services using the ambulance fee schedule that covers the direct practice expense.

52—Psychiatric Facility Partial Hospitalization—

Currently, this is designated as a nonfacility. We are proposing that this be considered a facility setting.

56—Psychiatric Residential Treatment Facility—

Currently, this is designated as a nonfacility. We are proposing that this be considered a facility setting.

In the chart below is a complete list of all the existing place-of-service codes along with the appropriate site-of-service designation and the descriptor for each. These codes are used on all professional claims to specify the entity where services are furnished.

PLACE OF SERVICE CODES FOR PROFESSIONAL CLAIMS; DATABASE AS OF 1/11/2002

Facility vs non-facility designation	Place of service code(s)	Place of service name	Place of service description
	01–02	Unassigned	N/A.
NF	03	School	A facility whose primary purpose is education.
NF	04	Homeless Shelter	A facility or location whose primary purpose is to provide temporary housing to homeless individuals (for example, emergency shelters, individual or family shelters).

PLACE OF SERVICE CODES FOR PROFESSIONAL CLAIMS; DATABASE AS OF 1/11/2002—Continued

Facility vs non-facility designation	Place of service code(s)	Place of service name	Place of service description
NF	05	Indian Health Service Free-standing Facility.	A facility or location, owned and operated by the Indian Health Service, which provides diagnostic, therapeutic (surgical and non-surgical), and rehabilitation services to American Indians and Alaska Natives who do not require hospitalization.
F	06	Indian Health Service Provider-based Facility.	A facility or location, owned and operated by the Indian Health Service, which provides diagnostic, therapeutic (surgical and non-surgical), and rehabilitation services rendered by, or under the supervision of, physicians to American Indians and Alaska Natives admitted as inpatients or outpatients.
NF	07	Tribal 638 Free-standing Facility	A facility or location owned and operated by a Federally recognized American Indian or Alaska Native tribe or tribal organization under a 638 agreement, which provides diagnostic, therapeutic (surgical and non- surgical), and rehabilitation services to tribal members who do not require hospitalization.
F	08	Tribal 638 Provider-based Facility	A facility or location owned and operated by a Federally recognized American Indian or Alaska Native tribe or tribal organization under a 638 agreement, which provides diagnostic, therapeutic (surgical and non- surgical), and rehabilitation services to tribal members admitted as inpatients or outpatients.
	09–10	Unassigned	N/A.
NF	11	Office	Location, other than a hospital, skilled nursing facility (SNF), military treatment facility, community health center, State or local public health clinic, or intermediate care facility (ICF), where the health professional routinely provides health examinations, diagnosis, and treatment of illness or injury on an ambulatory basis.
NF	12	Home	Location, other than a hospital or other facility, where the patient receives care in a private residence.
	13–14	Unassigned	N/A.
NF (*See above explanation).	15	Mobile Unit	A facility/unit that moves from place-to-place equipped to provide preventive, screening, diagnostic, and/or treatment services.
	16–19	Unassigned	N/A.
NF	20	Urgent Care Facility	Location, distinct from a hospital emergency room, an office, or a clinic, whose purpose is to diagnose and treat illness or injury for unscheduled, ambulatory patients seeking immediate medical attention.
F	21	Inpatient Hospital	A facility, other than psychiatric, which primarily provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services by, or under, the supervision of physicians to patients admitted for a variety of medical conditions.
F	22	Outpatient Hospital	A portion of a hospital which provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization.
F	23	Emergency Room—Hospital	A portion of a hospital where emergency diagnosis and treatment of illness or injury is provided.
F when performing a service on the Medicare ASC list, otherwise a NF..	24	Ambulatory Surgical Center	A freestanding facility, other than a physician's office, where surgical and diagnostic services are provided on an ambulatory basis.
NF	25	Birthing Center	A facility, other than a hospital's maternity facilities or a physician's office, which provides a setting for labor, delivery, and immediate post-partum care as well as immediate care of newborn infants.
F	26	Military Treatment Facility	A medical facility operated by one or more of the Uniformed Services. Military Treatment Facility (MTF) also refers to certain former U.S. Public Health Service (USPHS) facilities now designated as Uniformed Service Treatment Facilities (USTF).
	27–30	Unassigned	N/A.
F	31	Skilled Nursing Facility	A facility which primarily provides inpatient skilled nursing care and related services to patients who require medical, nursing, or rehabilitative services but does not provide the level of care or treatment available in a hospital.

PLACE OF SERVICE CODES FOR PROFESSIONAL CLAIMS; DATABASE AS OF 1/11/2002—Continued

Facility vs non-facility designation	Place of service code(s)	Place of service name	Place of service description
NF	32	Nursing Facility	A facility which primarily provides to residents skilled nursing care and related services for the rehabilitation of injured, disabled, or sick persons, or, on a regular basis, health-related care services above the level of custodial care to other than mentally retarded individuals.
NF	33	Custodial Care Facility	A facility which provides room, board and other personal assistance services, generally on a long-term basis, and which does not include a medical component.
F	34	Hospice	A facility, other than a patient's home, in which palliative and supportive care for terminally ill patients and their families is provided.
	35–40	Unassigned	N/A.
F	41	Ambulance—Land	A land vehicle specifically designed, equipped and staffed for lifesaving and transporting the sick or injured.
F	42	Ambulance—Air or Water	An air or water vehicle specifically designed, equipped and staffed for lifesaving and transporting the sick or injured.
	43–49	Unassigned	N/A.
NF	50	Federally Qualified Health Center	A facility located in a medically underserved area that provides Medicare beneficiaries preventive primary medical care under the general direction of a physician.
F	51	Inpatient Psychiatric Facility	A facility that provides inpatient psychiatric services for the diagnosis and treatment of mental illness on a 24-hour basis, by or under the supervision of a physician.
F	52	Psychiatric Facility-Partial Hospitalization	A facility for the diagnosis and treatment of mental illness that provides a planned therapeutic program for patients who do not require full time hospitalization, but who need broader programs than are possible from outpatient visits to a hospital-based or hospital-affiliated facility.
F	53	Community Mental Health Center	A facility that provides the following services: outpatient services, including specialized outpatient services for children, the elderly, individuals who are chronically ill, and residents of the CMHC's mental health services area who have been discharged from inpatient treatment at a mental health facility; 24-hour a day emergency care services; day treatment, other partial hospitalization services, or psychosocial rehabilitation services; screening for patients being considered for admission to State mental health facilities to determine the appropriateness of that admission; and consultation and education services.
NF	54	Intermediate Care Facility/Mentally Retarded.	A facility which primarily provides health-related care and services above the level of custodial care to mentally retarded individuals but does not provide the level of care or treatment available in a hospital or SNF.
NF	55	Residential Substance-Abuse Treatment Facility.	A facility which provides treatment for substance (alcohol and drug) abuse to live-in residents who do not require acute medical care. Services include individual and group therapy and counseling, family counseling, laboratory tests, drugs and supplies, psychological testing, and room and board.
NF	56	Psychiatric Residential Treatment Center	A facility or distinct part of a facility for psychiatric care which provides a total 24-hour therapeutically planned and professionally staffed group living and learning environment.
	57–59	Unassigned	N/A.
NF	60	Mass Immunization Center	A location where providers administer pneumococcal pneumonia and influenza virus vaccinations and submit these services as electronic media claims, paper claims, or using the roster billing method. This generally takes place in a mass immunization setting, such as a public health center, pharmacy, or mall, but may include a physician office setting.
NF	61	Comprehensive Inpatient Rehabilitation Facility.	A facility that provides comprehensive rehabilitation services under the supervision of a physician to inpatients with physical disabilities. Services include physical therapy, occupational therapy, speech pathology, social or psychological services, and orthotics and prosthetics services.
NF	62	Comprehensive Outpatient Rehabilitation Facility.	A facility that provides comprehensive rehabilitation services under the supervision of a physician to outpatients with physical disabilities. Services include physical therapy, occupational therapy, and speech pathology services.
	63–64	Unassigned	N/A.

PLACE OF SERVICE CODES FOR PROFESSIONAL CLAIMS; DATABASE AS OF 1/11/2002—Continued

Facility vs non-facility designation	Place of service code(s)	Place of service name	Place of service description
NF	65	End-Stage Renal Disease Treatment Facility.	A facility other than a hospital, which provides dialysis treatment, maintenance, and/or training to patients or caregivers on an ambulatory or home-care basis.
	66–70	Unassigned	N/A.
NF	71	State or Local Public Health Clinic	A facility maintained by either State or local health departments which provides ambulatory primary medical care under the general direction of a physician.
NF	72	Rural Health Clinic	A certified facility which is located in a rural medically-underserved area that provides ambulatory primary medical care under the general direction of a physician.
	73–80	Unassigned	N/A.
NF	81	Independent Laboratory	A laboratory certified to perform diagnostic and/or clinical tests independent of an institution or a physician's office.
	82–98	Unassigned	N/A.
	99	Other Place of Service	Other place of service not identified above.

B. Anesthesia Issues

1. Five-Year Review of Anesthesia Work

Medical and surgical services paid under the physician fee schedule have three separate relative value components, a work RVU, a practice expense RVU and a malpractice RVU. Physician anesthesia services are paid under the physician fee schedule, but the payment method is different than the payment method for physician medical and surgical services. Payment for anesthesia services is based on the sum of base units and anesthesia time units multiplied by an anesthesia CF that is different from the physician fee schedule CF for medical and surgical services.

The law requires that we review RVUs no less than every 5 years. The first 5-year review of work RVUs was completed and the revised work RVUs were implemented in 1997. The second 5-year review (with the exception of anesthesia services) was completed and the revised work RVUs implemented in CY 2002.

In the first 5-year review of work RVUs, we accepted the American Medical Association's (AMA's) Relative Value Update Committee's (RUC's) recommendation that the work of anesthesia services was undervalued by approximately 23 percent. Since anesthesia services do not have individual work RVUs per code, the adjustment in anesthesia work was made to the anesthesia CF and not to the anesthesia codes themselves. This resulted in a 16-percent increase in the anesthesia CF. Budget neutrality was maintained by making an adjustment to the general physician fee schedule.

For the second 5-year review, the American Society of Anesthesiologists (ASA) submitted comments to us contending that the work of anesthesia services is still undervalued by almost 31 percent. The Society subsequently reduced this to a request for a 26-percent increase in work based on additional discussions with the RUC.

We can impute an anesthesia work value from the current allowed charge for an anesthesia service. This work value can be compared to the work value for anesthesia services that is derived from a building block approach. Under the building block approach, uniform individual components of the anesthesia service are identified and the work value of each component is estimated on the basis of a comparable physician medical or surgical service. The ASA derived a work value for an anesthesia code by dividing the anesthesia service into five uniform components and compared the work of each component to a comparable medical or surgical service. The five components are—preoperative evaluation, equipment and supply preparation, induction period, postinduction period, and postoperative care and visits. Using this method, the ASA proposed work values for 19 high volume anesthesia codes. The 19 codes represent a reasonable variety of surgical procedure types, including general surgery, vascular surgery, neurosurgery, urology, orthopedics, cardiac surgery, and ophthalmology. The base units of the 19 anesthesia codes reviewed range from three to twenty units.

During this second 5-year review of work, four RUC workgroups have reviewed the ASA comments and received supplemental information through presentations from the ASA. Most of these workgroups have expressed concerns about some of the intensity values that ASA assigned to the individual anesthesia components, most notably, the induction and postinduction time periods. Each of these workgroups expressed serious concern about extrapolating the imputed work undervaluation from the 19 survey codes to all anesthesia service codes, even though these 19 codes account for more than 40 percent of all anesthesia associated with surgical services.

Despite the efforts of its workgroups, the RUC furnished no recommendation to us on whether the work of anesthesia services is over-or undervalued. In the November 1, 2001 physician fee schedule final rule, we stated that:

The RUC has informed us that it will continue to look at anesthesia work beginning at its first meeting in CY 2002. We will review the RUC recommendation and address anesthesia work in next year's proposed physician fee schedule rule.

The RUC recently presented us with the analysis and findings of its April 2002 anesthesia workgroup. Despite its detailed analysis and laborious discussions of this issue, the RUC concluded that it was unable to make a recommendation regarding modification to the physician work valuation of anesthesia codes. Specifically, the RUC indicated the following:

''The RUC, having carefully considered the information presented, and having a reasonable level of confidence in the data which was presented and developed by the RUC, is unable to make a recommendation to CMS regarding modification to the physician work valuation of anesthesia codes.''

At the April 2002 meeting, the RUC anesthesia workgroup reviewed the postinduction intensity values for the 19 anesthesia codes. The group also

reviewed each anesthesia code, the benchmark surgical code, and the five codes mapped to that anesthesia code that accounted for the largest percentage of total volume. The group considered the extent to which the anesthesia work of the benchmark surgical code is representative of other surgical codes that would be covered by the anesthesia code.

We will review the information forwarded by the RUC and all comments we receive during the comment period to determine if an appropriate adjustment can be made to anesthesia work. We would note that any such adjustment would also require an adjustment to the conversion factor for all physicians' services, as required by section 1848(c)(2)(B)(ii) of the Act. For example, a 26 percent increase in anesthesia work, an amount which was requested last year, would require a reduction of about 0.4 percent in the conversion factor for all services. We welcome comments on these issues.

2. Add-on Anesthesia Codes

Current Policy

As we discuss above, payment for anesthesia services is based on the sum of an anesthesia code-specific base unit value plus anesthesia time units multiplied by an anesthesia CF. If the physician is involved in multiple anesthesia services for the same patient during the same operative session, payment is based on the base unit assigned to the anesthesia service having the highest base unit value and anesthesia time that encompasses the multiple services. This policy was adopted at the start of the physician fee schedule in 1992 and is incorporated in § 414.48(g).

Claims processing manuals instruct the carrier on the method for handling anesthesia associated with multiple or bilateral surgical procedures. Under Medicare Carrier Manual (MCM) 4830 D, the carrier instructs the physician to report the anesthesia procedure with the highest base unit value with the multiple procedures modifier, ''51'', and to report total time across all surgical procedures. Thus, the carrier is recognizing payment for one anesthesia code, despite the billing of multiple surgical codes by a surgeon.

Proposed Policy for Add-on Codes

In 2001 and 2002, the CPT has added new anesthesia codes, some of which are add-on codes. The objective is that the add-on code would be billed with a primary code and the base unit of each code would be allowed.

In the burn area, CPT code 01953 (1 base unit) is used in conjunction with CPT code 01952 (5 base units). In the obstetrical area, CPT code 01968 (2 base units) is used in conjunction with CPT code 01967 (5 base units) and CPT code 01969 (5 base units) is used in conjunction with CPT code 01967 (5 base units).

The application of the multiple anesthesia service policy means that the base units of the add-on codes would never be recognized. Only the base units of the primary code would be allowed. We believe that anesthesia add-on codes should be priced differently than other multiple anesthesia codes. As a result, we are proposing to revise the regulations in § 414.46(g) to include an exception to the usual multiple anesthesia services policy for add-on codes.

C. Changes to the Physician Fee Schedule Update Calculation and the Sustainable Growth Rate (SGR)

1. Medicare Economic Index Productivity Adjustment

In its March 2002 Report to Congress, MedPAC recommended that ''The Secretary should revise the productivity adjustment for physicians' services and make it a multifactor instead of labor-only adjustment.'' In this section, we review the history of the Medicare Economic Index (MEI) productivity adjustment, describe the current MEI productivity adjustment, and identify and evaluate possible alternative MEI productivity adjustments based on the individual contributions we solicited from experts on this topic. We conclude by proposing that the MEI productivity adjustment be changed to reflect an economy-wide multifactor productivity adjustment.

a. History of MEI Productivity Adjustment

The MEI is based on the fourth sentence of section 1842(b)(3) of the Act that states that prevailing charge levels beginning after June 30, 1973 may not exceed the level from the previous year except to the extent that the Secretary finds, on the basis of appropriate economic index data, that such higher level is justified by year-to-year economic changes. S. Rept. No. 92–1230 at 191 (1972) provides slightly more detail on that index, stating that:

> Initially, the Secretary would be expected to base the proposed economic indexes on presently available information on changes in expenses of practice and general earnings levels combined in a matter consistent with available data on the ratio of the expenses of practice to income from practice occurring among self-employed physicians as a group.

Based on this legislative intent, in 1975, we determined that the MEI would be based on a broad wage measure reflecting overall earnings growth, rather than direct inclusion of physicians' net income. We used average weekly earnings of nonagricultural production (nonsupervisory) workers, net of worker's productivity, as the wage proxy in the initial MEI. We included the productivity adjustment because it avoided double counting of gains in earnings resulting from growth in productivity and produced a MEI that approximated an economy-wide output price index like the Consumer Price Index (CPI). The productivity adjustment we used was the annual change in economy-wide private nonfarm business labor productivity, applied only to the physicians' earnings portion of the MEI (then 60 percent).

As noted, the productivity adjustment in the MEI serves to avoid the double counting of productivity gains. Absent the adjustment, productivity gains from producing additional outputs (procedures) with a given amount of inputs would be included in both the earnings component of the MEI (reflecting growth in overall economy-wide productivity) and in the additional procedures that are billed (reflecting physicians' own productivity gains). Therefore, general economic labor productivity growth is removed from the labor portion of the price update.

The basic structure of the MEI remained relatively unchanged from its effective date (July 1, 1975) to 1992, although its weights were updated periodically and a component was added for professional liability insurance. Section 9331 of the Omnibus Budget Reconciliation Act of 1986 (Pub. L. 99–509) (OBRA) mandated a study of the MEI and a notice and opportunity for public comment before revision of the methodology for calculating the MEI. Based on this requirement, we held a workshop with experts on the MEI in March 1987 to discuss topics ranging from the specific type of index to use (Laspeyres versus Paasche) to revising the method of reflecting productivity changes. Participants in the meeting included the Federal government, the Physician Payment Review Commission (PPRC), the Congressional Budget Office, the American Medical Association (AMA), and several consulting firms. The meeting participants concluded that a productivity adjustment was appropriate and that an acceptable measure of physician-specific productivity did not exist. Many alternative approaches were discussed,

including the use of a policy-based ''target'' measure and several existing economic productivity measures.

Using recommendations from the meeting participants, we revised the MEI and the productivity adjustment with the implementation of the physician fee schedule as discussed in the November 1992 final rule (57 FR 55896). While we retained an adjustment for economy-wide labor productivity, it was applied to all of the direct labor categories of the MEI (70.448 percent), not just physicians' earnings, and was based on the 10-year moving average percent change (instead of annual percent changes). This form of the index has been used since that time, and was most recently discussed in the November 1998 final rule (63 FR 58845) when the MEI weights were rebased to a 1996 base year.

The Balanced Budget Act replaced the Medicare Volume Performance Standard (MVPS) with a Sustainable Growth Rate (SGR). Section 1848(f) of the Act specifies the formula for establishing yearly SGR target for physicians' services under Medicare. The use of SGR targets is intended to control the actual growth in aggregate 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 by actual expenditures. Rather, the appropriate fee schedule update, as specified in section 1848(d)(3) of the Act, is adjusted to reflect the success or failure in meeting the SGR target. If expenditures are less than the target, the update is increased. If expenditures exceed the target, the update is reduced. Specifically, expenditures are allowed to increase by fee-for-service Medicare enrollment growth, physician fee increases, increases in real per capita Gross Domestic Product (GDP), and changes in laws or regulations. Consequently, the statute links allowable increases in the volume of services resulting from physician productivity gains—together with volume and intensity increases due to technology and other factors—to the real per capita GDP.

When the SGR was enacted, the Congress specified continued use of the MEI. By 1997, this index, including its productivity adjustment, had been used in updating Medicare payments to physicians for over twenty years. We did not propose any changes to the productivity adjustment used in the MEI because its continued use was consistent with the newly mandated SGR. If we did not make the adjustment in the MEI, general economic productivity gains would be reflected in two of the SGR factors, the MEI and real per-capita GDP (which reflects real GDP per hour worked, or labor productivity, and hours worked per person). We believe it is reasonable to remove the effect of general economic productivity from one of these factors (the MEI) to avoid double counting.

b. Current MEI Productivity Adjustment

The current MEI productivity adjustment is based on the 10-year moving average percent change in private nonfarm business (referred to hereafter as ''economy-wide'') labor productivity, published by the Bureau of Labor Statistics (BLS) on a quarterly basis. A 10-year moving average is used to limit the impact of cyclical fluctuations in productivity. The productivity adjustment is applied only to the direct labor portions of the MEI (currently estimated at 71.272 percent). Therefore, the MEI is not reduced by the full change in labor productivity, but instead by only a portion of the change.

In addition, the most recently available historical data are used for the update for the upcoming calendar year (for example, data available through the second quarter of CY 2001 was used for the CY 2002 update).

Under this method, the current estimate of the existing MEI for the CY 2003 fee schedule update would be 2.3 percent. The 10-year moving average percent change in economy-wide labor productivity for the CY 2003 update is estimated to be 2.1 percent. However, since this adjustment is applied only to the direct labor portion of the MEI, the actual adjustment would be 1.5 percent. By comparison, the most recent forecast by DRI–WEFA, a Global Insight Company, of the CPI for all items for this same period is 1.6 percent.

As noted previously, since its original development, the MEI productivity adjustment has been based on economy-wide productivity changes. This practice arose from the fact that the physicians' compensation portion of the MEI is proxied to grow at the same rate as general earnings in the overall economy, which reflect growth in overall economy-wide productivity. Removing labor productivity growth reflected in general earnings from the labor portion of the MEI produces an index that is consistent with other economy-wide output price indexes, like the CPI. Although some commenters have argued that use of a physician-specific productivity measure would be more appropriate, no such published measure existed at the time of the MEI's development; nor does one exist today.

c. Research on Alternative MEI Productivity Adjustments

We conducted a number of research activities to evaluate whether the current productivity adjustment is still the most appropriate adjustment to use in the MEI. First, we evaluated the currently available productivity estimates that are produced by the BLS to develop a better understanding of the strengths and weaknesses of these measures. We also reviewed the theoretical foundation of the MEI to understand how labor and multifactor productivity relate to the current physician payment system. Then we studied the limited publicly available data to begin to develop preliminary estimates of trends in physician-specific productivity to better understand the current market conditions facing physicians. Finally, we solicited the individual contributions of academic and other professional economic experts on prices and productivity. They included experts from MedPAC, AMA, OMB, Dr. Uwe Reinhardt from Princeton University, Dr. Joe Newhouse from Harvard University, Dr. Ernst Berndt from MIT, and Dr. Joel Popkin from Joel Popkin and Company (former Assistant Commissioner of Prices at BLS). Based on the information we gathered during these research efforts, we evaluated six possible options for a productivity adjustment to the MEI. Our findings on each of the options we investigated are summarized below:

- Option 1—Using a physician-specific productivity adjustment.

This option would entail using an estimate of physician-specific productivity to adjust the MEI. This option may have some theoretical attractiveness, but there are major problems obtaining accurate measures of physician-specific productivity. First, no published measure of physician-specific productivity is available. The Federal agency that produces the official government statistics on productivity, BLS, does not calculate or publish productivity measures for any health sector. Nor are there alternative measures of physician-specific productivity that incorporate the BLS methodology of measuring productivity and that would meet the BLS standard of publication. Second, it is not clear that using physician-specific productivity within the current structure of the MEI would be appropriate. Because we believe the MEI appropriately uses an economy-wide wage measure as the proxy for physician wages, using physician specific productivity could overstate or

understate the appropriate wage increase in the MEI.

We do believe, however, that it is important to understand the rate of change in physician-specific productivity. Toward this end, we have performed our own preliminary analysis of physician-specific productivity, using the limited publicly available data on physician outputs and inputs. Our analysis attempted to simulate the methodology the BLS would use to measure productivity. While this information cannot be interpreted as an official measure of productivity, we do believe it is a rough indication of the current market conditions facing physicians. We used this information to help form our determination of the most appropriate productivity adjustment to incorporate in the MEI, fully recognizing its preliminary nature and other limitations. The results of our preliminary analysis suggest that long-run physician-specific productivity growth is currently at approximately the same level as economy-wide multifactor productivity growth. Prior to the recent period, however, our preliminary estimates suggested that physician productivity gains were generally significantly greater than general economy-wide multifactor productivity gains.

As we have emphasized, our rough estimates are inadequate for establishing a formal basis for the productivity adjustment to the MEI. Nor is the underlying economic theory sufficiently compelling, at this time, to adopt a physician-specific productivity measure, even if a suitable one were available. We conclude, however, that economy-wide multifactor productivity growth appears to be roughly comparable to current physician-specific productivity growth.

- Option 2—Retaining the current productivity adjustment.

We investigated retaining the current productivity adjustment, that is, applying the 10-year moving average percent change in economy-wide labor productivity to the labor portion of the MEI. We have applied economy-wide labor productivity to a portion of the index in some form since the inception of the MEI in 1975. This current form has been used since the last major revision to the index in 1992 and was developed from the contributions of the 1987 expert panel. That panel concluded that using labor productivity applied to the labor portion of the index was a technically sound way to account for productivity in the physician update. This method makes optimal use of the available data since labor productivity data were, and are, available on a more timely basis than economy-wide multifactor productivity. By applying this measure to the labor portion of the index, the mix of physician-specific labor and nonlabor inputs is reflected. Also, the use of a 10-year moving average percentage change reduces the volatility of annual labor productivity changes.

Our research, however, has indicated that using multifactor productivity applied to the entire index is superior to using an economy-wide labor productivity measure applied only to the labor portion of the index. The experts with whom we consulted believed it was more appropriate to reflect the explicit contribution to output from all inputs. The current measure explicitly reflects the changes in economy-wide labor inputs but does not reflect the actual change in nonlabor inputs. Instead, it implicitly assumes that nonlabor inputs would grow at the rate necessary to produce an economy-wide multifactor measure that is equivalent to the current MEI productivity adjustment. That implicit assumption is less precise than a direct, explicit calculation.

In addition, while the implicit approach produced an MEI productivity adjustment in most years that was reasonably consistent with overall multifactor productivity growth, it now appears less consistent with the actual change in nonlabor inputs in the economy. In recent years, economy-wide labor productivity has grown very rapidly. This acceleration is partly the result of major investments in computers (a nonlabor input) that have helped create a more productive work force. Also, the Bureau of Economic Analysis (BEA) has adopted methodological changes in accounting for computer software purchases in measuring GDP. These changes have significantly increased the measured historical growth rates in real GDP and labor productivity. As a result of these developments, the MEI productivity adjustment based on labor productivity applied only to the labor portion of the MEI has increased very rapidly. Since the multifactor definition is an explicit calculation of the change in economic output relative to the change in both labor and nonlabor inputs, it better reflects the trend changes.

Finally, as noted previously, our preliminary estimates of physician-specific productivity suggest a current growth pattern that is similar to growth in multifactor productivity in the economy overall. In consideration of the economic theory underlying productivity measurement, especially in view of the recent developments in labor versus nonlabor economic input growth trends, we concluded that using a multifactor productivity adjustment is superior to the current methodology for adjustment for productivity in the MEI.

- Option 3—Changing to using economy-wide multifactor productivity.

One option for adjusting for productivity gains in the MEI would be to continue to use an economy-wide productivity measure, but to use multifactor productivity applied to the entire index, instead of labor productivity applied to the labor portion of the MEI. As noted previously, this approach was recommended by MedPAC in its March 2002 Report to the Congress. This option would better satisfy the theoretical requirements of an output price, in this case the MEI, by explicitly reflecting the productivity gains from all inputs. In addition, the use of economy-wide multifactor productivity would still be consistent with the MEI's use of economy-wide wages as a proxy for physician earnings. While annual multifactor productivity can fluctuate considerably, though usually less than labor productivity, using a moving-average would produce a relatively stable and predictable adjustment.

Each expert with whom we consulted believed that using a multifactor productivity measure was theoretically superior to the existing method because it reflected the actual changes in nonlabor inputs instead of reflecting an implicit assumption. They also believed that the lack of timely data on multifactor productivity was not as important as would have appeared initially. Instead, the experts believed it was more appropriate that the adjustment be based on a long-run average that was stable and predictable rather than on annual changes in productivity. Thus, if a long-run average were used, the increased lag time associated with the availability of published data on multifactor productivity would become less significant. Finally, one expert believed that changing to economy-wide multifactor productivity applied to the entire MEI would make it easier to understand the magnitude of the productivity adjustment.

Use of multifactor productivity to adjust the MEI poses two concerns. First, multifactor productivity is much harder to measure than labor productivity. Economic inputs other than labor hours can be very difficult to identify and calculate properly. The experts at BLS, however, have adequately overcome these difficulties, and we are satisfied that their official published measurements are sound for

the purpose at hand. Moreover, use of a 10-year moving average increase helps to mitigate any remaining measurement variation from year to year.

The second concern relates to the timeliness of the data. BLS publishes multifactor productivity levels and changes only annually (as opposed to the quarterly release of labor productivity data) and with an extended time lag (about 1½ years). These timeframes arise unavoidably from the difficulties of measurement mentioned above, but imply that the timeframe of data used to adjust the MEI would not match that of the historical data on wages and prices underlying the MEI. For the CY 2003 physician payment update, for example, we would use data on wages and prices through the second quarter of CY 2002, but would have to use multifactor productivity data only through CY 2000. Although the misalignment of data periods is a concern, we believe it is a reasonable trade-off in view of the improvement offered by the explicit measurement of nonlabor inputs. Also, since use of a 10-year moving average is intended to reduce fluctuations and provide a more stable level of the productivity adjustment, availability of the most recent data is of less importance.

The 10-year moving average percent change in economy-wide multifactor productivity that would be used for the CY 2003 update (historical data through CY 2000) is currently estimated at 0.8 percent. Our preliminary internal analysis of physician-specific productivity gains suggests that these economy-wide multifactor measures are somewhat consistent with those trends. Thus, using economy-wide multifactor productivity for MEI productivity adjustment theoretically would be superior to using labor productivity growth applied to the labor portion of the MEI. In addition, the use of a 10-year moving average would help alleviate the lag in the availability of the data. Lastly, the current 10-year moving average growth in economy-wide multifactor productivity appears to be within the range we have estimated for physician-specific multifactor productivity. One possible weakness of using economy-wide multifactor productivity is that it does not reflect physician-specific measures, whereas the existing methodology reflects the distribution of labor and nonlabor inputs used in the production of physician services. In practice, however, the balance between these factors of production is not substantially different for physician practices versus the overall economy.

- Option 4—Changing to using economy-wide multifactor productivity with physician-specific input weights.

Another option we explored was using economy-wide labor and capital productivity measures (which, when weighted together, produce multifactor productivity), but with physician-specific input weights. This method would better reflect the proportion of labor and capital inputs used by physicians, yet still reflect the explicit contribution to productivity of labor and nonlabor inputs. The experts with whom we discussed this option thought it was theoretically consistent with a measure of multifactor productivity, even though different productivity measures would be applied to different components of the MEI.

As noted above, the labor and capital shares for the overall economy do not appear to vary enough from the physician-specific shares in the MEI to result in a significantly different measure. A weakness of this method is that the BLS capital productivity series is not widely used or cited; therefore, we are unsure of the accuracy and reliability of this measure. This method also adds another layer of complexity to the formula, however, making it more difficult to understand the adjustment. We would prefer that any method we choose be straightforward so that everyone can readily understand the adjustment. Overall, we believe that this method does not provide enough of a technical improvement to justify the added complexity that would be required to implement it.

- Option 5—Adjusting productivity using a ''Policy Standard''.

In its March 2002 Report to the Congress, MedPAC suggested establishing a policy target for the productivity adjustment. Under this methodology, the level of the policy target would be based on the productivity gains that we believe physicians could attain. This level would be set through policy and would likely be based on a long-run average of either economy-wide labor or multifactor productivity (but could reflect other, possibly judgmental, factors). Generally, the level of the policy standard would remain constant for several years; periodically, the policy target would be reviewed, and possibly adjusted.

Some of the experts we consulted believed that a policy target would lessen the volatility of the adjustment since the target would not be changed often. Conversely, others noted the large, abrupt changes that could result if actual economic performance deviated from the policy standard requiring subsequent adjustments to the standard. Some believed that this method adjusts for the problem of precisely measuring productivity. If we used a policy standard we could avoid having to develop an exact measure. Using a policy target, however, may appear arbitrary without a theoretical basis to support its use.

The policy target recommended by MedPAC was 0.5 percentage points per year. Its justification for this number was the fact that the long-run average of economy-wide multifactor productivity was close to 0.5 percent (the most recent 10-year average is now 0.8 percent). We do not believe this is a preferred option for adjusting the MEI for productivity improvements. Our preference is to use a long-term data-based approach that will produce results that are not inconsistent with a policy standard and that will automatically reflect changes in actual economic performance over time, and not through abrupt periodic large adjustments. Thus, we conclude that a policy target does not provide an improvement over any of the data-based methodologies.

- Option 6—Eliminate Productivity Adjustment from the MEI.

Questions are raised occasionally as to the possibility of eliminating the productivity adjustment from the MEI. We did not consider this to be a viable option. Our research concluded that adjusting for productivity in the MEI is necessary to have a technically correct measure of an output price increase, free of double-counting the impact of productivity. Every expert with whom we consulted agreed that a productivity adjustment was appropriate. They believed that the important question is which adjustment is the most appropriate. Therefore, we conclude, again, that it is not acceptable for the productivity adjustment to be removed from the MEI.

d. Use of a Forecasted MEI and Productivity Adjustment

MedPAC, in its March 2002 Report to the Congress, recommended the use of a forecasted MEI value, rather than the current historical increase. However, implementation of this option raises several legal as well as practical issues. The 1972 Senate Finance Committee report language reflects Congress' intent that the MEI should ''follow rather than lead'' overall inflation. Because of this, updates to the physician fee schedule have always been based on historical, rather than forecasted, MEI data. In this way, increases in the MEI do not lead the current measures of inflation but follow them based on historical trends. Furthermore, at the time of

implementation of the SGR system, the Congress specified that the SGR system should use the MEI that existed at that time, which was based on historical data measures. The law did not recommend or specify a change in the MEI methodology; the assumption is that the Congress was satisfied that the MEI was functioning as designed.

If we were to change to a forecasted MEI and productivity adjustment, there are also several practical issues that would need to be addressed. One is that changing from a historical-based MEI to a projected MEI would cause transitional problems because there would be a period of data that would not be accounted for in the year of implementation. For example, the CY 2002 MEI update was based on historical data through the second quarter of 2001. If we were to use a forecasted MEI in the update for CY 2003, the changes between the second quarter of 2001 and the first quarter of 2003 would not be accounted for in the update. Finally, changing to a forecasted MEI and productivity adjustment raises additional questions about correcting for forecast errors. Based on these problems, we will continue to use historical data to make updates under the physician fee schedule.

e. Proposed Productivity Adjustment to the MEI

Based on the research we conducted on this issue, we are proposing to change the methodology for adjusting for productivity in the MEI. We propose that the MEI used for the CY 2003 physician payment update reflect changes in the 10-year moving average of private nonfarm business (economy-wide) multifactor productivity applied to the entire index. The current method accounts for productivity by adjusting the labor portion of the MEI by the 10-year moving average change in private nonfarm business (economy-wide) labor productivity.

We propose to make this change because: (1) It is theoretically more appropriate to explicitly reflect the productivity gains associated with all inputs (both labor and nonlabor); (2) the recent growth rate in economy-wide multifactor productivity appears more consistent with the current market conditions facing physicians; and (3) the MEI still uses economy-wide wage changes as a proxy for physician wage changes. We believe that using a 10-year moving average change in economy-wide multifactor productivity produces a stable and predictable adjustment and is consistent with the moving-average methodology used in the existing MEI. We propose that the adjustment be based on the latest available actual historical economy-wide multifactor productivity data, as measured by BLS. Based on these proposed changes, we currently estimate the MEI to increase 3.0 percent for CY 2003. This is the result of a 3.8-percent increase in the price portion of the MEI, adjusted downward by a 0.8-percent increase in the 10-year moving average change in economy-wide multifactor productivity. Table 1 shows the detailed cost categories of the proposed MEI update for CY 2003. Since the current estimate of the MEI increase for CY 2003 is based on incomplete historical data, it may change slightly before we announce the final MEI no later than November 1, 2002.

TABLE 1.—INCREASE IN THE MEDICARE ECONOMIC INDEX UPDATE FOR CALENDAR YEAR 2003 [1]

Cost categories and price measures	1996 weights [2]	CY 2003 percent changes
Medicare Economic Index Total, productivity adjusted	n/a	3.0
Productivity: 10-year moving average of Multifactor productivity, private nonfarm business sector	n/a	0.8
Medicare Economic Index Total, without productivity adjustment	100.0	3.8
1. Physician's Own Time [3]	54.5	4.1
a. Wages and Salaries: Average hourly earnings Private nonfarm	44.2	3.9
b. Fringe Benefits: Employment Cost Index, benefits, private nonfarm	10.3	4.8
2. Physician's Practice Expense [3]	45.5	3.6
a. Nonphysician Employee Compensation	16.8	4.1
1. Wages and Salaries: Employment Cost Index, wages and salaries, weighted by occupation	12.4	3.7
2. Fringe Benefits: Employment Cost Index, fringe benefits, white collar	4.4	5.4
b. Office Expense: Consumer Price Index for Urban Consumers (CPI–U), housing	11.6	2.6
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	2.1
d. Professional Liability Insurance: CMS professional liability insurance survey [4]	3.2	11.3
e. Medical Equipment: PPI, medical instruments and equipment	1.9	1.6
f. Other Professional Expense	7.6	1.6
1. Professional Car: CPI–U, private transportation	1.3	−2.9
2. Other: CPI–U, all items less food and energy	6.3	2.5

[1] The rates of historical change are estimated for the 12-month period ending June 30, 2002, which is the period used for computing the calendar year 2003 update. The price proxy values are based upon the latest available Bureau of Labor Statistics data as of April 2002.

[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 measures of productivity, average hourly earnings, Employment Cost Indexes, as well as the various Producer and Consumer Price Indexes can be found on the Bureau of Labor Statistics website—*http://stats.bls.gov.*

[4] Derived from a CMS survey of several major insurers (the latest available historical percent change data are for the period ending second quarter of 2002).

n/a Productivity is factored into the MEI compensation categories as an adjustment to the price variables; therefore, no explicit weight exists for productivity in the MEI.

2. Sustainable Growth Rate (SGR)

Section 1848(f)(2) of the Act specifies a formula for calculating annual SGR targets for Medicare physicians' services. The formula includes four factors. Section 1848(f)(2)(A) of the Act specifies that the first factor is the Secretary's estimate of weighted average percentage increase in fees for all physicians' services. We have calculated this factor as a weighted average of the CY 2002 fee increases that apply for the different types of services included in the definition of physicians' services for the SGR. (For a complete list of these services see the November 1, 2001 **Federal Register** (66 FR 55316).) Drugs furnished in a physician's office that are not usually self-administered are generally covered ''incident to'' a physician's service under section 1861(s)(2)(A) of the Act and included in the SGR. In the past, we have used the MEI as an approximation of the drug price increase. In the final revisions we make to the CY 2001 SGR later this year, we will account for drug price growth using a refined methodology that uses growth in drug prices instead of the MEI as a proxy. In addition, we will account for drug price growth using this refined methodology in the SGRs for CY 2002 and subsequent years.

Under section 1848(d) of the Act, the update for any year is equal to the MEI increased or decreased by an update adjustment factor determined using a statutory formula. The statute limits the update adjustment factor to +3.0 and −7.0 percentage points. On March 1, 2002, we provided our estimate of the CY 2003 physician fee schedule update to the Medicare Payment Advisory Committee (MedPAC) and made this information available to the public. We estimated the update adjustment factor would be −13.1 percent. If the only change to our March 2002 estimate was accounting for drug price growth in the SGR, we estimate the update adjustment factor would be −12.8 percent. Since the statute limits the update adjustment factor to −7.0 percent, we expect the CY 2002 physician fee schedule update to equal the MEI reduced by 7.0 percentage points.

D. Pricing of Technical Components (TC) for Positron Emission Tomography (PET) Scans

Currently all components of HCPCS code G0125, Lung image PET scan, are nationally priced. However, the technical component (TC) and global value for all other PET scans are carrier priced. To keep pricing consistent with other PET scans, we propose to have the carriers price the TC and global values of HCPCS code G0125.

E. Enrollment of Physical and Occupational Therapists as Therapists in Private Practice

In the November 2, 1998 final rule (63 FR 58814), we defined private practice for physical therapists (PTs) or occupational therapists (OTs) to include a therapist whose practice is in an—

- Unincorporated solo practice;
- Unincorporated partnership; or
- Unincorporated group practice.

Private practice also includes an individual who is furnishing therapy as an employee of one of the above, a professional corporation, or other incorporated therapy practice. Some carriers and fiscal intermediaries have interpreted the regulation to mean that occupational and physical therapists employed by physicians cannot be enrolled as therapists in private practice. In these carrier areas, therapy services provided in a physician's office must instead be billed as incident to a physician's service.

A specialty society representing occupational therapists has requested that carriers be able to enroll OTs in physician-directed groups as occupational therapists in private practice. A group representing PTs believes that provider numbers should be issued only to PTs working as employees in practices owned and operated by therapists.

We are proposing to clarify national policy—we would allow carriers to enroll therapists as physical or occupational therapists in private practice when they are employed by physician groups. We believe that this would reflect actual practice patterns and would permit more flexible employment opportunities for therapists. We also believe that this would increase beneficiaries' access to therapy services, particularly in rural areas. Therefore, we would revise §§ 410.59 and 410.60 to reflect this change.

F. Clinical Social Worker Services

Currently, § 410.73(b)(2)(ii) states that, for purposes of billing Medicare Part B, clinical social worker (CSW) services do not include services furnished by a CSW to an inpatient of a Medicare-participating skilled nursing facility (SNF). Under this rule, CSWs cannot receive Medicare Part B payment for diagnostic and therapeutic mental health services when the services are furnished to patients in participating SNFs, but they can receive payment for these same mental health services when furnished in most other settings. Additionally, clinical psychologists (CPs) may receive Medicare Part B payment for these same diagnostic and therapeutic mental health services when furnished to patients in participating SNFs. The effective date of the rule that precluded Medicare Part B payment to CSWs for services furnished to patients in participating SNFs was June 22, 1998. However, the provisions under this rule were suspended for two years beyond the effective date. Accordingly, these provisions that terminated payment for CSW services in the SNF setting were delayed until June 22, 2000. Announcement of the two-year suspension of the provisions was made in a letter signed by the Administrator to the National Association of Social Workers rather than publishing it in the **Federal Register**.

In order to redress this issue, on October 19, 2000, we published a notice of proposed rulemaking in the **Federal Register** (65 FR 62681), in which we proposed to pay CSWs for CPT psychiatry codes 90801, 90802, 90816, 90818, 90821, 90823, 90826, 90828, 90846, 90847, 90853, and 90857 when furnished to patients in participating SNFs who are not in a covered Part A stay. At this time, we are reprinting our proposal to allow CSWs to bill for the listed CPT psychiatry codes when furnished to patients in participating SNFs who are not under a covered Part A stay. Since we have already received comments on our previously published proposed rule both supporting and opposing our proposal, we are not now seeking comments in this proposed rule. However, we will respond to the comments already received on the issue of CSW services provided to beneficiaries in SNFs when we publish this year's physician fee schedule final rule.

G. Medicare Qualifications For Clinical Nurse Specialists

Section 4511(d)(3)(B) of the Balanced Budget Act of 1997 (Pub. L. 105–33) (BBA) defined a clinical nurse specialist as an individual who—

(i) Is a registered nurse and is licensed to practice nursing in the State in which the clinical nurse specialist services are performed; and

(ii) Holds a master's degree in a defined clinical area of nursing from an accredited educational institution.

When implementing the regulation for this benefit, we added a provision requiring that a CNS must be certified by the American Nurses Credentialing Center (ANCC). It has recently been pointed out to us that the ANCC does not provide certification for CNSs who

specialize in fields such as oncology, critical care, or rehabilitation.

We are proposing to revise § 410.76(b)(3) to read as follows: ''Be certified as a clinical nurse specialist by a national certifying body that has established standards for clinical nurse specialists and that is approved by the Secretary.'' This revision would be consistent with certification criteria for nurse practitioners.

H. Process to Add or Delete Services to the Definition of Telehealth

1. Background

Effective October 1, 2001, section 1834(m) of the Act provides for an expansion of the definition of a Medicare telehealth service. The law defines telehealth services as professional consultations, office and other outpatient visits, and office psychiatry services (identified as of July 1, 2000, by HCPCS codes 99241–99275, 99201–99215, 90804–90809 and 90862) and any additional service specified by the Secretary. In addition, the law requires the Secretary to establish a process for adding or deleting services to the list of telehealth services on an annual basis.

In this proposed rule, we are proposing (1) to establish a process for adding or deleting services from the list of telehealth services, and (2) to add specific services to the list of telehealth services for CY 2003.

To evaluate services that may be appropriate for Medicare telehealth, we would accept requests for adding services to, or deleting services from, the list of Medicare telehealth services. We would accept proposals from any interested individuals or organizations from either the public or the private sectors, for example, from medical specialty societies, individual physicians or practitioners, hospitals, and State or Federal agencies. (We may also generate additions or deletions of services internally.) We would post instructions on our website outlining the steps necessary to submit a proposal. Information on applying for a new HCPCS code may be found on our website at *www.hcfa.gov/Medicare/hcpcs.htm,* then select ''HCPCS Coding Request Information.''

Each proposal would have to address the items outlined below.

- Name(s), address(es) and contact information of the requestor.
- The HCPCS code(s) that describes the service(s) proposed for addition or deletion to the list of Medicare telehealth services. If the requestor does not know the applicable HCPCS code, the request should include a description of services furnished during the telehealth session.
- A description of the type(s) of medical professional(s) providing the telehealth service at the distant site.
- A detailed discussion of the reasons the proposed service should be added to the definition of Medicare telehealth.
- An explanation as to why the requested service cannot be billed under the current scope of telehealth services, for example, the reason why the HCPCS codes currently on the list of Medicare telehealth services would not be appropriate for billing the service requested.
- An application for a new HCPCS code if the requestor believes that neither the HCPCS codes currently on the list of telehealth services nor any other HCPCS code would be adequate for describing the service requested.
- If available, data showing that the use of a telecommunications system does not change the diagnosis or treatment plan as compared to the face-to-face delivery of the service.
- If available, data showing that patients who receive this service via a telecommunications system are satisfied with the service that is delivered.

2. Categories for Additions

We would assign any request to add a service to the definition of Medicare telehealth services to one of the following categories:

- *Category #1: Services similar to office and other outpatient visits, consultation, and office psychiatry services.* We would review these requests to ensure that the services proposed for addition to the list of Medicare telehealth services are similar to the current telehealth services. For example, we would look for similarities between the proposed and existing telehealth services in terms of the roles of, and interactions among, the beneficiary, the physician (or other practitioner) at the distant site and, if necessary, the telepresenter. We would also look for similarities in the telecommunications system used to deliver the proposed service, for example, the use of interactive audio and video equipment. If a proposed service meets the criteria set forth above, we would add it to the list of Medicare telehealth services.
- *Category #2: Services that are not similar to the current list of telehealth services, for example, physical therapy services, endoscopy services, and distant monitoring of patients in intensive care units.* Our review of these requests would include an assessment of whether the use of a telecommunications system to deliver the service produces similar diagnostic findings or therapeutic interventions as compared with a face-to-face ''hands on'' delivery of the same service. In other words, the discrete outcome of the interaction between the clinician and patient facilitated by a telecommunications system should correlate well with the discrete outcome of the clinician-patient interaction when performed face-to-face.

Requestors should submit evidence indicating that the use of a telecommunications system does not affect the diagnosis or treatment plan as compared to a face-to-face delivery of the service. If the evidence shows that the proposed telehealth service is equivalent to the face-to-face delivery of the service, we would add it to the list of telehealth services. However, if we determine that the use of a telecommunications system changes the nature or outcome of the service, for example, the nature of clinical intervention, as compared with the face-to-face delivery of the service, we would view the request as a request for a new service, rather than a different method of delivering an existing Medicare service. Under Medicare, new services: (1) Must fall into a benefit category; (2) must be reasonable and necessary in accordance with section 1862(a)(1)(A) of the Act; and (3) must not be specifically excluded from coverage. The requestor would have the option of applying for a national coverage determination. Information on applying for a national coverage determination may be found on our website at *http://www.hcfa.gov;* then select ''Coverage Policies,'' then ''Process.''

3. Our Review of Requests to Add Services

Our review of submitted requests to add services may result in the following outcomes:

- Adding an existing HCPCS code to the list of Medicare telehealth services.
- Determining that the requested service is already described by an existing telehealth service.
- Creating a new HCPCS code to describe the requested service and adding it to the list of Medicare telehealth services.
- Requesting further information.
- Notifying the requestor that a national coverage determination is necessary before a decision to accept or reject a proposal can be made.
- Rejecting the request.

4. Deletion of Services

We may choose to remove a service currently on the list of Medicare telehealth services. We would remove a

service from that list if, upon review of the available evidence, we determine that a Medicare telehealth service is not safe, effective, or medically beneficial.

5. Implementation

We propose to make additions or deletions to the list of Medicare telehealth services effective on a CY basis. We would use the annual physician fee schedule proposed rule published in the summer and the final rule published by November 1 each year as the vehicle for making these changes.

We will accept requests for adding services to the list of Medicare telehealth services on an ongoing basis; requests must be received no later than December 31 of each CY to be considered for the next proposed rule.

We are requesting specific comments on this approach to adding or deleting services and HCPCS codes to the definition of telehealth services.

6. Proposed Addition to the Definition of Medicare Telehealth for Calendar Year 2003

Section 1834(m) of the Act defines Medicare telehealth services as office and other outpatient visits, consultation, and office psychiatry services as described by the following HCPCS codes: 99201–99215; 99241–99275; 90804–90809; and 90862. We stated in the CY 2002 final rule (66 FR 55283) that we believed it would be inappropriate to expand the definition of Medicare telehealth services beyond the services explicitly listed in the Act until we have developed a process for adding or deleting services.

However, after further review of the comments submitted in response to the proposed rule for CY 2002, we believe that the psychiatric diagnostic interview is similar to the Medicare telehealth services listed in the statute. Specifically, we believe this service would meet the criteria set forth in Category 1 of the proposed process for adding services.

As defined by CPT 2002, a psychiatric diagnostic interview includes ''a history, mental status, and a disposition, and may include communication with family or other sources, ordering and medical interpretation of laboratory or other medical diagnostic studies.'' These components would be comparable to an initial office visit, or consultation services, which are currently Medicare telehealth services. Additionally, an initial psychiatric diagnostic interview is typically the first step in treating mental illness and is required before psychotherapy can begin. Therefore, we propose to add psychiatric diagnostic interview examination as represented by HCPCS code 90801 to the list of Medicare telehealth services.

We would revise § 410.78 and § 414.65 to reflect this proposed addition to the list of Medicare telehealth services.

I. Definition for ZZZ Global Periods

Services with ZZZ global periods are add-on services, which can only be billed along with another service. The current policy associated with a code with a global indicator of ZZZ recognizes only the incremental intra-service work and practice expense associated with the add-on service. Any pre-service or post-service work associated with a service with a global indicator of ZZZ is considered accounted for in the base procedure with which these add-on services must be billed.

Several specialties, as well as the RUC, have stated that some add-on services contain separately identifiable postservice work and practice expense. The RUC has recommended that we revise our current definition of the global indicator ZZZ to clarify that there may be postservice work associated with a limited number of ZZZ global services.

Consistent with this recommendation, we propose to revise the current definition of a ZZZ global period. ''ZZZ = Code related to another service and is always included in the global period of the other service (Note: Physician work is associated with intra-service time and in some instances the post-service time).''

We plan to work with the RUC to identify those services with a global period of ZZZ that also have separately identifiable postservice work.

J. Change in Global Period for CPT code 77789 (Surface Application of Radiation Source)

The RUC has suggested a change in the global period for CPT code 77789 (surface application of radiation source) from a 90-day global period to a 000-day global period. We agree that all work is provided on the day of the procedure and no other visits for pre- and post-care are necessary. Therefore, we are proposing to assign a 000-day global period to this service. We have examined this code and believe that the current work value accurately reflects a 000-day global period and, therefore, needs no adjustment. We would adjust the clinical staff practice expense inputs to reflect that there is no post-procedure visit. The supplies and equipment inputs are appropriate for a 000-day global and need no revision.

K. Technical Change for § 410.61(d)(1)(iii) Outpatient Rehabilitation Services

The occupational therapists have pointed out that § 410.61(d)(1)(iii) incorrectly references ''physical'' therapy when it should reference ''occupational'' therapy. Therefore, we are proposing to revise § 410.61(d)(1)(iii) to correct this error.

L. New HCPCS G-Codes

1. Codes for Treatment of Peripheral Neuropathy

Effective for services furnished on or after July 1, 2002, Medicare will cover an evaluation (examination and treatment) of the feet every six months for individuals with a documented diagnosis.

G0245: Initial physician evaluation of a diabetic patient with diabetic sensory neuropathy resulting in a loss of protective sensation (LOPS) which must include the procedure used to diagnose LOPS; a patient history; and a physical examination that consists of at least the following elements—

(a) Visual inspection of the forefoot, hindfoot and toeweb spaces;

(b) Evaluation of protective sensation;

(c) Evaluation of foot structure and biomechanics;

(d) Evaluation of vascular status and skin integrity;

(e) Evaluation and recommendation of footwear; and

(f) Patient education.

We are proposing to crosswalk the work, practice expense, and malpractice RVUs from CPT code 99202, a level two, new patient office visit code. We are proposing to crosswalk the practice expense inputs from CPT code 99202 and revalue the practice expense RVU using the practice expense methodology once we have utilization for these codes.

G0246: Follow-up evaluation of a diabetic patient with diabetic sensory neuropathy resulting in a loss of protective sensation (LOPS) to include at least the following, a patient history and physical examination that includes—

(a) Visual inspection of the forefoot, hindfoot and toeweb spaces;

(b) Evaluation of protective sensation;

(c) Evaluation of foot structure and biomechanics;

(d) Evaluation of vascular status and skin integrity;

(e) Evaluation and recommendation of footwear; and

(f) Patient education.

We are proposing to crosswalk the work, practice expense, and malpractice RVUs from CPT code 99212, a level two, established patient office visit code. We

are proposing to crosswalk the practice expense inputs from CPT code 99212 and revalue the practice expense RVU using the practice expense methodology once we have utilization for these codes.

G0247: Routine foot care of a diabetic patient with diabetic sensory neuropathy resulting in a loss of protective sensation (LOPS) to include if present, at least the following—

(a) Local care of superficial wounds;

(b) Debridement of corns and calluses; and

(c) Trimming and debridement of nails.

We are proposing to crosswalk the work, practice expense, and malpractice RVUs from CPT code 11040, Debridement; skin; partial thickness. We are proposing to crosswalk the practice expense inputs from CPT code 11040 and will revalue the practice expense RVUs using the practice expense methodology once we have utilization for this code.

2. Current Perception Sensory Nerve Conduction Threshold Test (SNCT)

G0255: Current Perception Threshold/ Sensory Nerve Conduction Test, (SNCT) per limb, any nerve.

We have created a G-code that represents SNCT as a diagnostic test used to diagnose sensory neuropathies. The test is noninvasive and uses a transcutaeous electrical stimulus to evoke a sensation. We have determined that there is insufficient scientific or clinical evidence to consider the use of this device as reasonable and necessary within the meaning of section 1862(a)(1)(A) of the Act, and, therefore, Medicare will not pay for this type of test.

3. Positron Emission Tomography (PET) Codes for Breast Imaging

Medicare has expanded the coverage indications for PET scanning to include imaging for breast cancer. We have created codes that describe staging and restaging after or prior to the course of treatment of breast cancer. We have also created a PET scan code to evaluate the response to treatment of breast cancer.

PET imaging for initial diagnosis of breast cancer and/or surgical planning for breast cancer are described by a CPT code, but Medicare will not cover this diagnosis.

G0252: PET imaging for initial diagnosis of breast cancer and/or surgical planning for breast cancer (for example, initial staging of axillary lymph nodes), not covered by Medicare. This code is not covered by Medicare because there is a national non-coverage determination for initial diagnosis of breast cancer and initial staging of axillary lymph nodes.

G0253: PET imaging for breast cancer, full and partial-ring PET scanners only, staging/restaging after or prior to course of treatment.

G0254: PET imaging for breast cancer, full and partial-ring PET scanners only, evaluation of response to treatment, performed during course of treatment.

We are proposing that the TC and global for both of these codes be carrier priced.

For both procedure codes G0253 and G0254, we propose to make the PC work RVU equal to 1.87. There are no direct inputs for PC services. We propose to use practice expense RVUs of 0.58 and malpractice RVUs of 0.07 for these services.

4. Home Prothrombin Time International Normalized Ratio (INR) Monitoring for Anticoagulation Management

For services furnished on or after July 1, 2002, Medicare will cover the use of home prothrombin time or INR monitoring in a patient's home for anticoagulation management for patients with mechanical heart valves. A physician must prescribe the testing. The patient must have been anticoagulated for at least three months prior to use of the home INR device; and the patient must undergo an education program. The testing with the device is limited to a frequency of once per week.

G0248: Demonstration, at initial use, of home INR monitoring for a patient with mechanical heart valve(s) who meets Medicare coverage criteria, under the direction of a physician; includes: demonstration use and care of the INR monitor, obtaining at least one blood sample provision of instructions for reporting home INR test results and documentation of a patient's ability to perform testing.

We are proposing that this code be assigned no work RVUs and .01 malpractice RVUs. For the practice expense inputs, we are proposing 75 minutes of RN/LPN/MTA staff time; a supply list, including four test strips, lancets and alcohol pads, a patient education booklet, and batteries for the monitor; and equipment, consisting of a home INR monitor. Using these proposed inputs in the practice expense methodology will produce an estimated practice expense RVU of 2.92.

G0249: Provision of test materials and equipment for home INR monitoring to patient with mechanical heart valve(s) who meets Medicare coverage criteria. Includes provision of materials for use in the home and reporting of test results to physician; per 4 tests.

We are proposing that this code be assigned no work RVUs and .01 malpractice RVUs. For the practice expense inputs, we are proposing 13 minutes of RN/LPN/MTA staff time, a supply list, including four test strips, lancets and alcohol pads, and equipment, consisting of a home INR monitor. Using these proposed inputs in the practice expense methodology will produce an estimated practice expense RVU of 2.08.

G0250: Physician review/ interpretation and patient management of home INR test for a patient with mechanical heart valve(s) who meets other coverage criteria; per 4 tests (does not require face-to-face service)

We are proposing that this code be assigned 0.18 work RVUs and .01 malpractice RVUs. There would be no direct practice expense inputs for this code. We will use practice expense methodology to develop a practice expense RVU that will reflect indirect costs of the physicians performing this service. The estimated practice expense RVU will equal 0.07.

5. Bone Marrow Aspiration and Biopsy on the Same Date of Service

We are proposing to create a new G-code that reflects a bone marrow biopsy and aspiration procedure that is performed on the same date, at the same encounter, through the same incision. Because it is our understanding that the typical case involves an aspiration and biopsy through the same incision, we are creating a G-code to reflect this service. If the two procedures, aspiration and biopsy, are performed at different sites (for example, contralateral illiac crests, sternum/illiac crest, two separate incisions on the same iliac crest or two patient encounters on the same date of service), the –59 modifier would be appropriate to use. In this instance, the CPT codes for aspiration and biopsy would each be used.

GXXXX: Bone marrow aspiration and biopsy performed on the same day.

We are proposing physician work RVUs of 1.56 and malpractice RVUs of 0.04. We propose to crosswalk the practice expense inputs from CPT code 38220, Bone marrow aspiration, with the assignment of an additional five minutes of clinical staff time. Using these proposed inputs in the practice expense methodology will produce an estimated practice expense RVU of 3.32 in the nonfacility setting. The practice expense RVU in the facility setting is estimated at 0.60.

M. Endoscopic Base for Urology Codes

Cystoscopy and treatment CPT codes 52234, 52235, and 52240 were

inadvertently identified in the Medicare Physician Fee Schedule Database as services subject to multiple procedural reductions as opposed to the procedural reduction rules specific to endoscopic services. Multiple procedural reduction rules allow full payment for the primary services with a 50 percent reduction to the RVUs for each additional service. The endoscopic reduction rules establish payment using the full value of the highest valued endoscopic service plus the difference between the next highest valued service and the base endoscopic service. The inadvertent application of the multiple procedural reduction as opposed to the endoscopic procedural reduction has resulted in our overpaying for these services. We propose applying the endoscopic reduction rules to these services and have identified CPT code 52000 as the endoscopic base code for these services.

N. Physical Therapy and Occupational Therapy Caps

Section 4541(c) of the Balanced Budget Act of 1997 required application of a payment limitation to all rehabilitation services provided on or after January 1, 1999. The limitation was an annual per beneficiary limit of $1500 on all outpatient physical therapy services (including speech-language pathology services). A separate $1500 limit was applied to all occupational therapy services. (The limitation amounts were to be increased to reflect medical inflation.) The annual limitation did not apply to services furnished directly or under arrangement by a hospital to an outpatient or to an inpatient who is not in a covered Part A stay.

Section 221 of the Balanced Budget Refinement Act of 1999 (Pub. L. 106–113, enacted on November 29, 1999) (BBRA) placed a moratorium on the application of the payment limitation for two years from January 1, 2000 through December 31, 2001. Section 421 of the Medicare, Medicaid, and SCHIP Beneficiary Improvement and Protection Act of 2000 (Pub. L. 106–554, enacted on December 21, 2000) (BIPA), extended the moratorium on application of the limitation to claims for outpatient rehabilitation services with dates of service January 1, 2002 through December 31, 2002. Therefore, the moratorium applies to outpatient rehabilitation claims with dates of service January 1, 2001 through December 31, 2002. Outpatient rehabilitation claims for services rendered on or after January 1, 2003 will be subject to the payment limitation unless Congress acts to extend the moratorium.

III. Collection of Information Requirements

This document does not impose information collection and recordkeeping requirements. Consequently, it need not be reviewed by the Office of Management and Budget under the authority of the Paperwork Reduction Act of 1995.

IV. Response to Comments

Because of the large number of items of correspondence we normally receive on **Federal Register** documents published for comment, we are not able to acknowledge or respond to them individually. We will consider all comments we receive by the date and time specified in the **DATES** section of this preamble, and, if we proceed with a subsequent document, we will respond to the major comments in the preamble to that document.

V. Regulatory Impact Analysis

We have examined the impact of this rule as required by Executive Order 12866 (September 1993, Regulatory Planning and Review), the Regulatory Flexibility Act (RFA) (September 16, 1980 Pub. L. 96–354), section 1102(b) of the Social Security Act, the Unfunded Mandates Reform Act of 1995 (Pub. L. 104–4), and Executive Order 13132.

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 must be prepared for proposed rules with economically significant effects (that is, a proposed rule that would have an annual effect on the economy of $100 million or more in any one year, or would adversely affect in a material way the economy, a sector of the economy, productivity, competition, jobs, the environment, public health or safety, or State, local, or tribal governments or communities). We have simulated the effect of the proposed changes to practice expense RVUs described earlier. The net effect of the changes we are proposing will not materially increase or decrease Medicare expenditures for physicians' services because the statute requires that changes to RVUs cannot increase or decrease expenditures more than $20 million. Since increases in payments resulting from RVU changes must be offset by decreases in payments for other services, the proposed practice expense changes will result in a redistribution of payments among physician specialties. The proposed changes to the MEI would result in increases in Medicare expenditures for physicians' services of $150 million in fiscal year (FY) 2003, $340 million in FY 2004, and $550 million in FY 2005. Therefore, this proposed rule is considered to be a major rule because it is economically significant, and, thus, we have prepared a regulatory impact analysis.

The RFA requires that we analyze regulatory options for small businesses and other entities. We prepare a Regulatory Flexibility Analysis unless we certify that a rule would not have a significant economic impact on a substantial number of small entities. The analysis must include a justification concerning the reason action is being taken, the kinds and number of small entities the rule affects, and an explanation of any meaningful options that achieve the objectives and less significant adverse economic impact on the small entities.

Section 1102(b) of the Act requires us to prepare a regulatory impact analysis for any proposed rule that 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 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 a Metropolitan Statistical Area and has fewer than 100 beds.

For purposes of the RFA, physicians, nonphysicians, and suppliers are considered small businesses if they generate revenues of $6 million or less. Approximately 95 percent of physicians (except mental health specialists) are considered to be small entities. There are about 700,000 physicians, other practitioners and medical suppliers that receive Medicare payment under the physician fee schedule.

Section 202 of the Unfunded Mandates Reform Act of 1995 also requires that agencies assess anticipated costs and benefits before issuing any rule that may result in expenditure in any one year by State, local, or tribal governments, in the aggregate, or by the private sector, of $110 million. We have determined that this proposed rule will have no consequential effect on State, local, or tribal governments.

We have examined this proposed rule in accordance with Executive Order 13132 and have determined that this regulation would not have any negative impact on the rights, roles, or responsibilities of State, local, or tribal governments.

We have prepared the following analysis, which together with the rest of this preamble, meets all 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 use to minimize the burden on small entities. As indicated elsewhere in this proposed rule, we propose to make changes to the Medicare Economic Index, refine resource-based practice based practice expense RVUs and make a variety of other minor changes to our regulations, payments or payment policy to ensure that our payment systems are updated to reflect changes in medical practice and the relative value of services. We provide information for each of the proposed policy changes in the relevant sections in this proposed rule. As discussed elsewhere in this proposed rule, the provisions of this proposed rule, if adopted, would only change Medicare payment rates for physician fee schedule services. While this rule would allow physical and occupational therapists that are employed by physicians to separately enroll in the Medicare program, it does not impose reporting, recordkeeping and other compliance requirements. We are unaware of any relevant Federal rules that duplicate, overlap or conflict with this proposed rule. The relevant sections of this proposed rule contain a description of significant alternatives.

A. Resource-Based Practice Expense Relative Value Units

Under section 1848(c)(2) of the Act, adjustments to RVUs may not cause the amount of expenditures to differ by more than $20 million from the amount of expenditures that would have resulted without such adjustments. We are proposing several changes that would result in a change of expenditures that would exceed $20 million if we made no offsetting adjustments to either the conversion factor or RVUs.

With respect to practice expense, our policy has been to meet the budget neutrality requirements in the statute by incorporating a rescaling adjustment in the practice expense methodology. That is, we estimate the aggregate number of practice expense relative values that will be paid under current and proposed policy in CY 2003. We apply a uniform adjustment factor to make the aggregate number of proposed practice expense relative values equal the number estimated that would be paid under current policy.

Table 2 shows the specialty level impact on payment of changes being proposed for CY 2003. In past years, we have shown the Medicare payment impact of redistributive changes in RVUs for all specialties that can bill for Medicare physician fee schedule services. We included some of the smaller specialty categories in closely related larger ones and have shown payment impacts for 35 different specialty categories. For this proposed rule, we are showing separate impacts for 49 different specialty categories. We are separately showing specialties that have more than $50 million in total Medicare allowed charges for physician fee schedule services. We are changing the way we illustrate impacts based on comments and suggestions that have come to us from the physician community. The payment impacts reflect averages for each specialty based on Medicare utilization. The payment impact for an individual physician would be different from the average, based on the mix of services the physician provides. The average change in total revenues would be less than the impact displayed here since physicians furnish services to both Medicare and non-Medicare patients and specialties may receive substantial Medicare revenues for services that are not paid under the physician fee schedule. For instance, independent laboratories receive more than 80 percent of their Medicare revenues from clinical laboratory services that are not paid under the physician fee schedules. This table shows only the payment impact on physician fee schedule services.

We modeled the impact of five changes to the practice expense methodology. The column labeled ''Input Changes'' shows the effect of proposed changes described in section II. A. As indicated in that section, we are making several changes to the inputs that are used to value several ophthalmology and thermotherapy procedures and lontophoresis. We also revised the price we are using for sterile water. These changes will result in very little specialty impact with a small reduction in payment to optometry.

The column labeled ''Staff Time'' shows the impact of our proposal to use staff time in place of average staff time in creation of the zero physician work pool. This proposal would result in increases in payment for services that are included in the zero physician work pool while broadly distributing reductions in payments to all other physician fee schedule services.

The column labeled ''Professional Technical Changes'' refers to our proposal to change the calculation of the practice expense RVUs for codes with professional and technical components. As indicated earlier, we are proposing to make the technical component value equal the difference between the global and the professional component for procedure codes that are not included in the zero physician work pool. For procedure codes that would remain in the zero physician work pool, we would continue to make the global equal the sum of the professional and the technical component values.

The column labeled ''Zero Physician Work Pool'' refers to our proposal to remove several services from the zero physician work pool based on requests from the physician specialties that perform the predominant number of services for a given family of codes. The practice expense RVUs for these codes would no longer be determined under the zero physician work methodology. If the services have professional and technical components, the professional component practice expense RVU would be subtracted from the global practice expense RVU to determine the technical component practice value.

The column labeled ''Multi-Year Utilization'' refers to our proposal to use multiple years of utilization data in the practice expense methodology. The figures shown in Table 2 may change if we make any changes to the zero physician work pool following the consideration of public comments.

Several physician specialties (Allergy/Immunology, Cardiology, Hematology/Oncology, Interventional Radiology, Radiation Oncology, Radiology) that derive a significant portion of their Medicare revenues from services affected by the zero physician work pool calculations would see an increase in payment from the proposed changes. Other physician specialties would see an increase in payment from the change to the practice expense RVUs for professional and technical component services and/or from removing services from the zero physician work pool (neurology, physical medicine, vascular surgery).

Payments to pathology would be reduced by approximately 2 percent. This is largely attributable to the change in the practice expense RVU calculations for professional and technical component services. While payments for pathology would decline, as we noted earlier, since it is far more common for our carriers to receive a global than a technical-component-only bill, we believe it is far more likely that using the global to value the technical component service would result in a payment that is more typical of the practice expense associated with the service. We reviewed the Medicare utilization and found 42.8 million

allowed services associated with a global pathology service and 4.3 million for the technical component only. Several other specialties may also experience small reductions in aggregate payments from these proposed changes.

As a result of changing the practice expense RVU calculation for professional and technical component services, payments for physician fee schedule services to independent laboratories would decline by approximately 8 percent. However, physician fee schedule services account for approximately 17 percent of total Medicare revenues for independent laboratories. The impact on total Medicare revenues from this reduction would be approximately −1 percent. The figures in Table 2 may change if we if we make any changes to the zero physician work pool following the consideration of public comments.

The net effect of these proposals would also increase payments for several types of suppliers that provide services that are affected by the zero physician work pool methodology. Payments to Independent Diagnostic and Treatment Facilities would increase by approximately 9 percent. Portable X-ray suppliers would receive an approximate increase of 8 percent in payments for services paid under the physician fee schedule. However, we would note that only about 47 percent of Medicare revenues received by portable X-ray suppliers are attributable to physician fee schedule services. The other Medicare revenues received by portable X-ray suppliers are attributed to the transportation of X-ray equipment paid at rates determined by the Medicare carrier. Any change to the rates for carrier priced services would be made at local carrier discretion. The total change in payments (before application of the estimated 4.4 percent reduction to the physician fee schedule conversion factor discussed next) will be about 3 percent.

Table 2 shows the estimated change in payment rates based on provisions of this proposed rule. If we change any of these proposals following our consideration of comments, these figures may change.

TABLE 2.—IMPACT OF PRACTICE EXPENSE CHANGES ON TOTAL MEDICARE ALLOWED CHARGES BY PHYSICIAN, PRACTITIONER AND SUPPLIER SUBCATEGORY

Category	Medicare allowed charges ($ in billions)	Input changes (percent)	Maximum staff time (percent)	Professional technical changes (percent)	Zero physician work pool (percent)	Multi-year utilization	Total (percent)
Physicians:							
ALLERGY/IMMUNOLOGY	$0.14	0	1	0	0	0	2
ANESTHESIOLOGY	1.17	0	0	0	0	0	−1
CARDIAC SURGERY	0.27	0	0	0	0	0	0
CARDIOLOGY	4.28	0	1	0	0	1	1
CLINICS	1.81	0	0	0	0	0	0
DERMATOLOGY	1.43	0	−1	0	0	0	−2
EMERGENCY MEDICINE	1.04	0	0	0	0	0	0
ENDOCRINOLOGY	0.20	0	0	0	0	0	0
FAMILY PRACTICE	3.27	0	0	0	0	0	0
GASTROENTEROLOGY	1.25	0	0	0	0	−1	−1
GENERAL PRACTICE	0.87	0	0	0	0	0	0
GENERAL SURGERY	1.94	0	0	0	0	0	−1
GERIATRICS	0.08	0	0	0	0	0	0
HEMATOLOGY/ONCOLOGY	0.90	0	1	0	0	1	1
INFECTIOUS DISEASE	0.25	0	0	0	0	0	−1
INTERNAL MEDICINE	6.42	0	0	0	0	0	0
INTERVENTIONAL RADIOLOGY	0.13	0	0	0	0	0	1
NEPHROLOGY	1.03	0	0	0	0	0	−1
NEUROLOGY	0.85	0	1	3	0	0	−1
NEUROSURGERY	0.35	0	0	0	0	0	−1
OBSTETRICS/GYNECOLOGY	0.45	0	0	0	0	0	0
OPHTHALMOLOGY	3.69	0	−1	0	0	−1	−1
ORTHOPEDIC SURGERY	2.22	0	0	0	0	0	0
OTOLARNGOLOGY	0.63	0	0	0	0	0	0
PATHOLOGY	0.63	0	0	−2	0	0	−2
PEDIATRICS	0.05	0	0	0	0	0	0
PHYSICAL MEDICINE	0.48	0	0	1	0	0	1
PLASTIC SURGERY	0.23	0	0	0	0	−1	−1
PSYCHIATRY	1.00	0	0	0	0	0	0
PULMONARY DISEASE	1.07	0	0	1	0	0	0
RADIATION ONCOLOGY	0.72	0	2	0	0	2	3
RADIOLOGY	3.12	0	1	0	0	1	2
RHEUMATOLOGY	0.30	0	0	0	0	0	0
THORACIC SURGERY	0.44	0	0	0	0	0	0
UROLOGY	0.44	0	0	0	0	−1	−1
VASCULAR SURGERY	0.34	0	0	0	2	0	2
Other Practitioners:							
CHIROPRACTOR	0.44	0	0	0	0	−1	−1
CLINICAL PSYCHOLOGIST	0.38	0	0	0	0	1	1
CLINICAL SOCIAL WORKER	0.21	0	0	0	0	1	0
NURSE ANESTHETIST	0.35	0	0	0	0	0	−1
NURSE PRACTITIONER	0.21	0	0	0	0	0	0
OPTOMETRY	0.50	−1	−1	0	0	−1	−2
PHYSICAL/OCCUPATIONAL THERAPY	0.47	0	0	0	0	0	0

TABLE 2.—IMPACT OF PRACTICE EXPENSE CHANGES ON TOTAL MEDICARE ALLOWED CHARGES BY PHYSICIAN, PRACTITIONER AND SUPPLIER SUBCATEGORY—Continued

Category	Medicare allowed charges ($ in billions)	Input changes (percent)	Maximum staff time (percent)	Professional technical changes (percent)	Zero physician work pool (percent)	Multi-year utilization	Total (percent)
PHYSICIAN ASSISTANTS	0.17	0	0	0	0	0	0
PODIATRY	1.10	0	0	0	0	0	−1
Suppliers:							
DIAGNOSTIC TREATMENT FACILITY	0.35	0	3	1	1	3	9
INDEPENDENT LABORATORY	0.38	0	−1	−9	0	2	−8
PORTABLE XRAY SUPPLIER	0.06	0	4	0	0	3	8
ALL OTHER	0.29	0	0	0	0	0	0
TOTAL	49.21	0	0	0	0	0	0

In previous years, we have not included the effect of the physician fee schedule update in our impact tables. The statutory methodology for updating physician rates for CY 2001 and subsequent years is specified in section 1848(d)(4) of the Act. Section 1848(d)(4) of the Act indicates that physician fee schedule rates are updated by the MEI increased or decreased by an ''update adjustment factor.'' The update adjustment factor reflects a comparison of actual and target expenditures under the sustainable growth rate system (SGR) under section 1848(f) of the Act. If actual expenditures exceed target expenditures, the update adjustment factor is negative. If actual expenditures are less than target expenditures, the update adjustment factor is positive. The update adjustment factor is limited to +3.0 and −7.0 percentage points. We do not have authority to change physician fee schedule update formula specified in statute. Since the application of the update cannot be changed through the rulemaking process, we have not shown the effect of the physician fee schedule update in our impact tables. However, public comment indicates an interest in our illustrating the effect of the update on payments to physicians in the impact section of our regulation.

Consistent with the requirements of section 1848(d)(1)(E) of the Act, we made an estimate of the physician fee schedule update for CY 2003 available to the Medicare Payment Advisory Commission (MedPAC) and the public on March 1, 2002. At that time, we provided our latest estimate of the MEI for CY 2003 and indicated that the update adjustment factor would likely equal the −7.0 percentage point limit established in statute. That is, the CY 2003 update would equal the MEI reduced by 7.0 percentage points. Section 1848(d)(4)(F) of the Act requires the update to be reduced by an additional −0.2 percentage points.

We currently estimate that the CY 2003 MEI will equal 2.3 percent using an adjustment based on a 10-year average economy-wide labor productivity. If we substitute a 10-year average economy-wide multifactor productivity as proposed in this proposed rule, the CY 2003 MEI is estimated to be 3.0 percent. Substituting multifactor for labor productivity increases the MEI by 0.7 percentage points. We believe that it remains likely that the update adjustment factor will equal the statutory limit of −7.0 percentage points specified in section 1848(d)(4) of the Act. Taking the following factors into account, we estimate that the CY 2003 physician fee schedule update will equal the product of the following 3 factors:

MEI 3.0% (1.030)
Update Adjustment Factor −7.0% (0.930)
Legislative Factor −0.2% (0.998)
Update −4.4% (0.956)

The MEI is based on the 3 complete quarters and 1 projected quarter of information and may change slightly before we announce the final MEI no later than November 1, 2002. Incorporating the estimated update with the practice expense impacts shown above will produce the following estimated impact on payments for physician fee schedule services. Table 3 shows the estimated change in average payments by specialty based on provisions of this proposed rule and the estimated physician fee schedule update. If we change any of these provisions based on public comment or if the actual MEI is different than our estimate, these figures may change.

TABLE 3.—ESTIMATED IMPACT PRACTICE EXPENSE AND UPDATE ON TOTAL MEDICARE ALLOWED CHARGES BY SPECIALTY

Specialty	Medicare allowed charges ($ in billions)	Combined practice expense changes (percent)	Estimated update (percent)	Total (percent)
Physicians:				
ALLERGY/IMMUNOLOGY	$0.14	2	−4.4	−3
ANESTHESIOLOGY	1.17	−1	−4.4	−5
CARDIAC SURGERY	0.27	0	−5.5	−5
CARDIOLOGY	4.28	1	−4.4	−4
CLINICS	1.81	0	−4.4	−5
DERMATOLOGY	1.43	−2	−4.4	−6
EMERGENCY MEDICINE	1.04	0	−4.4	−4
ENDOCRINOLOGY	0.20	0	−4.4	−5
FAMILY PRACTICE	3.27	0	−4.4	−5
GASTROENTEROLOGY	1.25	−1	−4.4	−5
GENERAL PRACTICE	0.87	0	−4.4	−4

TABLE 3.—ESTIMATED IMPACT PRACTICE EXPENSE AND UPDATE ON TOTAL MEDICARE ALLOWED CHARGES BY SPECIALTY—Continued

Specialty	Medicare allowed charges ($ in billions)	Combined practice expense changes (percent)	Estimated update (percent)	Total (percent)
GENERAL SURGERY	1.94	−1	−4.4	−5
GERIATRICS	0.08	0	−4.4	−5
HEMATOLOGY/ONCOLOGY	0.90	1	−4.4	−3
INFECTIOUS DISEASE	0.25	−1	−4.4	−5
INTERNAL MEDICINE	6.42	0	−4.4	−5
INTERVENTIONAL RADIOLOGY	0.13	1	−4.4	−4
NEPHROLOGY	1.03	−1	−4.4	−5
NEUROLOGY	0.85	2	−4.4	−1
NEUROSURGERY	0.35	−1	−4.4	−5
OBSTETRICS/GYNECOLOGY	0.45	0	−4.4	−5
OPHTHALMOLOGY	3.69	−1	−4.4	−5
ORTHOPEDIC SURGERY	2.22	0	−4.4	−5
OTOLARNGOLOGY	0.63	0	−4.4	−5
PATHOLOGY	0.63	−2	−4.4	−6
PEDIATRICS	0.05	0	−4.4	−4
PHYSICAL MEDICINE	0.48	1	−4.4	−3
PLASTIC SURGERY	0.23	−1	−4.4	−5
PSYCHIATRY	1.00	0	−4.4	−5
PULMONARY DISEASE	1.07	0	−4.4	−4
RADIATION ONCOLOGY	0.72	3	−4.4	−3
RADIOLOGY	3.12	2	−4.4	−3
RHEUMATOLOGY	0.30	0	−4.4	−4
THORACIC SURGERY	0.44	0	−4.4	−4
UROLOGY	1.28	−1	−4.4	−4
VASCULAR SURGERY	0.34	2	−4.4	−3
Other Practitioners:				
CHIROPRACTOR	0.44	−1	−4.4	−5
CLINICAL PSYCHOLOGIST	0.38	1	−4.4	−4
CLINICAL SOCIAL WORKER	0.21	0	−4.4	−4
NURSE ANESTHETIST	0.35	−1	−4.4	−5
NURSE PRACTITIONER	0.21	0	−4.4	−5
OPTOMETRY	0.50	−2	−4.4	−4
PHYSICAL/OCCUPATIONAL THERAPY	0.47	0	−4.4	−5
PHYSICIANS ASSISTANT	0.17	0	−4.4	−5
PODIATRY	1.10	−1	−4.4	−5
Suppliers:				
DIAGNOSTIC TREATMENT FACILITY	0.35	9	−4.4	1
INDEPENDENT LABORATORY	0.38	−8	−4.4	−9
PORTABLE X–RAY SUPPLIER	0.06	8	−4.4	−1
ALL OTHER	0.29	0	−4.4	−5
TOTAL	49.21	0	−4.4	−4.4

Table 4 shows the impact on payments for selected high volume procedures of all of the changes previously discussed. This table shows the combined impact of the change in the practice expense RVUs and the estimated physician fee schedule update on total payment for the procedure. There are separate columns that show the change in the facility rates and the nonfacility rates. For an explanation of facility and non-facility practice expense refer to § 414.22(b)(5)(i). The table shows the estimated change in payment rates based on provisions of this proposed rule and the estimated physician fee schedule update. If we change any of the provisions following the consideration of public comments or if the actual MEI is different than our estimate, these figures may change.

TABLE 4.—IMPACT OF PROPOSED RULE AND PHYSICIAN FEE SCHEDULE UPDATE ON MEDICARE PAYMENT FOR SELECTED PROCEDURES

HCPCS	MOD	DESC	Facility payment			Nonfacility payment		
			Old	New	% Change	Old	New	% Change
11721		Debride nail, 6 or more	$28.96	$27.34	−6	$36.92	$34.95	−5
17000		Detroy benign/premal lesion	32.94	31.15	−5	62.62	58.48	−7
27130		Total hip arthroplasty	1,452.31	1,376.62	−5	N/A	N/A	N/A
27236		Treat thigh fracture	1,113.85	1,053.40	−5	N/A	N/A	N/A
27244		Treat thigh fracture	1,137.38	1,074.86	−5	N/A	N/A	N/A

TABLE 4.—IMPACT OF PROPOSED RULE AND PHYSICIAN FEE SCHEDULE UPDATE ON MEDICARE PAYMENT FOR SELECTED PROCEDURES—Continued

HCPCS	MOD	DESC	Facility payment			Nonfacility payment		
			Old	New	% Change	Old	New	% Change
27447		Total knee arthroplasty	1,514.21	1,433.72	−5	N/A	N/A	N/A
33533		CABG, arterial, single	1,827.34	1,742.75	−5	N/A	N/A	N/A
35301		Rechanneling of artery	1,061.36	1,011.18	−5	N/A	N/A	N/A
43239		Upper GI endoscopy, biopsy	154.93	146.73	−5	354.75	316.30	−11
45385		Lesion removal colonoscopy	287.78	273.04	−5	571.22	511.82	−10
66821		After cataract laser surgery	213.94	203.83	−5	229.50	219.40	−4
66984		Cataract surg w/iol, i stage	669.32	636.06	−5	N/A	N/A	N/A
67210		Treatment of retinal lesion	546.61	519.09	5	603.08	575.15	−5
71010	26	Chest x-ray	9.05	8.65	−4	9.05	8.65	−4
71020	26	Chest x-ray	11.22	10.38	−7	11.22	10.38	−7
76091		Mammogram, both breasts	N/A	N/A	N/A	90.50	90.32	0
76091	26	Mammogram, both breasts	43.44	41.53	−4	43.44	41.53	−4
76092		Mammogram, screening	N/A	N/A	N/A	81.81	78.21	−4
76092	26	Mammogram, screening	35.48	33.91	−4	35.48	33.91	−4
77427		Radiation tx management, x5	167.96	159.88	−5	167.96	159.88	−5
78465	26	Heart image (3d), multiple	74.93	70.94	−5	74.93	70.94	−5
88305	26	Tissue exam by pathologist	40.54	38.41	−5	40.54	38.41	−5
90801		Psy dx interview	137.19	130.81	−5	144.80	138.08	−5
90806		Psytx, off, 45–50 min	91.22	87.55	−4	95.93	92.05	−4
90807		Psytx, off, 45–50 min w/e&m	98.82	94.13	−5	103.53	98.28	−5
90862		Medication management	46.33	43.95	−5	51.04	48.45	−5
90921		ESRD related services, month	273.30	258.16	−6	273.30	258.16	−6
90935		Hemodialysis, one evaluation	76.38	71.98	−6	N/A	N/A	N/A
92004		Eye exam, new patient	87.96	83.05	−6	123.44	117.66	−5
92012		Eye exam established pat	35.84	33.91	−5	61.18	58.48	−4
92014		Eye exam & treatment	58.64	55.37	−6	91.22	86.86	−5
92980		Insert itracoronary stent	790.59	748.18	−5	N/A	N/A	N/A
92982		Coronary artery dilation	584.26	553.00	−5	N/A	N/A	N/A
93000		Electrocardiogram, complete	N/A	N/A	N/A	25.34	25.26	0
93010		Electrocardiogram report	9.05	8.31	−8	9.05	8.31	−8
93015		Cardiovascular stress test	N/A	N/A	N/A	99.91	100.01	0
93307	26	Echo exam of heart	48.14	45.33	−6	48.14	45.33	−6
93510	26	Left heart catheterization	230.59	218.02	−5	230.59	218.02	−5
98941		Chiropractic manipulation	31.13	29.42	−5	35.48	33.57	−5
99202		Office/outpatient visit, new	45.61	43.26	−5	61.54	58.14	−6
99203		Office/outpatient visit, new	69.50	66.10	−5	91.95	86.86	−6
99204		Office/outpatient visit, new	102.81	97.93	−5	130.68	123.89	−5
99205		Office/outpatient visit, new	136.47	129.43	−5	166.15	157.46	−5
99211		Office/outpatient visit, est	8.69	8.31	−4	20.27	19.03	−6
99212		Office/outpatient visit, est	23.17	21.80	−6	36.20	33.91	−6
99213		Office/outpatient visit, est	34.03	32.53	−4	50.32	47.76	−5
99214		Office/outpatient visit, est	56.11	53.29	−5	78.91	74.75	−5
99215		Office/outpatient visit, est	90.50	85.82	−5	115.84	109.35	−6
99221		Initial hospital care	65.16	61.94	−5	N/A	N/A	N/A
99222		Initial hospital care	108.24	102.78	−5	N/A	N/A	N/A
99223		Initial hospital care	150.95	143.27	−5	N/A	N/A	N/A
99231		Subsequent hospital care	32.58	30.80	−5	N/A	N/A	N/A
99232		Subsequent hospital care	53.57	50.87	−5	N/A	N/A	N/A
99233		Subsequent hospital care	76.38	72.33	−5	N/A	N/A	N/A
99236		Observ/hosp same date	214.66	204.87	−5	N/A	N/A	N/A
99238		Hospital discharge day	66.24	62.98	−5	N/A	N/A	N/A
99239		Hospital discharge day	90.86	86.17	−5	N/A	N/A	N/A
99241		Office consultation	33.30	31.15	−6	47.06	44.64	−5
99242		Office consultation	68.05	64.02	−6	87.24	82.36	−6
99243		Office consultation	90.14	85.48	−5	115.84	109.35	−6
99244		Office consultation	133.58	126.66	−5	164.34	155.38	−5
99245		Office consultation	177.01	167.84	−5	212.85	201.41	−5
99251		Initial inpatient consult	34.75	32.88	−5	N/A	N/A	N/A
99252		Initial inpatient consult	69.86	66.10	−5	N/A	N/A	N/A
99253		Initial inpatient consult	95.20	90.32	−5	N/A	N/A	N/A
99254		Initial inpatient consult	136.83	129.77	−5	N/A	N/A	N/A
99255		Initial inpatient consult	188.60	178.57	−5	N/A	N/A	N/A
99261		Follow-up inpatient consult	21.72	20.76	−4	N/A	N/A	N/A
99262		Follow-up inpatient consult	43.44	41.18	−5	N/A	N/A	N/A
99263		Follow-up inpatient consult	64.80	61.25	−5	N/A	N/A	N/A
99282		Emergency dept visit	26.43	25.26	−4	N/A	N/A	N/A
99283		Emergency dept visit	59.37	56.75	−4	N/A	N/A	N/A
99284		Emergency dept visit	92.67	88.59	−4	N/A	N/A	N/A

TABLE 4.—IMPACT OF PROPOSED RULE AND PHYSICIAN FEE SCHEDULE UPDATE ON MEDICARE PAYMENT FOR SELECTED PROCEDURES—Continued

HCPCS	MOD	DESC	Facility payment			Nonfacility payment		
			Old	New	% Change	Old	New	% Change
99285		Emergency dept visit	144.80	138.08	−5	N/A	N/A	N/A
99291		Critical care, first hour	198.37	188.60	−5	208.87	197.60	−5
99292		Critical care, addl 30 min	98.82	94.13	−5	108.24	101.05	−7
99301		Nursing facility care	60.09	57.45	−4	70.23	66.79	−5
99302		Nursing facility care	80.72	76.83	−5	95.57	91.01	−5
99303		Nursing facility care	100.27	95.51	−5	118.73	112.82	−5
99311		Nursing fac care, subseq	30.05	28.72	−4	40.18	38.41	−4
99312		Nursing fac care, subseq	49.95	47.41	−5	61.90	58.83	−5
99313		Nursing fac care, subseq	70.95	67.48	−5	84.34	80.29	−5
99348		Home visit, est patient	N/A	N/A	N/A	73.85	69.90	−5
99350		Home visit, est patient	N/A	N/A	N/A	166.52	157.46	−5

B. Proposed Productivity Adjustment to the MEI

As indicated in section II.D of this proposed rule, we are proposing to change the methodology for adjusting for productivity in the MEI. We propose that the MEI used for the CY 2003 physician payment update reflect changes in the 10-year moving average of private nonfarm business (economy-wide) multifactor productivity applied to the entire index. The prior method accounted for productivity by adjusting the labor portion of the MEI by the 10-year moving average change in private nonfarm business (economy-wide) labor productivity. Our reasons for proposing this change and the alternatives we considered are discussed in detail in section II.D.

We believe that we have developed a revised MEI methodology that is technically superior to the current MEI and more adequately reflects annual changes in the cost of furnishing services in efficient physicians' practices. We estimate that the proposed changes to the MEI would raise the index by 0.7 percentage points from 2.3 percent to 3.0 percent for CY 2003 based on 3 complete quarters and 1 projected quarter of information. This figure may change based on complete data. We estimate that this proposed change would increase Federal expenditures by $150 million in FY 2003. The outyear impact is a function of numerous economic variables that fluctuate unpredictably. Our estimate of the impact beyond FY 2003 is based on projections of both the current and proposed revised index. We estimate the proposed change would increase Federal expenditures by $340 million in FY 2004 and $550 million in FY 2005.

C. Site of Service

Relative values for practice expense are determined for both ''facility'' and ''nonfacility'' settings. (See Addendum B.) We propose to clarify which place of service codes are assigned to facility relative values and which place of service codes are assigned to nonfacility relative values. This clarification should benefit physicians, providers, and Medicare contractors by making the payment rules clearer. We are proposing to update facility and nonfacility designations for several new place of service codes and change the designations for several place of service codes already in existence. The update for the new place of service codes will have no effect on Medicare spending. The place of service codes in which we are changing the designation are infrequently used for physician fee schedule services. Any effect of this proposal would result in very minor redistribution in payment among physician fee schedule services through the practice expense budget-neutrality adjustments.

D. Pricing of Technical Components (TC) for Positron Emission Tomography (PET) Scans

As stated earlier, to keep pricing consistent with the manner in which other PET scan services are paid, we are proposing a change from national pricing to having the carriers price the TC and global value for HCPCS code G0125 Lung Image PET scans. The budgetary impact on the Medicare program and providers would be uncertain since we do not know the payment amounts that carriers would use for this service.

E. Medicare Qualifications for Clinical Nurse Specialists (CNSs)

As previously stated, we are proposing to revise regulations regarding qualifications for CNSs by allowing flexibility as to certifying bodies. We believe this change would make the Medicare requirements more consistent with criteria for other practitioners. We also believe there would be additional enrollment of CNSs that would qualify for Medicare enrollment. We expect that this proposal would have little effect on Medicare expenditures.

F. Process To Add or Delete Services to the Definition of Telehealth

We are proposing a process for adding or deleting services from the list of telehealth services, as well as for adding specific services to the list for CY 2003. There are no costs or savings to the Medicare program associated with this proposal. In addition, we are proposing to add psychiatric diagnostic interview examination, as represented by HCPCS code 90801, to the list of Medicare telehealth services. We believe this would have little effect on Medicare expenditures.

G. Change in Global Period for CPT Code 77789 (Surface Application of Radiation Source

We are proposing a change in the global period for CPT code 77789 (surface application of radiation source) from a 90-day global period to a 000-day global period. We believe physicians that furnish these services would benefit from this change because it would simplify their billing processes. We do not expect it would have a significant impact on the Medicare program because the change would reflect current practices.

H. New HCPCS G-Codes

We are proposing to add new G-codes to describe evaluation (examination and treatment) of the feet no more often than every 6 months for individuals with a documented diagnosis of diabetic peripheral neuropathy with loss of protective sensation. We established

payment for these codes in CY 2002 to allow for payment consistent with a national coverage decision clarifying coverage for routine foot exams. This provision would have no impact on the program because the codes will be implemented through a program memorandum to reflect new national policy effective July 1, 2002.

I. Endoscopic Base for Urology Codes

We are proposing to correct the pricing of certain endoscopic services. As we indicated in section II.N., we propose to use CPT procedure code 52000 as the endoscopic base code for CPT procedure codes 52234, 52235, and 52240. This proposed change would result in a reduction in payment in instances when these codes are billed in conjunction with either CPT procedure code 52000 or other codes that have CPT procedure code 52000 as the endscopic base code. We expect the savings would be negligible.

J. Physical Therapy and Occupational Therapy Caps

There were no proposals made in this area. The imposition of the physical and occupational therapy caps will occur as a result of application of section 4541(c) of the BBA. While section 221 of the BBRA and section 421 of BIPA placed a moratorium on application of these caps, the moratorium expires for physical and occupational therapy services rendered after December 31, 2002. We estimate that application of the caps will reduce Medicare expenditures for physical and occupational therapy services by $240 million in 2003.

K. Enrollment of Physical and Occupational Therapists as Therapists in Private Practice

This proposal would clarify Medicare enrollment criteria for therapists and provide consistency among Medicare contractors. This would allow flexibility for therapists in how they choose to practice by allowing all therapists that met the enrollment criteria to enroll in Medicare.

L. Alternatives Considered

This proposed rule contains a range of policies. The preamble identifies those policies when discretion has been exercised and presents rationale for our decisions, including a presentation of nonselected options.

M. Impact on Beneficiaries

Although changes in physicians' payments were large when the physician fee schedule was implemented in 1992, we detected no problems with beneficiary access to care. We do not believe that there would be any problem with access to care as a result of the proposed changes in this rule. While it has been suggested that the negative update for 2003 may affect beneficiary access to care, we note that the formula to determine this update is set by statute and this regulation cannot, and does not, change it. Furthermore, since beginning our transition to a resource-based practice expense system in CY 1999, we have not found that there are problems with beneficiary access to care.

As indicated above, the imposition of the physical and occupational therapy caps will occur as a result of application of section 4541(c) of the BBA. It is possible that application of physical and occupational therapy caps will have an impact on Medicare beneficiaries either through increased liability for services exceeding the cap or fewer services being provided. We contracted with the Urban Institute to perform analyses related to the implementation of the therapy caps, based on an analysis of a sample of therapy services provided from 1998 through 2000. The draft reports are available on the CMS website. The contractor report indicated that in 2000, about 12 percent of patients who received therapy services would have exceeded the caps. More than 50 percent of those who exceeded the caps did so by $500 or more. The caps are more likely to be exceeded in skilled nursing facilities, comprehensive outpatient rehabilitation facilities, and other rehabilitation facility settings. The caps do not apply to outpatient therapy services provided in an outpatient hospital. The report does not make assumptions about changes in behavior in response to the caps. Without more experience with the caps, it is difficult to predict the precise impact on beneficiaries.

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 410

Health facilities, Health professions, Kidney diseases, Laboratories, Medicare, Rural areas, X-rays.

42 CFR Part 414

Administrative practice and procedure, Health facilities, Health professions, Kidney diseases, Medicare, Reporting and recordkeeping requirements, Rural areas, X-rays.

For the reasons set forth in the preamble, the Centers for Medicare & Medicaid Services proposes to amend 42 CFR chapter IV as follows:

PART 410—SUPPLEMENTARY MEDICAL INSURANCE (SMI) BENEFITS

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).

2. Section 410.59 is amended as follows:

A. Paragraph (c)(1)(ii)(C) is revised.

B. A new paragraph (c)(1)(ii)(D) is added.

The revision and addition read as follows:

§ 410.59 Outpatient occupational therapy services: conditions.

* * * * *

(c) * * *

(1) * * *

(ii) * * *

(C) An unincorporated solo practice, partnership, or group practice, or a professional corporation or other incorporated occupational therapy practice.

(D) A physician group.

* * * * *

3. Section 410.60 is amended as follows:

A. Paragraph (c)(1)(ii)(C) is revised.

B. A new paragraph (c)(1)(ii)(D) is added.

The revision and addition read as follows:

§ 410.60 Outpatient physical therapy services: conditions.

* * * * *

(c) * * *

(1) * * *

(ii) * * *

(C) An unincorporated solo practice, partnership, or group practice, or a professional corporation or other incorporated physical therapy practice.

(D) An employee of a physician group.

* * * * *

4. Section 410.61 is amended by revising paragraph (d)(1)(iii) to read as follows:

§ 410.61 Outpatient rehabilitation services.

* * * * *

(d) * * *

(1) * * *

(iii) The occupational therapist that furnishes the occupational therapy services.

* * * * *

5. Section 410.76 is amended by revising paragraph (b)(3) to read as follows:

§ 410.76 Clinical nurse specialists' services.

* * * * *

(b) * * *

(3) Be certified as a clinical nurse specialist by a national certifying body that has established standards for clinical nurse specialists and that is approved by the Secretary.

* * * * *

6. Section 410.78 is amended as follows:

a. Revise the heading of the section.

b. Revise paragraph (b) introductory text.

c. Revise paragraph (b)(1).

The revisions read as follows:

§ 410.78 Telehealth services.

* * * * *

(b) *General rule.* Medicare Part B pays for office and other outpatient visits, professional consultation, psychiatric diagnostic interview examination, individual psychotherapy, and pharmacologic management furnished by an interactive telecommunications system if the following conditions are met:

(1) The physician or practitioner at the distant site must be licensed to furnish the service under State law. The physician or practitioner at the distant site who is licensed under State law to furnish a covered telehealth service described in this section may bill, and receive payment for, the service when it is delivered via a telecommunications system.

* * * * *

PART 414—PAYMENT FOR PART B MEDICAL AND OTHER HEALTH SERVICES

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. Section 414.46is amended by revising paragraph (g) to read as follows:

§ 414.46 Additional rules for payment of anesthesia services.

* * * * *

(g) *Physician involved in multiple anesthesia services.* If the physician is involved in multiple anesthesia services for the same patient during the same operative session, the carrier makes payment according to the base unit associated with the anesthesia service having the highest base unit value and anesthesia time that encompasses the multiple services. If the multiple anesthesia services involve add-on anesthesia codes, as described in program operating instructions, the carrier makes payment for the add-on codes according to the usual anesthesia payment rules in paragraph (b) of this section.

3. Section 414.65, is amended as follows:

a. Revise the heading of the section.

b. Revise paragraph (a)(1).

c. Revise paragraph (b) introductory text.

The revisions read as follows:

§ 414.65 Payment for telehealth services.

(a) * * *

(1) The Medicare payment amount for office or other outpatient visits, consultation, individual psychotherapy, psychiatric diagnostic interview examination, and pharmacologic management furnished via an interactive telecommunications system is equal to the current fee schedule amount applicable for the service of the physician or practitioner.

* * * * *

(b) *Originating site facility fee.* For telehealth services furnished on or after October 1, 2001:

* * * * *

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

Dated: May 21, 2002.

Thomas A. Scully,

Administrator, Centers for Medicare & Medicaid Services.

Approved: June 5, 2002.

Tommy G. Thompson,

Secretary.

Note: These addenda will not appear in the Code of Federal Regulations.

Addendum A—Explanation and Use of Addenda B

The addenda on the following pages provide various data pertaining to the Medicare fee schedule for physicians' services furnished in 2003. 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 B will no longer publish alpha numeric codes for which there is no physician fee schedule coverage or payment or services paid on the clinical lab fee schedule.*

Addendum B—2003 Relative Value Units and Related Information Used in Determining Medicare Payments for 2003

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 2003. Codes that are not used for Medicare payment are identified with a ''+.''

6. *Facility practice expense RVUs.* These are the fully implemented resource-based practice expense RVUs for facility settings.

7. *Non-facility practice expense RVUs.* These are the fully implemented resource-based practice expense RVUs for non-facility settings.

8. *Malpractice expense RVUs.* These are the RVUs for the malpractice expense for the service for 2003.

9. *Facility total.* This is the sum of the work, fully implemented facility practice expense, and malpractice expense RVUs.

10. *Non-facility total.* This is the sum of the work, fully implemented non-facility practice expense, and malpractice expense RVUs.

11. *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 1999 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 = Code related to another service that is always included in the global period of the other service. (Note: Physician work and practice expense are associated with intra service time and in some instances the post service time.)

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Facility PE RVUs	Non-Facility PE RVUs	Mal-Practice RVUs	Global
0001T		C	Endovas repr abdo ao aneurys	0.00	0.00	0.00	0.00	XXX
0002T		C	Endovas repr abdo ao aneurys	0.00	0.00	0.00	0.00	XXX
0003T		C	Cervicography	0.00	0.00	0.00	0.00	XXX
0005T		C	Perc cath stent/brain cv art	0.00	0.00	0.00	0.00	XXX
0006T		C	Perc cath stent/brain cv art	0.00	0.00	0.00	0.00	XXX
0007T		C	Perc cath stent/brain cv art	0.00	0.00	0.00	0.00	XXX
0008T		C	Upper gi endoscopy w/suture	0.00	0.00	0.00	0.00	XXX
0009T		C	Endometrial cryoablation	0.00	0.00	0.00	0.00	XXX
0010T		C	Tb test, gamma interferon	0.00	0.00	0.00	0.00	XXX
0012T		C	Osteochondral knee autograft	0.00	0.00	0.00	0.00	XXX
0013T		C	Osteochondral knee allograft	0.00	0.00	0.00	0.00	XXX
0014T		C	Meniscal transplant, knee	0.00	0.00	0.00	0.00	XXX
0016T		C	Thermotx choroid vasc lesion	0.00	0.00	0.00	0.00	XXX
0017T		C	Photocoagulat macular drusen	0.00	0.00	0.00	0.00	XXX
0018T		C	Transcranial magnetic stimul	0.00	0.00	0.00	0.00	XXX
0019T		C	Extracorp shock wave tx, ms	0.00	0.00	0.00	0.00	XXX
0020T		C	Extracorp shock wave tx, ft	0.00	0.00	0.00	0.00	XXX
0021T		C	Fetal oximetry, trnsvag/cerv	0.00	0.00	0.00	0.00	XXX
0023T		C	Phenotype drug test, hiv 1	0.00	0.00	0.00	0.00	XXX
0024T		C	Transcath cardiac reduction	0.00	0.00	0.00	0.00	XXX
0025T		C	Ultrasonic pachymetry	0.00	0.00	0.00	0.00	XXX
0026T		C	Measure remnant lipoproteins	0.00	0.00	0.00	0.00	XXX
10021		A	Fna w/o image	1.27	NA	1.00	0.10	XXX
10022		A	Fna w/image	1.27	NA	1.26	0.08	XXX

[1] CPT codes and descriptions only are copyright 2001 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved (D0110–D9999).
[3] +Indicates RVUs are not use for Medicate payments.
[4] PE RVUs = Practice Expense Relative Value Units.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Facility PE RVUs	Non-Facility PE RVUs	Mal-Practice RVUs	Global
10040		A	Acne surgery	1.18	0.53	0.93	0.05	010
10060		A	Drainage of skin abscess	1.17	0.67	1.47	0.08	010
10061		A	Drainage of skin abscess	2.40	1.42	1.83	0.17	010
10080		A	Drainage of pilonidal cyst	1.17	0.73	2.12	0.09	010
10081		A	Drainage of pilonidal cyst	2.45	1.54	2.88	0.19	010
10120		A	Remove foreign body	1.22	0.36	1.48	0.10	010
10121		A	Remove foreign body	2.69	1.78	2.93	0.25	010
10140		A	Drainage of hematoma/fluid	1.53	0.87	1.49	0.15	010
10160		A	Puncture drainage of lesion	1.20	0.42	0.72	0.11	010
10180		A	Complex drainage, wound	2.25	1.26	1.47	0.25	010
11000		A	Debride infected skin	0.60	0.24	0.63	0.05	000
11001		A	Debride infected skin add-on	0.30	0.11	0.37	0.02	ZZZ
11010		A	Debride skin, fx	4.20	1.98	2.39	0.45	010
11011		A	Debride skin/muscle, fx	4.95	2.59	3.82	0.53	000
11012		A	Debride skin/muscle/bone, fx	6.88	4.21	5.47	0.89	000
11040		A	Debride skin, partial	0.50	0.21	0.54	0.05	000
11041		A	Debride skin, full	0.82	0.33	0.69	0.08	000
11042		A	Debride skin/tissue	1.12	0.46	1.04	0.11	000
11043		A	Debride tissue/muscle	2.38	1.38	2.65	0.24	010
11044		A	Debride tissue/muscle/bone	3.06	1.82	3.26	0.34	010
11055		R	Trim skin lesion	0.43	0.18	0.51	0.02	000
11056		R	Trim skin lesions, 2 to 4	0.61	0.26	0.57	0.03	000
11057		R	Trim skin lesions, over 4	0.79	0.33	0.64	0.04	000
11100		A	Biopsy of skin lesion	0.81	0.37	1.46	0.04	000
11101		A	Biopsy, skin add-on	0.41	0.19	0.69	0.02	ZZZ
11200		A	Removal of skin tags	0.77	0.31	1.16	0.04	010
11201		A	Remove skin tags add-on	0.29	0.12	0.51	0.02	ZZZ
11300		A	Shave skin lesion	0.51	0.22	1.01	0.03	000
11301		A	Shave skin lesion	0.85	0.39	1.09	0.04	000
11302		A	Shave skin lesion	1.05	0.47	1.18	0.05	000
11303		A	Shave skin lesion	1.24	0.54	1.31	0.06	000
11305		A	Shave skin lesion	0.67	0.28	0.74	0.04	000
11306		A	Shave skin lesion	0.99	0.43	1.00	0.05	000
11307		A	Shave skin lesion	1.14	0.50	1.12	0.05	000
11308		A	Shave skin lesion	1.41	0.61	1.26	0.07	000
11310		A	Shave skin lesion	0.73	0.33	1.11	0.04	000
11311		A	Shave skin lesion	1.05	0.50	1.20	0.05	000
11312		A	Shave skin lesion	1.20	0.57	1.27	0.06	000
11313		A	Shave skin lesion	1.62	0.74	1.55	0.09	000
11400		A	Removal of skin lesion	0.91	0.35	1.63	0.06	010
11401		A	Removal of skin lesion	1.32	0.51	1.76	0.09	010
11402		A	Removal of skin lesion	1.61	0.95	2.51	0.12	010
11403		A	Removal of skin lesion	1.92	1.07	2.75	0.16	010
11404		A	Removal of skin lesion	2.20	1.15	2.91	0.18	010
11406		A	Removal of skin lesion	2.76	1.36	3.21	0.25	010
11420		A	Removal of skin lesion	1.06	0.43	1.46	0.08	010
11421		A	Removal of skin lesion	1.53	0.62	1.77	0.11	010
11422		A	Removal of skin lesion	1.76	1.04	2.53	0.14	010
11423		A	Removal of skin lesion	2.17	1.22	2.92	0.17	010
11424		A	Removal of skin lesion	2.62	1.38	3.04	0.21	010
11426		A	Removal of skin lesion	3.78	1.82	3.70	0.34	010
11440		A	Removal of skin lesion	1.15	0.51	2.18	0.08	010
11441		A	Removal of skin lesion	1.61	0.72	2.38	0.11	010
11442		A	Removal of skin lesion	1.87	1.25	2.79	0.14	010
11443		A	Removal of skin lesion	2.49	1.57	3.30	0.18	010
11444		A	Removal of skin lesion	3.42	1.98	3.75	0.25	010
11446		A	Removal of skin lesion	4.49	2.45	4.20	0.30	010
11450		A	Removal, sweat gland lesion	2.73	0.97	4.11	0.26	090
11451		A	Removal, sweat gland lesion	3.95	1.44	4.91	0.39	090
11462		A	Removal, sweat gland lesion	2.51	0.95	4.08	0.23	090
11463		A	Removal, sweat gland lesion	3.95	1.57	5.55	0.40	090
11470		A	Removal, sweat gland lesion	3.25	1.24	4.66	0.30	090
11471		A	Removal, sweat gland lesion	4.41	1.72	5.69	0.40	090
11600		A	Removal of skin lesion	1.41	1.02	2.41	0.09	010
11601		A	Removal of skin lesion	1.93	1.30	2.46	0.12	010
11602		A	Removal of skin lesion	2.09	1.35	2.58	0.13	010

[1] CPT codes and descriptions only are copyright 2001 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved (D0110–D9999).
[3] +Indicates RVUs are not use for Medicate payments.
[4] PE RVUs = Practice Expense Relative Value Units.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Facility PE RVUs	Non-Facility PE RVUs	Mal-Practice RVUs	Global
11603		A	Removal of skin lesion	2.35	1.42	2.83	0.16	010
11604		A	Removal of skin lesion	2.58	1.49	3.15	0.18	010
11606		A	Removal of skin lesion	3.43	1.77	3.76	0.28	010
11620		A	Removal of skin lesion	1.34	1.03	2.39	0.09	010
11621		A	Removal of skin lesion	1.97	1.37	2.50	0.12	010
11622		A	Removal of skin lesion	2.34	1.54	2.78	0.15	010
11623		A	Removal of skin lesion	2.93	1.76	3.18	0.20	010
11624		A	Removal of skin lesion	3.43	1.98	3.59	0.25	010
11626		A	Removal of skin lesion	4.30	2.46	4.36	0.35	010
11640		A	Removal of skin lesion	1.53	1.23	2.45	0.10	010
11641		A	Removal of skin lesion	2.44	1.71	2.85	0.15	010
11642		A	Removal of skin lesion	2.93	1.94	3.26	0.18	010
11643		A	Removal of skin lesion	3.50	2.21	3.69	0.24	010
11644		A	Removal of skin lesion	4.55	2.81	4.65	0.33	010
11646		A	Removal of skin lesion	5.95	3.62	5.52	0.46	010
11719		R	Trim nail(s)	0.17	0.07	0.25	0.01	000
11720		A	Debride nail, 1–5	0.32	0.13	0.34	0.02	000
11721		A	Debride nail, 6 or more	0.54	0.21	0.43	0.04	000
11730		A	Removal of nail plate	1.13	0.44	0.81	0.09	000
11732		A	Remove nail plate, add-on	0.57	0.23	0.30	0.05	ZZZ
11740		A	Drain blood from under nail	0.37	0.14	0.81	0.03	000
11750		A	Removal of nail bed	1.86	0.77	1.71	0.16	010
11752		A	Remove nail bed/finger tip	2.67	1.74	2.10	0.33	010
11755		A	Biopsy, nail unit	1.31	0.56	1.07	0.06	000
11760		A	Repair of nail bed	1.58	1.24	1.78	0.17	010
11762		A	Reconstruction of nail bed	2.89	1.86	2.23	0.32	010
11765		A	Excision of nail fold, toe	0.69	0.49	1.13	0.05	010
11770		A	Removal of pilonidal lesion	2.61	1.23	2.93	0.24	010
11771		A	Removal of pilonidal lesion	5.74	3.91	5.50	0.56	090
11772		A	Removal of pilonidal lesion	6.98	4.36	6.35	0.68	090
11900		A	Injection into skin lesions	0.52	0.22	0.75	0.02	000
11901		A	Added skin lesions injection	0.80	0.36	0.87	0.03	000
11920		R	Correct skin color defects	1.61	0.80	2.21	0.17	000
11921		R	Correct skin color defects	1.93	1.00	2.60	0.21	000
11922		R	Correct skin color defects	0.49	0.25	0.39	0.05	ZZZ
11950		R	Therapy for contour defects	0.84	0.42	1.20	0.06	000
11951		R	Therapy for contour defects	1.19	0.52	1.57	0.10	000
11952		R	Therapy for contour defects	1.69	0.70	2.01	0.17	000
11954		R	Therapy for contour defects	1.85	0.93	2.62	0.19	000
11960		A	Insert tissue expander(s)	9.08	11.15	NA	0.88	090
11970		A	Replace tissue expander	7.06	5.01	NA	0.77	090
11971		A	Remove tissue expander(s)	2.13	3.88	6.27	0.21	090
11975		N	Insert contraceptive cap	1.48	0.57	1.56	0.14	XXX
11976		R	Removal of contraceptive cap	1.78	0.70	1.67	0.17	000
11977		N	Removal/reinsert contra cap	3.30	1.28	2.27	0.31	XXX
11980		A	Implant hormone pellet(s)	1.48	0.56	1.12	0.10	000
11981		A	Insert drug implant device	1.48	0.57	1.56	0.14	XXX
11982		A	Remove drug implant device	1.78	0.69	1.68	0.17	XXX
11983		A	Remove/insert drug implant	3.30	1.28	2.27	0.31	XXX
12001		A	Repair superficial wound(s)	1.70	0.44	2.09	0.13	010
12002		A	Repair superficial wound(s)	1.86	0.93	2.15	0.15	010
12004		A	Repair superficial wound(s)	2.24	1.04	2.41	0.17	010
12005		A	Repair superficial wound(s)	2.86	1.23	2.96	0.23	010
12006		A	Repair superficial wound(s)	3.67	1.54	3.61	0.31	010
12007		A	Repair superficial wound(s)	4.12	1.83	4.05	0.37	010
12011		A	Repair superficial wound(s)	1.76	0.45	2.25	0.14	010
12013		A	Repair superficial wound(s)	1.99	0.96	2.39	0.16	010
12014		A	Repair superficial wound(s)	2.46	1.09	2.68	0.18	010
12015		A	Repair superficial wound(s)	3.19	1.28	3.28	0.24	010
12016		A	Repair superficial wound(s)	3.93	1.56	3.76	0.32	010
12017		A	Repair superficial wound(s)	4.71	1.90	NA	0.39	010
12018		A	Repair superficial wound(s)	5.53	2.27	NA	0.46	010
12020		A	Closure of split wound	2.62	1.42	2.48	0.24	010
12021		A	Closure of split wound	1.84	1.02	1.61	0.19	010
12031		A	Layer closure of wound(s)	2.15	0.77	2.15	0.15	010
12032		A	Layer closure of wound(s)	2.47	1.28	2.77	0.15	010

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Facility PE RVUs	Non-Facility PE RVUs	Mal-Practice RVUs	Global
12034		A	Layer closure of wound(s)	2.92	1.45	3.04	0.21	010
12035		A	Layer closure of wound(s)	3.43	1.67	3.08	0.30	010
12036		A	Layer closure of wound(s)	4.05	2.45	5.20	0.41	010
12037		A	Layer closure of wound(s)	4.67	2.79	5.49	0.49	010
12041		A	Layer closure of wound(s)	2.37	0.83	2.34	0.17	010
12042		A	Layer closure of wound(s)	2.74	1.42	2.98	0.17	010
12044		A	Layer closure of wound(s)	3.14	1.61	3.15	0.24	010
12045		A	Layer closure of wound(s)	3.64	1.86	3.53	0.34	010
12046		A	Layer closure of wound(s)	4.25	2.52	5.48	0.40	010
12047		A	Layer closure of wound(s)	4.65	2.88	5.92	0.41	010
12051		A	Layer closure of wound(s)	2.47	1.41	3.00	0.16	010
12052		A	Layer closure of wound(s)	2.77	1.38	2.92	0.17	010
12053		A	Layer closure of wound(s)	3.12	1.54	3.09	0.20	010
12054		A	Layer closure of wound(s)	3.46	1.65	3.44	0.25	010
12055		A	Layer closure of wound(s)	4.43	2.18	4.49	0.35	010
12056		A	Layer closure of wound(s)	5.24	3.05	6.55	0.43	010
12057		A	Layer closure of wound(s)	5.96	3.75	6.07	0.50	010
13100		A	Repair of wound or lesion	3.12	1.82	3.34	0.21	010
13101		A	Repair of wound or lesion	3.92	2.29	3.54	0.22	010
13102		A	Repair wound/lesion add-on	1.24	0.57	0.73	0.10	ZZZ
13120		A	Repair of wound or lesion	3.30	1.87	3.45	0.23	010
13121		A	Repair of wound or lesion	4.33	2.39	3.76	0.25	010
13122		A	Repair wound/lesion add-on	1.44	0.65	0.86	0.12	ZZZ
13131		A	Repair of wound or lesion	3.79	2.21	3.70	0.25	010
13132		A	Repair of wound or lesion	5.95	3.25	4.48	0.32	010
13133		A	Repair wound/lesion add-on	2.19	1.01	1.19	0.17	ZZZ
13150		A	Repair of wound or lesion	3.81	2.66	5.17	0.29	010
13151		A	Repair of wound or lesion	4.45	3.10	5.04	0.28	010
13152		A	Repair of wound or lesion	6.33	4.00	5.71	0.38	010
13153		A	Repair wound/lesion add-on	2.38	1.09	1.32	0.18	ZZZ
13160		A	Late closure of wound	10.48	6.28	NA	1.19	090
14000		A	Skin tissue rearrangement	5.89	4.68	7.31	0.46	090
14001		A	Skin tissue rearrangement	8.47	5.99	8.55	0.65	090
14020		A	Skin tissue rearrangement	6.59	5.39	7.78	0.50	090
14021		A	Skin tissue rearrangement	10.06	7.15	9.05	0.69	090
14040		A	Skin tissue rearrangement	7.87	6.10	8.03	0.53	090
14041		A	Skin tissue rearrangement	11.49	7.93	9.73	0.68	090
14060		A	Skin tissue rearrangement	8.50	6.95	8.54	0.59	090
14061		A	Skin tissue rearrangement	12.29	8.79	10.70	0.75	090
14300		A	Skin tissue rearrangement	11.76	8.44	9.90	0.88	090
14350		A	Skin tissue rearrangement	9.61	6.37	NA	1.09	090
15000		A	Skin graft	4.00	1.88	2.44	0.37	000
15001		A	Skin graft add-on	1.00	0.43	0.58	0.11	ZZZ
15050		A	Skin pinch graft	4.30	3.96	5.05	0.46	090
15100		A	Skin split graft	9.05	6.16	6.25	0.94	090
15101		A	Skin split graft add-on	1.72	0.74	1.20	0.18	ZZZ
15120		A	Skin split graft	9.83	6.75	8.40	0.87	090
15121		A	Skin split graft add-on	2.67	1.22	1.60	0.27	ZZZ
15200		A	Skin full graft	8.03	5.57	9.30	0.73	090
15201		A	Skin full graft add-on	1.32	0.64	1.07	0.14	ZZZ
15220		A	Skin full graft	7.87	6.23	9.26	0.68	090
15221		A	Skin full graft add-on	1.19	0.58	0.92	0.12	ZZZ
15240		A	Skin full graft	9.04	7.06	8.90	0.77	090
15241		A	Skin full graft add-on	1.86	0.94	1.46	0.17	ZZZ
15260		A	Skin full graft	10.06	7.53	8.86	0.63	090
15261		A	Skin full graft add-on	2.23	1.14	1.56	0.17	ZZZ
15342		A	Cultured skin graft, 25 cm	1.00	1.03	2.14	0.09	010
15343		A	Culture skn graft addl 25 cm	0.25	0.10	0.41	0.02	ZZZ
15350		A	Skin homograft	4.00	4.40	8.43	0.42	090
15351		A	Skin homograft add-on	1.00	0.41	0.92	0.11	ZZZ
15400		A	Skin heterograft	4.00	4.79	4.79	0.40	090
15401		A	Skin heterograft add-on	1.00	0.46	1.11	0.11	ZZZ
15570		A	Form skin pedicle flap	9.21	6.11	8.17	0.96	090
15572		A	Form skin pedicle flap	9.27	5.83	7.68	0.93	090
15574		A	Form skin pedicle flap	9.88	6.85	8.31	0.92	090
15576		A	Form skin pedicle flap	8.69	6.34	8.80	0.72	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Facility PE RVUs	Non-Facility PE RVUs	Mal-Practice RVUs	Global
15600		A	Skin graft	1.91	2.39	6.22	0.19	090
15610		A	Skin graft	2.42	2.67	3.38	0.25	090
15620		A	Skin graft	2.94	3.42	6.82	0.28	090
15630		A	Skin graft	3.27	3.71	6.10	0.28	090
15650		A	Transfer skin pedicle flap	3.97	3.77	6.11	0.36	090
15732		A	Muscle-skin graft, head/neck	17.84	11.31	NA	1.50	090
15734		A	Muscle-skin graft, trunk	17.79	11.18	NA	1.91	090
15736		A	Muscle-skin graft, arm	16.27	10.73	NA	1.78	090
15738		A	Muscle-skin graft, leg	17.92	11.17	NA	1.95	090
15740		A	Island pedicle flap graft	10.25	7.05	8.55	0.62	090
15750		A	Neurovascular pedicle graft	11.41	8.17	NA	1.12	090
15756		A	Free muscle flap, microvasc	35.23	20.87	NA	3.11	090
15757		A	Free skin flap, microvasc	35.23	22.03	NA	3.37	090
15758		A	Free fascial flap, microvasc	35.10	22.06	NA	3.52	090
15760		A	Composite skin graft	8.74	6.66	8.88	0.72	090
15770		A	Derma-fat-fascia graft	7.52	6.03	NA	0.78	090
15775		R	Hair transplant punch grafts	3.96	1.55	3.07	0.43	000
15776		R	Hair transplant punch grafts	5.54	2.88	3.90	0.60	000
15780		A	Abrasion treatment of skin	7.29	6.41	6.41	0.41	090
15781		A	Abrasion treatment of skin	4.85	4.74	4.84	0.27	090
15782		A	Abrasion treatment of skin	4.32	4.13	4.21	0.21	090
15783		A	Abrasion treatment of skin	4.29	3.47	4.55	0.26	090
15786		A	Abrasion, lesion, single	2.03	1.27	1.73	0.11	010
15787		A	Abrasion, lesions, add-on	0.33	0.16	0.31	0.02	ZZZ
15788		R	Chemical peel, face, epiderm	2.09	1.03	2.90	0.11	090
15789		R	Chemical peel, face, dermal	4.92	3.46	5.92	0.27	090
15792		R	Chemical peel, nonfacial	1.86	2.08	2.78	0.10	090
15793		A	Chemical peel, nonfacial	3.74	3.33	NA	0.17	090
15810		A	Salabrasion	4.74	3.83	3.83	0.42	090
15811		A	Salabrasion	5.39	4.75	6.10	0.52	090
15819		A	Plastic surgery, neck	9.38	6.69	NA	0.77	090
15820		A	Revision of lower eyelid	5.15	7.08	11.63	0.30	090
15821		A	Revision of lower eyelid	5.72	7.22	12.14	0.31	090
15822		A	Revision of upper eyelid	4.45	6.47	10.50	0.22	090
15823		A	Revision of upper eyelid	7.05	7.55	11.57	0.32	090
15824		R	Removal of forehead wrinkles	0.00	0.00	0.00	0.00	000
15825		R	Removal of neck wrinkles	0.00	0.00	0.00	0.00	000
15826		R	Removal of brow wrinkles	0.00	0.00	0.00	0.00	000
15828		R	Removal of face wrinkles	0.00	0.00	0.00	0.00	000
15829		R	Removal of skin wrinkles	0.00	0.00	0.00	0.00	000
15831		A	Excise excessive skin tissue	12.40	7.66	NA	1.30	090
15832		A	Excise excessive skin tissue	11.59	7.75	NA	1.21	090
15833		A	Excise excessive skin tissue	10.64	7.04	NA	1.17	090
15834		A	Excise excessive skin tissue	10.85	6.98	NA	1.18	090
15835		A	Excise excessive skin tissue	11.67	6.80	NA	1.13	090
15836		A	Excise excessive skin tissue	9.34	6.19	NA	0.95	090
15837		A	Excise excessive skin tissue	8.43	6.34	7.48	0.78	090
15838		A	Excise excessive skin tissue	7.13	5.68	NA	0.58	090
15839		A	Excise excessive skin tissue	9.38	5.77	7.29	0.88	090
15840		A	Graft for face nerve palsy	13.26	9.80	NA	1.15	090
15841		A	Graft for face nerve palsy	23.26	14.52	NA	2.65	090
15842		A	Flap for face nerve palsy	37.96	22.95	NA	3.99	090
15845		A	Skin and muscle repair, face	12.57	8.54	NA	0.80	090
15850		B	Removal of sutures	0.78	0.30	1.43	0.04	XXX
15851		A	Removal of sutures	0.86	0.34	1.61	0.05	000
15852		A	Dressing change,not for burn	0.86	0.36	1.77	0.07	000
15860		A	Test for blood flow in graft	1.95	0.80	1.31	0.13	000
15876		R	Suction assisted lipectomy	0.00	0.00	0.00	0.00	000
15877		R	Suction assisted lipectomy	0.00	0.00	0.00	0.00	000
15878		R	Suction assisted lipectomy	0.00	0.00	0.00	0.00	000
15879		R	Suction assisted lipectomy	0.00	0.00	0.00	0.00	000
15920		A	Removal of tail bone ulcer	7.95	5.50	NA	0.83	090
15922		A	Removal of tail bone ulcer	9.90	7.35	NA	1.06	090
15931		A	Remove sacrum pressure sore	9.24	5.56	NA	0.95	090
15933		A	Remove sacrum pressure sore	10.85	8.00	NA	1.14	090
15934		A	Remove sacrum pressure sore	12.69	8.34	NA	1.35	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Facility PE RVUs	Non-Facility PE RVUs	Mal-Practice RVUs	Global
15935		A	Remove sacrum pressure sore	14.57	10.04	NA	1.56	090
15936		A	Remove sacrum pressure sore	12.38	8.86	NA	1.32	090
15937		A	Remove sacrum pressure sore	14.21	10.36	NA	1.51	090
15940		A	Remove hip pressure sore	9.34	5.94	NA	0.98	090
15941		A	Remove hip pressure sore	11.43	9.87	NA	1.23	090
15944		A	Remove hip pressure sore	11.46	8.67	NA	1.21	090
15945		A	Remove hip pressure sore	12.69	9.63	NA	1.38	090
15946		A	Remove hip pressure sore	21.57	14.05	NA	2.32	090
15950		A	Remove thigh pressure sore	7.54	5.16	NA	0.80	090
15951		A	Remove thigh pressure sore	10.72	8.02	NA	1.14	090
15952		A	Remove thigh pressure sore	11.39	7.43	NA	1.19	090
15953		A	Remove thigh pressure sore	12.63	8.87	NA	1.38	090
15956		A	Remove thigh pressure sore	15.52	10.48	NA	1.64	090
15958		A	Remove thigh pressure sore	15.48	10.79	NA	1.66	090
15999		C	Removal of pressure sore	0.00	0.00	0.00	0.00	YYY
16000		A	Initial treatment of burn(s)	0.89	0.27	1.07	0.06	000
16010		A	Treatment of burn(s)	0.87	0.36	1.18	0.07	000
16015		A	Treatment of burn(s)	2.35	0.94	1.88	0.22	000
16020		A	Treatment of burn(s)	0.80	0.26	1.21	0.06	000
16025		A	Treatment of burn(s)	1.85	0.67	1.87	0.16	000
16030		A	Treatment of burn(s)	2.08	0.90	3.03	0.18	000
16035		A	Incision of burn scab, initi	3.75	1.50	NA	0.36	090
16036		A	Incise burn scab, addl incis	1.50	0.60	NA	0.11	ZZZ
17000		A	Detroy benign/premal lesion	0.60	0.27	1.06	0.03	010
17003		A	Destroy lesions, 2–14	0.15	0.07	0.23	0.01	ZZZ
17004		A	Destroy lesions, 15 or more	2.79	1.28	2.51	0.12	010
17106		A	Destruction of skin lesions	4.59	2.76	4.58	0.28	090
17107		A	Destruction of skin lesions	9.16	4.94	6.88	0.53	090
17108		A	Destruction of skin lesions	13.20	7.18	8.80	0.89	090
17110		A	Destruct lesion, 1–14	0.65	0.26	1.09	0.04	010
17111		A	Destruct lesion, 15 or more	0.92	0.38	1.16	0.04	010
17250		A	Chemical cautery, tissue	0.50	0.21	0.74	0.04	000
17260		A	Destruction of skin lesions	0.91	0.40	1.34	0.04	010
17261		A	Destruction of skin lesions	1.17	0.55	1.45	0.05	010
17262		A	Destruction of skin lesions	1.58	0.74	1.65	0.07	010
17263		A	Destruction of skin lesions	1.79	0.82	1.76	0.08	010
17264		A	Destruction of skin lesions	1.94	0.85	1.83	0.08	010
17266		A	Destruction of skin lesions	2.34	0.96	2.04	0.11	010
17270		A	Destruction of skin lesions	1.32	0.60	1.54	0.06	010
17271		A	Destruction of skin lesions	1.49	0.71	1.61	0.06	010
17272		A	Destruction of skin lesions	1.77	0.84	1.75	0.07	010
17273		A	Destruction of skin lesions	2.05	0.95	1.89	0.09	010
17274		A	Destruction of skin lesions	2.59	1.18	2.15	0.11	010
17276		A	Destruction of skin lesions	3.20	1.68	2.47	0.15	010
17280		A	Destruction of skin lesions	1.17	0.53	1.37	0.05	010
17281		A	Destruction of skin lesions	1.72	0.82	1.72	0.07	010
17282		A	Destruction of skin lesions	2.04	0.97	1.88	0.09	010
17283		A	Destruction of skin lesions	2.64	1.23	2.18	0.11	010
17284		A	Destruction of skin lesions	3.21	1.49	2.47	0.14	010
17286		A	Destruction of skin lesions	4.44	2.48	3.12	0.22	010
17304		A	Chemosurgery of skin lesion	7.60	3.65	7.57	0.31	000
17305		A	2nd stage chemosurgery	2.85	1.37	3.51	0.12	000
17306		A	3rd stage chemosurgery	2.85	1.38	3.51	0.12	000
17307		A	Followup skin lesion therapy	2.85	1.40	3.52	0.12	000
17310		A	Extensive skin chemosurgery	0.95	0.47	1.50	0.05	000
17340		A	Cryotherapy of skin	0.76	0.26	0.37	0.04	010
17360		A	Skin peel therapy	1.43	0.71	1.45	0.06	010
17380		R	Hair removal by electrolysis	0.00	0.00	0.00	0.00	000
17999		C	Skin tissue procedure	0.00	0.00	0.00	0.00	YYY
19000		A	Drainage of breast lesion	0.84	0.29	1.23	0.07	000
19001		A	Drain breast lesion add-on	0.42	0.14	0.84	0.03	ZZZ
19020		A	Incision of breast lesion	3.57	3.38	6.84	0.35	090
19030		A	Injection for breast x-ray	1.53	0.52	3.74	0.07	000
19100		A	Bx breast percut w/o image	1.27	0.44	1.46	0.10	000
19101		A	Biopsy of breast, open	3.18	1.93	5.24	0.20	010
19102		A	Bx breast percut w/image	2.00	0.69	5.11	0.13	000

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Facility PE RVUs	Non-Facility PE RVUs	Mal-Practice RVUs	Global
19103		A	Bx breast percut w/device	3.70	1.27	12.71	0.16	000
19110		A	Nipple exploration	4.30	4.40	8.56	0.44	090
19112		A	Excise breast duct fistula	3.67	3.07	9.11	0.38	090
19120		A	Removal of breast lesion	5.56	3.09	4.92	0.56	090
19125		A	Excision, breast lesion	6.06	3.25	5.03	0.61	090
19126		A	Excision, addl breast lesion	2.93	1.03	NA	0.30	ZZZ
19140		A	Removal of breast tissue	5.14	3.65	9.29	0.52	090
19160		A	Removal of breast tissue	5.99	4.48	NA	0.61	090
19162		A	Remove breast tissue, nodes	13.53	7.93	NA	1.38	090
19180		A	Removal of breast	8.80	5.97	NA	0.88	090
19182		A	Removal of breast	7.73	5.01	NA	0.79	090
19200		A	Removal of breast	15.49	9.09	NA	1.51	090
19220		A	Removal of breast	15.72	9.14	NA	1.56	090
19240		A	Removal of breast	16.00	8.78	NA	1.62	090
19260		A	Removal of chest wall lesion	15.44	9.02	NA	1.64	090
19271		A	Revision of chest wall	18.90	11.09	NA	2.27	090
19272		A	Extensive chest wall surgery	21.55	11.93	NA	2.54	090
19290		A	Place needle wire, breast	1.27	0.43	3.00	0.06	000
19291		A	Place needle wire, breast	0.63	0.22	1.76	0.03	ZZZ
19295		A	Place breast clip, percut	0.00	NA	2.88	0.01	ZZZ
19316		A	Suspension of breast	10.69	7.64	NA	1.15	090
19318		A	Reduction of large breast	15.62	10.30	NA	1.69	090
19324		A	Enlarge breast	5.85	4.29	NA	0.63	090
19325		A	Enlarge breast with implant	8.45	6.29	NA	0.90	090
19328		A	Removal of breast implant	5.68	4.59	NA	0.61	090
19330		A	Removal of implant material	7.59	5.27	NA	0.81	090
19340		A	Immediate breast prosthesis	6.33	3.19	NA	0.68	ZZZ
19342		A	Delayed breast prosthesis	11.20	7.92	NA	1.21	090
19350		A	Breast reconstruction	8.92	6.87	13.93	0.95	090
19355		A	Correct inverted nipple(s)	7.57	5.47	13.39	0.80	090
19357		A	Breast reconstruction	18.16	13.88	NA	1.96	090
19361		A	Breast reconstruction	19.26	11.98	NA	2.08	090
19364		A	Breast reconstruction	41.00	23.88	NA	3.91	090
19366		A	Breast reconstruction	21.28	11.71	NA	2.27	090
19367		A	Breast reconstruction	25.73	15.24	NA	2.78	090
19368		A	Breast reconstruction	32.42	18.77	NA	3.51	090
19369		A	Breast reconstruction	29.82	18.13	NA	3.24	090
19370		A	Surgery of breast capsule	8.05	6.15	NA	0.86	090
19371		A	Removal of breast capsule	9.35	7.24	NA	1.01	090
19380		A	Revise breast reconstruction	9.14	7.13	NA	0.98	090
19396		A	Design custom breast implant	2.17	0.92	6.66	0.23	000
19499		C	Breast surgery procedure	0.00	0.00	0.00	0.00	YYY
20000		A	Incision of abscess	2.12	1.19	2.15	0.17	010
20005		A	Incision of deep abscess	3.42	2.19	2.99	0.34	010
20100		A	Explore wound, neck	10.08	4.37	5.83	0.99	010
20101		A	Explore wound, chest	3.22	1.48	2.82	0.24	010
20102		A	Explore wound, abdomen	3.94	1.76	3.39	0.35	010
20103		A	Explore wound, extremity	5.30	3.00	4.25	0.57	010
20150		A	Excise epiphyseal bar	13.69	8.96	NA	0.96	090
20200		A	Muscle biopsy	1.46	0.60	1.69	0.17	000
20205		A	Deep muscle biopsy	2.35	0.95	3.86	0.23	000
20206		A	Needle biopsy, muscle	0.99	0.35	3.18	0.06	000
20220		A	Bone biopsy, trocar/needle	1.27	3.02	5.05	0.06	000
20225		A	Bone biopsy, trocar/needle	1.87	3.06	4.46	0.11	000
20240		A	Bone biopsy, excisional	3.23	4.12	NA	0.33	010
20245		A	Bone biopsy, excisional	7.78	6.74	NA	0.44	010
20250		A	Open bone biopsy	5.03	4.25	NA	0.50	010
20251		A	Open bone biopsy	5.56	4.78	NA	0.79	010
20500		A	Injection of sinus tract	1.23	3.88	5.68	0.10	010
20501		A	Inject sinus tract for x-ray	0.76	0.26	3.22	0.03	000
20520		A	Removal of foreign body	1.85	3.46	5.49	0.17	010
20525		A	Removal of foreign body	3.50	4.26	6.93	0.40	010
20526		A	Ther injection carpal tunnel	0.86	0.38	0.77	0.06	000
20550		A	Inject tendon/ligament/cyst	0.86	0.26	0.84	0.06	000
20551		A	Inject tendon origin/insert	0.86	0.38	0.77	0.06	000
20552		A	Inject trigger point, 1 or 2	0.86	0.38	0.77	0.06	000

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Facility PE RVUs	Non-Facility PE RVUs	Mal-Practice RVUs	Global
20553		A	Inject trigger points, > 3	0.86	0.38	0.77	0.06	000
20600		A	Drain/inject, joint/bursa	0.66	0.35	0.64	0.06	000
20605		A	Drain/inject, joint/bursa	0.68	0.36	0.75	0.06	000
20610		A	Drain/inject, joint/bursa	0.79	0.41	0.93	0.08	000
20615		A	Treatment of bone cyst	2.28	2.63	4.68	0.19	010
20650		A	Insert and remove bone pin	2.23	3.18	4.94	0.28	010
20660		A	Apply, remove fixation device	2.51	1.46	NA	0.48	000
20661		A	Application of head brace	4.89	6.61	NA	0.92	090
20662		A	Application of pelvis brace	6.07	5.27	NA	0.81	090
20663		A	Application of thigh brace	5.43	4.70	NA	0.77	090
20664		A	Halo brace application	8.06	8.30	NA	1.49	090
20665		A	Removal of fixation device	1.31	1.24	2.30	0.17	010
20670		A	Removal of support implant	1.74	3.30	5.63	0.23	010
20680		A	Removal of support implant	3.35	5.10	5.10	0.46	090
20690		A	Apply bone fixation device	3.52	1.84	NA	0.47	090
20692		A	Apply bone fixation device	6.41	3.07	NA	0.60	090
20693		A	Adjust bone fixation device	5.86	12.41	NA	0.85	090
20694		A	Remove bone fixation device	4.16	6.12	8.77	0.57	090
20802		A	Replantation, arm, complete	41.15	29.57	NA	5.81	090
20805		A	Replant, forearm, complete	50.00	44.44	NA	3.95	090
20808		A	Replantation hand, complete	61.65	48.81	NA	6.49	090
20816		A	Replantation digit, complete	30.94	46.19	NA	3.01	090
20822		A	Replantation digit, complete	25.59	42.70	NA	3.07	090
20824		A	Replantation thumb, complete	30.94	44.93	NA	3.48	090
20827		A	Replantation thumb, complete	26.41	44.52	NA	3.21	090
20838		A	Replantation foot, complete	41.41	28.98	NA	5.85	090
20900		A	Removal of bone for graft	5.58	6.14	6.31	0.77	090
20902		A	Removal of bone for graft	7.55	8.77	NA	1.06	090
20910		A	Remove cartilage for graft	5.34	6.69	8.56	0.50	090
20912		A	Remove cartilage for graft	6.35	7.57	NA	0.55	090
20920		A	Removal of fascia for graft	5.31	5.57	NA	0.54	090
20922		A	Removal of fascia for graft	6.61	6.32	9.03	0.88	090
20924		A	Removal of tendon for graft	6.48	6.98	NA	0.82	090
20926		A	Removal of tissue for graft	5.53	6.22	NA	0.73	090
20930		B	Spinal bone allograft	0.00	0.00	0.00	0.00	XXX
20931		A	Spinal bone allograft	1.81	0.95	NA	0.34	ZZZ
20936		B	Spinal bone autograft	0.00	0.00	0.00	0.00	XXX
20937		A	Spinal bone autograft	2.79	1.47	NA	0.43	ZZZ
20938		A	Spinal bone autograft	3.02	1.58	NA	0.52	ZZZ
20950		A	Fluid pressure, muscle	1.26	2.08	NA	0.16	000
20955		A	Fibula bone graft, microvasc	39.21	29.77	NA	4.35	090
20956		A	Iliac bone graft, microvasc	39.27	28.02	NA	5.77	090
20957		A	Mt bone graft, microvasc	40.65	20.15	NA	5.74	090
20962		A	Other bone graft, microvasc	39.27	27.75	NA	5.19	090
20969		A	Bone/skin graft, microvasc	43.92	32.44	NA	4.34	090
20970		A	Bone/skin graft, iliac crest	43.06	29.88	NA	4.64	090
20972		A	Bone/skin graft, metatarsal	42.99	18.59	NA	6.07	090
20973		A	Bone/skin graft, great toe	45.76	27.95	NA	4.65	090
20974		A	Electrical bone stimulation	0.62	0.33	0.41	0.09	000
20975		A	Electrical bone stimulation	2.60	1.37	NA	0.42	000
20979		A	Us bone stimulation	0.62	0.24	0.57	0.04	000
20999		C	Musculoskeletal surgery	0.00	0.00	0.00	0.00	YYY
21010		A	Incision of jaw joint	10.14	7.22	NA	0.54	090
21015		A	Resection of facial tumor	5.29	7.27	NA	0.52	090
21025		A	Excision of bone, lower jaw	10.06	6.80	7.27	0.79	090
21026		A	Excision of facial bone(s)	4.85	5.05	5.30	0.40	090
21029		A	Contour of face bone lesion	7.71	6.14	6.85	0.74	090
21030		A	Removal of face bone lesion	6.46	4.76	5.33	0.60	090
21031		A	Remove exostosis, mandible	3.24	2.12	3.31	0.28	090
21032		A	Remove exostosis, maxilla	3.24	2.24	3.28	0.27	090
21034		A	Removal of face bone lesion	16.17	10.58	10.58	1.37	090
21040		A	Removal of jaw bone lesion	2.11	1.80	2.98	0.19	090
21041		A	Removal of jaw bone lesion	6.71	4.33	5.55	0.56	090
21044		A	Removal of jaw bone lesion	11.86	7.93	NA	0.87	090
21045		A	Extensive jaw surgery	16.17	10.23	NA	1.20	090
21050		A	Removal of jaw joint	10.77	11.68	NA	0.84	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Facility PE RVUs	Non-Facility PE RVUs	Mal-Practice RVUs	Global
21060		A	Remove jaw joint cartilage	10.23	10.19	NA	1.16	090
21070		A	Remove coronoid process	8.20	5.97	NA	0.67	090
21076		A	Prepare face/oral prosthesis	13.42	7.17	9.54	1.36	010
21077		A	Prepare face/oral prosthesis	33.75	18.03	23.99	3.43	090
21079		A	Prepare face/oral prosthesis	22.34	12.47	16.96	1.59	090
21080		A	Prepare face/oral prosthesis	25.10	14.01	19.05	2.55	090
21081		A	Prepare face/oral prosthesis	22.88	12.77	17.36	1.87	090
21082		A	Prepare face/oral prosthesis	20.87	11.15	14.83	1.46	090
21083		A	Prepare face/oral prosthesis	19.30	10.77	14.65	1.96	090
21084		A	Prepare face/oral prosthesis	22.51	12.56	17.08	1.57	090
21085		A	Prepare face/oral prosthesis	9.00	4.81	6.40	0.65	010
21086		A	Prepare face/oral prosthesis	24.92	13.91	18.91	1.86	090
21087		A	Prepare face/oral prosthesis	24.92	13.31	17.71	2.22	090
21088		C	Prepare face/oral prosthesis	0.00	0.00	0.00	0.00	090
21089		C	Prepare face/oral prosthesis	0.00	0.00	0.00	0.00	090
21100		A	Maxillofacial fixation	4.22	3.95	5.67	0.18	090
21110		A	Interdental fixation	5.21	4.25	5.18	0.28	090
21116		A	Injection, jaw joint x-ray	0.81	0.29	7.90	0.05	000
21120		A	Reconstruction of chin	4.93	6.06	9.69	0.29	090
21121		A	Reconstruction of chin	7.64	6.18	7.71	0.56	090
21122		A	Reconstruction of chin	8.52	7.53	NA	0.59	090
21123		A	Reconstruction of chin	11.16	8.13	NA	1.16	090
21125		A	Augmentation, lower jaw bone	10.62	8.01	9.32	0.72	090
21127		A	Augmentation, lower jaw bone	11.12	7.38	9.51	0.76	090
21137		A	Reduction of forehead	9.82	8.13	NA	0.53	090
21138		A	Reduction of forehead	12.19	9.40	NA	1.47	090
21139		A	Reduction of forehead	14.61	8.88	NA	1.02	090
21141		A	Reconstruct midface, lefort	18.10	10.71	NA	1.63	090
21142		A	Reconstruct midface, lefort	18.81	12.16	NA	1.16	090
21143		A	Reconstruct midface, lefort	19.58	10.98	NA	0.90	090
21145		A	Reconstruct midface, lefort	19.94	11.18	NA	2.09	090
21146		A	Reconstruct midface, lefort	20.71	11.91	NA	2.13	090
21147		A	Reconstruct midface, lefort	21.77	12.00	NA	1.52	090
21150		A	Reconstruct midface, lefort	25.24	16.28	NA	1.09	090
21151		A	Reconstruct midface, lefort	28.30	20.03	NA	1.98	090
21154		A	Reconstruct midface, lefort	30.52	19.05	NA	4.86	090
21155		A	Reconstruct midface, lefort	34.45	20.69	NA	5.48	090
21159		A	Reconstruct midface, lefort	42.38	27.58	NA	6.74	090
21160		A	Reconstruct midface, lefort	46.44	26.69	NA	4.39	090
21172		A	Reconstruct orbit/forehead	27.80	15.81	NA	1.91	090
21175		A	Reconstruct orbit/forehead	33.17	20.14	NA	5.16	090
21179		A	Reconstruct entire forehead	22.25	17.94	NA	2.48	090
21180		A	Reconstruct entire forehead	25.19	18.89	NA	2.15	090
21181		A	Contour cranial bone lesion	9.90	8.49	NA	0.97	090
21182		A	Reconstruct cranial bone	32.19	21.96	NA	2.53	090
21183		A	Reconstruct cranial bone	35.31	23.64	NA	2.75	090
21184		A	Reconstruct cranial bone	38.24	24.65	NA	4.12	090
21188		A	Reconstruction of midface	22.46	15.57	NA	1.85	090
21193		A	Reconst lwr jaw w/o graft	17.15	10.69	NA	1.53	090
21194		A	Reconst lwr jaw w/graft	19.84	12.65	NA	1.39	090
21195		A	Reconst lwr jaw w/o fixation	17.24	12.28	NA	1.20	090
21196		A	Reconst lwr jaw w/fixation	18.91	12.87	NA	1.62	090
21198		A	Reconstr lwr jaw segment	14.16	11.59	NA	1.05	090
21199		A	Reconstr lwr jaw w/advance	16.00	10.19	NA	1.26	090
21206		A	Reconstruct upper jaw bone	14.10	9.66	NA	1.01	090
21208		A	Augmentation of facial bones	10.23	8.44	9.46	0.92	090
21209		A	Reduction of facial bones	6.72	5.81	7.84	0.60	090
21210		A	Face bone graft	10.23	8.14	8.78	0.88	090
21215		A	Lower jaw bone graft	10.77	7.01	8.71	1.04	090
21230		A	Rib cartilage graft	10.77	10.20	NA	0.96	090
21235		A	Ear cartilage graft	6.72	8.12	12.04	0.52	090
21240		A	Reconstruction of jaw joint	14.05	11.42	NA	1.15	090
21242		A	Reconstruction of jaw joint	12.95	11.21	NA	1.40	090
21243		A	Reconstruction of jaw joint	20.79	13.90	NA	1.85	090
21244		A	Reconstruction of lower jaw	11.86	9.13	NA	0.95	090
21245		A	Reconstruction of jaw	11.86	10.17	13.17	0.88	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Facility PE RVUs	Non-Facility PE RVUs	Mal-Practice RVUs	Global
21246		A	Reconstruction of jaw	12.47	10.04	10.04	1.21	090
21247		A	Reconstruct lower jaw bone	22.63	16.47	NA	2.21	090
21248		A	Reconstruction of jaw	11.48	7.75	8.79	1.01	090
21249		A	Reconstruction of jaw	17.52	10.11	11.33	1.39	090
21255		A	Reconstruct lower jaw bone	16.72	11.37	NA	1.13	090
21256		A	Reconstruction of orbit	16.19	13.42	NA	1.04	090
21260		A	Revise eye sockets	16.52	11.01	NA	1.25	090
21261		A	Revise eye sockets	31.49	19.83	NA	2.20	090
21263		A	Revise eye sockets	28.42	14.74	NA	2.16	090
21267		A	Revise eye sockets	18.90	14.58	NA	1.35	090
21268		A	Revise eye sockets	24.48	16.16	NA	0.79	090
21270		A	Augmentation, cheek bone	10.23	9.48	9.48	0.73	090
21275		A	Revision, orbitofacial bones	11.24	11.04	NA	1.03	090
21280		A	Revision of eyelid	6.03	6.19	NA	0.27	090
21282		A	Revision of eyelid	3.49	5.30	NA	0.21	090
21295		A	Revision of jaw muscle/bone	1.53	4.33	NA	0.13	090
21296		A	Revision of jaw muscle/bone	4.25	4.65	NA	0.30	090
21299		C	Cranio/maxillofacial surgery	0.00	0.00	0.00	0.00	YYY
21300		A	Treatment of skull fracture	0.72	0.27	2.76	0.09	000
21310		A	Treatment of nose fracture	0.58	0.15	2.66	0.05	000
21315		A	Treatment of nose fracture	1.51	1.28	3.41	0.12	010
21320		A	Treatment of nose fracture	1.85	2.03	4.81	0.15	010
21325		A	Treatment of nose fracture	3.77	3.69	NA	0.31	090
21330		A	Treatment of nose fracture	5.38	5.55	NA	0.48	090
21335		A	Treatment of nose fracture	8.61	7.14	NA	0.64	090
21336		A	Treat nasal septal fracture	5.72	5.55	NA	0.45	090
21337		A	Treat nasal septal fracture	2.70	3.27	5.22	0.22	090
21338		A	Treat nasoethmoid fracture	6.46	6.07	NA	0.53	090
21339		A	Treat nasoethmoid fracture	8.09	6.73	NA	0.76	090
21340		A	Treatment of nose fracture	10.77	9.18	NA	0.85	090
21343		A	Treatment of sinus fracture	12.95	9.77	NA	1.06	090
21344		A	Treatment of sinus fracture	19.72	13.45	NA	1.72	090
21345		A	Treat nose/jaw fracture	8.16	7.92	9.46	0.60	090
21346		A	Treat nose/jaw fracture	10.61	10.05	NA	0.85	090
21347		A	Treat nose/jaw fracture	12.69	9.56	NA	1.14	090
21348		A	Treat nose/jaw fracture	16.69	11.03	NA	1.50	090
21355		A	Treat cheek bone fracture	3.77	2.28	4.37	0.29	010
21356		A	Treat cheek bone fracture	4.15	3.25	NA	0.36	010
21360		A	Treat cheek bone fracture	6.46	5.65	NA	0.52	090
21365		A	Treat cheek bone fracture	14.95	11.39	NA	1.30	090
21366		A	Treat cheek bone fracture	17.77	11.96	NA	1.41	090
21385		A	Treat eye socket fracture	9.16	7.53	NA	0.64	090
21386		A	Treat eye socket fracture	9.16	8.06	NA	0.76	090
21387		A	Treat eye socket fracture	9.70	8.27	NA	0.78	090
21390		A	Treat eye socket fracture	10.13	8.57	NA	0.70	090
21395		A	Treat eye socket fracture	12.68	9.83	NA	1.09	090
21400		A	Treat eye socket fracture	1.40	1.06	3.16	0.12	090
21401		A	Treat eye socket fracture	3.26	3.19	4.70	0.34	090
21406		A	Treat eye socket fracture	7.01	6.80	NA	0.59	090
21407		A	Treat eye socket fracture	8.61	7.84	NA	0.67	090
21408		A	Treat eye socket fracture	12.38	10.11	NA	1.24	090
21421		A	Treat mouth roof fracture	5.14	6.03	7.17	0.42	090
21422		A	Treat mouth roof fracture	8.32	7.52	NA	0.69	090
21423		A	Treat mouth roof fracture	10.40	8.07	NA	0.95	090
21431		A	Treat craniofacial fracture	7.05	6.81	NA	0.58	090
21432		A	Treat craniofacial fracture	8.61	7.67	NA	0.55	090
21433		A	Treat craniofacial fracture	25.35	17.13	NA	2.46	090
21435		A	Treat craniofacial fracture	17.25	12.51	NA	1.66	090
21436		A	Treat craniofacial fracture	28.04	17.24	NA	2.32	090
21440		A	Treat dental ridge fracture	2.70	3.55	5.46	0.22	090
21445		A	Treat dental ridge fracture	5.38	5.15	6.85	0.55	090
21450		A	Treat lower jaw fracture	2.97	2.71	6.49	0.23	090
21451		A	Treat lower jaw fracture	4.87	5.55	6.44	0.39	090
21452		A	Treat lower jaw fracture	1.98	4.10	9.17	0.14	090
21453		A	Treat lower jaw fracture	5.54	6.36	7.31	0.49	090
21454		A	Treat lower jaw fracture	6.46	5.64	NA	0.55	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Facility PE RVUs	Non-Facility PE RVUs	Mal-Practice RVUs	Global
21461		A	Treat lower jaw fracture	8.09	7.93	9.06	0.73	090
21462		A	Treat lower jaw fracture	9.79	8.03	10.31	0.80	090
21465		A	Treat lower jaw fracture	11.91	7.79	NA	0.84	090
21470		A	Treat lower jaw fracture	15.34	9.88	NA	1.36	090
21480		A	Reset dislocated jaw	0.61	0.18	1.58	0.05	000
21485		A	Reset dislocated jaw	3.99	3.32	3.76	0.31	090
21490		A	Repair dislocated jaw	11.86	7.46	NA	1.31	090
21493		A	Treat hyoid bone fracture	1.27	3.58	NA	0.10	090
21494		A	Treat hyoid bone fracture	6.28	4.85	NA	0.44	090
21495		A	Treat hyoid bone fracture	5.69	5.02	NA	0.41	090
21497		A	Interdental wiring	3.86	3.91	4.64	0.31	090
21499		C	Head surgery procedure	0.00	0.00	0.00	0.00	YYY
21501		A	Drain neck/chest lesion	3.81	3.53	4.35	0.36	090
21502		A	Drain chest lesion	7.12	7.29	NA	0.79	090
21510		A	Drainage of bone lesion	5.74	6.92	NA	0.67	090
21550		A	Biopsy of neck/chest	2.06	1.23	2.20	0.13	010
21555		A	Remove lesion, neck/chest	4.35	2.43	4.18	0.41	090
21556		A	Remove lesion, neck/chest	5.57	3.21	NA	0.51	090
21557		A	Remove tumor, neck/chest	8.88	7.58	NA	0.85	090
21600		A	Partial removal of rib	6.89	7.47	NA	0.81	090
21610		A	Partial removal of rib	14.61	10.91	NA	1.85	090
21615		A	Removal of rib	9.87	7.85	NA	1.20	090
21616		A	Removal of rib and nerves	12.04	9.08	NA	1.31	090
21620		A	Partial removal of sternum	6.79	7.96	NA	0.77	090
21627		A	Sternal debridement	6.81	12.18	NA	0.82	090
21630		A	Extensive sternum surgery	17.38	13.60	NA	1.95	090
21632		A	Extensive sternum surgery	18.14	11.81	NA	2.16	090
21700		A	Revision of neck muscle	6.19	6.97	8.43	0.31	090
21705		A	Revision of neck muscle/rib	9.60	7.55	NA	0.92	090
21720		A	Revision of neck muscle	5.68	6.72	8.25	0.80	090
21725		A	Revision of neck muscle	6.99	7.43	NA	0.90	090
21740		A	Reconstruction of sternum	16.50	12.21	NA	2.03	090
21750		A	Repair of sternum separation	10.77	9.44	NA	1.35	090
21800		A	Treatment of rib fracture	0.96	1.06	2.27	0.09	090
21805		A	Treatment of rib fracture	2.75	4.46	NA	0.29	090
21810		A	Treatment of rib fracture(s)	6.86	6.73	NA	0.60	090
21820		A	Treat sternum fracture	1.28	1.50	2.72	0.15	090
21825		A	Treat sternum fracture	7.41	9.85	NA	0.84	090
21899		C	Neck/chest surgery procedure	0.00	0.00	0.00	0.00	YYY
21920		A	Biopsy soft tissue of back	2.06	0.75	2.27	0.12	010
21925		A	Biopsy soft tissue of back	4.49	4.61	11.73	0.44	090
21930		A	Remove lesion, back or flank	5.00	2.61	4.50	0.49	090
21935		A	Remove tumor, back	17.96	13.13	NA	1.87	090
22100		A	Remove part of neck vertebra	9.73	8.62	NA	1.55	090
22101		A	Remove part, thorax vertebra	9.81	8.86	NA	1.51	090
22102		A	Remove part, lumbar vertebra	9.81	8.93	NA	1.46	090
22103		A	Remove extra spine segment	2.34	1.24	NA	0.37	ZZZ
22110		A	Remove part of neck vertebra	12.74	10.73	NA	2.20	090
22112		A	Remove part, thorax vertebra	12.81	10.64	NA	1.96	090
22114		A	Remove part, lumbar vertebra	12.81	10.88	NA	1.98	090
22116		A	Remove extra spine segment	2.32	1.19	NA	0.40	ZZZ
22210		A	Revision of neck spine	23.82	16.92	NA	4.23	090
22212		A	Revision of thorax spine	19.42	14.62	NA	2.78	090
22214		A	Revision of lumbar spine	19.45	15.07	NA	2.78	090
22216		A	Revise, extra spine segment	6.04	3.14	NA	0.98	ZZZ
22220		A	Revision of neck spine	21.37	15.34	NA	3.65	090
22222		A	Revision of thorax spine	21.52	12.81	NA	3.08	090
22224		A	Revision of lumbar spine	21.52	15.67	NA	3.20	090
22226		A	Revise, extra spine segment	6.04	3.15	NA	1.01	ZZZ
22305		A	Treat spine process fracture	2.05	1.93	3.17	0.29	090
22310		A	Treat spine fracture	2.61	3.45	4.65	0.37	090
22315		A	Treat spine fracture	8.84	9.14	NA	1.37	090
22318		A	Treat odontoid fx w/o graft	21.50	14.70	NA	4.26	090
22319		A	Treat odontoid fx w/graft	24.00	17.01	NA	4.76	090
22325		A	Treat spine fracture	18.30	14.66	NA	2.61	090
22326		A	Treat neck spine fracture	19.59	15.40	NA	3.54	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Facility PE RVUs	Non-Facility PE RVUs	Mal-Practice RVUs	Global
22327		A	Treat thorax spine fracture	19.20	15.11	NA	2.75	090
22328		A	Treat each add spine fx	4.61	2.31	NA	0.66	ZZZ
22505		A	Manipulation of spine	1.87	2.98	4.57	0.27	010
22520		A	Percut vertebroplasty thor	8.91	4.13	NA	0.99	010
22521		A	Percut vertebroplasty lumb	8.34	3.90	NA	0.93	010
22522		A	Percut vertebroplasty addl	4.31	1.74	NA	0.33	ZZZ
22548		A	Neck spine fusion	25.82	17.74	NA	4.98	090
22554		A	Neck spine fusion	18.62	13.67	NA	3.51	090
22556		A	Thorax spine fusion	23.46	16.51	NA	3.78	090
22558		A	Lumbar spine fusion	22.28	14.98	NA	3.18	090
22585		A	Additional spinal fusion	5.53	2.82	NA	0.98	ZZZ
22590		A	Spine & skull spinal fusion	20.51	15.32	NA	3.81	090
22595		A	Neck spinal fusion	19.39	14.31	NA	3.62	090
22600		A	Neck spine fusion	16.14	12.63	NA	2.89	090
22610		A	Thorax spine fusion	16.02	12.73	NA	2.66	090
22612		A	Lumbar spine fusion	21.00	15.47	NA	3.28	090
22614		A	Spine fusion, extra segment	6.44	3.39	NA	1.04	ZZZ
22630		A	Lumbar spine fusion	20.84	15.73	NA	3.79	090
22632		A	Spine fusion, extra segment	5.23	2.68	NA	0.90	ZZZ
22800		A	Fusion of spine	18.25	13.89	NA	2.71	090
22802		A	Fusion of spine	30.88	21.32	NA	4.42	090
22804		A	Fusion of spine	36.27	23.91	NA	5.23	090
22808		A	Fusion of spine	26.27	18.18	NA	4.36	090
22810		A	Fusion of spine	30.27	19.74	NA	4.49	090
22812		A	Fusion of spine	32.70	21.34	NA	4.67	090
22818		A	Kyphectomy, 1-2 segments	31.83	20.75	NA	5.01	090
22819		A	Kyphectomy, 3 or more	36.44	21.64	NA	5.20	090
22830		A	Exploration of spinal fusion	10.85	9.91	NA	1.73	090
22840		A	Insert spine fixation device	12.54	6.50	NA	2.03	ZZZ
22841		B	Insert spine fixation device	0.00	0.00	0.00	0.00	XXX
22842		A	Insert spine fixation device	12.58	6.57	NA	2.04	ZZZ
22843		A	Insert spine fixation device	13.46	6.74	NA	2.10	ZZZ
22844		A	Insert spine fixation device	16.44	8.94	NA	2.42	ZZZ
22845		A	Insert spine fixation device	11.96	6.13	NA	2.22	ZZZ
22846		A	Insert spine fixation device	12.42	6.38	NA	2.26	ZZZ
22847		A	Insert spine fixation device	13.80	7.19	NA	2.36	ZZZ
22848		A	Insert pelv fixation device	6.00	3.26	NA	0.88	ZZZ
22849		A	Reinsert spinal fixation	18.51	13.89	NA	2.87	090
22850		A	Remove spine fixation device	9.52	8.72	NA	1.51	090
22851		A	Apply spine prosth device	6.71	3.39	NA	1.11	ZZZ
22852		A	Remove spine fixation device	9.01	8.51	NA	1.40	090
22855		A	Remove spine fixation device	15.13	11.41	NA	2.74	090
22899		C	Spine surgery procedure	0.00	0.00	0.00	0.00	YYY
22900		A	Remove abdominal wall lesion	5.80	4.30	NA	0.58	090
22999		C	Abdomen surgery procedure	0.00	0.00	0.00	0.00	YYY
23000		A	Removal of calcium deposits	4.36	7.10	8.92	0.50	090
23020		A	Release shoulder joint	8.93	10.37	NA	1.23	090
23030		A	Drain shoulder lesion	3.43	4.30	6.00	0.42	010
23031		A	Drain shoulder bursa	2.74	4.06	5.82	0.33	010
23035		A	Drain shoulder bone lesion	8.61	15.80	NA	1.19	090
23040		A	Exploratory shoulder surgery	9.20	11.54	NA	1.28	090
23044		A	Exploratory shoulder surgery	7.12	10.28	NA	0.97	090
23065		A	Biopsy shoulder tissues	2.27	1.33	2.52	0.14	010
23066		A	Biopsy shoulder tissues	4.16	6.17	7.65	0.50	090
23075		A	Removal of shoulder lesion	2.39	3.13	5.27	0.25	010
23076		A	Removal of shoulder lesion	7.63	8.17	NA	0.87	090
23077		A	Remove tumor of shoulder	16.09	14.36	NA	1.81	090
23100		A	Biopsy of shoulder joint	6.03	8.64	NA	0.81	090
23101		A	Shoulder joint surgery	5.58	8.53	NA	0.77	090
23105		A	Remove shoulder joint lining	8.23	10.09	NA	1.13	090
23106		A	Incision of collarbone joint	5.96	8.75	NA	0.82	090
23107		A	Explore treat shoulder joint	8.62	10.28	NA	1.19	090
23120		A	Partial removal, collar bone	7.11	9.58	NA	0.99	090
23125		A	Removal of collar bone	9.39	10.54	NA	1.27	090
23130		A	Remove shoulder bone, part	7.55	9.62	NA	1.06	090
23140		A	Removal of bone lesion	6.89	8.23	NA	0.82	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Facility PE RVUs	Non-Facility PE RVUs	Mal-Practice RVUs	Global
23145		A	Removal of bone lesion	9.09	11.43	NA	1.24	090
23146		A	Removal of bone lesion	7.83	10.60	NA	1.11	090
23150		A	Removal of humerus lesion	8.48	9.84	NA	1.14	090
23155		A	Removal of humerus lesion	10.35	11.93	NA	1.20	090
23156		A	Removal of humerus lesion	8.68	10.27	NA	1.18	090
23170		A	Remove collar bone lesion	6.86	10.65	NA	0.84	090
23172		A	Remove shoulder blade lesion	6.90	10.05	NA	0.95	090
23174		A	Remove humerus lesion	9.51	11.76	NA	1.30	090
23180		A	Remove collar bone lesion	8.53	15.70	NA	1.18	090
23182		A	Remove shoulder blade lesion	8.15	16.31	NA	1.08	090
23184		A	Remove humerus lesion	9.38	16.25	NA	1.24	090
23190		A	Partial removal of scapula	7.24	8.36	NA	0.97	090
23195		A	Removal of head of humerus	9.81	10.62	NA	1.38	090
23200		A	Removal of collar bone	12.08	13.91	NA	1.48	090
23210		A	Removal of shoulder blade	12.49	13.95	NA	1.61	090
23220		A	Partial removal of humerus	14.56	15.15	NA	2.03	090
23221		A	Partial removal of humerus	17.74	16.33	NA	2.51	090
23222		A	Partial removal of humerus	23.92	20.37	NA	3.37	090
23330		A	Remove shoulder foreign body	1.85	3.57	5.69	0.18	010
23331		A	Remove shoulder foreign body	7.38	9.51	NA	1.02	090
23332		A	Remove shoulder foreign body	11.62	11.93	NA	1.62	090
23350		A	Injection for shoulder x-ray	1.00	0.34	7.63	0.05	000
23395		A	Muscle transfer, shoulder/arm	16.85	13.82	NA	2.29	090
23397		A	Muscle transfers	16.13	14.11	NA	2.24	090
23400		A	Fixation of shoulder blade	13.54	13.98	NA	1.91	090
23405		A	Incision of tendon & muscle	8.37	9.37	NA	1.12	090
23406		A	Incise tendon(s) & muscle(s)	10.79	11.52	NA	1.48	090
23410		A	Repair of tendon(s)	12.45	12.33	NA	1.72	090
23412		A	Repair of tendon(s)	13.31	12.90	NA	1.86	090
23415		A	Release of shoulder ligament	9.97	9.97	NA	1.39	090
23420		A	Repair of shoulder	13.30	13.81	NA	1.86	090
23430		A	Repair biceps tendon	9.98	11.10	NA	1.40	090
23440		A	Remove/transplant tendon	10.48	11.33	NA	1.47	090
23450		A	Repair shoulder capsule	13.40	12.82	NA	1.86	090
23455		A	Repair shoulder capsule	14.37	13.39	NA	2.01	090
23460		A	Repair shoulder capsule	15.37	13.99	NA	2.17	090
23462		A	Repair shoulder capsule	15.30	13.69	NA	2.16	090
23465		A	Repair shoulder capsule	15.85	13.73	NA	1.61	090
23466		A	Repair shoulder capsule	14.22	13.36	NA	2.00	090
23470		A	Reconstruct shoulder joint	17.15	14.91	NA	2.40	090
23472		A	Reconstruct shoulder joint	21.10	17.03	NA	2.37	090
23480		A	Revision of collar bone	11.18	11.52	NA	1.56	090
23485		A	Revision of collar bone	13.43	12.95	NA	1.84	090
23490		A	Reinforce clavicle	11.86	11.82	NA	1.11	090
23491		A	Reinforce shoulder bones	14.21	13.26	NA	2.00	090
23500		A	Treat clavicle fracture	2.08	2.50	3.77	0.26	090
23505		A	Treat clavicle fracture	3.69	3.91	5.79	0.50	090
23515		A	Treat clavicle fracture	7.41	8.12	NA	1.03	090
23520		A	Treat clavicle dislocation	2.16	2.55	3.83	0.26	090
23525		A	Treat clavicle dislocation	3.60	3.82	5.95	0.44	090
23530		A	Treat clavicle dislocation	7.31	7.83	NA	0.85	090
23532		A	Treat clavicle dislocation	8.01	8.17	NA	1.13	090
23540		A	Treat clavicle dislocation	2.23	2.50	4.40	0.24	090
23545		A	Treat clavicle dislocation	3.25	3.56	4.89	0.39	090
23550		A	Treat clavicle dislocation	7.24	8.12	NA	0.94	090
23552		A	Treat clavicle dislocation	8.45	8.73	NA	1.18	090
23570		A	Treat shoulder blade fx	2.23	2.62	3.76	0.29	090
23575		A	Treat shoulder blade fx	4.06	4.16	6.01	0.53	090
23585		A	Treat scapula fracture	8.96	9.26	NA	1.25	090
23600		A	Treat humerus fracture	2.93	3.58	5.50	0.39	090
23605		A	Treat humerus fracture	4.87	6.36	8.10	0.67	090
23615		A	Treat humerus fracture	9.35	10.05	NA	1.31	090
23616		A	Treat humerus fracture	21.27	15.83	NA	2.98	090
23620		A	Treat humerus fracture	2.40	3.32	5.21	0.32	090
23625		A	Treat humerus fracture	3.93	5.41	7.18	0.53	090
23630		A	Treat humerus fracture	7.35	8.12	NA	1.03	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Facility PE RVUs	Non-Facility PE RVUs	Mal-Practice RVUs	Global
23650		A	Treat shoulder dislocation	3.39	3.50	5.46	0.31	090
23655		A	Treat shoulder dislocation	4.57	4.21	NA	0.52	090
23660		A	Treat shoulder dislocation	7.49	7.91	NA	1.01	090
23665		A	Treat dislocation/fracture	4.47	5.66	7.41	0.60	090
23670		A	Treat dislocation/fracture	7.90	8.56	NA	1.10	090
23675		A	Treat dislocation/fracture	6.05	6.53	8.15	0.83	090
23680		A	Treat dislocation/fracture	10.06	9.65	NA	1.39	090
23700		A	Fixation of shoulder	2.52	3.39	NA	0.35	010
23800		A	Fusion of shoulder joint	14.16	14.08	NA	1.97	090
23802		A	Fusion of shoulder joint	16.60	13.40	NA	2.34	090
23900		A	Amputation of arm & girdle	19.72	15.42	NA	2.47	090
23920		A	Amputation at shoulder joint	14.61	13.65	NA	1.92	090
23921		A	Amputation follow-up surgery	5.49	6.51	NA	0.78	090
23929		C	Shoulder surgery procedure	0.00	0.00	0.00	0.00	YYY
23930		A	Drainage of arm lesion	2.94	3.89	5.98	0.32	010
23931		A	Drainage of arm bursa	1.79	3.61	5.67	0.21	010
23935		A	Drain arm/elbow bone lesion	6.09	12.53	NA	0.84	090
24000		A	Exploratory elbow surgery	5.82	5.91	NA	0.77	090
24006		A	Release elbow joint	9.31	8.43	NA	1.27	090
24065		A	Biopsy arm/elbow soft tissue	2.08	3.25	5.34	0.14	010
24066		A	Biopsy arm/elbow soft tissue	5.21	6.53	8.66	0.61	090
24075		A	Remove arm/elbow lesion	3.92	5.96	7.99	0.43	090
24076		A	Remove arm/elbow lesion	6.30	7.14	NA	0.70	090
24077		A	Remove tumor of arm/elbow	11.76	14.01	NA	1.32	090
24100		A	Biopsy elbow joint lining	4.93	5.85	NA	0.62	090
24101		A	Explore/treat elbow joint	6.13	6.70	NA	0.84	090
24102		A	Remove elbow joint lining	8.03	7.72	NA	1.09	090
24105		A	Removal of elbow bursa	3.61	5.08	NA	0.49	090
24110		A	Remove humerus lesion	7.39	9.51	NA	0.99	090
24115		A	Remove/graft bone lesion	9.63	10.31	NA	1.15	090
24116		A	Remove/graft bone lesion	11.81	12.01	NA	1.66	090
24120		A	Remove elbow lesion	6.65	6.67	NA	0.87	090
24125		A	Remove/graft bone lesion	7.89	7.07	NA	0.88	090
24126		A	Remove/graft bone lesion	8.31	7.77	NA	0.90	090
24130		A	Removal of head of radius	6.25	6.73	NA	0.87	090
24134		A	Removal of arm bone lesion	9.73	15.85	NA	1.31	090
24136		A	Remove radius bone lesion	7.99	6.40	NA	0.85	090
24138		A	Remove elbow bone lesion	8.05	7.76	NA	1.12	090
24140		A	Partial removal of arm bone	9.18	16.80	NA	1.23	090
24145		A	Partial removal of radius	7.58	11.15	NA	1.01	090
24147		A	Partial removal of elbow	7.54	11.09	NA	1.04	090
24149		A	Radical resection of elbow	14.20	10.98	NA	1.90	090
24150		A	Extensive humerus surgery	13.27	14.58	NA	1.81	090
24151		A	Extensive humerus surgery	15.58	16.06	NA	2.19	090
24152		A	Extensive radius surgery	10.06	9.58	NA	1.19	090
24153		A	Extensive radius surgery	11.54	7.21	NA	0.64	090
24155		A	Removal of elbow joint	11.73	9.34	NA	1.42	090
24160		A	Remove elbow joint implant	7.83	7.59	NA	1.07	090
24164		A	Remove radius head implant	6.23	6.71	NA	0.84	090
24200		A	Removal of arm foreign body	1.76	3.29	5.66	0.15	010
24201		A	Removal of arm foreign body	4.56	6.68	8.70	0.56	090
24220		A	Injection for elbow x-ray	1.31	0.46	11.20	0.07	000
24300		A	Manipulate elbow w/anesth	3.75	5.26	NA	0.52	090
24301		A	Muscle/tendon transfer	10.20	9.03	NA	1.30	090
24305		A	Arm tendon lengthening	7.45	7.49	NA	0.98	090
24310		A	Revision of arm tendon	5.98	8.14	NA	0.74	090
24320		A	Repair of arm tendon	10.56	10.72	NA	1.00	090
24330		A	Revision of arm muscles	9.60	8.62	NA	1.21	090
24331		A	Revision of arm muscles	10.65	9.19	NA	1.41	090
24332		A	Tenolysis, triceps	7.45	5.13	NA	0.77	090
24340		A	Repair of biceps tendon	7.89	7.61	NA	1.08	090
24341		A	Repair arm tendon/muscle	7.90	7.61	NA	1.08	090
24342		A	Repair of ruptured tendon	10.62	9.17	NA	1.48	090
24343		A	Repr elbow lat ligmnt w/tiss	8.65	7.60	NA	1.21	090
24344		A	Reconstruct elbow lat ligmnt	14.00	10.42	NA	1.95	090
24345		A	Repr elbw med ligmnt w/tiss	8.65	7.60	NA	1.21	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Facility PE RVUs	Non-Facility PE RVUs	Mal-Practice RVUs	Global
24346		A	Reconstruct elbow med ligmnt	14.00	10.42	NA	1.95	090
24350		A	Repair of tennis elbow	5.25	6.11	NA	0.72	090
24351		A	Repair of tennis elbow	5.91	6.59	NA	0.82	090
24352		A	Repair of tennis elbow	6.43	6.90	NA	0.90	090
24354		A	Repair of tennis elbow	6.48	6.84	NA	0.88	090
24356		A	Revision of tennis elbow	6.68	7.02	NA	0.90	090
24360		A	Reconstruct elbow joint	12.34	9.93	NA	1.69	090
24361		A	Reconstruct elbow joint	14.08	10.92	NA	1.95	090
24362		A	Reconstruct elbow joint	14.99	10.88	NA	1.92	090
24363		A	Replace elbow joint	18.49	13.42	NA	2.52	090
24365		A	Reconstruct head of radius	8.39	7.93	NA	1.11	090
24366		A	Reconstruct head of radius	9.13	8.34	NA	1.28	090
24400		A	Revision of humerus	11.06	12.49	NA	1.53	090
24410		A	Revision of humerus	14.82	13.83	NA	1.89	090
24420		A	Revision of humerus	13.44	16.46	NA	1.82	090
24430		A	Repair of humerus	12.81	12.66	NA	1.80	090
24435		A	Repair humerus with graft	13.17	13.78	NA	1.84	090
24470		A	Revision of elbow joint	8.74	6.47	NA	1.23	090
24495		A	Decompression of forearm	8.12	10.00	NA	0.92	090
24498		A	Reinforce humerus	11.92	12.18	NA	1.67	090
24500		A	Treat humerus fracture	3.21	3.24	4.96	0.41	090
24505		A	Treat humerus fracture	5.17	6.63	8.63	0.72	090
24515		A	Treat humerus fracture	11.65	11.15	NA	1.63	090
24516		A	Treat humerus fracture	11.65	11.68	NA	1.63	090
24530		A	Treat humerus fracture	3.50	4.68	6.02	0.47	090
24535		A	Treat humerus fracture	6.87	6.56	8.59	0.96	090
24538		A	Treat humerus fracture	9.43	10.31	NA	1.25	090
24545		A	Treat humerus fracture	10.46	9.97	NA	1.47	090
24546		A	Treat humerus fracture	15.69	13.38	NA	2.18	090
24560		A	Treat humerus fracture	2.80	3.04	4.74	0.35	090
24565		A	Treat humerus fracture	5.56	5.73	7.73	0.74	090
24566		A	Treat humerus fracture	7.79	9.79	NA	1.10	090
24575		A	Treat humerus fracture	10.66	8.21	NA	1.44	090
24576		A	Treat humerus fracture	2.86	3.14	4.52	0.38	090
24577		A	Treat humerus fracture	5.79	5.98	7.94	0.81	090
24579		A	Treat humerus fracture	11.60	10.66	NA	1.62	090
24582		A	Treat humerus fracture	8.55	10.24	NA	1.20	090
24586		A	Treat elbow fracture	15.21	10.83	NA	2.12	090
24587		A	Treat elbow fracture	15.16	10.68	NA	2.14	090
24600		A	Treat elbow dislocation	4.23	4.90	6.63	0.49	090
24605		A	Treat elbow dislocation	5.42	4.87	NA	0.72	090
24615		A	Treat elbow dislocation	9.42	7.76	NA	1.31	090
24620		A	Treat elbow fracture	6.98	6.42	NA	0.90	090
24635		A	Treat elbow fracture	13.19	16.18	NA	1.84	090
24640		A	Treat elbow dislocation	1.20	1.78	3.35	0.11	010
24650		A	Treat radius fracture	2.16	2.79	4.44	0.28	090
24655		A	Treat radius fracture	4.40	5.10	7.13	0.58	090
24665		A	Treat radius fracture	8.14	9.27	NA	1.13	090
24666		A	Treat radius fracture	9.49	10.03	NA	1.32	090
24670		A	Treat ulnar fracture	2.54	2.99	4.37	0.33	090
24675		A	Treat ulnar fracture	4.72	5.36	7.32	0.65	090
24685		A	Treat ulnar fracture	8.80	9.64	NA	1.23	090
24800		A	Fusion of elbow joint	11.20	9.64	NA	1.41	090
24802		A	Fusion/graft of elbow joint	13.69	11.21	NA	1.89	090
24900		A	Amputation of upper arm	9.60	10.94	NA	1.18	090
24920		A	Amputation of upper arm	9.54	12.50	NA	1.22	090
24925		A	Amputation follow-up surgery	7.07	9.22	NA	0.95	090
24930		A	Amputation follow-up surgery	10.25	11.52	NA	1.23	090
24931		A	Amputate upper arm & implant	12.72	11.44	NA	1.56	090
24935		A	Revision of amputation	15.56	12.31	NA	1.58	090
24940		C	Revision of upper arm	0.00	0.00	0.00	0.00	090
24999		C	Upper arm/elbow surgery	0.00	0.00	0.00	0.00	YYY
25000		A	Incision of tendon sheath	3.38	7.25	NA	0.45	090
25001		A	Incise flexor carpi radialis	3.38	4.22	NA	0.45	090
25020		A	Decompress forearm 1 space	5.92	11.04	NA	0.75	090
25023		A	Decompress forearm 1 space	12.96	16.91	NA	1.50	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Facility PE RVUs	Non-Facility PE RVUs	Mal-Practice RVUs	Global
25024		A	Decompress forearm 2 spaces	9.50	7.91	NA	1.20	090
25025		A	Decompress forearm 2 spaces	16.54	11.74	NA	1.91	090
25028		A	Drainage of forearm lesion	5.25	9.85	NA	0.61	090
25031		A	Drainage of forearm bursa	4.14	9.83	NA	0.50	090
25035		A	Treat forearm bone lesion	7.36	16.18	NA	0.98	090
25040		A	Explore/treat wrist joint	7.18	9.13	NA	0.96	090
25065		A	Biopsy forearm soft tissues	1.99	2.38	2.38	0.12	010
25066		A	Biopsy forearm soft tissues	4.13	8.15	NA	0.49	090
25075		A	Remove forearm lesion subcut	3.74	7.22	NA	0.40	090
25076		A	Remove forearm lesion deep	4.92	12.49	NA	0.59	090
25077		A	Remove tumor, forearm/wrist	9.76	15.45	NA	1.10	090
25085		A	Incision of wrist capsule	5.50	10.81	NA	0.71	090
25100		A	Biopsy of wrist joint	3.90	7.28	NA	0.50	090
25101		A	Explore/treat wrist joint	4.69	7.67	NA	0.60	090
25105		A	Remove wrist joint lining	5.85	10.73	NA	0.77	090
25107		A	Remove wrist joint cartilage	6.43	11.20	NA	0.82	090
25110		A	Remove wrist tendon lesion	3.92	8.38	NA	0.48	090
25111		A	Remove wrist tendon lesion	3.39	6.44	NA	0.42	090
25112		A	Reremove wrist tendon lesion	4.53	7.30	NA	0.54	090
25115		A	Remove wrist/forearm lesion	8.82	16.72	NA	1.11	090
25116		A	Remove wrist/forearm lesion	7.11	15.66	NA	0.90	090
25118		A	Excise wrist tendon sheath	4.37	7.78	NA	0.55	090
25119		A	Partial removal of ulna	6.04	11.06	NA	0.80	090
25120		A	Removal of forearm lesion	6.10	14.75	NA	0.81	090
25125		A	Remove/graft forearm lesion	7.48	15.74	NA	1.02	090
25126		A	Remove/graft forearm lesion	7.55	15.44	NA	1.00	090
25130		A	Removal of wrist lesion	5.26	8.12	NA	0.66	090
25135		A	Remove & graft wrist lesion	6.89	8.89	NA	0.89	090
25136		A	Remove & graft wrist lesion	5.97	8.13	NA	0.58	090
25145		A	Remove forearm bone lesion	6.37	15.22	NA	0.82	090
25150		A	Partial removal of ulna	7.09	11.83	NA	0.96	090
25151		A	Partial removal of radius	7.39	15.63	NA	0.93	090
25170		A	Extensive forearm surgery	11.09	17.44	NA	1.52	090
25210		A	Removal of wrist bone	5.95	8.47	NA	0.73	090
25215		A	Removal of wrist bones	7.89	12.05	NA	1.02	090
25230		A	Partial removal of radius	5.23	7.95	NA	0.66	090
25240		A	Partial removal of ulna	5.17	10.49	NA	0.69	090
25246		A	Injection for wrist x-ray	1.45	0.50	10.63	0.07	000
25248		A	Remove forearm foreign body	5.14	10.05	NA	0.54	090
25250		A	Removal of wrist prosthesis	6.60	8.76	NA	0.84	090
25251		A	Removal of wrist prosthesis	9.57	12.73	NA	1.15	090
25259		A	Manipulate wrist w/anesthes	3.75	5.23	NA	0.52	090
25260		A	Repair forearm tendon/muscle	7.80	16.77	NA	0.97	090
25263		A	Repair forearm tendon/muscle	7.82	16.43	NA	0.94	090
25265		A	Repair forearm tendon/muscle	9.88	17.18	NA	1.19	090
25270		A	Repair forearm tendon/muscle	6.00	15.70	NA	0.76	090
25272		A	Repair forearm tendon/muscle	7.04	16.21	NA	0.89	090
25274		A	Repair forearm tendon/muscle	8.75	16.53	NA	1.11	090
25275		A	Repair forearm tendon sheath	8.50	7.32	NA	1.11	090
25280		A	Revise wrist/forearm tendon	7.22	15.52	NA	0.91	090
25290		A	Incise wrist/forearm tendon	5.29	17.77	NA	0.66	090
25295		A	Release wrist/forearm tendon	6.55	15.16	NA	0.84	090
25300		A	Fusion of tendons at wrist	8.80	10.05	NA	1.07	090
25301		A	Fusion of tendons at wrist	8.40	9.74	NA	1.08	090
25310		A	Transplant forearm tendon	8.14	16.12	NA	1.01	090
25312		A	Transplant forearm tendon	9.57	17.04	NA	1.22	090
25315		A	Revise palsy hand tendon(s)	10.20	17.68	NA	1.26	090
25316		A	Revise palsy hand tendon(s)	12.33	19.36	NA	1.74	090
25320		A	Repair/revise wrist joint	10.77	11.21	NA	1.32	090
25332		A	Revise wrist joint	11.41	11.65	NA	1.46	090
25335		A	Realignment of hand	12.88	14.66	NA	1.66	090
25337		A	Reconstruct ulna/radioulnar	10.17	13.29	NA	1.31	090
25350		A	Revision of radius	8.78	16.51	NA	1.17	090
25355		A	Revision of radius	10.17	17.17	NA	1.44	090
25360		A	Revision of ulna	8.43	16.47	NA	1.17	090
25365		A	Revise radius & ulna	12.40	18.00	NA	1.67	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Facility PE RVUs	Non-Facility PE RVUs	Mal-Practice RVUs	Global
25370		A	Revise radius or ulna	13.36	17.37	NA	1.88	090
25375		A	Revise radius & ulna	13.04	18.01	NA	1.84	090
25390		A	Shorten radius or ulna	10.40	17.23	NA	1.38	090
25391		A	Lengthen radius or ulna	13.65	18.62	NA	1.73	090
25392		A	Shorten radius & ulna	13.95	17.19	NA	1.73	090
25393		A	Lengthen radius & ulna	15.87	19.88	NA	1.87	090
25394		A	Repair carpal bone, shorten	10.40	8.24	NA	1.15	090
25400		A	Repair radius or ulna	10.92	17.53	NA	1.50	090
25405		A	Repair/graft radius or ulna	14.38	20.00	NA	1.95	090
25415		A	Repair radius & ulna	13.35	19.08	NA	1.87	090
25420		A	Repair/graft radius & ulna	16.33	20.93	NA	2.20	090
25425		A	Repair/graft radius or ulna	13.21	26.13	NA	1.61	090
25426		A	Repair/graft radius & ulna	15.82	19.87	NA	2.23	090
25430		A	Vasc graft into carpal bone	9.25	7.60	NA	0.56	090
25431		A	Repair nonunion carpal bone	10.44	6.28	NA	0.56	090
25440		A	Repair/graft wrist bone	10.44	10.99	NA	1.41	090
25441		A	Reconstruct wrist joint	12.90	12.22	NA	1.83	090
25442		A	Reconstruct wrist joint	10.85	11.22	NA	1.24	090
25443		A	Reconstruct wrist joint	10.39	13.58	NA	1.30	090
25444		A	Reconstruct wrist joint	11.15	13.83	NA	1.43	090
25445		A	Reconstruct wrist joint	9.69	13.12	NA	1.26	090
25446		A	Wrist replacement	16.55	14.38	NA	2.20	090
25447		A	Repair wrist joint(s)	10.37	11.02	NA	1.34	090
25449		A	Remove wrist joint implant	14.49	17.69	NA	1.77	090
25450		A	Revision of wrist joint	7.87	12.63	NA	0.88	090
25455		A	Revision of wrist joint	9.49	14.17	NA	1.07	090
25490		A	Reinforce radius	9.54	16.27	NA	1.19	090
25491		A	Reinforce ulna	9.96	17.52	NA	1.41	090
25492		A	Reinforce radius and ulna	12.33	16.91	NA	1.62	090
25500		A	Treat fracture of radius	2.45	2.82	4.14	0.28	090
25505		A	Treat fracture of radius	5.21	5.50	7.55	0.69	090
25515		A	Treat fracture of radius	9.18	9.59	NA	1.22	090
25520		A	Treat fracture of radius	6.26	6.12	7.72	0.85	090
25525		A	Treat fracture of radius	12.24	11.46	NA	1.68	090
25526		A	Treat fracture of radius	12.98	14.97	NA	1.80	090
25530		A	Treat fracture of ulna	2.09	2.77	4.10	0.27	090
25535		A	Treat fracture of ulna	5.14	5.54	7.36	0.68	090
25545		A	Treat fracture of ulna	8.90	9.70	NA	1.23	090
25560		A	Treat fracture radius & ulna	2.44	2.81	4.15	0.27	090
25565		A	Treat fracture radius & ulna	5.63	5.71	7.77	0.76	090
25574		A	Treat fracture radius & ulna	7.01	8.63	NA	0.96	090
25575		A	Treat fracture radius/ulna	10.45	10.51	NA	1.46	090
25600		A	Treat fracture radius/ulna	2.63	2.98	4.41	0.34	090
25605		A	Treat fracture radius/ulna	5.81	5.94	7.97	0.81	090
25611		A	Treat fracture radius/ulna	7.77	9.77	NA	1.08	090
25620		A	Treat fracture radius/ulna	8.55	9.47	NA	1.17	090
25622		A	Treat wrist bone fracture	2.61	2.97	4.38	0.33	090
25624		A	Treat wrist bone fracture	4.53	5.20	7.19	0.61	090
25628		A	Treat wrist bone fracture	8.43	9.54	NA	1.14	090
25630		A	Treat wrist bone fracture	2.88	3.03	4.53	0.37	090
25635		A	Treat wrist bone fracture	4.39	4.52	7.16	0.39	090
25645		A	Treat wrist bone fracture	7.25	9.13	NA	0.93	090
25650		A	Treat wrist bone fracture	3.05	3.12	4.61	0.37	090
25651		A	Pin ulnar styloid fracture	5.36	4.32	NA	0.73	090
25652		A	Treat fracture ulnar styloid	7.60	6.74	NA	0.97	090
25660		A	Treat wrist dislocation	4.76	5.24	NA	0.59	090
25670		A	Treat wrist dislocation	7.92	9.34	NA	1.07	090
25671		A	Pin radioulnar dislocation	6.00	5.89	NA	0.75	090
25675		A	Treat wrist dislocation	4.67	5.17	7.08	0.57	090
25676		A	Treat wrist dislocation	8.04	9.33	NA	1.10	090
25680		A	Treat wrist fracture	5.99	6.29	NA	0.61	090
25685		A	Treat wrist fracture	9.78	10.12	NA	1.25	090
25690		A	Treat wrist dislocation	5.50	6.77	NA	0.78	090
25695		A	Treat wrist dislocation	8.34	9.43	NA	1.07	090
25800		A	Fusion of wrist joint	9.76	10.62	NA	1.30	090
25805		A	Fusion/graft of wrist joint	11.28	11.48	NA	1.51	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Facility PE RVUs	Non-Facility PE RVUs	Mal-Practice RVUs	Global
25810		A	Fusion/graft of wrist joint	10.57	11.05	NA	1.37	090
25820		A	Fusion of hand bones	7.45	9.43	NA	0.96	090
25825		A	Fuse hand bones with graft	9.27	10.37	NA	1.20	090
25830		A	Fusion, radioulnar jnt/ulna	10.06	16.56	NA	1.27	090
25900		A	Amputation of forearm	9.01	14.17	NA	1.08	090
25905		A	Amputation of forearm	9.12	15.42	NA	1.06	090
25907		A	Amputation follow-up surgery	7.80	14.95	NA	1.01	090
25909		A	Amputation follow-up surgery	8.96	14.98	NA	1.07	090
25915		A	Amputation of forearm	17.08	18.26	NA	2.41	090
25920		A	Amputate hand at wrist	8.68	9.69	NA	1.06	090
25922		A	Amputate hand at wrist	7.42	8.88	NA	0.93	090
25924		A	Amputation follow-up surgery	8.46	9.99	NA	1.07	090
25927		A	Amputation of hand	8.80	13.97	NA	1.02	090
25929		A	Amputation follow-up surgery	7.59	7.68	NA	0.89	090
25931		A	Amputation follow-up surgery	7.81	15.33	NA	0.88	090
25999		C	Forearm or wrist surgery	0.00	0.00	0.00	0.00	YYY
26010		A	Drainage of finger abscess	1.54	3.82	5.06	0.14	010
26011		A	Drainage of finger abscess	2.19	6.23	7.16	0.25	010
26020		A	Drain hand tendon sheath	4.67	12.63	NA	0.59	090
26025		A	Drainage of palm bursa	4.82	12.62	NA	0.60	090
26030		A	Drainage of palm bursa(s)	5.93	13.31	NA	0.72	090
26034		A	Treat hand bone lesion	6.23	14.59	NA	0.79	090
26035		A	Decompress fingers/hand	9.51	15.91	NA	1.12	090
26037		A	Decompress fingers/hand	7.25	12.45	NA	0.87	090
26040		A	Release palm contracture	3.33	12.35	NA	0.45	090
26045		A	Release palm contracture	5.56	13.61	NA	0.74	090
26055		A	Incise finger tendon sheath	2.69	7.49	7.83	0.36	090
26060		A	Incision of finger tendon	2.81	7.56	NA	0.35	090
26070		A	Explore/treat hand joint	3.69	10.87	NA	0.35	090
26075		A	Explore/treat finger joint	3.79	11.81	NA	0.40	090
26080		A	Explore/treat finger joint	4.24	12.65	NA	0.52	090
26100		A	Biopsy hand joint lining	3.67	8.19	NA	0.45	090
26105		A	Biopsy finger joint lining	3.71	12.40	NA	0.45	090
26110		A	Biopsy finger joint lining	3.53	11.82	NA	0.44	090
26115		A	Remove hand lesion subcut	3.86	7.53	7.53	0.48	090
26116		A	Remove hand lesion, deep	5.53	13.37	NA	0.69	090
26117		A	Remove tumor, hand/finger	8.55	15.03	NA	1.01	090
26121		A	Release palm contracture	7.54	15.37	NA	0.94	090
26123		A	Release palm contracture	9.29	16.33	NA	1.17	090
26125		A	Release palm contracture	4.61	2.53	NA	0.57	ZZZ
26130		A	Remove wrist joint lining	5.42	15.51	NA	0.65	090
26135		A	Revise finger joint, each	6.96	16.70	NA	0.87	090
26140		A	Revise finger joint, each	6.17	15.80	NA	0.76	090
26145		A	Tendon excision, palm/finger	6.32	16.06	NA	0.77	090
26160		A	Remove tendon sheath lesion	3.15	7.62	7.63	0.39	090
26170		A	Removal of palm tendon, each	4.77	8.46	NA	0.60	090
26180		A	Removal of finger tendon	5.18	8.79	NA	0.64	090
26185		A	Remove finger bone	5.25	8.79	NA	0.67	090
26200		A	Remove hand bone lesion	5.51	13.62	NA	0.71	090
26205		A	Remove/graft bone lesion	7.70	15.10	NA	0.95	090
26210		A	Removal of finger lesion	5.15	13.97	NA	0.64	090
26215		A	Remove/graft finger lesion	7.10	14.34	NA	0.77	090
26230		A	Partial removal of hand bone	6.33	12.72	NA	0.84	090
26235		A	Partial removal, finger bone	6.19	12.25	NA	0.78	090
26236		A	Partial removal, finger bone	5.32	12.30	NA	0.66	090
26250		A	Extensive hand surgery	7.55	16.60	NA	0.92	090
26255		A	Extensive hand surgery	12.43	19.40	NA	1.05	090
26260		A	Extensive finger surgery	7.03	16.45	NA	0.83	090
26261		A	Extensive finger surgery	9.09	12.97	NA	0.84	090
26262		A	Partial removal of finger	5.67	14.23	NA	0.70	090
26320		A	Removal of implant from hand	3.98	12.78	NA	0.49	090
26340		A	Manipulate finger w/anesth	2.50	4.48	NA	0.32	090
26350		A	Repair finger/hand tendon	5.99	19.56	NA	0.73	090
26352		A	Repair/graft hand tendon	7.68	19.76	NA	0.93	090
26356		A	Repair finger/hand tendon	8.07	20.93	NA	0.99	090
26357		A	Repair finger/hand tendon	8.58	20.73	NA	1.02	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Facility PE RVUs	Non-Facility PE RVUs	Mal-Practice RVUs	Global
26358		A	Repair/graft hand tendon	9.14	20.89	NA	1.07	090
26370		A	Repair finger/hand tendon	7.11	20.10	NA	0.90	090
26372		A	Repair/graft hand tendon	8.76	21.36	NA	1.06	090
26373		A	Repair finger/hand tendon	8.16	21.27	NA	0.98	090
26390		A	Revise hand/finger tendon	9.19	16.47	NA	1.09	090
26392		A	Repair/graft hand tendon	10.26	22.37	NA	1.26	090
26410		A	Repair hand tendon	4.63	15.82	NA	0.57	090
26412		A	Repair/graft hand tendon	6.31	16.90	NA	0.80	090
26415		A	Excision, hand/finger tendon	8.34	15.74	NA	0.77	090
26416		A	Graft hand or finger tendon	9.37	18.18	NA	1.20	090
26418		A	Repair finger tendon	4.25	15.67	NA	0.50	090
26420		A	Repair/graft finger tendon	6.77	17.31	NA	0.83	090
26426		A	Repair finger/hand tendon	6.15	16.47	NA	0.77	090
26428		A	Repair/graft finger tendon	7.21	17.52	NA	0.84	090
26432		A	Repair finger tendon	4.02	12.82	NA	0.48	090
26433		A	Repair finger tendon	4.56	13.74	NA	0.56	090
26434		A	Repair/graft finger tendon	6.09	14.25	NA	0.71	090
26437		A	Realignment of tendons	5.82	13.75	NA	0.74	090
26440		A	Release palm/finger tendon	5.02	17.99	NA	0.62	090
26442		A	Release palm & finger tendon	8.16	19.45	NA	0.94	090
26445		A	Release hand/finger tendon	4.31	17.85	NA	0.54	090
26449		A	Release forearm/hand tendon	7.00	19.18	NA	0.84	090
26450		A	Incision of palm tendon	3.67	8.30	NA	0.46	090
26455		A	Incision of finger tendon	3.64	8.16	NA	0.47	090
26460		A	Incise hand/finger tendon	3.46	7.79	NA	0.44	090
26471		A	Fusion of finger tendons	5.73	13.37	NA	0.73	090
26474		A	Fusion of finger tendons	5.32	13.83	NA	0.69	090
26476		A	Tendon lengthening	5.18	13.19	NA	0.62	090
26477		A	Tendon shortening	5.15	13.34	NA	0.60	090
26478		A	Lengthening of hand tendon	5.80	14.10	NA	0.77	090
26479		A	Shortening of hand tendon	5.74	14.56	NA	0.76	090
26480		A	Transplant hand tendon	6.69	19.03	NA	0.84	090
26483		A	Transplant/graft hand tendon	8.29	19.62	NA	1.03	090
26485		A	Transplant palm tendon	7.70	19.60	NA	0.94	090
26489		A	Transplant/graft palm tendon	9.55	16.48	NA	0.98	090
26490		A	Revise thumb tendon	8.41	14.89	NA	1.05	090
26492		A	Tendon transfer with graft	9.62	15.61	NA	1.19	090
26494		A	Hand tendon/muscle transfer	8.47	15.87	NA	1.13	090
26496		A	Revise thumb tendon	9.59	15.10	NA	1.17	090
26497		A	Finger tendon transfer	9.57	15.87	NA	1.17	090
26498		A	Finger tendon transfer	14.00	18.34	NA	1.74	090
26499		A	Revision of finger	8.98	16.54	NA	0.94	090
26500		A	Hand tendon reconstruction	5.96	14.55	NA	0.66	090
26502		A	Hand tendon reconstruction	7.14	14.85	NA	0.87	090
26504		A	Hand tendon reconstruction	7.47	14.56	NA	0.84	090
26508		A	Release thumb contracture	6.01	14.04	NA	0.76	090
26510		A	Thumb tendon transfer	5.43	13.79	NA	0.71	090
26516		A	Fusion of knuckle joint	7.15	14.41	NA	0.90	090
26517		A	Fusion of knuckle joints	8.83	15.76	NA	0.96	090
26518		A	Fusion of knuckle joints	9.02	15.46	NA	1.13	090
26520		A	Release knuckle contracture	5.30	18.02	NA	0.65	090
26525		A	Release finger contracture	5.33	18.22	NA	0.66	090
26530		A	Revise knuckle joint	6.69	18.75	NA	0.86	090
26531		A	Revise knuckle with implant	7.91	19.26	NA	1.01	090
26535		A	Revise finger joint	5.24	10.66	NA	0.66	090
26536		A	Revise/implant finger joint	6.37	17.39	NA	0.80	090
26540		A	Repair hand joint	6.43	14.40	NA	0.81	090
26541		A	Repair hand joint with graft	8.62	15.99	NA	1.12	090
26542		A	Repair hand joint with graft	6.78	14.13	NA	0.87	090
26545		A	Reconstruct finger joint	6.92	15.10	NA	0.79	090
26546		A	Repair nonunion hand	8.92	15.75	NA	1.14	090
26548		A	Reconstruct finger joint	8.03	15.67	NA	0.98	090
26550		A	Construct thumb replacement	21.24	23.51	NA	1.80	090
26551		A	Great toe-hand transfer	46.58	26.34	NA	6.57	090
26553		A	Single transfer, toe-hand	46.27	28.71	NA	1.99	090
26554		A	Double transfer, toe-hand	54.95	33.50	NA	7.76	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Facility PE RVUs	Non-Facility PE RVUs	Mal-Practice RVUs	Global
26555		A	Positional change of finger	16.63	20.49	NA	2.13	090
26556		A	Toe joint transfer	47.26	29.09	NA	6.67	090
26560		A	Repair of web finger	5.38	12.75	NA	0.60	090
26561		A	Repair of web finger	10.92	17.37	NA	0.69	090
26562		A	Repair of web finger	15.00	19.74	NA	0.98	090
26565		A	Correct metacarpal flaw	6.74	14.45	NA	0.84	090
26567		A	Correct finger deformity	6.82	14.29	NA	0.84	090
26568		A	Lengthen metacarpal/finger	9.08	19.51	NA	1.10	090
26580		A	Repair hand deformity	18.18	16.16	NA	1.46	090
26585		D	Repair finger deformity	14.05	12.93	NA	1.08	090
26587		A	Reconstruct extra finger	14.05	NA	5.98	1.08	090
26590		A	Repair finger deformity	17.96	16.68	NA	1.32	090
26591		A	Repair muscles of hand	3.25	13.51	NA	0.37	090
26593		A	Release muscles of hand	5.31	13.02	NA	0.64	090
26596		A	Excision constricting tissue	8.95	9.78	NA	0.87	090
26597		D	Release of scar contracture	9.82	11.29	NA	1.20	090
26600		A	Treat metacarpal fracture	1.96	2.71	4.04	0.25	090
26605		A	Treat metacarpal fracture	2.85	4.18	5.88	0.38	090
26607		A	Treat metacarpal fracture	5.36	8.18	NA	0.70	090
26608		A	Treat metacarpal fracture	5.36	8.54	NA	0.73	090
26615		A	Treat metacarpal fracture	5.33	8.14	NA	0.70	090
26641		A	Treat thumb dislocation	3.94	4.71	6.40	0.42	090
26645		A	Treat thumb fracture	4.41	5.13	7.10	0.54	090
26650		A	Treat thumb fracture	5.72	8.72	NA	0.77	090
26665		A	Treat thumb fracture	7.60	9.17	NA	0.97	090
26670		A	Treat hand dislocation	3.69	4.63	6.18	0.36	090
26675		A	Treat hand dislocation	4.64	4.42	6.35	0.56	090
26676		A	Pin hand dislocation	5.52	8.82	NA	0.76	090
26685		A	Treat hand dislocation	6.98	8.77	NA	0.95	090
26686		A	Treat hand dislocation	7.94	9.30	NA	1.05	090
26700		A	Treat knuckle dislocation	3.69	2.92	4.99	0.35	090
26705		A	Treat knuckle dislocation	4.19	4.26	6.20	0.50	090
26706		A	Pin knuckle dislocation	5.12	5.80	NA	0.64	090
26715		A	Treat knuckle dislocation	5.74	8.29	NA	0.75	090
26720		A	Treat finger fracture, each	1.66	1.66	2.99	0.20	090
26725		A	Treat finger fracture, each	3.33	3.17	5.14	0.43	090
26727		A	Treat finger fracture, each	5.23	8.73	NA	0.69	090
26735		A	Treat finger fracture, each	5.98	8.65	NA	0.77	090
26740		A	Treat finger fracture, each	1.94	2.55	3.74	0.24	090
26742		A	Treat finger fracture, each	3.85	5.11	6.98	0.49	090
26746		A	Treat finger fracture, each	5.81	8.77	NA	0.74	090
26750		A	Treat finger fracture, each	1.70	2.36	3.56	0.19	090
26755		A	Treat finger fracture, each	3.10	3.05	4.97	0.37	090
26756		A	Pin finger fracture, each	4.39	8.61	NA	0.56	090
26765		A	Treat finger fracture, each	4.17	7.78	NA	0.51	090
26770		A	Treat finger dislocation	3.02	2.68	4.74	0.27	090
26775		A	Treat finger dislocation	3.71	3.94	5.90	0.43	090
26776		A	Pin finger dislocation	4.80	8.58	NA	0.63	090
26785		A	Treat finger dislocation	4.21	7.62	NA	0.54	090
26820		A	Thumb fusion with graft	8.26	15.82	NA	1.11	090
26841		A	Fusion of thumb	7.13	14.94	NA	0.97	090
26842		A	Thumb fusion with graft	8.24	15.72	NA	1.10	090
26843		A	Fusion of hand joint	7.61	14.38	NA	0.99	090
26844		A	Fusion/graft of hand joint	8.73	15.70	NA	1.12	090
26850		A	Fusion of knuckle	6.97	14.21	NA	0.89	090
26852		A	Fusion of knuckle with graft	8.46	15.08	NA	1.05	090
26860		A	Fusion of finger joint	4.69	13.11	NA	0.60	090
26861		A	Fusion of finger jnt, add-on	1.74	0.96	NA	0.22	ZZZ
26862		A	Fusion/graft of finger joint	7.37	14.75	NA	0.92	090
26863		A	Fuse/graft added joint	3.90	2.16	NA	0.51	ZZZ
26910		A	Amputate metacarpal bone	7.60	13.76	NA	0.90	090
26951		A	Amputation of finger/thumb	4.59	12.67	NA	0.56	090
26952		A	Amputation of finger/thumb	6.31	13.99	NA	0.74	090
26989		C	Hand/finger surgery	0.00	0.00	0.00	0.00	YYY
26990		A	Drainage of pelvis lesion	7.48	15.56	NA	0.92	090
26991		A	Drainage of pelvis bursa	6.68	9.38	11.53	0.85	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Facility PE RVUs	Non-Facility PE RVUs	Mal-Practice RVUs	Global
26992		A	Drainage of bone lesion	13.02	19.43	NA	1.75	090
27000		A	Incision of hip tendon	5.62	7.33	NA	0.76	090
27001		A	Incision of hip tendon	6.94	8.22	NA	0.95	090
27003		A	Incision of hip tendon	7.34	9.11	NA	0.93	090
27005		A	Incision of hip tendon	9.66	10.42	NA	1.36	090
27006		A	Incision of hip tendons	9.68	10.43	NA	1.33	090
27025		A	Incision of hip/thigh fascia	11.16	10.31	NA	1.38	090
27030		A	Drainage of hip joint	13.01	12.23	NA	1.81	090
27033		A	Exploration of hip joint	13.39	12.33	NA	1.87	090
27035		A	Denervation of hip joint	16.69	18.01	NA	1.70	090
27036		A	Excision of hip joint/muscle	12.88	13.67	NA	1.80	090
27040		A	Biopsy of soft tissues	2.87	4.01	5.90	0.21	010
27041		A	Biopsy of soft tissues	9.89	8.47	NA	1.01	090
27047		A	Remove hip/pelvis lesion	7.45	7.01	9.27	0.79	090
27048		A	Remove hip/pelvis lesion	6.25	7.86	NA	0.73	090
27049		A	Remove tumor, hip/pelvis	13.66	13.36	NA	1.60	090
27050		A	Biopsy of sacroiliac joint	4.36	6.97	NA	0.53	090
27052		A	Biopsy of hip joint	6.23	8.29	NA	0.85	090
27054		A	Removal of hip joint lining	8.54	10.53	NA	1.17	090
27060		A	Removal of ischial bursa	5.43	7.70	NA	0.60	090
27062		A	Remove femur lesion/bursa	5.37	7.17	NA	0.74	090
27065		A	Removal of hip bone lesion	5.90	8.66	NA	0.76	090
27066		A	Removal of hip bone lesion	10.33	12.36	NA	1.42	090
27067		A	Remove/graft hip bone lesion	13.83	14.25	NA	1.95	090
27070		A	Partial removal of hip bone	10.72	17.92	NA	1.36	090
27071		A	Partial removal of hip bone	11.46	18.86	NA	1.51	090
27075		A	Extensive hip surgery	35.00	25.41	NA	2.22	090
27076		A	Extensive hip surgery	22.12	19.90	NA	2.86	090
27077		A	Extensive hip surgery	40.00	28.73	NA	3.18	090
27078		A	Extensive hip surgery	13.44	15.54	NA	1.67	090
27079		A	Extensive hip surgery	13.75	15.04	NA	1.86	090
27080		A	Removal of tail bone	6.39	7.56	NA	0.80	090
27086		A	Remove hip foreign body	1.87	3.81	5.53	0.17	010
27087		A	Remove hip foreign body	8.54	8.85	NA	1.09	090
27090		A	Removal of hip prosthesis	11.15	11.14	NA	1.55	090
27091		A	Removal of hip prosthesis	22.14	16.20	NA	3.11	090
27093		A	Injection for hip x-ray	1.30	0.50	12.79	0.09	000
27095		A	Injection for hip x-ray	1.50	0.54	11.77	0.10	000
27096		A	Inject sacroiliac joint	1.40	0.38	9.84	0.08	000
27097		A	Revision of hip tendon	8.80	8.91	NA	1.22	090
27098		A	Transfer tendon to pelvis	8.83	9.53	NA	1.24	090
27100		A	Transfer of abdominal muscle	11.08	12.54	NA	1.57	090
27105		A	Transfer of spinal muscle	11.77	12.21	NA	1.66	090
27110		A	Transfer of iliopsoas muscle	13.26	13.43	NA	1.38	090
27111		A	Transfer of iliopsoas muscle	12.15	11.85	NA	1.48	090
27120		A	Reconstruction of hip socket	18.01	14.46	NA	2.45	090
27122		A	Reconstruction of hip socket	14.98	14.13	NA	2.08	090
27125		A	Partial hip replacement	14.69	13.66	NA	2.05	090
27130		A	Total hip arthroplasty	20.12	16.84	NA	2.82	090
27132		A	Total hip arthroplasty	23.30	18.59	NA	3.26	090
27134		A	Revise hip joint replacement	28.52	21.23	NA	3.97	090
27137		A	Revise hip joint replacement	21.17	17.42	NA	2.97	090
27138		A	Revise hip joint replacement	22.17	17.87	NA	3.11	090
27140		A	Transplant femur ridge	12.24	11.79	NA	1.67	090
27146		A	Incision of hip bone	17.43	16.11	NA	2.27	090
27147		A	Revision of hip bone	20.58	17.18	NA	2.61	090
27151		A	Incision of hip bones	22.51	12.41	NA	3.12	090
27156		A	Revision of hip bones	24.63	19.70	NA	3.48	090
27158		A	Revision of pelvis	19.74	15.55	NA	2.60	090
27161		A	Incision of neck of femur	16.71	14.13	NA	2.32	090
27165		A	Incision/fixation of femur	17.91	14.67	NA	2.51	090
27170		A	Repair/graft femur head/neck	16.07	13.84	NA	2.20	090
27175		A	Treat slipped epiphysis	8.46	7.08	NA	1.19	090
27176		A	Treat slipped epiphysis	12.05	9.88	NA	1.68	090
27177		A	Treat slipped epiphysis	15.08	11.61	NA	2.11	090
27178		A	Treat slipped epiphysis	11.99	9.30	NA	1.68	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Facility PE RVUs	Non-Facility PE RVUs	Mal-Practice RVUs	Global
27179		A	Revise head/neck of femur	12.98	10.70	NA	1.84	090
27181		A	Treat slipped epiphysis	14.68	11.04	NA	1.74	090
27185		A	Revision of femur epiphysis	9.18	10.34	NA	1.29	090
27187		A	Reinforce hip bones	13.54	13.30	NA	1.89	090
27193		A	Treat pelvic ring fracture	5.56	5.22	6.95	0.77	090
27194		A	Treat pelvic ring fracture	9.65	7.48	9.00	1.32	090
27200		A	Treat tail bone fracture	1.84	1.77	3.03	0.22	090
27202		A	Treat tail bone fracture	7.04	19.94	NA	0.69	090
27215		A	Treat pelvic fracture(s)	10.05	10.20	NA	1.37	090
27216		A	Treat pelvic ring fracture	15.19	13.55	NA	2.15	090
27217		A	Treat pelvic ring fracture	14.11	12.60	NA	1.95	090
27218		A	Treat pelvic ring fracture	20.15	14.13	NA	2.85	090
27220		A	Treat hip socket fracture	6.18	5.56	7.28	0.85	090
27222		A	Treat hip socket fracture	12.70	10.12	NA	1.77	090
27226		A	Treat hip wall fracture	14.91	10.60	NA	2.07	090
27227		A	Treat hip fracture(s)	23.45	17.00	NA	3.24	090
27228		A	Treat hip fracture(s)	27.16	19.25	NA	3.77	090
27230		A	Treat thigh fracture	5.50	6.09	7.44	0.73	090
27232		A	Treat thigh fracture	10.68	9.09	NA	1.45	090
27235		A	Treat thigh fracture	12.16	10.94	NA	1.71	090
27236		A	Treat thigh fracture	15.60	12.66	NA	2.18	090
27238		A	Treat thigh fracture	5.52	6.16	NA	0.76	090
27240		A	Treat thigh fracture	12.50	10.13	NA	1.69	090
27244		A	Treat thigh fracture	15.94	12.89	NA	2.23	090
27245		A	Treat thigh fracture	20.31	15.27	NA	2.85	090
27246		A	Treat thigh fracture	4.71	5.77	7.14	0.66	090
27248		A	Treat thigh fracture	10.45	9.93	NA	1.45	090
27250		A	Treat hip dislocation	6.95	6.30	NA	0.68	090
27252		A	Treat hip dislocation	10.39	8.14	NA	1.37	090
27253		A	Treat hip dislocation	12.92	10.81	NA	1.81	090
27254		A	Treat hip dislocation	18.26	13.65	NA	2.52	090
27256		A	Treat hip dislocation	4.12	4.33	NA	0.49	010
27257		A	Treat hip dislocation	5.22	4.58	NA	0.56	010
27258		A	Treat hip dislocation	15.43	13.78	NA	2.06	090
27259		A	Treat hip dislocation	21.55	16.69	NA	2.99	090
27265		A	Treat hip dislocation	5.05	5.90	NA	0.65	090
27266		A	Treat hip dislocation	7.49	7.29	NA	1.04	090
27275		A	Manipulation of hip joint	2.27	3.46	NA	0.31	010
27280		A	Fusion of sacroiliac joint	13.39	14.04	NA	1.98	090
27282		A	Fusion of pubic bones	11.34	12.33	NA	1.14	090
27284		A	Fusion of hip joint	23.45	18.07	NA	2.36	090
27286		A	Fusion of hip joint	23.45	18.77	NA	2.37	090
27290		A	Amputation of leg at hip	23.28	16.75	NA	2.94	090
27295		A	Amputation of leg at hip	18.65	14.23	NA	2.35	090
27299		C	Pelvis/hip joint surgery	0.00	0.00	0.00	0.00	YYY
27301		A	Drain thigh/knee lesion	6.49	13.59	15.74	0.80	090
27303		A	Drainage of bone lesion	8.28	14.64	NA	1.14	090
27305		A	Incise thigh tendon & fascia	5.92	9.10	NA	0.77	090
27306		A	Incision of thigh tendon	4.62	7.51	NA	0.62	090
27307		A	Incision of thigh tendons	5.80	8.12	NA	0.78	090
27310		A	Exploration of knee joint	9.27	9.97	NA	1.29	090
27315		A	Partial removal, thigh nerve	6.97	4.45	NA	0.79	090
27320		A	Partial removal, thigh nerve	6.30	4.57	NA	0.78	090
27323		A	Biopsy, thigh soft tissues	2.28	3.43	5.52	0.17	010
27324		A	Biopsy, thigh soft tissues	4.90	6.82	NA	0.59	090
27327		A	Removal of thigh lesion	4.47	6.28	8.36	0.50	090
27328		A	Removal of thigh lesion	5.57	7.01	NA	0.66	090
27329		A	Remove tumor, thigh/knee	14.14	14.57	NA	1.68	090
27330		A	Biopsy, knee joint lining	4.97	6.29	NA	0.66	090
27331		A	Explore/treat knee joint	5.88	7.47	NA	0.81	090
27332		A	Removal of knee cartilage	8.27	8.63	NA	1.15	090
27333		A	Removal of knee cartilage	7.30	8.25	NA	1.03	090
27334		A	Remove knee joint lining	8.70	9.58	NA	1.21	090
27335		A	Remove knee joint lining	10.00	10.43	NA	1.41	090
27340		A	Removal of kneecap bursa	4.18	5.87	NA	0.58	090
27345		A	Removal of knee cyst	5.92	7.38	NA	0.81	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Facility PE RVUs	Non-Facility PE RVUs	Mal-Practice RVUs	Global
27347		A	Remove knee cyst	5.78	2.65	2.65	0.76	090
27350		A	Removal of kneecap	8.17	8.84	NA	1.15	090
27355		A	Remove femur lesion	7.65	10.26	NA	1.07	090
27356		A	Remove femur lesion/graft	9.48	11.28	NA	1.29	090
27357		A	Remove femur lesion/graft	10.53	11.62	NA	1.48	090
27358		A	Remove femur lesion/fixation	4.74	2.55	NA	0.67	ZZZ
27360		A	Partial removal, leg bone(s)	10.50	18.21	NA	1.42	090
27365		A	Extensive leg surgery	16.27	14.25	NA	2.26	090
27370		A	Injection for knee x-ray	0.96	0.33	12.13	0.06	000
27372		A	Removal of foreign body	5.07	6.33	8.37	0.62	090
27380		A	Repair of kneecap tendon	7.16	8.40	NA	1.00	090
27381		A	Repair/graft kneecap tendon	10.34	10.13	NA	1.44	090
27385		A	Repair of thigh muscle	7.76	8.76	NA	1.09	090
27386		A	Repair/graft of thigh muscle	10.56	10.89	NA	1.49	090
27390		A	Incision of thigh tendon	5.33	7.89	NA	0.69	090
27391		A	Incision of thigh tendons	7.20	8.88	NA	0.99	090
27392		A	Incision of thigh tendons	9.20	10.88	NA	1.23	090
27393		A	Lengthening of thigh tendon	6.39	8.39	NA	0.90	090
27394		A	Lengthening of thigh tendons	8.50	10.50	NA	1.17	090
27395		A	Lengthening of thigh tendons	11.73	13.35	NA	1.63	090
27396		A	Transplant of thigh tendon	7.86	10.33	NA	1.11	090
27397		A	Transplants of thigh tendons	11.28	11.71	NA	1.58	090
27400		A	Revise thigh muscles/tendons	9.02	10.75	NA	1.18	090
27403		A	Repair of knee cartilage	8.33	8.81	NA	1.16	090
27405		A	Repair of knee ligament	8.65	9.64	NA	1.21	090
27407		A	Repair of knee ligament	10.28	10.36	NA	1.38	090
27409		A	Repair of knee ligaments	12.90	11.93	NA	1.75	090
27418		A	Repair degenerated kneecap	10.85	10.88	NA	1.51	090
27420		A	Revision of unstable kneecap	9.83	9.73	NA	1.38	090
27422		A	Revision of unstable kneecap	9.78	9.71	NA	1.37	090
27424		A	Revision/removal of kneecap	9.81	9.66	NA	1.38	090
27425		A	Lateral retinacular release	5.22	7.13	NA	0.73	090
27427		A	Reconstruction, knee	9.36	9.40	NA	1.29	090
27428		A	Reconstruction, knee	14.00	12.56	NA	1.95	090
27429		A	Reconstruction, knee	15.52	13.22	NA	2.18	090
27430		A	Revision of thigh muscles	9.67	9.71	NA	1.35	090
27435		A	Incision of knee joint	9.49	9.52	NA	1.33	090
27437		A	Revise kneecap	8.46	9.76	NA	1.18	090
27438		A	Revise kneecap with implant	11.23	11.14	NA	1.56	090
27440		A	Revision of knee joint	10.43	9.07	NA	1.42	090
27441		A	Revision of knee joint	10.82	9.58	NA	1.49	090
27442		A	Revision of knee joint	11.89	11.59	NA	1.68	090
27443		A	Revision of knee joint	10.93	11.27	NA	1.52	090
27445		A	Revision of knee joint	17.68	14.74	NA	2.49	090
27446		A	Revision of knee joint	15.84	14.06	NA	2.22	090
27447		A	Total knee arthroplasty	21.48	16.95	NA	3.00	090
27448		A	Incision of thigh	11.06	11.97	NA	1.51	090
27450		A	Incision of thigh	13.98	13.71	NA	1.96	090
27454		A	Realignment of thigh bone	17.56	15.48	NA	2.46	090
27455		A	Realignment of knee	12.82	12.31	NA	1.78	090
27457		A	Realignment of knee	13.45	11.51	NA	1.88	090
27465		A	Shortening of thigh bone	13.87	13.66	NA	1.86	090
27466		A	Lengthening of thigh bone	16.33	15.70	NA	1.92	090
27468		A	Shorten/lengthen thighs	18.97	16.21	NA	2.68	090
27470		A	Repair of thigh	16.07	15.83	NA	2.24	090
27472		A	Repair/graft of thigh	17.72	16.70	NA	2.49	090
27475		A	Surgery to stop leg growth	8.64	9.16	NA	1.13	090
27477		A	Surgery to stop leg growth	9.85	9.76	NA	1.31	090
27479		A	Surgery to stop leg growth	12.80	12.01	NA	1.81	090
27485		A	Surgery to stop leg growth	8.84	9.33	NA	1.24	090
27486		A	Revise/replace knee joint	19.27	15.83	NA	2.70	090
27487		A	Revise/replace knee joint	25.27	18.94	NA	3.54	090
27488		A	Removal of knee prosthesis	15.74	14.01	NA	2.21	090
27495		A	Reinforce thigh	15.55	15.59	NA	2.18	090
27496		A	Decompression of thigh/knee	6.11	7.83	NA	0.77	090
27497		A	Decompression of thigh/knee	7.17	8.07	NA	0.84	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Facility PE RVUs	Non-Facility PE RVUs	Mal-Practice RVUs	Global
27498		A	Decompression of thigh/knee	7.99	8.43	NA	0.97	090
27499		A	Decompression of thigh/knee	9.00	9.03	NA	1.18	090
27500		A	Treatment of thigh fracture	5.92	7.34	9.60	0.80	090
27501		A	Treatment of thigh fracture	5.92	8.40	10.65	0.83	090
27502		A	Treatment of thigh fracture	10.58	10.93	NA	1.49	090
27503		A	Treatment of thigh fracture	10.58	10.97	NA	1.49	090
27506		A	Treatment of thigh fracture	17.45	14.12	NA	2.33	090
27507		A	Treatment of thigh fracture	13.99	12.32	NA	1.95	090
27508		A	Treatment of thigh fracture	5.83	5.28	6.97	0.80	090
27509		A	Treatment of thigh fracture	7.71	9.15	NA	1.08	090
27510		A	Treatment of thigh fracture	9.13	7.15	NA	1.26	090
27511		A	Treatment of thigh fracture	13.64	13.04	NA	1.91	090
27513		A	Treatment of thigh fracture	17.92	15.34	NA	2.51	090
27514		A	Treatment of thigh fracture	17.30	14.48	NA	2.41	090
27516		A	Treat thigh fx growth plate	5.37	5.68	7.67	0.74	090
27517		A	Treat thigh fx growth plate	8.78	7.64	9.37	1.22	090
27519		A	Treat thigh fx growth plate	15.02	13.50	NA	2.09	090
27520		A	Treat kneecap fracture	2.86	3.70	5.34	0.38	090
27524		A	Treat kneecap fracture	10.00	8.77	NA	1.40	090
27530		A	Treat knee fracture	3.78	4.20	5.85	0.51	090
27532		A	Treat knee fracture	7.30	5.68	7.41	1.02	090
27535		A	Treat knee fracture	11.50	11.92	NA	1.61	090
27536		A	Treat knee fracture	15.65	11.79	NA	2.19	090
27538		A	Treat knee fracture(s)	4.87	5.41	7.43	0.67	090
27540		A	Treat knee fracture	13.10	10.30	NA	1.80	090
27550		A	Treat knee dislocation	5.76	5.59	7.20	0.68	090
27552		A	Treat knee dislocation	7.90	7.80	NA	1.10	090
27556		A	Treat knee dislocation	14.41	14.23	NA	2.01	090
27557		A	Treat knee dislocation	16.77	15.52	NA	2.37	090
27558		A	Treat knee dislocation	17.72	15.72	NA	2.51	090
27560		A	Treat kneecap dislocation	3.82	3.90	5.78	0.40	090
27562		A	Treat kneecap dislocation	5.79	5.60	NA	0.69	090
27566		A	Treat kneecap dislocation	12.23	9.93	NA	1.73	090
27570		A	Fixation of knee joint	1.74	3.15	NA	0.24	010
27580		A	Fusion of knee	19.37	16.29	NA	2.70	090
27590		A	Amputate leg at thigh	12.03	12.42	NA	1.35	090
27591		A	Amputate leg at thigh	12.68	14.02	NA	1.63	090
27592		A	Amputate leg at thigh	10.02	11.95	NA	1.17	090
27594		A	Amputation follow-up surgery	6.92	8.79	NA	0.82	090
27596		A	Amputation follow-up surgery	10.60	12.24	NA	1.24	090
27598		A	Amputate lower leg at knee	10.53	11.25	NA	1.24	090
27599		C	Leg surgery procedure	0.00	0.00	0.00	0.00	YYY
27600		A	Decompression of lower leg	5.65	7.55	NA	0.68	090
27601		A	Decompression of lower leg	5.64	7.50	NA	0.69	090
27602		A	Decompression of lower leg	7.35	7.92	NA	0.85	090
27603		A	Drain lower leg lesion	4.94	10.21	15.73	0.56	090
27604		A	Drain lower leg bursa	4.47	8.19	11.59	0.54	090
27605		A	Incision of achilles tendon	2.87	3.88	10.52	0.38	010
27606		A	Incision of achilles tendon	4.14	5.01	12.66	0.57	010
27607		A	Treat lower leg bone lesion	7.97	13.93	NA	1.08	090
27610		A	Explore/treat ankle joint	8.34	10.27	NA	1.15	090
27612		A	Exploration of ankle joint	7.33	8.30	NA	1.01	090
27613		A	Biopsy lower leg soft tissue	2.17	3.13	5.51	0.16	010
27614		A	Biopsy lower leg soft tissue	5.66	7.13	11.19	0.62	090
27615		A	Remove tumor, lower leg	12.56	17.11	NA	1.39	090
27618		A	Remove lower leg lesion	5.09	6.66	11.52	0.54	090
27619		A	Remove lower leg lesion	8.40	9.17	13.19	1.01	090
27620		A	Explore/treat ankle joint	5.98	8.06	NA	0.83	090
27625		A	Remove ankle joint lining	8.30	9.69	NA	1.16	090
27626		A	Remove ankle joint lining	8.91	10.34	NA	1.23	090
27630		A	Removal of tendon lesion	4.80	6.85	11.35	0.60	090
27635		A	Remove lower leg bone lesion	7.78	10.87	NA	1.06	090
27637		A	Remove/graft leg bone lesion	9.85	12.27	NA	1.38	090
27638		A	Remove/graft leg bone lesion	10.57	12.76	NA	1.47	090
27640		A	Partial removal of tibia	11.37	18.07	NA	1.54	090
27641		A	Partial removal of fibula	9.24	16.20	NA	1.22	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Facility PE RVUs	Non-Facility PE RVUs	Mal-Practice RVUs	Global
27645		A	Extensive lower leg surgery	14.17	18.02	NA	1.98	090
27646		A	Extensive lower leg surgery	12.66	17.14	NA	1.55	090
27647		A	Extensive ankle/heel surgery	12.24	11.24	NA	1.64	090
27648		A	Injection for ankle x-ray	0.96	0.34	9.99	0.05	000
27650		A	Repair achilles tendon	9.69	9.45	NA	1.35	090
27652		A	Repair/graft achilles tendon	10.33	9.61	NA	1.45	090
27654		A	Repair of achilles tendon	10.02	10.19	NA	1.41	090
27656		A	Repair leg fascia defect	4.57	6.65	12.72	0.48	090
27658		A	Repair of leg tendon, each	4.98	9.17	13.22	0.68	090
27659		A	Repair of leg tendon, each	6.81	9.84	14.06	0.96	090
27664		A	Repair of leg tendon, each	4.59	9.06	14.17	0.63	090
27665		A	Repair of leg tendon, each	5.40	9.62	14.21	0.75	090
27675		A	Repair lower leg tendons	7.18	8.42	NA	1.01	090
27676		A	Repair lower leg tendons	8.42	9.31	NA	1.15	090
27680		A	Release of lower leg tendon	5.74	7.98	NA	0.80	090
27681		A	Release of lower leg tendons	6.82	8.49	NA	0.92	090
27685		A	Revision of lower leg tendon	6.50	8.49	10.34	0.91	090
27686		A	Revise lower leg tendons	7.46	9.70	12.52	1.05	090
27687		A	Revision of calf tendon	6.24	8.62	NA	0.88	090
27690		A	Revise lower leg tendon	8.71	9.45	NA	1.22	090
27691		A	Revise lower leg tendon	9.96	11.05	NA	1.40	090
27692		A	Revise additional leg tendon	1.87	0.94	NA	0.26	ZZZ
27695		A	Repair of ankle ligament	6.51	9.07	NA	0.90	090
27696		A	Repair of ankle ligaments	8.27	9.49	NA	1.16	090
27698		A	Repair of ankle ligament	9.36	9.44	NA	1.31	090
27700		A	Revision of ankle joint	9.29	7.85	NA	1.24	090
27702		A	Reconstruct ankle joint	13.67	12.80	NA	1.92	090
27703		A	Reconstruction, ankle joint	15.87	13.41	NA	2.24	090
27704		A	Removal of ankle implant	7.62	8.34	NA	0.61	090
27705		A	Incision of tibia	10.38	11.46	NA	1.44	090
27707		A	Incision of fibula	4.37	8.23	NA	0.60	090
27709		A	Incision of tibia & fibula	9.95	11.41	NA	1.39	090
27712		A	Realignment of lower leg	14.25	13.50	NA	2.00	090
27715		A	Revision of lower leg	14.39	14.80	NA	2.00	090
27720		A	Repair of tibia	11.79	13.47	NA	1.66	090
27722		A	Repair/graft of tibia	11.82	13.33	NA	1.65	090
27724		A	Repair/graft of tibia	18.20	16.95	NA	2.10	090
27725		A	Repair of lower leg	15.59	15.37	NA	2.20	090
27727		A	Repair of lower leg	14.01	13.92	NA	1.84	090
27730		A	Repair of tibia epiphysis	7.41	9.84	20.38	0.75	090
27732		A	Repair of fibula epiphysis	5.32	7.92	11.30	0.63	090
27734		A	Repair lower leg epiphyses	8.48	9.68	NA	0.85	090
27740		A	Repair of leg epiphyses	9.30	10.54	21.91	1.31	090
27742		A	Repair of leg epiphyses	10.30	10.43	16.33	1.55	090
27745		A	Reinforce tibia	10.07	11.54	NA	1.38	090
27750		A	Treatment of tibia fracture	3.19	3.87	5.50	0.43	090
27752		A	Treatment of tibia fracture	5.84	6.00	7.98	0.82	090
27756		A	Treatment of tibia fracture	6.78	10.70	NA	0.94	090
27758		A	Treatment of tibia fracture	11.67	11.92	NA	1.52	090
27759		A	Treatment of tibia fracture	13.76	13.23	NA	1.93	090
27760		A	Treatment of ankle fracture	3.01	3.73	5.29	0.39	090
27762		A	Treatment of ankle fracture	5.25	5.57	7.48	0.71	090
27766		A	Treatment of ankle fracture	8.36	8.27	NA	1.17	090
27780		A	Treatment of fibula fracture	2.65	3.54	5.24	0.33	090
27781		A	Treatment of fibula fracture	4.40	4.47	6.41	0.57	090
27784		A	Treatment of fibula fracture	7.11	8.41	NA	0.98	090
27786		A	Treatment of ankle fracture	2.84	3.65	5.25	0.37	090
27788		A	Treatment of ankle fracture	4.45	4.51	6.47	0.61	090
27792		A	Treatment of ankle fracture	7.66	7.98	NA	1.07	090
27808		A	Treatment of ankle fracture	2.83	4.34	6.28	0.38	090
27810		A	Treatment of ankle fracture	5.13	5.56	7.54	0.71	090
27814		A	Treatment of ankle fracture	10.68	10.75	NA	1.50	090
27816		A	Treatment of ankle fracture	2.89	4.38	5.81	0.37	090
27818		A	Treatment of ankle fracture	5.50	5.71	7.71	0.74	090
27822		A	Treatment of ankle fracture	11.00	12.99	NA	1.29	090
27823		A	Treatment of ankle fracture	13.00	14.09	NA	1.65	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Facility PE RVUs	Non-Facility PE RVUs	Mal-Practice RVUs	Global
27824		A	Treat lower leg fracture	2.89	4.35	6.26	0.39	090
27825		A	Treat lower leg fracture	6.19	6.17	8.15	0.85	090
27826		A	Treat lower leg fracture	8.54	11.67	NA	1.19	090
27827		A	Treat lower leg fracture	14.06	14.76	NA	1.96	090
27828		A	Treat lower leg fracture	16.23	15.51	NA	2.27	090
27829		A	Treat lower leg joint	5.49	8.58	NA	0.77	090
27830		A	Treat lower leg dislocation	3.79	4.11	5.45	0.44	090
27831		A	Treat lower leg dislocation	4.56	5.21	NA	0.61	090
27832		A	Treat lower leg dislocation	6.49	8.11	NA	0.91	090
27840		A	Treat ankle dislocation	4.58	5.88	NA	0.47	090
27842		A	Treat ankle dislocation	6.21	5.07	NA	0.76	090
27846		A	Treat ankle dislocation	9.79	10.12	NA	1.36	090
27848		A	Treat ankle dislocation	11.20	11.52	NA	1.55	090
27860		A	Fixation of ankle joint	2.34	3.57	NA	0.31	010
27870		A	Fusion of ankle joint	13.91	13.61	NA	1.95	090
27871		A	Fusion of tibiofibular joint	9.17	10.91	NA	1.29	090
27880		A	Amputation of lower leg	11.85	11.68	NA	1.38	090
27881		A	Amputation of lower leg	12.34	13.13	NA	1.59	090
27882		A	Amputation of lower leg	8.94	12.63	NA	1.03	090
27884		A	Amputation follow-up surgery	8.21	10.43	NA	0.95	090
27886		A	Amputation follow-up surgery	9.32	10.98	NA	1.13	090
27888		A	Amputation of foot at ankle	9.67	10.81	NA	1.26	090
27889		A	Amputation of foot at ankle	9.98	10.29	NA	1.19	090
27892		A	Decompression of leg	7.39	8.09	NA	0.86	090
27893		A	Decompression of leg	7.35	7.99	NA	0.90	090
27894		A	Decompression of leg	10.49	9.41	NA	1.25	090
27899		C	Leg/ankle surgery procedure	0.00	0.00	0.00	0.00	YYY
28001		A	Drainage of bursa of foot	2.73	3.13	5.59	0.31	010
28002		A	Treatment of foot infection	4.62	4.21	6.85	0.56	010
28003		A	Treatment of foot infection	8.41	10.51	11.23	1.03	090
28005		A	Treat foot bone lesion	8.68	10.34	NA	1.14	090
28008		A	Incision of foot fascia	4.45	6.17	8.06	0.56	090
28010		A	Incision of toe tendon	2.84	5.03	7.45	0.39	090
28011		A	Incision of toe tendons	4.14	6.61	9.17	0.58	090
28020		A	Exploration of foot joint	5.01	6.46	9.17	0.64	090
28022		A	Exploration of foot joint	4.67	6.04	8.04	0.62	090
28024		A	Exploration of toe joint	4.38	6.23	8.20	0.50	090
28030		A	Removal of foot nerve	6.15	3.45	NA	0.85	090
28035		A	Decompression of tibia nerve	5.09	5.33	9.17	0.71	090
28043		A	Excision of foot lesion	3.54	4.98	7.44	0.45	090
28045		A	Excision of foot lesion	4.72	5.71	8.07	0.62	090
28046		A	Resection of tumor, foot	10.18	11.06	12.37	1.13	090
28050		A	Biopsy of foot joint lining	4.25	5.75	7.72	0.55	090
28052		A	Biopsy of foot joint lining	3.94	5.85	7.97	0.51	090
28054		A	Biopsy of toe joint lining	3.45	5.68	7.94	0.45	090
28060		A	Partial removal, foot fascia	5.23	6.44	8.70	0.69	090
28062		A	Removal of foot fascia	6.52	6.45	9.54	0.85	090
28070		A	Removal of foot joint lining	5.10	5.94	7.89	0.68	090
28072		A	Removal of foot joint lining	4.58	6.65	8.40	0.64	090
28080		A	Removal of foot lesion	3.58	5.47	7.82	0.50	090
28086		A	Excise foot tendon sheath	4.78	7.40	11.14	0.66	090
28088		A	Excise foot tendon sheath	3.86	6.55	9.36	0.52	090
28090		A	Removal of foot lesion	4.41	5.53	7.99	0.57	090
28092		A	Removal of toe lesions	3.64	5.85	8.37	0.46	090
28100		A	Removal of ankle/heel lesion	5.66	7.59	11.69	0.76	090
28102		A	Remove/graft foot lesion	7.73	9.10	NA	0.97	090
28103		A	Remove/graft foot lesion	6.50	7.22	9.87	0.89	090
28104		A	Removal of foot lesion	5.12	6.77	8.68	0.69	090
28106		A	Remove/graft foot lesion	7.16	6.83	NA	1.01	090
28107		A	Remove/graft foot lesion	5.56	7.10	9.51	0.74	090
28108		A	Removal of toe lesions	4.16	5.25	7.37	0.52	090
28110		A	Part removal of metatarsal	4.08	6.84	8.85	0.49	090
28111		A	Part removal of metatarsal	5.01	7.65	10.39	0.63	090
28112		A	Part removal of metatarsal	4.49	7.38	9.53	0.60	090
28113		A	Part removal of metatarsal	4.79	7.11	9.18	0.63	090
28114		A	Removal of metatarsal heads	9.79	10.84	14.02	1.36	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Facility PE RVUs	Non-Facility PE RVUs	Mal-Practice RVUs	Global
28116		A	Revision of foot	7.75	6.71	8.84	1.03	090
28118		A	Removal of heel bone	5.96	7.15	9.44	0.79	090
28119		A	Removal of heel spur	5.39	6.07	8.49	0.74	090
28120		A	Part removal of ankle/heel	5.40	9.66	12.50	0.69	090
28122		A	Partial removal of foot bone	7.29	9.44	11.20	0.96	090
28124		A	Partial removal of toe	4.81	7.62	9.47	0.65	090
28126		A	Partial removal of toe	3.52	6.80	8.21	0.49	090
28130		A	Removal of ankle bone	8.11	8.77	NA	1.11	090
28140		A	Removal of metatarsal	6.91	7.83	10.56	0.84	090
28150		A	Removal of toe	4.09	7.09	8.84	0.52	090
28153		A	Partial removal of toe	3.66	5.84	8.22	0.49	090
28160		A	Partial removal of toe	3.74	7.14	8.49	0.51	090
28171		A	Extensive foot surgery	9.60	8.39	NA	1.13	090
28173		A	Extensive foot surgery	8.80	8.69	11.02	1.04	090
28175		A	Extensive foot surgery	6.05	6.80	9.51	0.75	090
28190		A	Removal of foot foreign body	1.96	3.37	6.36	0.16	010
28192		A	Removal of foot foreign body	4.64	5.39	8.12	0.52	090
28193		A	Removal of foot foreign body	5.73	6.52	8.72	0.63	090
28200		A	Repair of foot tendon	4.60	6.34	8.35	0.59	090
28202		A	Repair/graft of foot tendon	6.84	7.29	11.70	0.86	090
28208		A	Repair of foot tendon	4.37	5.95	8.09	0.59	090
28210		A	Repair/graft of foot tendon	6.35	6.53	9.53	0.77	090
28220		A	Release of foot tendon	4.53	6.07	7.90	0.63	090
28222		A	Release of foot tendons	5.62	6.84	8.30	0.77	090
28225		A	Release of foot tendon	3.66	5.60	7.66	0.50	090
28226		A	Release of foot tendons	4.53	6.52	7.94	0.62	090
28230		A	Incision of foot tendon(s)	4.24	6.68	8.03	0.59	090
28232		A	Incision of toe tendon	3.39	6.37	8.04	0.48	090
28234		A	Incision of foot tendon	3.37	5.92	8.10	0.46	090
28238		A	Revision of foot tendon	7.73	7.51	10.10	1.08	090
28240		A	Release of big toe	4.36	6.32	7.99	0.61	090
28250		A	Revision of foot fascia	5.92	6.93	9.01	0.81	090
28260		A	Release of midfoot joint	7.96	7.64	9.43	1.08	090
28261		A	Revision of foot tendon	11.73	9.42	10.97	1.66	090
28262		A	Revision of foot and ankle	15.83	14.95	17.10	2.22	090
28264		A	Release of midfoot joint	10.35	11.27	11.27	1.46	090
28270		A	Release of foot contracture	4.76	7.17	8.64	0.67	090
28272		A	Release of toe joint, each	3.80	5.46	7.55	0.52	090
28280		A	Fusion of toes	5.19	6.77	9.14	0.72	090
28285		A	Repair of hammertoe	4.59	6.65	8.70	0.64	090
28286		A	Repair of hammertoe	4.56	6.56	8.55	0.64	090
28288		A	Partial removal of foot bone	4.74	8.03	9.04	0.65	090
28289		A	Repair hallux rigidus	7.04	9.02	10.87	0.96	090
28290		A	Correction of bunion	5.66	8.73	9.77	0.79	090
28292		A	Correction of bunion	7.04	7.65	9.80	0.98	090
28293		A	Correction of bunion	9.15	7.95	10.84	1.28	090
28294		A	Correction of bunion	8.56	7.87	10.52	1.16	090
28296		A	Correction of bunion	9.18	8.61	10.90	1.28	090
28297		A	Correction of bunion	9.18	10.28	11.82	1.31	090
28298		A	Correction of bunion	7.94	8.23	10.02	1.12	090
28299		A	Correction of bunion	10.58	9.02	11.30	1.24	090
28300		A	Incision of heel bone	9.54	9.38	14.91	1.31	090
28302		A	Incision of ankle bone	9.55	9.22	14.29	1.15	090
28304		A	Incision of midfoot bones	9.16	7.78	10.10	1.00	090
28305		A	Incise/graft midfoot bones	10.50	9.70	14.46	0.55	090
28306		A	Incision of metatarsal	5.86	6.34	9.14	0.81	090
28307		A	Incision of metatarsal	6.33	7.88	12.89	0.71	090
28308		A	Incision of metatarsal	5.29	5.39	7.84	0.74	090
28309		A	Incision of metatarsals	12.78	10.41	NA	1.64	090
28310		A	Revision of big toe	5.43	6.84	9.06	0.76	090
28312		A	Revision of toe	4.55	7.41	8.79	0.62	090
28313		A	Repair deformity of toe	5.01	9.25	9.25	0.68	090
28315		A	Removal of sesamoid bone	4.86	5.65	7.86	0.66	090
28320		A	Repair of foot bones	9.18	8.93	NA	1.27	090
28322		A	Repair of metatarsals	8.34	8.40	11.64	1.17	090
28340		A	Resect enlarged toe tissue	6.98	6.74	9.37	0.98	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Facility PE RVUs	Non-Facility PE RVUs	Mal-Practice RVUs	Global
28341		A	Resect enlarged toe	8.41	7.05	9.46	1.18	090
28344		A	Repair extra toe(s)	4.26	5.70	8.37	0.60	090
28345		A	Repair webbed toe(s)	5.92	7.31	9.24	0.84	090
28360		A	Reconstruct cleft foot	13.34	13.35	NA	1.88	090
28400		A	Treatment of heel fracture	2.16	4.56	5.66	0.29	090
28405		A	Treatment of heel fracture	4.57	5.71	6.66	0.63	090
28406		A	Treatment of heel fracture	6.31	8.57	NA	0.87	090
28415		A	Treat heel fracture	15.97	15.27	NA	2.24	090
28420		A	Treat/graft heel fracture	16.64	15.62	NA	2.29	090
28430		A	Treatment of ankle fracture	2.09	4.06	5.16	0.27	090
28435		A	Treatment of ankle fracture	3.40	4.57	5.53	0.47	090
28436		A	Treatment of ankle fracture	4.71	7.60	NA	0.66	090
28445		A	Treat ankle fracture	15.62	13.65	NA	1.29	090
28450		A	Treat midfoot fracture, each	1.90	3.95	5.14	0.25	090
28455		A	Treat midfoot fracture, each	3.09	4.72	5.21	0.43	090
28456		A	Treat midfoot fracture	2.68	6.06	NA	0.36	090
28465		A	Treat midfoot fracture, each	7.01	8.12	NA	0.87	090
28470		A	Treat metatarsal fracture	1.99	3.28	4.42	0.26	090
28475		A	Treat metatarsal fracture	2.97	4.28	5.08	0.41	090
28476		A	Treat metatarsal fracture	3.38	6.53	NA	0.46	090
28485		A	Treat metatarsal fracture	5.71	7.87	NA	0.80	090
28490		A	Treat big toe fracture	1.09	2.12	2.69	0.13	090
28495		A	Treat big toe fracture	1.58	2.20	2.85	0.19	090
28496		A	Treat big toe fracture	2.33	4.94	10.18	0.32	090
28505		A	Treat big toe fracture	3.81	6.67	11.30	0.50	090
28510		A	Treatment of toe fracture	1.09	2.13	2.44	0.13	090
28515		A	Treatment of toe fracture	1.46	2.19	2.72	0.17	090
28525		A	Treat toe fracture	3.32	6.32	10.85	0.44	090
28530		A	Treat sesamoid bone fracture	1.06	2.74	2.96	0.13	090
28531		A	Treat sesamoid bone fracture	2.35	4.29	15.26	0.33	090
28540		A	Treat foot dislocation	2.04	3.70	3.70	0.24	090
28545		A	Treat foot dislocation	2.45	4.05	4.05	0.33	090
28546		A	Treat foot dislocation	3.20	5.81	8.92	0.46	090
28555		A	Repair foot dislocation	6.30	8.57	11.82	0.88	090
28570		A	Treat foot dislocation	1.66	3.71	3.98	0.22	090
28575		A	Treat foot dislocation	3.31	5.27	5.60	0.45	090
28576		A	Treat foot dislocation	4.17	6.43	12.02	0.56	090
28585		A	Repair foot dislocation	7.99	8.40	9.66	1.13	090
28600		A	Treat foot dislocation	1.89	3.84	4.31	0.24	090
28605		A	Treat foot dislocation	2.71	4.79	5.05	0.35	090
28606		A	Treat foot dislocation	4.90	6.95	15.78	0.68	090
28615		A	Repair foot dislocation	7.77	9.38	NA	1.09	090
28630		A	Treat toe dislocation	1.70	2.35	2.35	0.17	010
28635		A	Treat toe dislocation	1.91	2.54	2.54	0.24	010
28636		A	Treat toe dislocation	2.77	3.11	6.26	0.39	010
28645		A	Repair toe dislocation	4.22	4.32	6.66	0.58	090
28660		A	Treat toe dislocation	1.23	2.43	3.08	0.11	010
28665		A	Treat toe dislocation	1.92	2.59	2.59	0.24	010
28666		A	Treat toe dislocation	2.66	2.85	8.07	0.38	010
28675		A	Repair of toe dislocation	2.92	4.87	9.35	0.41	090
28705		A	Fusion of foot bones	18.80	15.04	NA	2.13	090
28715		A	Fusion of foot bones	13.10	12.48	NA	1.84	090
28725		A	Fusion of foot bones	11.61	11.34	NA	1.63	090
28730		A	Fusion of foot bones	10.76	10.79	NA	1.51	090
28735		A	Fusion of foot bones	10.85	10.53	NA	1.51	090
28737		A	Revision of foot bones	9.64	9.44	NA	1.36	090
28740		A	Fusion of foot bones	8.02	8.98	13.37	1.13	090
28750		A	Fusion of big toe joint	7.30	9.06	14.47	1.03	090
28755		A	Fusion of big toe joint	4.74	6.50	9.08	0.66	090
28760		A	Fusion of big toe joint	7.75	7.72	10.11	1.07	090
28800		A	Amputation of midfoot	8.21	8.97	NA	0.98	090
28805		A	Amputation thru metatarsal	8.39	8.82	NA	0.97	090
28810		A	Amputation toe & metatarsal	6.21	7.77	NA	0.70	090
28820		A	Amputation of toe	4.41	7.02	10.96	0.51	090
28825		A	Partial amputation of toe	3.59	6.88	10.36	0.43	090
28899		C	Foot/toes surgery procedure	0.00	0.00	0.00	0.00	YYY

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Facility PE RVUs	Non-Facility PE RVUs	Mal-Practice RVUs	Global
29000		A	Application of body cast	2.25	1.67	3.07	0.30	000
29010		A	Application of body cast	2.06	1.65	2.77	0.27	000
29015		A	Application of body cast	2.41	1.57	2.91	0.21	000
29020		A	Application of body cast	2.11	1.39	3.33	0.16	000
29025		A	Application of body cast	2.40	1.78	3.05	0.26	000
29035		A	Application of body cast	1.77	1.48	2.87	0.24	000
29040		A	Application of body cast	2.22	1.56	2.43	0.35	000
29044		A	Application of body cast	2.12	1.77	3.15	0.29	000
29046		A	Application of body cast	2.41	1.95	3.24	0.34	000
29049		A	Application of figure eight	0.89	0.55	1.04	0.12	000
29055		A	Application of shoulder cast	1.78	1.40	2.35	0.24	000
29058		A	Application of shoulder cast	1.31	0.74	1.28	0.14	000
29065		A	Application of long arm cast	0.87	0.68	1.08	0.12	000
29075		A	Application of forearm cast	0.77	0.62	1.02	0.11	000
29085		A	Apply hand/wrist cast	0.87	0.61	1.07	0.11	000
29086		A	Apply finger cast	0.62	0.43	0.77	0.07	000
29105		A	Apply long arm splint	0.87	0.51	1.02	0.11	000
29125		A	Apply forearm splint	0.59	0.40	0.86	0.06	000
29126		A	Apply forearm splint	0.77	0.47	1.10	0.06	000
29130		A	Application of finger splint	0.50	0.17	0.43	0.05	000
29131		A	Application of finger splint	0.55	0.25	0.70	0.03	000
29200		A	Strapping of chest	0.65	0.36	0.78	0.04	000
29220		A	Strapping of low back	0.64	0.39	0.72	0.07	000
29240		A	Strapping of shoulder	0.71	0.38	0.86	0.05	000
29260		A	Strapping of elbow or wrist	0.55	0.34	0.75	0.04	000
29280		A	Strapping of hand or finger	0.51	0.34	0.79	0.04	000
29305		A	Application of hip cast	2.03	1.59	2.71	0.29	000
29325		A	Application of hip casts	2.32	1.77	2.88	0.31	000
29345		A	Application of long leg cast	1.40	0.99	1.47	0.19	000
29355		A	Application of long leg cast	1.53	1.05	1.46	0.20	000
29358		A	Apply long leg cast brace	1.43	1.02	1.69	0.19	000
29365		A	Application of long leg cast	1.18	0.87	1.35	0.17	000
29405		A	Apply short leg cast	0.86	0.65	1.01	0.12	000
29425		A	Apply short leg cast	1.01	0.68	1.04	0.14	000
29435		A	Apply short leg cast	1.18	0.86	1.29	0.17	000
29440		A	Addition of walker to cast	0.57	0.27	0.59	0.07	000
29445		A	Apply rigid leg cast	1.78	0.94	1.57	0.24	000
29450		A	Application of leg cast	2.08	1.07	1.37	0.13	000
29505		A	Application, long leg splint	0.69	0.47	1.02	0.06	000
29515		A	Application lower leg splint	0.73	0.47	0.77	0.07	000
29520		A	Strapping of hip	0.54	0.43	0.88	0.02	000
29530		A	Strapping of knee	0.57	0.35	0.78	0.04	000
29540		A	Strapping of ankle	0.51	0.32	0.39	0.04	000
29550		A	Strapping of toes	0.47	0.27	0.40	0.05	000
29580		A	Application of paste boot	0.57	0.35	0.59	0.05	000
29590		A	Application of foot splint	0.76	0.30	0.48	0.06	000
29700		A	Removal/revision of cast	0.57	0.28	0.77	0.07	000
29705		A	Removal/revision of cast	0.76	0.39	0.70	0.10	000
29710		A	Removal/revision of cast	1.34	0.71	1.36	0.17	000
29715		A	Removal/revision of cast	0.94	0.41	1.04	0.08	000
29720		A	Repair of body cast	0.68	0.38	0.93	0.10	000
29730		A	Windowing of cast	0.75	0.35	0.69	0.10	000
29740		A	Wedging of cast	1.12	0.49	1.00	0.15	000
29750		A	Wedging of clubfoot cast	1.26	0.59	0.97	0.16	000
29799		C	Casting/strapping procedure	0.00	0.00	0.00	0.00	YYY
29800		A	Jaw arthroscopy/surgery	6.43	8.88	NA	0.84	090
29804		A	Jaw arthroscopy/surgery	8.14	8.65	NA	0.66	090
29805		A	Shoulder arthroscopy, dx	5.89	3.22	3.22	0.83	090
29806		A	Shoulder arthroscopy/surgery	14.37	10.95	NA	2.01	090
29807		A	Shoulder arthroscopy/surgery	13.90	10.69	NA	2.01	090
29815		D	Shoulder arthroscopy	5.89	6.75	NA	0.83	090
29819		A	Shoulder arthroscopy/surgery	7.62	9.64	NA	1.07	090
29820		A	Shoulder arthroscopy/surgery	7.07	9.48	NA	0.99	090
29821		A	Shoulder arthroscopy/surgery	7.72	9.85	NA	1.08	090
29822		A	Shoulder arthroscopy/surgery	7.43	9.78	NA	1.04	090
29823		A	Shoulder arthroscopy/surgery	8.17	10.10	NA	1.15	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Facility PE RVUs	Non-Facility PE RVUs	Mal-Practice RVUs	Global
29824		A	Shoulder arthroscopy/surgery	8.25	7.24	NA	1.16	090
29825		A	Shoulder arthroscopy/surgery	7.62	9.77	NA	1.06	090
29826		A	Shoulder arthroscopy/surgery	8.99	10.58	NA	1.26	090
29830		A	Elbow arthroscopy	5.76	6.00	NA	0.79	090
29834		A	Elbow arthroscopy/surgery	6.28	6.85	NA	0.86	090
29835		A	Elbow arthroscopy/surgery	6.48	6.87	NA	0.88	090
29836		A	Elbow arthroscopy/surgery	7.55	7.54	NA	1.06	090
29837		A	Elbow arthroscopy/surgery	6.87	7.13	NA	0.96	090
29838		A	Elbow arthroscopy/surgery	7.71	7.58	NA	1.07	090
29840		A	Wrist arthroscopy	5.54	8.38	NA	0.69	090
29843		A	Wrist arthroscopy/surgery	6.01	8.56	NA	0.82	090
29844		A	Wrist arthroscopy/surgery	6.37	8.75	NA	0.86	090
29845		A	Wrist arthroscopy/surgery	7.52	9.25	NA	0.84	090
29846		A	Wrist arthroscopy/surgery	6.75	11.39	NA	0.89	090
29847		A	Wrist arthroscopy/surgery	7.08	11.66	NA	0.91	090
29848		A	Wrist endoscopy/surgery	5.44	8.27	NA	0.72	090
29850		A	Knee arthroscopy/surgery	8.19	7.27	NA	0.74	090
29851		A	Knee arthroscopy/surgery	13.10	11.68	NA	1.81	090
29855		A	Tibial arthroscopy/surgery	10.62	10.39	NA	1.50	090
29856		A	Tibial arthroscopy/surgery	14.14	12.37	NA	2.00	090
29860		A	Hip arthroscopy, dx	8.05	7.83	NA	1.14	090
29861		A	Hip arthroscopy/surgery	9.15	8.91	NA	1.29	090
29862		A	Hip arthroscopy/surgery	9.90	9.46	NA	1.39	090
29863		A	Hip arthroscopy/surgery	9.90	9.95	NA	1.40	090
29870		A	Knee arthroscopy, dx	5.07	6.13	NA	0.67	090
29871		A	Knee arthroscopy/drainage	6.55	8.11	NA	0.88	090
29874		A	Knee arthroscopy/surgery	7.05	7.86	NA	0.87	090
29875		A	Knee arthroscopy/surgery	6.31	7.51	NA	0.88	090
29876		A	Knee arthroscopy/surgery	7.92	8.95	NA	1.11	090
29877		A	Knee arthroscopy/surgery	7.35	8.09	NA	1.03	090
29879		A	Knee arthroscopy/surgery	8.04	8.46	NA	1.13	090
29880		A	Knee arthroscopy/surgery	8.50	8.73	NA	1.19	090
29881		A	Knee arthroscopy/surgery	7.76	8.31	NA	1.09	090
29882		A	Knee arthroscopy/surgery	8.65	8.63	NA	1.09	090
29883		A	Knee arthroscopy/surgery	11.05	10.12	NA	1.33	090
29884		A	Knee arthroscopy/surgery	7.33	8.72	NA	1.03	090
29885		A	Knee arthroscopy/surgery	9.09	9.69	NA	1.27	090
29886		A	Knee arthroscopy/surgery	7.54	8.75	NA	1.06	090
29887		A	Knee arthroscopy/surgery	9.04	9.64	NA	1.27	090
29888		A	Knee arthroscopy/surgery	13.90	12.28	NA	1.95	090
29889		A	Knee arthroscopy/surgery	16.00	13.45	NA	2.11	090
29891		A	Ankle arthroscopy/surgery	8.40	9.02	NA	1.17	090
29892		A	Ankle arthroscopy/surgery	9.00	9.27	NA	1.26	090
29893		A	Scope, plantar fasciotomy	5.22	5.64	NA	0.74	090
29894		A	Ankle arthroscopy/surgery	7.21	8.17	NA	1.01	090
29895		A	Ankle arthroscopy/surgery	6.99	8.15	NA	0.97	090
29897		A	Ankle arthroscopy/surgery	7.18	8.74	NA	1.01	090
29898		A	Ankle arthroscopy/surgery	8.32	8.66	NA	1.14	090
29900		A	Mcp joint arthroscopy, dx	5.42	5.70	NA	0.69	090
29901		A	Mcp joint arthroscopy, surg	6.13	6.09	NA	0.81	090
29902		A	Mcp joint arthroscopy, surg	6.70	6.40	NA	0.89	090
29909		D	Arthroscopy of joint	0.00	0.00	0.00	0.00	YYY
29999		C	Arthroscopy of joint	0.00	0.00	0.00	0.00	YYY
30000		A	Drainage of nose lesion	1.43	1.46	2.48	0.10	010
30020		A	Drainage of nose lesion	1.43	1.54	2.69	0.08	010
30100		A	Intranasal biopsy	0.94	0.52	1.30	0.06	000
30110		A	Removal of nose polyp(s)	1.63	0.87	2.73	0.12	010
30115		A	Removal of nose polyp(s)	4.35	4.43	NA	0.31	090
30117		A	Removal of intranasal lesion	3.16	3.12	4.82	0.22	090
30118		A	Removal of intranasal lesion	9.69	8.10	NA	0.66	090
30120		A	Revision of nose	5.27	5.81	5.81	0.41	090
30124		A	Removal of nose lesion	3.10	3.26	NA	0.20	090
30125		A	Removal of nose lesion	7.16	6.43	NA	0.54	090
30130		A	Removal of turbinate bones	3.38	3.90	NA	0.22	090
30140		A	Removal of turbinate bones	3.43	4.50	NA	0.24	090
30150		A	Partial removal of nose	9.14	8.59	NA	0.76	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Facility PE RVUs	Non-Facility PE RVUs	Mal-Practice RVUs	Global
30160		A	Removal of nose	9.58	8.48	NA	0.78	090
30200		A	Injection treatment of nose	0.78	0.44	1.20	0.06	000
30210		A	Nasal sinus therapy	1.08	0.59	2.10	0.08	010
30220		A	Insert nasal septal button	1.54	0.84	2.46	0.11	010
30300		A	Remove nasal foreign body	1.04	0.38	2.57	0.07	010
30310		A	Remove nasal foreign body	1.96	1.86	NA	0.14	010
30320		A	Remove nasal foreign body	4.52	5.20	NA	0.36	090
30400		R	Reconstruction of nose	9.83	8.82	NA	0.80	090
30410		R	Reconstruction of nose	12.98	10.53	NA	1.08	090
30420		R	Reconstruction of nose	15.88	12.19	NA	1.24	090
30430		R	Revision of nose	7.21	7.19	NA	0.62	090
30435		R	Revision of nose	11.71	10.32	NA	1.10	090
30450		R	Revision of nose	18.65	13.96	NA	1.53	090
30460		A	Revision of nose	9.96	9.25	NA	0.85	090
30462		A	Revision of nose	19.57	14.42	NA	1.92	090
30465		A	Repair nasal stenosis	11.64	9.33	NA	0.97	090
30520		A	Repair of nasal septum	5.70	5.78	NA	0.41	090
30540		A	Repair nasal defect	7.75	6.43	NA	0.53	090
30545		A	Repair nasal defect	11.38	9.36	NA	0.80	090
30560		A	Release of nasal adhesions	1.26	1.48	2.29	0.09	010
30580		A	Repair upper jaw fistula	6.69	4.87	4.87	0.50	090
30600		A	Repair mouth/nose fistula	6.02	4.82	4.82	0.70	090
30620		A	Intranasal reconstruction	5.97	6.49	NA	0.45	090
30630		A	Repair nasal septum defect	7.12	7.02	NA	0.51	090
30801		A	Cauterization, inner nose	1.09	2.27	2.51	0.08	010
30802		A	Cauterization, inner nose	2.03	2.79	3.06	0.15	010
30901		A	Control of nosebleed	1.21	0.33	1.39	0.09	000
30903		A	Control of nosebleed	1.54	0.51	3.14	0.12	000
30905		A	Control of nosebleed	1.97	0.78	3.77	0.15	000
30906		A	Repeat control of nosebleed	2.45	1.24	4.17	0.17	000
30915		A	Ligation, nasal sinus artery	7.20	6.93	NA	0.50	090
30920		A	Ligation, upper jaw artery	9.83	8.40	NA	0.69	090
30930		A	Therapy, fracture of nose	1.26	2.12	NA	0.09	010
30999		C	Nasal surgery procedure	0.00	0.00	0.00	0.00	YYY
31000		A	Irrigation, maxillary sinus	1.15	0.64	2.38	0.08	010
31002		A	Irrigation, sphenoid sinus	1.91	2.06	NA	0.14	010
31020		A	Exploration, maxillary sinus	2.94	3.60	4.22	0.20	090
31030		A	Exploration, maxillary sinus	5.92	4.57	4.69	0.42	090
31032		A	Explore sinus,remove polyps	6.57	5.99	NA	0.47	090
31040		A	Exploration behind upper jaw	9.42	6.94	NA	0.71	090
31050		A	Exploration, sphenoid sinus	5.28	4.98	NA	0.39	090
31051		A	Sphenoid sinus surgery	7.11	6.42	NA	0.55	090
31070		A	Exploration of frontal sinus	4.28	4.93	NA	0.30	090
31075		A	Exploration of frontal sinus	9.16	8.09	NA	0.64	090
31080		A	Removal of frontal sinus	11.42	8.90	NA	0.78	090
31081		A	Removal of frontal sinus	12.75	9.57	NA	1.84	090
31084		A	Removal of frontal sinus	13.51	10.43	NA	0.96	090
31085		A	Removal of frontal sinus	14.20	10.63	NA	1.18	090
31086		A	Removal of frontal sinus	12.86	10.30	NA	0.90	090
31087		A	Removal of frontal sinus	13.10	10.30	NA	1.15	090
31090		A	Exploration of sinuses	9.53	8.79	NA	0.66	090
31200		A	Removal of ethmoid sinus	4.97	5.75	NA	0.25	090
31201		A	Removal of ethmoid sinus	8.37	7.67	NA	0.58	090
31205		A	Removal of ethmoid sinus	10.24	8.43	NA	0.58	090
31225		A	Removal of upper jaw	19.23	14.91	NA	1.38	090
31230		A	Removal of upper jaw	21.94	16.55	NA	1.57	090
31231		A	Nasal endoscopy, dx	1.10	0.59	1.97	0.08	000
31233		A	Nasal/sinus endoscopy, dx	2.18	1.20	2.60	0.16	000
31235		A	Nasal/sinus endoscopy, dx	2.64	1.45	2.86	0.18	000
31237		A	Nasal/sinus endoscopy, surg	2.98	1.62	3.15	0.21	000
31238		A	Nasal/sinus endoscopy, surg	3.26	1.83	3.66	0.23	000
31239		A	Nasal/sinus endoscopy, surg	8.70	6.58	NA	0.46	010
31240		A	Nasal/sinus endoscopy, surg	2.61	1.56	NA	0.18	000
31254		A	Revision of ethmoid sinus	4.65	2.72	NA	0.32	000
31255		A	Removal of ethmoid sinus	6.96	4.01	NA	0.49	000
31256		A	Exploration maxillary sinus	3.29	1.95	NA	0.23	000

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Facility PE RVUs	Non-Facility PE RVUs	Mal-Practice RVUs	Global
31267		A	Endoscopy, maxillary sinus	5.46	3.17	NA	0.38	000
31276		A	Sinus endoscopy, surgical	8.85	5.06	NA	0.62	000
31287		A	Nasal/sinus endoscopy, surg	3.92	2.30	NA	0.27	000
31288		A	Nasal/sinus endoscopy, surg	4.58	2.68	NA	0.32	000
31290		A	Nasal/sinus endoscopy, surg	17.24	11.55	NA	1.20	010
31291		A	Nasal/sinus endoscopy, surg	18.19	11.87	NA	1.73	010
31292		A	Nasal/sinus endoscopy, surg	14.76	10.04	NA	0.99	010
31293		A	Nasal/sinus endoscopy, surg	16.21	10.77	NA	0.97	010
31294		A	Nasal/sinus endoscopy, surg	19.06	12.26	NA	1.04	010
31299		C	Sinus surgery procedure	0.00	0.00	0.00	0.00	YYY
31300		A	Removal of larynx lesion	14.29	17.11	NA	0.99	090
31320		A	Diagnostic incision, larynx	5.26	12.72	NA	0.40	090
31360		A	Removal of larynx	17.08	18.87	NA	1.20	090
31365		A	Removal of larynx	24.16	22.60	NA	1.72	090
31367		A	Partial removal of larynx	21.86	23.52	NA	1.57	090
31368		A	Partial removal of larynx	27.09	28.09	NA	1.90	090
31370		A	Partial removal of larynx	21.38	23.01	NA	1.51	090
31375		A	Partial removal of larynx	20.21	20.67	NA	1.43	090
31380		A	Partial removal of larynx	20.21	20.83	NA	1.40	090
31382		A	Partial removal of larynx	20.52	22.68	NA	1.44	090
31390		A	Removal of larynx & pharynx	27.53	28.31	NA	1.95	090
31395		A	Reconstruct larynx & pharynx	31.09	33.94	NA	2.27	090
31400		A	Revision of larynx	10.31	15.45	NA	0.72	090
31420		A	Removal of epiglottis	10.22	15.10	NA	0.71	090
31500		A	Insert emergency airway	2.33	0.66	NA	0.15	000
31502		A	Change of windpipe airway	0.65	0.26	1.92	0.04	000
31505		A	Diagnostic laryngoscopy	0.61	0.34	1.80	0.04	000
31510		A	Laryngoscopy with biopsy	1.92	0.98	2.77	0.15	000
31511		A	Remove foreign body, larynx	2.16	0.75	3.06	0.16	000
31512		A	Removal of larynx lesion	2.07	1.08	2.97	0.16	000
31513		A	Injection into vocal cord	2.10	1.28	NA	0.15	000
31515		A	Laryngoscopy for aspiration	1.80	0.85	2.39	0.12	000
31520		A	Diagnostic laryngoscopy	2.56	1.39	NA	0.17	000
31525		A	Diagnostic laryngoscopy	2.63	1.48	2.87	0.18	000
31526		A	Diagnostic laryngoscopy	2.57	1.54	NA	0.18	000
31527		A	Laryngoscopy for treatment	3.27	1.72	NA	0.21	000
31528		A	Laryngoscopy and dilation	2.37	1.27	NA	0.16	000
31529		A	Laryngoscopy and dilation	2.68	1.55	NA	0.18	000
31530		A	Operative laryngoscopy	3.39	1.76	NA	0.24	000
31531		A	Operative laryngoscopy	3.59	2.12	NA	0.25	000
31535		A	Operative laryngoscopy	3.16	1.82	NA	0.22	000
31536		A	Operative laryngoscopy	3.56	2.10	NA	0.25	000
31540		A	Operative laryngoscopy	4.13	2.40	NA	0.29	000
31541		A	Operative laryngoscopy	4.53	2.64	NA	0.32	000
31560		A	Operative laryngoscopy	5.46	3.06	NA	0.38	000
31561		A	Operative laryngoscopy	6.00	3.28	NA	0.42	000
31570		A	Laryngoscopy with injection	3.87	2.23	4.13	0.24	000
31571		A	Laryngoscopy with injection	4.27	2.45	NA	0.30	000
31575		A	Diagnostic laryngoscopy	1.10	0.57	2.04	0.08	000
31576		A	Laryngoscopy with biopsy	1.97	1.01	2.37	0.13	000
31577		A	Remove foreign body, larynx	2.47	1.26	2.83	0.17	000
31578		A	Removal of larynx lesion	2.84	1.25	3.09	0.20	000
31579		A	Diagnostic laryngoscopy	2.26	1.21	2.90	0.16	000
31580		A	Revision of larynx	12.38	16.15	NA	0.87	090
31582		A	Revision of larynx	21.62	21.48	NA	1.52	090
31584		A	Treat larynx fracture	19.64	18.54	NA	1.42	090
31585		A	Treat larynx fracture	4.64	8.81	NA	0.30	090
31586		A	Treat larynx fracture	8.03	12.58	NA	0.56	090
31587		A	Revision of larynx	11.99	14.03	NA	0.88	090
31588		A	Revision of larynx	13.11	16.92	NA	0.92	090
31590		A	Reinnervate larynx	6.97	12.31	NA	0.50	090
31595		A	Larynx nerve surgery	8.34	11.19	NA	0.62	090
31599		C	Larynx surgery procedure	0.00	0.00	0.00	0.00	YYY
31600		A	Incision of windpipe	7.18	3.05	NA	0.34	000
31601		A	Incision of windpipe	4.45	2.17	NA	0.39	000
31603		A	Incision of windpipe	4.15	1.76	NA	0.35	000

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Facility PE RVUs	Non-Facility PE RVUs	Mal-Practice RVUs	Global
31605		A	Incision of windpipe	3.58	1.22	NA	0.33	000
31610		A	Incision of windpipe	8.76	10.69	NA	0.69	090
31611		A	Surgery/speech prosthesis	5.64	10.08	NA	0.40	090
31612		A	Puncture/clear windpipe	0.91	0.42	1.49	0.06	000
31613		A	Repair windpipe opening	4.59	8.74	NA	0.37	090
31614		A	Repair windpipe opening	7.12	12.11	NA	0.51	090
31615		A	Visualization of windpipe	2.09	1.17	3.67	0.14	000
31622		A	Dx bronchoscope/wash	2.78	1.16	3.37	0.14	000
31623		A	Dx bronchoscope/brush	2.88	1.16	3.21	0.14	000
31624		A	Dx bronchoscope/lavage	2.88	1.17	2.90	0.13	000
31625		A	Bronchoscopy with biopsy	3.37	1.30	2.91	0.16	000
31628		A	Bronchoscopy with biopsy	3.81	1.41	3.33	0.14	000
31629		A	Bronchoscopy with biopsy	3.37	1.28	NA	0.13	000
31630		A	Bronchoscopy with repair	3.82	1.95	NA	0.30	000
31631		A	Bronchoscopy with dilation	4.37	2.00	NA	0.31	000
31635		A	Remove foreign body, airway	3.68	1.67	NA	0.21	000
31640		A	Bronchoscopy & remove lesion	4.94	2.33	NA	0.37	000
31641		A	Bronchoscopy, treat blockage	5.03	2.12	NA	0.30	000
31643		A	Diag bronchoscope/catheter	3.50	1.22	1.22	0.15	000
31645		A	Bronchoscopy, clear airways	3.16	1.22	NA	0.13	000
31646		A	Bronchoscopy, reclear airway	2.72	1.09	NA	0.12	000
31656		A	Bronchoscopy, inj for xray	2.17	0.93	NA	0.10	000
31700		A	Insertion of airway catheter	1.34	0.68	2.38	0.07	000
31708		A	Instill airway contrast dye	1.41	0.61	NA	0.06	000
31710		A	Insertion of airway catheter	1.30	0.72	NA	0.06	000
31715		A	Injection for bronchus x-ray	1.11	0.61	NA	0.06	000
31717		A	Bronchial brush biopsy	2.12	0.88	3.33	0.09	000
31720		A	Clearance of airways	1.06	0.33	1.86	0.06	000
31725		A	Clearance of airways	1.96	0.61	NA	0.10	000
31730		A	Intro, windpipe wire/tube	2.85	1.10	2.42	0.15	000
31750		A	Repair of windpipe	13.02	15.78	NA	1.02	090
31755		A	Repair of windpipe	15.93	18.93	NA	1.15	090
31760		A	Repair of windpipe	22.35	12.23	NA	1.48	090
31766		A	Reconstruction of windpipe	30.43	16.01	NA	3.16	090
31770		A	Repair/graft of bronchus	22.51	14.02	NA	2.27	090
31775		A	Reconstruct bronchus	23.54	14.88	NA	2.91	090
31780		A	Reconstruct windpipe	17.72	12.63	NA	1.55	090
31781		A	Reconstruct windpipe	23.53	14.35	NA	2.04	090
31785		A	Remove windpipe lesion	17.23	12.58	NA	1.36	090
31786		A	Remove windpipe lesion	23.98	15.43	NA	2.20	090
31800		A	Repair of windpipe injury	7.43	6.66	NA	0.67	090
31805		A	Repair of windpipe injury	13.13	10.42	NA	1.45	090
31820		A	Closure of windpipe lesion	4.49	7.87	8.00	0.35	090
31825		A	Repair of windpipe defect	6.81	11.11	11.11	0.50	090
31830		A	Revise windpipe scar	4.50	7.91	7.91	0.36	090
31899		C	Airways surgical procedure	0.00	0.00	0.00	0.00	YYY
32000		A	Drainage of chest	1.54	0.50	3.07	0.07	000
32002		A	Treatment of collapsed lung	2.19	0.85	NA	0.11	000
32005		A	Treat lung lining chemically	2.19	0.86	NA	0.17	000
32020		A	Insertion of chest tube	3.98	1.44	NA	0.36	000
32035		A	Exploration of chest	8.67	7.73	NA	1.02	090
32036		A	Exploration of chest	9.68	8.39	NA	1.20	090
32095		A	Biopsy through chest wall	8.36	7.87	NA	0.99	090
32100		A	Exploration/biopsy of chest	15.24	10.15	NA	1.45	090
32110		A	Explore/repair chest	23.00	12.62	NA	1.63	090
32120		A	Re-exploration of chest	11.54	9.17	NA	1.42	090
32124		A	Explore chest free adhesions	12.72	9.11	NA	1.51	090
32140		A	Removal of lung lesion(s)	13.93	9.71	NA	1.68	090
32141		A	Remove/treat lung lesions	14.00	9.61	NA	1.72	090
32150		A	Removal of lung lesion(s)	14.15	9.58	NA	1.60	090
32151		A	Remove lung foreign body	14.21	10.13	NA	1.49	090
32160		A	Open chest heart massage	9.30	6.18	NA	1.01	090
32200		A	Drain, open, lung lesion	15.29	9.98	NA	1.46	090
32201		A	Drain, percut, lung lesion	4.00	5.67	NA	0.18	000
32215		A	Treat chest lining	11.33	9.13	NA	1.34	090
32220		A	Release of lung	24.00	13.15	NA	2.39	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Facility PE RVUs	Non-Facility PE RVUs	Mal-Practice RVUs	Global
32225		A	Partial release of lung	13.96	9.87	NA	1.70	090
32310		A	Removal of chest lining	13.44	9.52	NA	1.65	090
32320		A	Free/remove chest lining	24.00	12.93	NA	2.50	090
32400		A	Needle biopsy chest lining	1.76	0.57	1.87	0.07	000
32402		A	Open biopsy chest lining	7.56	7.68	NA	0.91	090
32405		A	Biopsy, lung or mediastinum	1.93	0.65	2.46	0.09	000
32420		A	Puncture/clear lung	2.18	0.85	NA	0.11	000
32440		A	Removal of lung	25.00	13.40	NA	2.56	090
32442		A	Sleeve pneumonectomy	26.24	14.15	NA	3.12	090
32445		A	Removal of lung	25.09	13.38	NA	3.11	090
32480		A	Partial removal of lung	23.75	12.61	NA	2.24	090
32482		A	Bilobectomy	25.00	13.24	NA	2.35	090
32484		A	Segmentectomy	20.69	11.76	NA	2.54	090
32486		A	Sleeve lobectomy	23.92	13.13	NA	3.00	090
32488		A	Completion pneumonectomy	25.71	13.77	NA	3.18	090
32491		R	Lung volume reduction	21.25	12.46	NA	2.66	090
32500		A	Partial removal of lung	22.00	12.54	NA	1.77	090
32501		A	Repair bronchus add-on	4.69	1.55	NA	0.56	ZZZ
32520		A	Remove lung & revise chest	21.68	12.41	NA	2.71	090
32522		A	Remove lung & revise chest	24.20	13.26	NA	2.84	090
32525		A	Remove lung & revise chest	26.50	13.90	NA	3.25	090
32540		A	Removal of lung lesion	14.64	10.01	NA	1.84	090
32601		A	Thoracoscopy, diagnostic	5.46	3.47	NA	0.63	000
32602		A	Thoracoscopy, diagnostic	5.96	3.62	NA	0.70	000
32603		A	Thoracoscopy, diagnostic	7.81	4.13	NA	0.76	000
32604		A	Thoracoscopy, diagnostic	8.78	4.63	NA	0.97	000
32605		A	Thoracoscopy, diagnostic	6.93	4.10	NA	0.86	000
32606		A	Thoracoscopy, diagnostic	8.40	4.44	NA	0.99	000
32650		A	Thoracoscopy, surgical	10.75	8.30	NA	1.25	090
32651		A	Thoracoscopy, surgical	12.91	8.69	NA	1.50	090
32652		A	Thoracoscopy, surgical	18.66	11.00	NA	2.30	090
32653		A	Thoracoscopy, surgical	12.87	8.91	NA	1.55	090
32654		A	Thoracoscopy, surgical	12.44	7.35	NA	1.51	090
32655		A	Thoracoscopy, surgical	13.10	8.71	NA	1.53	090
32656		A	Thoracoscopy, surgical	12.91	9.22	NA	1.61	090
32657		A	Thoracoscopy, surgical	13.65	9.20	NA	1.64	090
32658		A	Thoracoscopy, surgical	11.63	8.98	NA	1.47	090
32659		A	Thoracoscopy, surgical	11.59	8.80	NA	1.39	090
32660		A	Thoracoscopy, surgical	17.43	10.93	NA	2.09	090
32661		A	Thoracoscopy, surgical	13.25	9.44	NA	1.66	090
32662		A	Thoracoscopy, surgical	16.44	10.34	NA	2.01	090
32663		A	Thoracoscopy, surgical	18.47	10.92	NA	2.28	090
32664		A	Thoracoscopy, surgical	14.20	9.07	NA	1.70	090
32665		A	Thoracoscopy, surgical	15.54	9.09	NA	1.79	090
32800		A	Repair lung hernia	13.69	9.61	NA	1.51	090
32810		A	Close chest after drainage	13.05	9.68	NA	1.55	090
32815		A	Close bronchial fistula	23.15	13.20	NA	2.84	090
32820		A	Reconstruct injured chest	21.48	13.93	NA	2.31	090
32850		X	Donor pneumonectomy	0.00	0.00	0.00	0.00	XXX
32851		A	Lung transplant, single	38.63	19.63	NA	4.90	090
32852		A	Lung transplant with bypass	41.80	21.03	NA	5.17	090
32853		A	Lung transplant, double	47.81	23.01	NA	6.13	090
32854		A	Lung transplant with bypass	50.98	23.77	NA	6.41	090
32900		A	Removal of rib(s)	20.27	11.97	NA	2.42	090
32905		A	Revise & repair chest wall	20.75	12.31	NA	2.54	090
32906		A	Revise & repair chest wall	26.77	14.33	NA	3.30	090
32940		A	Revision of lung	19.43	11.50	NA	2.47	090
32960		A	Therapeutic pneumothorax	1.84	0.57	2.03	0.12	000
32997		A	Total lung lavage	6.00	2.03	NA	0.55	000
32999		C	Chest surgery procedure	0.00	0.00	0.00	0.00	YYY
33010		A	Drainage of heart sac	2.24	0.97	NA	0.13	000
33011		A	Repeat drainage of heart sac	2.24	1.01	NA	0.13	000
33015		A	Incision of heart sac	6.80	4.33	NA	0.64	090
33020		A	Incision of heart sac	12.61	7.84	NA	1.50	090
33025		A	Incision of heart sac	12.09	7.74	NA	1.50	090
33030		A	Partial removal of heart sac	18.71	11.91	NA	2.40	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Facility PE RVUs	Non-Facility PE RVUs	Mal-Practice RVUs	Global
33031		A	Partial removal of heart sac	21.79	13.21	NA	2.78	090
33050		A	Removal of heart sac lesion	14.36	9.99	NA	1.73	090
33120		A	Removal of heart lesion	24.56	15.54	NA	3.06	090
33130		A	Removal of heart lesion	21.39	12.49	NA	2.51	090
33140		A	Heart revascularize (tmr)	20.00	10.40	NA	2.27	090
33141		A	Heart tmr w/other procedure	4.84	1.62	NA	0.55	ZZZ
33200		A	Insertion of heart pacemaker	12.48	9.22	NA	1.17	090
33201		A	Insertion of heart pacemaker	10.18	9.14	NA	1.21	090
33206		A	Insertion of heart pacemaker	6.67	5.34	NA	0.50	090
33207		A	Insertion of heart pacemaker	8.04	5.87	NA	0.57	090
33208		A	Insertion of heart pacemaker	8.13	6.04	NA	0.54	090
33210		A	Insertion of heart electrode	3.30	1.29	NA	0.17	000
33211		A	Insertion of heart electrode	3.40	1.35	NA	0.17	000
33212		A	Insertion of pulse generator	5.52	4.34	NA	0.44	090
33213		A	Insertion of pulse generator	6.37	4.74	NA	0.46	090
33214		A	Upgrade of pacemaker system	7.75	5.83	NA	0.52	090
33216		A	Revise eltrd pacing-defib	5.39	4.85	NA	0.36	090
33217		A	Revise eltrd pacing-defib	5.75	5.17	NA	0.36	090
33218		A	Revise eltrd pacing-defib	5.44	4.41	NA	0.40	090
33220		A	Revise eltrd pacing-defib	5.52	4.45	NA	0.39	090
33222		A	Revise pocket, pacemaker	4.96	3.82	NA	0.39	090
33223		A	Revise pocket, pacing-defib	6.46	5.03	NA	0.44	090
33233		A	Removal of pacemaker system	3.29	3.76	NA	0.22	090
33234		A	Removal of pacemaker system	7.82	5.32	NA	0.56	090
33235		A	Removal pacemaker electrode	9.40	6.14	NA	0.68	090
33236		A	Remove electrode/thoracotomy	12.60	8.94	NA	1.49	090
33237		A	Remove electrode/thoracotomy	13.71	9.35	NA	1.57	090
33238		A	Remove electrode/thoracotomy	15.22	8.99	NA	1.56	090
33240		A	Insert pulse generator	7.60	5.42	NA	0.53	090
33241		A	Remove pulse generator	3.24	3.38	NA	0.21	090
33243		A	Remove eltrd/thoracotomy	22.64	10.65	NA	2.53	090
33244		A	Remove eltrd, transven	13.76	8.04	NA	1.05	090
33245		A	Insert epic eltrd pace-defib	14.30	10.61	NA	1.28	090
33246		A	Insert epic eltrd/generator	20.71	13.72	NA	2.22	090
33249		A	Eltrd/insert pace-defib	14.23	8.80	NA	0.80	090
33250		A	Ablate heart dysrhythm focus	21.85	13.66	NA	1.01	090
33251		A	Ablate heart dysrhythm focus	24.88	14.23	NA	2.41	090
33253		A	Reconstruct atria	31.06	16.40	NA	3.68	090
33261		A	Ablate heart dysrhythm focus	24.88	14.43	NA	2.82	090
33282		A	Implant pat-active ht record	4.17	4.44	NA	0.39	090
33284		A	Remove pat-active ht record	2.50	4.02	NA	0.23	090
33300		A	Repair of heart wound	17.92	11.66	NA	1.91	090
33305		A	Repair of heart wound	21.44	13.12	NA	2.68	090
33310		A	Exploratory heart surgery	18.51	11.93	NA	2.26	090
33315		A	Exploratory heart surgery	22.37	13.31	NA	2.90	090
33320		A	Repair major blood vessel(s)	16.79	11.00	NA	1.66	090
33321		A	Repair major vessel	20.20	12.34	NA	2.70	090
33322		A	Repair major blood vessel(s)	20.62	12.90	NA	2.51	090
33330		A	Insert major vessel graft	21.43	12.65	NA	2.49	090
33332		A	Insert major vessel graft	23.96	12.98	NA	2.45	090
33335		A	Insert major vessel graft	30.01	15.88	NA	3.79	090
33400		A	Repair of aortic valve	28.50	16.77	NA	3.09	090
33401		A	Valvuloplasty, open	23.91	15.10	NA	2.71	090
33403		A	Valvuloplasty, w/cp bypass	24.89	15.68	NA	2.48	090
33404		A	Prepare heart-aorta conduit	28.54	16.72	NA	3.31	090
33405		A	Replacement of aortic valve	35.00	17.61	NA	3.86	090
33406		A	Replacement of aortic valve	37.50	18.36	NA	4.07	090
33410		A	Replacement of aortic valve	32.46	16.82	NA	4.11	090
33411		A	Replacement of aortic valve	36.25	18.02	NA	4.16	090
33412		A	Replacement of aortic valve	42.00	21.33	NA	4.66	090
33413		A	Replacement of aortic valve	43.50	22.90	NA	4.26	090
33414		A	Repair of aortic valve	30.35	17.43	NA	3.79	090
33415		A	Revision, subvalvular tissue	27.15	15.67	NA	3.25	090
33416		A	Revise ventricle muscle	30.35	16.09	NA	3.85	090
33417		A	Repair of aortic valve	28.53	16.95	NA	3.58	090
33420		A	Revision of mitral valve	22.70	11.39	NA	1.48	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Facility PE RVUs	Non-Facility PE RVUs	Mal-Practice RVUs	Global
33422		A	Revision of mitral valve	25.94	14.55	NA	3.30	090
33425		A	Repair of mitral valve	27.00	14.75	NA	3.00	090
33426		A	Repair of mitral valve	33.00	17.04	NA	3.87	090
33427		A	Repair of mitral valve	40.00	19.22	NA	4.30	090
33430		A	Replacement of mitral valve	33.50	17.14	NA	3.95	090
33460		A	Revision of tricuspid valve	23.60	13.82	NA	3.02	090
33463		A	Valvuloplasty, tricuspid	25.62	14.54	NA	3.17	090
33464		A	Valvuloplasty, tricuspid	27.33	15.17	NA	3.47	090
33465		A	Replace tricuspid valve	28.79	15.51	NA	3.61	090
33468		A	Revision of tricuspid valve	30.12	19.16	NA	4.00	090
33470		A	Revision of pulmonary valve	20.81	13.53	NA	2.81	090
33471		A	Valvotomy, pulmonary valve	22.25	13.79	NA	3.00	090
33472		A	Revision of pulmonary valve	22.25	13.74	NA	2.92	090
33474		A	Revision of pulmonary valve	23.04	13.16	NA	2.84	090
33475		A	Replacement, pulmonary valve	33.00	18.35	NA	2.64	090
33476		A	Revision of heart chamber	25.77	13.99	NA	2.40	090
33478		A	Revision of heart chamber	26.74	14.56	NA	3.56	090
33496		A	Repair, prosth valve clot	27.25	16.52	NA	3.44	090
33500		A	Repair heart vessel fistula	25.55	13.59	NA	2.80	090
33501		A	Repair heart vessel fistula	17.78	10.56	NA	2.05	090
33502		A	Coronary artery correction	21.04	16.23	NA	2.51	090
33503		A	Coronary artery graft	21.78	13.58	NA	1.42	090
33504		A	Coronary artery graft	24.66	16.54	NA	3.04	090
33505		A	Repair artery w/tunnel	26.84	17.93	NA	1.52	090
33506		A	Repair artery, translocation	35.50	19.53	NA	3.19	090
33510		A	CABG, vein, single	29.00	15.59	NA	3.13	090
33511		A	CABG, vein, two	30.00	15.92	NA	3.34	090
33512		A	CABG, vein, three	31.80	16.48	NA	3.70	090
33513		A	CABG, vein, four	32.00	16.63	NA	3.99	090
33514		A	CABG, vein, five	32.75	16.91	NA	4.37	090
33516		A	Cabg, vein, six or more	35.00	17.67	NA	4.62	090
33517		A	CABG, artery-vein, single	2.57	0.85	NA	0.32	ZZZ
33518		A	CABG, artery-vein, two	4.85	1.61	NA	0.61	ZZZ
33519		A	CABG, artery-vein, three	7.12	2.36	NA	0.89	ZZZ
33521		A	CABG, artery-vein, four	9.40	3.12	NA	1.18	ZZZ
33522		A	CABG, artery-vein, five	11.67	3.86	NA	1.48	ZZZ
33523		A	Cabg, art-vein, six or more	13.95	4.59	NA	1.78	ZZZ
33530		A	Coronary artery, bypass/reop	5.86	1.93	NA	0.73	ZZZ
33533		A	CABG, arterial, single	30.00	17.12	NA	3.24	090
33534		A	CABG, arterial, two	32.20	17.36	NA	3.63	090
33535		A	CABG, arterial, three	34.50	17.88	NA	3.97	090
33536		A	Cabg, arterial, four or more	37.50	18.31	NA	3.29	090
33542		A	Removal of heart lesion	28.85	16.97	NA	3.61	090
33545		A	Repair of heart damage	36.78	19.54	NA	4.40	090
33572		A	Open coronary endarterectomy	4.45	1.47	NA	0.55	ZZZ
33600		A	Closure of valve	29.51	16.47	NA	2.30	090
33602		A	Closure of valve	28.54	15.96	NA	2.90	090
33606		A	Anastomosis/artery-aorta	30.74	17.95	NA	3.59	090
33608		A	Repair anomaly w/conduit	31.09	17.05	NA	4.17	090
33610		A	Repair by enlargement	30.61	18.43	NA	4.02	090
33611		A	Repair double ventricle	34.00	18.53	NA	3.28	090
33612		A	Repair double ventricle	35.00	19.36	NA	4.44	090
33615		A	Repair, modified fontan	34.00	20.22	NA	3.15	090
33617		A	Repair single ventricle	37.00	21.31	NA	4.09	090
33619		A	Repair single ventricle	45.00	26.38	NA	4.71	090
33641		A	Repair heart septum defect	21.39	11.71	NA	2.67	090
33645		A	Revision of heart veins	24.82	13.89	NA	3.27	090
33647		A	Repair heart septum defects	28.73	17.04	NA	3.37	090
33660		A	Repair of heart defects	30.00	17.04	NA	2.82	090
33665		A	Repair of heart defects	28.60	16.92	NA	3.81	090
33670		A	Repair of heart chambers	35.00	16.29	NA	2.18	090
33681		A	Repair heart septum defect	30.61	17.52	NA	3.53	090
33684		A	Repair heart septum defect	29.65	16.58	NA	3.77	090
33688		A	Repair heart septum defect	30.62	14.18	NA	3.89	090
33690		A	Reinforce pulmonary artery	19.55	13.26	NA	2.56	090
33692		A	Repair of heart defects	30.75	16.77	NA	3.77	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Facility PE RVUs	Non-Facility PE RVUs	Mal-Practice RVUs	Global
33694		A	Repair of heart defects	34.00	18.42	NA	4.27	090
33697		A	Repair of heart defects	36.00	18.65	NA	4.54	090
33702		A	Repair of heart defects	26.54	16.25	NA	3.45	090
33710		A	Repair of heart defects	29.71	17.07	NA	3.85	090
33720		A	Repair of heart defect	26.56	15.88	NA	3.21	090
33722		A	Repair of heart defect	28.41	17.22	NA	3.80	090
33730		A	Repair heart-vein defect(s)	34.25	17.63	NA	2.85	090
33732		A	Repair heart-vein defect	28.16	16.46	NA	2.78	090
33735		A	Revision of heart chamber	21.39	12.93	NA	1.12	090
33736		A	Revision of heart chamber	23.52	15.03	NA	2.70	090
33737		A	Revision of heart chamber	21.76	13.98	NA	2.93	090
33750		A	Major vessel shunt	21.41	12.99	NA	1.74	090
33755		A	Major vessel shunt	21.79	13.29	NA	2.93	090
33762		A	Major vessel shunt	21.79	12.96	NA	1.59	090
33764		A	Major vessel shunt & graft	21.79	12.76	NA	1.93	090
33766		A	Major vessel shunt	22.76	14.68	NA	3.04	090
33767		A	Major vessel shunt	24.50	14.71	NA	3.14	090
33770		A	Repair great vessels defect	37.00	18.64	NA	4.49	090
33771		A	Repair great vessels defect	34.65	17.61	NA	4.67	090
33774		A	Repair great vessels defect	30.98	16.19	NA	4.18	090
33775		A	Repair great vessels defect	32.20	16.66	NA	4.34	090
33776		A	Repair great vessels defect	34.04	17.37	NA	4.58	090
33777		A	Repair great vessels defect	33.46	17.15	NA	4.51	090
33778		A	Repair great vessels defect	40.00	19.94	NA	4.83	090
33779		A	Repair great vessels defect	36.21	18.42	NA	2.40	090
33780		A	Repair great vessels defect	41.75	22.00	NA	5.21	090
33781		A	Repair great vessels defect	36.45	18.30	NA	4.91	090
33786		A	Repair arterial trunk	39.00	19.29	NA	4.69	090
33788		A	Revision of pulmonary artery	26.62	15.05	NA	3.32	090
33800		A	Aortic suspension	16.24	12.12	NA	1.11	090
33802		A	Repair vessel defect	17.66	12.50	NA	1.56	090
33803		A	Repair vessel defect	19.60	12.94	NA	2.63	090
33813		A	Repair septal defect	20.65	14.23	NA	2.78	090
33814		A	Repair septal defect	25.77	15.91	NA	2.52	090
33820		A	Revise major vessel	16.29	11.02	NA	2.10	090
33822		A	Revise major vessel	17.32	10.91	NA	2.33	090
33824		A	Revise major vessel	19.52	12.28	NA	2.61	090
33840		A	Remove aorta constriction	20.63	13.62	NA	2.36	090
33845		A	Remove aorta constriction	22.12	14.50	NA	2.90	090
33851		A	Remove aorta constriction	21.27	14.06	NA	2.86	090
33852		A	Repair septal defect	23.71	15.22	NA	3.19	090
33853		A	Repair septal defect	31.72	18.12	NA	4.23	090
33860		A	Ascending aortic graft	38.00	18.58	NA	4.30	090
33861		A	Ascending aortic graft	42.00	19.90	NA	4.24	090
33863		A	Ascending aortic graft	45.00	20.85	NA	4.60	090
33870		A	Transverse aortic arch graft	44.00	20.48	NA	5.09	090
33875		A	Thoracic aortic graft	33.06	16.78	NA	4.08	090
33877		A	Thoracoabdominal graft	42.60	21.40	NA	5.07	090
33910		A	Remove lung artery emboli	24.59	13.95	NA	3.06	090
33915		A	Remove lung artery emboli	21.02	12.25	NA	1.20	090
33916		A	Surgery of great vessel	25.83	14.51	NA	3.04	090
33917		A	Repair pulmonary artery	24.50	15.30	NA	3.17	090
33918		A	Repair pulmonary atresia	26.45	15.17	NA	3.42	090
33919		A	Repair pulmonary atresia	40.00	20.96	NA	3.48	090
33920		A	Repair pulmonary atresia	31.95	16.64	NA	3.61	090
33922		A	Transect pulmonary artery	23.52	14.03	NA	2.30	090
33924		A	Remove pulmonary shunt	5.50	1.86	NA	0.74	ZZZ
33930		X	Removal of donor heart/lung	0.00	0.00	0.00	0.00	XXX
33935		R	Transplantation, heart/lung	60.96	27.45	NA	8.15	090
33940		X	Removal of donor heart	0.00	0.00	0.00	0.00	XXX
33945		R	Transplantation of heart	42.10	21.20	NA	5.42	090
33960		A	External circulation assist	19.36	5.10	NA	2.14	000
33961		A	External circulation assist	10.93	3.66	NA	1.47	ZZZ
33967		A	Insert ia percut device	4.85	1.90	1.90	0.27	000
33968		A	Remove aortic assist device	0.64	0.23	NA	0.07	000
33970		A	Aortic circulation assist	6.75	2.30	NA	0.70	000

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Facility PE RVUs	Non-Facility PE RVUs	Mal-Practice RVUs	Global
33971		A	Aortic circulation assist	9.69	7.71	NA	0.97	090
33973		A	Insert balloon device	9.76	3.34	NA	1.01	000
33974		A	Remove intra-aortic balloon	14.41	10.41	NA	1.48	090
33975		A	Implant ventricular device	21.00	6.40	NA	1.72	XXX
33976		A	Implant ventricular device	23.00	7.60	NA	2.82	XXX
33977		A	Remove ventricular device	19.29	10.25	NA	2.44	090
33978		A	Remove ventricular device	21.73	11.11	NA	2.66	090
33979		C	Insert intracorporeal device	0.00	0.00	0.00	0.00	XXX
33980		C	Remove intracorporeal device	0.00	0.00	0.00	0.00	090
33999		C	Cardiac surgery procedure	0.00	0.00	0.00	0.00	YYY
34001		A	Removal of artery clot	12.91	5.88	NA	1.46	090
34051		A	Removal of artery clot	15.21	6.83	NA	1.90	090
34101		A	Removal of artery clot	10.00	4.69	NA	1.11	090
34111		A	Removal of arm artery clot	10.00	4.78	NA	0.85	090
34151		A	Removal of artery clot	25.00	10.26	NA	1.84	090
34201		A	Removal of artery clot	10.03	5.02	NA	1.02	090
34203		A	Removal of leg artery clot	16.50	7.46	NA	1.37	090
34401		A	Removal of vein clot	25.00	10.14	NA	1.20	090
34421		A	Removal of vein clot	12.00	5.88	NA	0.95	090
34451		A	Removal of vein clot	27.00	10.74	NA	1.59	090
34471		A	Removal of vein clot	10.18	4.86	NA	0.90	090
34490		A	Removal of vein clot	9.86	6.04	NA	0.73	090
34501		A	Repair valve, femoral vein	16.00	9.06	NA	1.37	090
34502		A	Reconstruct vena cava	26.95	11.01	NA	2.99	090
34510		A	Transposition of vein valve	18.95	10.02	NA	1.60	090
34520		A	Cross-over vein graft	17.95	9.30	NA	1.41	090
34530		A	Leg vein fusion	16.64	8.67	NA	2.06	090
34800		A	Endovasc abdo repair w/tube	20.75	9.53	NA	1.49	090
34802		A	Endovasc abdo repr w/device	23.00	10.40	NA	1.65	090
34804		A	Endovasc abdo repr w/device	23.00	10.40	NA	1.65	090
34808		A	Endovasc abdo occlud device	4.13	1.60	NA	0.29	ZZZ
34812		A	Xpose for endoprosth, aortic	6.75	2.61	NA	0.49	000
34813		A	Xpose for endoprosth, femorl	4.80	1.86	NA	0.34	ZZZ
34820		A	Xpose for endoprosth, iliac	9.75	3.77	NA	0.70	000
34825		A	Endovasc extend prosth, init	12.00	6.15	NA	0.86	090
34826		A	Endovasc exten prosth, addl	4.13	1.60	NA	0.29	ZZZ
34830		A	Open aortic tube prosth repr	32.59	14.47	NA	2.34	090
34831		A	Open aortoiliac prosth repr	35.34	15.53	NA	2.53	090
34832		A	Open aortofemor prosth repr	35.34	15.53	NA	2.53	090
35001		A	Repair defect of artery	19.64	8.39	NA	2.44	090
35002		A	Repair artery rupture, neck	21.00	9.08	NA	1.82	090
35005		A	Repair defect of artery	18.12	7.79	NA	1.35	090
35011		A	Repair defect of artery	18.00	7.40	NA	1.30	090
35013		A	Repair artery rupture, arm	22.00	8.71	NA	1.91	090
35021		A	Repair defect of artery	19.65	8.55	NA	1.93	090
35022		A	Repair artery rupture, chest	23.18	9.41	NA	1.99	090
35045		A	Repair defect of arm artery	17.57	8.53	NA	1.25	090
35081		A	Repair defect of artery	28.01	11.65	NA	3.20	090
35082		A	Repair artery rupture, aorta	38.50	14.62	NA	4.07	090
35091		A	Repair defect of artery	35.40	13.95	NA	4.09	090
35092		A	Repair artery rupture, aorta	45.00	16.95	NA	4.31	090
35102		A	Repair defect of artery	30.76	12.36	NA	3.44	090
35103		A	Repair artery rupture, groin	40.50	15.43	NA	3.79	090
35111		A	Repair defect of artery	25.00	10.21	NA	1.81	090
35112		A	Repair artery rupture,spleen	30.00	11.66	NA	1.95	090
35121		A	Repair defect of artery	30.00	12.07	NA	2.93	090
35122		A	Repair artery rupture, belly	35.00	13.45	NA	3.54	090
35131		A	Repair defect of artery	25.00	10.39	NA	2.11	090
35132		A	Repair artery rupture, groin	30.00	11.82	NA	2.48	090
35141		A	Repair defect of artery	20.00	8.53	NA	1.65	090
35142		A	Repair artery rupture, thigh	23.30	9.57	NA	1.75	090
35151		A	Repair defect of artery	22.64	9.56	NA	1.93	090
35152		A	Repair artery rupture, knee	25.62	10.43	NA	1.93	090
35161		A	Repair defect of artery	18.76	8.66	NA	2.21	090
35162		A	Repair artery rupture	19.78	8.82	NA	2.21	090
35180		A	Repair blood vessel lesion	13.62	6.34	NA	1.44	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Facility PE RVUs	Non-Facility PE RVUs	Mal-Practice RVUs	Global
35182		A	Repair blood vessel lesion	30.00	12.33	NA	1.88	090
35184		A	Repair blood vessel lesion	18.00	7.81	NA	1.34	090
35188		A	Repair blood vessel lesion	14.28	6.55	NA	1.53	090
35189		A	Repair blood vessel lesion	28.00	11.42	NA	2.12	090
35190		A	Repair blood vessel lesion	12.75	5.87	NA	1.33	090
35201		A	Repair blood vessel lesion	16.14	6.99	NA	1.17	090
35206		A	Repair blood vessel lesion	13.25	7.43	NA	1.04	090
35207		A	Repair blood vessel lesion	10.15	9.69	NA	1.15	090
35211		A	Repair blood vessel lesion	22.12	13.43	NA	2.83	090
35216		A	Repair blood vessel lesion	18.75	11.41	NA	2.17	090
35221		A	Repair blood vessel lesion	24.39	10.09	NA	1.79	090
35226		A	Repair blood vessel lesion	14.50	8.68	NA	0.84	090
35231		A	Repair blood vessel lesion	20.00	9.24	NA	1.32	090
35236		A	Repair blood vessel lesion	17.11	8.85	NA	1.19	090
35241		A	Repair blood vessel lesion	23.12	14.08	NA	2.90	090
35246		A	Repair blood vessel lesion	26.45	14.10	NA	2.22	090
35251		A	Repair blood vessel lesion	30.20	12.03	NA	1.87	090
35256		A	Repair blood vessel lesion	18.36	9.37	NA	1.32	090
35261		A	Repair blood vessel lesion	17.80	7.44	NA	1.34	090
35266		A	Repair blood vessel lesion	14.91	7.88	NA	1.16	090
35271		A	Repair blood vessel lesion	22.12	13.22	NA	2.77	090
35276		A	Repair blood vessel lesion	24.25	13.50	NA	2.37	090
35281		A	Repair blood vessel lesion	28.00	11.42	NA	1.82	090
35286		A	Repair blood vessel lesion	16.16	8.65	NA	1.36	090
35301		A	Rechanneling of artery	18.70	8.29	NA	2.23	090
35311		A	Rechanneling of artery	27.00	10.92	NA	2.75	090
35321		A	Rechanneling of artery	16.00	6.70	NA	1.36	090
35331		A	Rechanneling of artery	26.20	10.81	NA	2.71	090
35341		A	Rechanneling of artery	25.11	10.41	NA	2.87	090
35351		A	Rechanneling of artery	23.00	9.64	NA	2.29	090
35355		A	Rechanneling of artery	18.50	8.13	NA	1.80	090
35361		A	Rechanneling of artery	28.20	11.37	NA	2.66	090
35363		A	Rechanneling of artery	30.20	12.11	NA	2.77	090
35371		A	Rechanneling of artery	14.72	6.63	NA	1.32	090
35372		A	Rechanneling of artery	18.00	7.74	NA	1.53	090
35381		A	Rechanneling of artery	15.81	7.21	NA	1.80	090
35390		A	Reoperation, carotid add-on	3.19	1.08	NA	0.38	ZZZ
35400		A	Angioscopy	3.00	1.07	NA	0.34	ZZZ
35450		A	Repair arterial blockage	10.07	4.04	NA	0.84	000
35452		A	Repair arterial blockage	6.91	3.07	NA	0.76	000
35454		A	Repair arterial blockage	6.04	2.75	NA	0.67	000
35456		A	Repair arterial blockage	7.35	3.20	NA	0.82	000
35458		A	Repair arterial blockage	9.49	3.90	NA	1.09	000
35459		A	Repair arterial blockage	8.63	3.58	NA	0.96	000
35460		A	Repair venous blockage	6.04	2.61	NA	0.66	000
35470		A	Repair arterial blockage	8.63	3.89	NA	0.50	000
35471		A	Repair arterial blockage	10.07	4.53	NA	0.50	000
35472		A	Repair arterial blockage	6.91	3.27	NA	0.39	000
35473		A	Repair arterial blockage	6.04	2.95	NA	0.34	000
35474		A	Repair arterial blockage	7.36	3.43	NA	0.40	000
35475		R	Repair arterial blockage	9.49	4.12	NA	0.47	000
35476		A	Repair venous blockage	6.04	2.89	NA	0.27	000
35480		A	Atherectomy, open	11.08	4.50	NA	1.13	000
35481		A	Atherectomy, open	7.61	3.35	NA	0.84	000
35482		A	Atherectomy, open	6.65	3.01	NA	0.75	000
35483		A	Atherectomy, open	8.10	3.46	NA	0.81	000
35484		A	Atherectomy, open	10.44	4.17	NA	1.13	000
35485		A	Atherectomy, open	9.49	4.00	NA	1.06	000
35490		A	Atherectomy, percutaneous	11.08	4.80	NA	0.55	000
35491		A	Atherectomy, percutaneous	7.61	3.34	NA	0.49	000
35492		A	Atherectomy, percutaneous	6.65	3.18	NA	0.43	000
35493		A	Atherectomy, percutaneous	8.10	3.83	NA	0.47	000
35494		A	Atherectomy, percutaneous	10.44	4.47	NA	0.48	000
35495		A	Atherectomy, percutaneous	9.49	4.43	NA	0.51	000
35500		A	Harvest vein for bypass	6.45	2.10	NA	0.63	ZZZ
35501		A	Artery bypass graft	19.19	7.40	NA	2.33	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Facility PE RVUs	Non-Facility PE RVUs	Mal-Practice RVUs	Global
35506		A	Artery bypass graft	19.67	8.13	NA	2.33	090
35507		A	Artery bypass graft	19.67	8.11	NA	2.27	090
35508		A	Artery bypass graft	18.65	7.79	NA	2.34	090
35509		A	Artery bypass graft	18.07	7.56	NA	2.12	090
35511		A	Artery bypass graft	21.20	8.67	NA	1.74	090
35515		A	Artery bypass graft	18.65	7.91	NA	2.26	090
35516		A	Artery bypass graft	16.32	5.78	NA	1.88	090
35518		A	Artery bypass graft	21.20	8.48	NA	1.78	090
35521		A	Artery bypass graft	22.20	9.34	NA	1.82	090
35526		A	Artery bypass graft	29.95	11.90	NA	2.18	090
35531		A	Artery bypass graft	36.20	14.13	NA	2.91	090
35533		A	Artery bypass graft	28.00	11.41	NA	2.35	090
35536		A	Artery bypass graft	31.70	12.64	NA	2.62	090
35541		A	Artery bypass graft	25.80	10.72	NA	2.74	090
35546		A	Artery bypass graft	25.54	10.49	NA	2.84	090
35548		A	Artery bypass graft	21.57	9.14	NA	2.45	090
35549		A	Artery bypass graft	23.35	9.77	NA	2.77	090
35551		A	Artery bypass graft	26.67	10.92	NA	3.19	090
35556		A	Artery bypass graft	21.76	9.26	NA	2.48	090
35558		A	Artery bypass graft	21.20	9.00	NA	1.58	090
35560		A	Artery bypass graft	32.00	12.82	NA	2.73	090
35563		A	Artery bypass graft	24.20	10.04	NA	1.68	090
35565		A	Artery bypass graft	23.20	9.72	NA	1.71	090
35566		A	Artery bypass graft	26.92	11.71	NA	3.02	090
35571		A	Artery bypass graft	24.06	11.90	NA	2.14	090
35582		A	Vein bypass graft	27.13	11.14	NA	3.11	090
35583		A	Vein bypass graft	22.37	10.46	NA	2.53	090
35585		A	Vein bypass graft	28.39	14.26	NA	3.21	090
35587		A	Vein bypass graft	24.75	12.62	NA	2.17	090
35600		A	Harvest artery for cabg	4.95	1.91	NA	0.60	ZZZ
35601		A	Artery bypass graft	17.50	7.33	NA	2.08	090
35606		A	Artery bypass graft	18.71	7.77	NA	2.17	090
35612		A	Artery bypass graft	15.76	6.73	NA	1.72	090
35616		A	Artery bypass graft	15.70	6.78	NA	1.84	090
35621		A	Artery bypass graft	20.00	8.66	NA	1.68	090
35623		A	Bypass graft, not vein	24.00	10.02	NA	1.91	090
35626		A	Artery bypass graft	27.75	10.95	NA	2.89	090
35631		A	Artery bypass graft	34.00	13.44	NA	2.83	090
35636		A	Artery bypass graft	29.50	12.09	NA	2.37	090
35641		A	Artery bypass graft	24.57	10.29	NA	2.83	090
35642		A	Artery bypass graft	17.98	7.87	NA	1.84	090
35645		A	Artery bypass graft	17.47	7.71	NA	1.91	090
35646		A	Artery bypass graft	31.00	13.01	NA	2.98	090
35647		A	Artery bypass graft	28.00	11.74	NA	2.98	090
35650		A	Artery bypass graft	19.00	7.78	NA	1.64	090
35651		A	Artery bypass graft	25.04	10.47	NA	2.53	090
35654		A	Artery bypass graft	25.00	10.36	NA	2.10	090
35656		A	Artery bypass graft	19.53	8.28	NA	2.21	090
35661		A	Artery bypass graft	19.00	8.10	NA	1.50	090
35663		A	Artery bypass graft	22.00	9.41	NA	1.55	090
35665		A	Artery bypass graft	21.00	8.99	NA	1.76	090
35666		A	Artery bypass graft	22.19	11.74	NA	2.19	090
35671		A	Artery bypass graft	19.33	10.32	NA	1.68	090
35681		A	Composite bypass graft	1.60	0.54	NA	0.18	ZZZ
35682		A	Composite bypass graft	7.20	2.45	NA	0.83	ZZZ
35683		A	Composite bypass graft	8.50	2.90	NA	0.98	ZZZ
35685		A	Bypass graft patency/patch	4.05	1.47	NA	0.41	ZZZ
35686		A	Bypass graft/av fist patency	3.35	1.22	NA	0.34	ZZZ
35691		A	Arterial transposition	18.05	7.55	NA	2.06	090
35693		A	Arterial transposition	15.36	6.55	NA	1.80	090
35694		A	Arterial transposition	19.16	7.86	NA	2.13	090
35695		A	Arterial transposition	19.16	7.82	NA	2.19	090
35700		A	Reoperation, bypass graft	3.08	1.04	NA	0.36	ZZZ
35701		A	Exploration, carotid artery	8.50	4.57	NA	0.64	090
35721		A	Exploration, femoral artery	7.18	5.04	NA	0.59	090
35741		A	Exploration popliteal artery	8.00	5.28	NA	0.60	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Facility PE RVUs	Non-Facility PE RVUs	Mal-Practice RVUs	Global
35761		A	Exploration of artery/vein	5.37	4.36	NA	0.60	090
35800		A	Explore neck vessels	7.02	3.89	NA	0.79	090
35820		A	Explore chest vessels	12.88	4.26	NA	1.61	090
35840		A	Explore abdominal vessels	9.77	5.10	NA	1.06	090
35860		A	Explore limb vessels	5.55	3.53	NA	0.63	090
35870		A	Repair vessel graft defect	22.17	9.92	NA	2.47	090
35875		A	Removal of clot in graft	10.13	6.24	NA	0.97	090
35876		A	Removal of clot in graft	17.00	8.78	NA	1.88	090
35879		A	Revise graft w/vein	16.00	7.74	NA	1.35	090
35881		A	Revise graft w/vein	18.00	8.55	NA	1.44	090
35901		A	Excision, graft, neck	8.19	5.74	NA	0.90	090
35903		A	Excision, graft, extremity	9.39	8.01	NA	1.03	090
35905		A	Excision, graft, thorax	31.25	14.95	NA	2.15	090
35907		A	Excision, graft, abdomen	35.00	14.55	NA	2.17	090
36000		A	Place needle in vein	0.18	0.05	0.64	0.01	XXX
36002		A	Pseudoaneurysm injection trt	1.96	1.01	2.91	0.08	000
36005		A	Injection ext venography	0.95	0.33	8.26	0.04	000
36010		A	Place catheter in vein	2.43	0.81	NA	0.16	XXX
36011		A	Place catheter in vein	3.14	1.06	NA	0.17	XXX
36012		A	Place catheter in vein	3.52	1.19	NA	0.17	XXX
36013		A	Place catheter in artery	2.52	0.67	NA	0.17	XXX
36014		A	Place catheter in artery	3.02	1.03	NA	0.14	XXX
36015		A	Place catheter in artery	3.52	1.20	NA	0.16	XXX
36100		A	Establish access to artery	3.02	1.13	NA	0.18	XXX
36120		A	Establish access to artery	2.01	0.67	NA	0.11	XXX
36140		A	Establish access to artery	2.01	0.66	NA	0.12	XXX
36145		A	Artery to vein shunt	2.01	0.68	NA	0.10	XXX
36160		A	Establish access to aorta	2.52	0.86	NA	0.20	XXX
36200		A	Place catheter in aorta	3.02	1.05	NA	0.15	XXX
36215		A	Place catheter in artery	4.68	1.63	NA	0.22	XXX
36216		A	Place catheter in artery	5.28	1.82	NA	0.24	XXX
36217		A	Place catheter in artery	6.30	2.22	NA	0.32	XXX
36218		A	Place catheter in artery	1.01	0.36	NA	0.05	ZZZ
36245		A	Place catheter in artery	4.68	1.71	NA	0.23	XXX
36246		A	Place catheter in artery	5.28	1.85	NA	0.26	XXX
36247		A	Place catheter in artery	6.30	2.18	NA	0.32	XXX
36248		A	Place catheter in artery	1.01	0.36	NA	0.06	ZZZ
36260		A	Insertion of infusion pump	9.71	5.46	NA	1.00	090
36261		A	Revision of infusion pump	5.45	3.30	NA	0.50	090
36262		A	Removal of infusion pump	4.02	2.47	NA	0.43	090
36299		C	Vessel injection procedure	0.00	0.00	0.00	0.00	YYY
36400		A	Drawing blood	0.38	0.10	0.72	0.01	XXX
36405		A	Drawing blood	0.31	0.08	0.56	0.01	XXX
36406		A	Drawing blood	0.18	0.05	0.72	0.01	XXX
36410		A	Drawing blood	0.18	0.05	0.49	0.01	XXX
36415		I	Drawing blood	0.00	0.00	0.00	0.00	XXX
36420		A	Establish access to vein	1.01	0.30	NA	0.09	XXX
36425		A	Establish access to vein	0.76	0.17	3.32	0.05	XXX
36430		A	Blood transfusion service	0.00	NA	1.04	0.05	XXX
36440		A	Blood transfusion service	1.03	0.29	NA	0.08	XXX
36450		A	Exchange transfusion service	2.23	0.72	NA	0.16	XXX
36455		A	Exchange transfusion service	2.43	0.85	NA	0.10	XXX
36460		A	Transfusion service, fetal	6.59	2.28	NA	0.56	XXX
36468		R	Injection(s), spider veins	0.00	0.00	0.00	0.00	000
36469		R	Injection(s), spider veins	0.00	0.00	0.00	0.00	000
36470		A	Injection therapy of vein	1.09	0.39	2.28	0.10	010
36471		A	Injection therapy of veins	1.57	0.55	2.62	0.15	010
36481		A	Insertion of catheter, vein	6.99	2.81	NA	0.40	000
36488		A	Insertion of catheter, vein	1.35	0.71	NA	0.09	000
36489		A	Insertion of catheter, vein	2.50	1.03	4.09	0.08	000
36490		A	Insertion of catheter, vein	1.67	0.78	NA	0.17	000
36491		A	Insertion of catheter, vein	1.43	0.73	NA	0.13	000
36493		A	Repositioning of cvc	1.21	0.86	NA	0.06	000
36500		A	Insertion of catheter, vein	3.52	1.27	NA	0.14	000
36510		A	Insertion of catheter, vein	1.09	0.71	NA	0.06	000
36520		A	Plasma and/or cell exchange	1.74	1.04	NA	0.06	000

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Facility PE RVUs	Non-Facility PE RVUs	Mal-Practice RVUs	Global
36521		A	Apheresis w/ adsorp/reinfuse	1.74	1.04	NA	0.06	000
36522		A	Photopheresis	1.67	1.12	6.82	0.07	000
36530		R	Insertion of infusion pump	6.20	3.71	NA	0.56	010
36531		R	Revision of infusion pump	4.87	3.21	NA	0.44	010
36532		R	Removal of infusion pump	3.30	1.51	NA	0.34	010
36533		A	Insertion of access device	5.32	3.36	13.86	0.49	010
36534		A	Revision of access device	2.80	1.47	NA	0.19	010
36535		A	Removal of access device	2.27	1.81	2.81	0.21	010
36540		B	Collect blood venous device	0.00	0.00	0.00	0.00	XXX
36550		A	Declot vascular device	0.00	NA	0.37	0.31	XXX
36600		A	Withdrawal of arterial blood	0.32	0.09	0.41	0.02	XXX
36620		A	Insertion catheter, artery	1.15	0.25	NA	0.06	000
36625		A	Insertion catheter, artery	2.11	0.54	NA	0.16	000
36640		A	Insertion catheter, artery	2.10	0.72	NA	0.18	000
36660		A	Insertion catheter, artery	1.40	0.45	NA	0.08	000
36680		A	Insert needle, bone cavity	1.20	0.62	NA	0.08	000
36800		A	Insertion of cannula	2.43	1.54	NA	0.17	000
36810		A	Insertion of cannula	3.97	2.19	NA	0.40	000
36815		A	Insertion of cannula	2.62	1.24	NA	0.26	000
36819		A	Av fusion/uppr arm vein	14.00	6.40	NA	1.53	090
36820		A	Av fusion/forearm vein	14.00	6.41	NA	1.53	090
36821		A	Av fusion direct any site	8.93	4.93	NA	0.97	090
36822		A	Insertion of cannula(s)	5.42	6.73	NA	0.63	090
36823		A	Insertion of cannula(s)	21.00	10.32	NA	2.18	090
36825		A	Artery-vein graft	9.84	5.45	NA	1.09	090
36830		A	Artery-vein graft	12.00	6.02	NA	1.32	090
36831		A	Open thrombect av fistula	8.00	3.93	NA	0.79	090
36832		A	Av fistula revision, open	10.50	5.50	NA	1.13	090
36833		A	Av fistula revision	11.95	6.01	NA	1.29	090
36834		A	Repair A-V aneurysm	9.93	3.79	NA	1.06	090
36835		A	Artery to vein shunt	7.15	4.41	NA	0.80	090
36860		A	External cannula declotting	2.01	1.30	2.26	0.10	000
36861		A	Cannula declotting	2.52	1.47	NA	0.14	000
36870		A	Percut thrombect av fistula	5.16	2.41	42.13	0.23	090
37140		A	Revision of circulation	23.60	10.40	NA	1.21	090
37145		A	Revision of circulation	24.61	10.96	NA	2.48	090
37160		A	Revision of circulation	21.60	9.11	NA	2.16	090
37180		A	Revision of circulation	24.61	10.29	NA	2.63	090
37181		A	Splice spleen/kidney veins	26.68	10.86	NA	2.67	090
37195		A	Thrombolytic therapy, stroke	0.00	NA	8.32	0.38	XXX
37200		A	Transcatheter biopsy	4.56	1.56	NA	0.19	000
37201		A	Transcatheter therapy infuse	5.00	2.55	NA	0.24	000
37202		A	Transcatheter therapy infuse	5.68	3.07	NA	0.38	000
37203		A	Transcatheter retrieval	5.03	2.57	NA	0.23	000
37204		A	Transcatheter occlusion	18.14	6.15	NA	0.85	000
37205		A	Transcatheter stent	8.28	3.80	NA	0.43	000
37206		A	Transcatheter stent add-on	4.13	1.49	NA	0.22	ZZZ
37207		A	Transcatheter stent	8.28	3.52	NA	0.89	000
37208		A	Transcatheter stent add-on	4.13	1.42	NA	0.44	ZZZ
37209		A	Exchange arterial catheter	2.27	0.77	NA	0.11	000
37250		A	Iv us first vessel add-on	2.10	0.77	NA	0.17	ZZZ
37251		A	Iv us each add vessel add-on	1.60	0.57	NA	0.14	ZZZ
37565		A	Ligation of neck vein	10.88	5.08	NA	0.45	090
37600		A	Ligation of neck artery	11.25	6.28	NA	0.40	090
37605		A	Ligation of neck artery	13.11	6.46	NA	0.77	090
37606		A	Ligation of neck artery	6.28	3.95	NA	0.79	090
37607		A	Ligation of a-v fistula	6.16	3.61	NA	0.67	090
37609		A	Temporal artery procedure	3.00	2.50	7.03	0.21	010
37615		A	Ligation of neck artery	5.73	3.61	NA	0.57	090
37616		A	Ligation of chest artery	16.49	10.47	NA	1.93	090
37617		A	Ligation of abdomen artery	22.06	9.45	NA	1.69	090
37618		A	Ligation of extremity artery	4.84	3.46	NA	0.54	090
37620		A	Revision of major vein	10.56	5.41	NA	0.75	090
37650		A	Revision of major vein	7.80	4.57	NA	0.56	090
37660		A	Revision of major vein	21.00	9.30	NA	1.17	090
37700		A	Revise leg vein	3.73	3.08	NA	0.40	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Facility PE RVUs	Non-Facility PE RVUs	Mal-Practice RVUs	Global
37720		A	Removal of leg vein	5.66	3.60	NA	0.61	090
37730		A	Removal of leg veins	7.33	4.44	NA	0.77	090
37735		A	Removal of leg veins/lesion	10.53	5.77	NA	1.17	090
37760		A	Revision of leg veins	10.47	5.61	NA	1.11	090
37780		A	Revision of leg vein	3.84	2.91	NA	0.41	090
37785		A	Revise secondary varicosity	3.84	2.82	6.83	0.41	090
37788		A	Revascularization, penis	22.01	12.45	NA	1.35	090
37790		A	Penile venous occlusion	8.34	6.96	NA	0.63	090
37799		C	Vascular surgery procedure	0.00	0.00	0.00	0.00	YYY
38100		A	Removal of spleen, total	14.50	6.57	NA	1.30	090
38101		A	Removal of spleen, partial	15.31	6.98	NA	1.38	090
38102		A	Removal of spleen, total	4.80	1.68	NA	0.49	ZZZ
38115		A	Repair of ruptured spleen	15.82	7.04	NA	1.40	090
38120		A	Laparoscopy, splenectomy	17.00	7.42	NA	1.73	090
38129		C	Laparoscope proc, spleen	0.00	0.00	0.00	0.00	YYY
38200		A	Injection for spleen x-ray	2.64	0.92	NA	0.12	000
38220		A	Bone marrow aspiration	1.08	0.43	4.59	0.03	XXX
38221		A	Bone marrow biopsy	1.37	0.54	4.70	0.04	XXX
38230		R	Bone marrow collection	4.54	2.44	NA	0.25	010
38231		R	Stem cell collection	1.50	0.59	NA	0.05	000
38240		R	Bone marrow/stem transplant	2.24	0.84	NA	0.08	XXX
38241		R	Bone marrow/stem transplant	2.24	0.84	NA	0.08	XXX
38300		A	Drainage, lymph node lesion	1.99	2.57	4.60	0.15	010
38305		A	Drainage, lymph node lesion	6.00	6.22	8.50	0.36	090
38308		A	Incision of lymph channels	6.45	5.62	NA	0.51	090
38380		A	Thoracic duct procedure	7.46	7.40	NA	0.68	090
38381		A	Thoracic duct procedure	12.88	9.51	NA	1.58	090
38382		A	Thoracic duct procedure	10.08	9.00	NA	1.08	090
38500		A	Biopsy/removal, lymph nodes	3.75	2.54	3.02	0.28	010
38505		A	Needle biopsy, lymph nodes	1.14	1.11	3.15	0.09	000
38510		A	Biopsy/removal, lymph nodes	6.43	5.36	NA	0.38	010
38520		A	Biopsy/removal, lymph nodes	6.67	5.44	NA	0.52	090
38525		A	Biopsy/removal, lymph nodes	6.07	4.38	NA	0.48	090
38530		A	Biopsy/removal, lymph nodes	7.98	5.82	NA	0.63	090
38542		A	Explore deep node(s), neck	5.91	5.91	NA	0.50	090
38550		A	Removal, neck/armpit lesion	6.92	4.76	NA	0.69	090
38555		A	Removal, neck/armpit lesion	14.14	10.08	NA	1.46	090
38562		A	Removal, pelvic lymph nodes	10.49	6.59	NA	0.97	090
38564		A	Removal, abdomen lymph nodes	10.83	6.31	NA	1.06	090
38570		A	Laparoscopy, lymph node biop	9.25	4.53	NA	0.89	010
38571		A	Laparoscopy, lymphadenectomy	14.68	6.29	NA	0.80	010
38572		A	Laparoscopy, lymphadenectomy	16.59	7.39	NA	1.32	010
38589		C	Laparoscope proc, lymphatic	0.00	0.00	0.00	0.00	YYY
38700		A	Removal of lymph nodes, neck	8.24	13.45	NA	0.60	090
38720		A	Removal of lymph nodes, neck	13.61	16.01	NA	1.03	090
38724		A	Removal of lymph nodes, neck	14.54	16.49	NA	1.10	090
38740		A	Remove armpit lymph nodes	10.03	5.80	NA	0.69	090
38745		A	Remove armpit lymph nodes	13.10	8.29	NA	0.90	090
38746		A	Remove thoracic lymph nodes	4.89	1.62	NA	0.55	ZZZ
38747		A	Remove abdominal lymph nodes	4.89	1.71	NA	0.50	ZZZ
38760		A	Remove groin lymph nodes	12.95	7.18	NA	0.88	090
38765		A	Remove groin lymph nodes	19.98	11.40	NA	1.50	090
38770		A	Remove pelvis lymph nodes	13.23	6.95	NA	0.94	090
38780		A	Remove abdomen lymph nodes	16.59	9.36	NA	1.60	090
38790		A	Inject for lymphatic x-ray	1.29	0.45	31.71	0.09	000
38792		A	Identify sentinel node	0.52	0.18	NA	0.04	000
38794		A	Access thoracic lymph duct	4.45	1.56	NA	0.17	090
38999		C	Blood/lymph system procedure	0.00	0.00	0.00	0.00	YYY
39000		A	Exploration of chest	6.10	7.21	NA	0.73	090
39010		A	Exploration of chest	11.79	9.38	NA	1.46	090
39200		A	Removal chest lesion	13.62	9.88	NA	1.65	090
39220		A	Removal chest lesion	17.42	11.13	NA	2.10	090
39400		A	Visualization of chest	5.61	6.84	NA	0.69	010
39499		C	Chest procedure	0.00	0.00	0.00	0.00	YYY
39501		A	Repair diaphragm laceration	13.19	7.70	NA	1.38	090
39502		A	Repair paraesophageal hernia	16.33	8.24	NA	1.68	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Facility PE RVUs	Non-Facility PE RVUs	Mal-Practice RVUs	Global
39503		A	Repair of diaphragm hernia	95.00	34.58	NA	3.52	090
39520		A	Repair of diaphragm hernia	16.10	9.54	NA	1.83	090
39530		A	Repair of diaphragm hernia	15.41	8.49	NA	1.66	090
39531		A	Repair of diaphragm hernia	16.42	8.73	NA	1.83	090
39540		A	Repair of diaphragm hernia	13.32	7.75	NA	1.38	090
39541		A	Repair of diaphragm hernia	14.41	7.83	NA	1.52	090
39545		A	Revision of diaphragm	13.37	8.96	NA	1.55	090
39560		A	Resect diaphragm, simple	12.00	7.55	NA	1.35	090
39561		A	Resect diaphragm, complex	17.50	9.58	NA	1.97	090
39599		C	Diaphragm surgery procedure	0.00	0.00	0.00	0.00	YYY
40490		A	Biopsy of lip	1.22	0.61	1.59	0.06	000
40500		A	Partial excision of lip	4.28	5.64	5.64	0.31	090
40510		A	Partial excision of lip	4.70	6.55	6.62	0.38	090
40520		A	Partial excision of lip	4.67	6.99	7.74	0.42	090
40525		A	Reconstruct lip with flap	7.55	8.45	NA	0.68	090
40527		A	Reconstruct lip with flap	9.13	9.33	NA	0.82	090
40530		A	Partial removal of lip	5.40	6.30	6.53	0.47	090
40650		A	Repair lip	3.64	4.83	5.45	0.31	090
40652		A	Repair lip	4.26	6.80	6.80	0.39	090
40654		A	Repair lip	5.31	7.67	7.67	0.48	090
40700		A	Repair cleft lip/nasal	12.79	10.40	NA	0.93	090
40701		A	Repair cleft lip/nasal	15.85	12.85	NA	1.36	090
40702		A	Repair cleft lip/nasal	13.04	9.44	NA	1.01	090
40720		A	Repair cleft lip/nasal	13.55	12.14	NA	1.31	090
40761		A	Repair cleft lip/nasal	14.72	12.51	NA	1.41	090
40799		C	Lip surgery procedure	0.00	0.00	0.00	0.00	YYY
40800		A	Drainage of mouth lesion	1.17	0.46	1.93	0.09	010
40801		A	Drainage of mouth lesion	2.53	1.86	2.43	0.18	010
40804		A	Removal, foreign body, mouth	1.24	2.16	2.62	0.09	010
40805		A	Removal, foreign body, mouth	2.69	2.80	3.13	0.17	010
40806		A	Incision of lip fold	0.31	0.81	0.91	0.02	000
40808		A	Biopsy of mouth lesion	0.96	2.07	2.07	0.07	010
40810		A	Excision of mouth lesion	1.31	2.38	2.66	0.09	010
40812		A	Excise/repair mouth lesion	2.31	2.88	2.88	0.17	010
40814		A	Excise/repair mouth lesion	3.42	4.01	4.01	0.26	090
40816		A	Excision of mouth lesion	3.67	4.31	4.31	0.27	090
40818		A	Excise oral mucosa for graft	2.41	4.04	4.04	0.14	090
40819		A	Excise lip or cheek fold	2.41	3.51	3.53	0.17	090
40820		A	Treatment of mouth lesion	1.28	2.24	2.36	0.08	010
40830		A	Repair mouth laceration	1.76	2.48	2.48	0.14	010
40831		A	Repair mouth laceration	2.46	2.72	2.72	0.21	010
40840		R	Reconstruction of mouth	8.73	6.06	6.06	0.79	090
40842		R	Reconstruction of mouth	8.73	5.95	5.95	0.65	090
40843		R	Reconstruction of mouth	12.10	7.19	7.19	0.84	090
40844		R	Reconstruction of mouth	16.01	8.89	8.89	1.63	090
40845		R	Reconstruction of mouth	18.58	10.81	10.81	1.47	090
40899		C	Mouth surgery procedure	0.00	0.00	0.00	0.00	YYY
41000		A	Drainage of mouth lesion	1.30	1.48	2.35	0.09	010
41005		A	Drainage of mouth lesion	1.26	1.45	2.20	0.09	010
41006		A	Drainage of mouth lesion	3.24	3.35	3.66	0.25	090
41007		A	Drainage of mouth lesion	3.10	3.15	3.65	0.22	090
41008		A	Drainage of mouth lesion	3.37	3.25	3.49	0.24	090
41009		A	Drainage of mouth lesion	3.59	3.23	3.57	0.25	090
41010		A	Incision of tongue fold	1.06	3.19	3.19	0.06	010
41015		A	Drainage of mouth lesion	3.96	3.18	4.11	0.29	090
41016		A	Drainage of mouth lesion	4.07	3.34	4.06	0.28	090
41017		A	Drainage of mouth lesion	4.07	3.28	4.07	0.32	090
41018		A	Drainage of mouth lesion	5.10	3.74	4.44	0.35	090
41100		A	Biopsy of tongue	1.63	2.58	2.64	0.12	010
41105		A	Biopsy of tongue	1.42	2.43	2.43	0.10	010
41108		A	Biopsy of floor of mouth	1.05	2.29	2.35	0.08	010
41110		A	Excision of tongue lesion	1.51	2.57	3.09	0.11	010
41112		A	Excision of tongue lesion	2.73	3.49	3.49	0.20	090
41113		A	Excision of tongue lesion	3.19	3.43	3.43	0.23	090
41114		A	Excision of tongue lesion	8.47	6.35	NA	0.64	090
41115		A	Excision of tongue fold	1.74	2.47	2.57	0.13	010

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Facility PE RVUs	Non-Facility PE RVUs	Mal-Practice RVUs	Global
41116		A	Excision of mouth lesion	2.44	3.35	3.35	0.17	090
41120		A	Partial removal of tongue	9.77	8.78	NA	0.70	090
41130		A	Partial removal of tongue	11.15	9.57	NA	0.81	090
41135		A	Tongue and neck surgery	23.09	15.91	NA	1.66	090
41140		A	Removal of tongue	25.50	17.29	NA	1.85	090
41145		A	Tongue removal, neck surgery	30.06	21.16	NA	2.11	090
41150		A	Tongue, mouth, jaw surgery	23.04	17.06	NA	1.67	090
41153		A	Tongue, mouth, neck surgery	23.77	17.65	NA	1.71	090
41155		A	Tongue, jaw, & neck surgery	27.72	19.86	NA	2.02	090
41250		A	Repair tongue laceration	1.91	1.70	2.79	0.15	010
41251		A	Repair tongue laceration	2.27	1.99	2.64	0.18	010
41252		A	Repair tongue laceration	2.97	2.34	3.45	0.23	010
41500		A	Fixation of tongue	3.71	4.27	NA	0.26	090
41510		A	Tongue to lip surgery	3.42	4.76	NA	0.24	090
41520		A	Reconstruction, tongue fold	2.73	2.95	2.95	0.19	090
41599		C	Tongue and mouth surgery	0.00	0.00	0.00	0.00	YYY
41800		A	Drainage of gum lesion	1.17	1.36	1.91	0.09	010
41805		A	Removal foreign body, gum	1.24	1.88	1.88	0.09	010
41806		A	Removal foreign body,jawbone	2.69	2.44	2.50	0.22	010
41820		R	Excision, gum, each quadrant	0.00	0.00	0.00	0.00	000
41821		R	Excision of gum flap	0.00	0.00	0.00	0.00	000
41822		R	Excision of gum lesion	2.31	0.96	2.78	0.24	010
41823		R	Excision of gum lesion	3.30	2.93	3.52	0.29	090
41825		A	Excision of gum lesion	1.31	2.30	2.35	0.10	010
41826		A	Excision of gum lesion	2.31	2.60	2.60	0.17	010
41827		A	Excision of gum lesion	3.42	3.51	3.51	0.25	090
41828		R	Excision of gum lesion	3.09	2.33	2.98	0.22	010
41830		R	Removal of gum tissue	3.35	2.88	3.23	0.23	010
41850		R	Treatment of gum lesion	0.00	0.00	0.00	0.00	000
41870		R	Gum graft	0.00	0.00	0.00	0.00	000
41872		R	Repair gum	2.59	2.80	2.81	0.18	090
41874		R	Repair tooth socket	3.09	2.34	2.82	0.23	090
41899		C	Dental surgery procedure	0.00	0.00	0.00	0.00	YYY
42000		A	Drainage mouth roof lesion	1.23	1.53	2.45	0.10	010
42100		A	Biopsy roof of mouth	1.31	2.43	2.43	0.10	010
42104		A	Excision lesion, mouth roof	1.64	2.49	2.49	0.12	010
42106		A	Excision lesion, mouth roof	2.10	2.60	2.60	0.16	010
42107		A	Excision lesion, mouth roof	4.44	4.04	4.04	0.32	090
42120		A	Remove palate/lesion	6.17	6.03	NA	0.44	090
42140		A	Excision of uvula	1.62	3.28	3.81	0.12	090
42145		A	Repair palate, pharynx/uvula	8.05	7.41	NA	0.56	090
42160		A	Treatment mouth roof lesion	1.80	2.64	3.15	0.13	010
42180		A	Repair palate	2.50	2.10	2.90	0.19	010
42182		A	Repair palate	3.83	3.06	3.43	0.27	010
42200		A	Reconstruct cleft palate	12.00	10.14	NA	0.97	090
42205		A	Reconstruct cleft palate	13.29	9.32	NA	0.82	090
42210		A	Reconstruct cleft palate	14.50	9.50	NA	1.24	090
42215		A	Reconstruct cleft palate	8.82	8.81	NA	0.96	090
42220		A	Reconstruct cleft palate	7.02	6.63	NA	0.41	090
42225		A	Reconstruct cleft palate	9.54	9.20	NA	0.75	090
42226		A	Lengthening of palate	10.01	9.49	NA	0.73	090
42227		A	Lengthening of palate	9.52	8.14	NA	0.70	090
42235		A	Repair palate	7.87	6.20	NA	0.49	090
42260		A	Repair nose to lip fistula	9.80	6.94	6.94	0.85	090
42280		A	Preparation, palate mold	1.54	0.75	1.40	0.12	010
42281		A	Insertion, palate prosthesis	1.93	0.96	1.78	0.14	010
42299		C	Palate/uvula surgery	0.00	0.00	0.00	0.00	YYY
42300		A	Drainage of salivary gland	1.93	1.87	2.61	0.15	010
42305		A	Drainage of salivary gland	6.07	5.25	NA	0.46	090
42310		A	Drainage of salivary gland	1.56	1.64	2.31	0.11	010
42320		A	Drainage of salivary gland	2.35	2.11	2.73	0.17	010
42325		A	Create salivary cyst drain	2.75	1.16	3.31	0.17	090
42326		A	Create salivary cyst drain	3.78	1.79	3.28	0.34	090
42330		A	Removal of salivary stone	2.21	1.06	2.74	0.16	010
42335		A	Removal of salivary stone	3.31	3.61	3.61	0.23	090
42340		A	Removal of salivary stone	4.60	4.73	4.73	0.34	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Facility PE RVUs	Non-Facility PE RVUs	Mal-Practice RVUs	Global
42400		A	Biopsy of salivary gland	0.78	0.39	2.45	0.06	000
42405		A	Biopsy of salivary gland	3.29	3.31	3.38	0.24	010
42408		A	Excision of salivary cyst	4.54	4.46	4.46	0.34	090
42409		A	Drainage of salivary cyst	2.81	3.35	3.35	0.20	090
42410		A	Excise parotid gland/lesion	9.34	7.83	NA	0.77	090
42415		A	Excise parotid gland/lesion	16.89	12.41	NA	1.26	090
42420		A	Excise parotid gland/lesion	19.59	13.97	NA	1.45	090
42425		A	Excise parotid gland/lesion	13.02	10.38	NA	0.98	090
42426		A	Excise parotid gland/lesion	21.26	14.76	NA	1.57	090
42440		A	Excise submaxillary gland	6.97	5.92	NA	0.51	090
42450		A	Excise sublingual gland	4.62	4.73	4.73	0.34	090
42500		A	Repair salivary duct	4.30	4.80	4.80	0.30	090
42505		A	Repair salivary duct	6.18	5.39	5.39	0.44	090
42507		A	Parotid duct diversion	6.11	5.89	NA	0.66	090
42508		A	Parotid duct diversion	9.10	7.89	NA	0.64	090
42509		A	Parotid duct diversion	11.54	9.60	NA	1.24	090
42510		A	Parotid duct diversion	8.15	6.93	NA	0.57	090
42550		A	Injection for salivary x-ray	1.25	0.43	13.27	0.06	000
42600		A	Closure of salivary fistula	4.82	5.64	6.24	0.34	090
42650		A	Dilation of salivary duct	0.77	0.40	1.08	0.06	000
42660		A	Dilation of salivary duct	1.13	1.17	1.17	0.07	000
42665		A	Ligation of salivary duct	2.53	3.48	3.48	0.17	090
42699		C	Salivary surgery procedure	0.00	0.00	0.00	0.00	YYY
42700		A	Drainage of tonsil abscess	1.62	1.85	3.19	0.12	010
42720		A	Drainage of throat abscess	5.42	4.69	4.82	0.39	010
42725		A	Drainage of throat abscess	10.72	8.42	NA	0.80	090
42800		A	Biopsy of throat	1.39	2.55	3.01	0.10	010
42802		A	Biopsy of throat	1.54	2.64	3.10	0.11	010
42804		A	Biopsy of upper nose/throat	1.24	2.50	2.96	0.09	010
42806		A	Biopsy of upper nose/throat	1.58	2.69	3.43	0.12	010
42808		A	Excise pharynx lesion	2.30	3.09	4.88	0.17	010
42809		A	Remove pharynx foreign body	1.81	1.73	3.42	0.13	010
42810		A	Excision of neck cyst	3.25	4.44	5.46	0.25	090
42815		A	Excision of neck cyst	7.07	6.50	NA	0.53	090
42820		A	Remove tonsils and adenoids	3.91	3.24	NA	0.28	090
42821		A	Remove tonsils and adenoids	4.29	4.17	NA	0.30	090
42825		A	Removal of tonsils	3.42	3.64	NA	0.24	090
42826		A	Removal of tonsils	3.38	3.69	NA	0.23	090
42830		A	Removal of adenoids	2.57	2.39	NA	0.18	090
42831		A	Removal of adenoids	2.71	2.52	NA	0.19	090
42835		A	Removal of adenoids	2.30	3.09	NA	0.17	090
42836		A	Removal of adenoids	3.18	3.62	NA	0.22	090
42842		A	Extensive surgery of throat	8.76	7.73	NA	0.61	090
42844		A	Extensive surgery of throat	14.31	11.29	NA	1.04	090
42845		A	Extensive surgery of throat	24.29	17.33	NA	1.76	090
42860		A	Excision of tonsil tags	2.22	3.01	NA	0.16	090
42870		A	Excision of lingual tonsil	5.40	6.00	NA	0.38	090
42890		A	Partial removal of pharynx	12.94	10.72	NA	0.91	090
42892		A	Revision of pharyngeal walls	15.83	12.23	NA	1.14	090
42894		A	Revision of pharyngeal walls	22.88	16.84	NA	1.64	090
42900		A	Repair throat wound	5.25	3.76	NA	0.39	010
42950		A	Reconstruction of throat	8.10	7.46	NA	0.58	090
42953		A	Repair throat, esophagus	8.96	8.98	NA	0.73	090
42955		A	Surgical opening of throat	7.39	6.44	NA	0.63	090
42960		A	Control throat bleeding	2.33	2.08	NA	0.17	010
42961		A	Control throat bleeding	5.59	5.20	NA	0.40	090
42962		A	Control throat bleeding	7.14	6.13	NA	0.51	090
42970		A	Control nose/throat bleeding	5.43	3.75	NA	0.37	090
42971		A	Control nose/throat bleeding	6.21	5.75	NA	0.45	090
42972		A	Control nose/throat bleeding	7.20	5.48	NA	0.54	090
42999		C	Throat surgery procedure	0.00	0.00	0.00	0.00	YYY
43020		A	Incision of esophagus	8.09	6.34	NA	0.70	090
43030		A	Throat muscle surgery	7.69	6.85	NA	0.60	090
43045		A	Incision of esophagus	20.12	10.97	NA	2.15	090
43100		A	Excision of esophagus lesion	9.19	7.13	NA	0.79	090
43101		A	Excision of esophagus lesion	16.24	8.58	NA	1.81	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Facility PE RVUs	Non-Facility PE RVUs	Mal-Practice RVUs	Global
43107		A	Removal of esophagus	40.00	18.10	NA	3.29	090
43108		A	Removal of esophagus	34.19	15.66	NA	3.78	090
43112		A	Removal of esophagus	43.50	19.60	NA	3.67	090
43113		A	Removal of esophagus	35.27	16.29	NA	4.33	090
43116		A	Partial removal of esophagus	31.22	18.69	NA	2.62	090
43117		A	Partial removal of esophagus	40.00	18.09	NA	3.51	090
43118		A	Partial removal of esophagus	33.20	15.34	NA	3.56	090
43121		A	Partial removal of esophagus	29.19	14.61	NA	3.44	090
43122		A	Parital removal of esophagus	40.00	17.59	NA	3.27	090
43123		A	Partial removal of esophagus	33.20	15.66	NA	3.96	090
43124		A	Removal of esophagus	27.32	14.72	NA	2.95	090
43130		A	Removal of esophagus pouch	11.75	8.78	NA	1.06	090
43135		A	Removal of esophagus pouch	16.10	9.75	NA	1.85	090
43200		A	Esophagus endoscopy	1.59	1.17	7.54	0.11	000
43202		A	Esophagus endoscopy, biopsy	1.89	1.12	6.10	0.12	000
43204		A	Esophagus endoscopy & inject	3.77	1.66	NA	0.18	000
43205		A	Esophagus endoscopy/ligation	3.79	1.67	NA	0.17	000
43215		A	Esophagus endoscopy	2.60	1.23	NA	0.17	000
43216		A	Esophagus endoscopy/lesion	2.40	1.17	NA	0.15	000
43217		A	Esophagus endoscopy	2.90	1.33	NA	0.17	000
43219		A	Esophagus endoscopy	2.80	1.39	NA	0.16	000
43220		A	Esoph endoscopy, dilation	2.10	1.10	NA	0.12	000
43226		A	Esoph endoscopy, dilation	2.34	1.17	NA	0.12	000
43227		A	Esoph endoscopy, repair	3.60	1.59	NA	0.18	000
43228		A	Esoph endoscopy, ablation	3.77	1.71	NA	0.25	000
43231		A	Esoph endoscopy w/us exam	3.19	1.55	NA	0.20	000
43232		A	Esoph endoscopy w/us fn bx	4.48	2.11	NA	0.26	000
43234		A	Upper GI endoscopy, exam	2.01	1.03	4.21	0.13	000
43235		A	Uppr gi endoscopy, diagnosis	2.39	1.19	5.80	0.13	000
43239		A	Upper GI endoscopy, biopsy	2.87	1.23	6.13	0.14	000
43240		A	Esoph endoscope w/drain cyst	6.86	2.89	NA	0.36	000
43241		A	Upper GI endoscopy with tube	2.59	1.23	NA	0.14	000
43242		A	Uppr gi endoscopy w/us fn bx	7.31	2.58	2.58	0.29	000
43243		A	Upper gi endoscopy & inject	4.57	1.94	NA	0.21	000
43244		A	Upper GI endoscopy/ligation	5.05	2.12	NA	0.21	000
43245		A	Operative upper GI endoscopy	3.39	1.51	NA	0.18	000
43246		A	Place gastrostomy tube	4.33	1.79	NA	0.24	000
43247		A	Operative upper GI endoscopy	3.39	1.51	NA	0.17	000
43248		A	Uppr gi endoscopy/guide wire	3.15	1.44	NA	0.15	000
43249		A	Esoph endoscopy, dilation	2.90	1.35	NA	0.15	000
43250		A	Upper GI endoscopy/tumor	3.20	1.44	NA	0.17	000
43251		A	Operative upper GI endoscopy	3.70	1.62	NA	0.19	000
43255		A	Operative upper GI endoscopy	4.82	1.92	NA	0.20	000
43256		A	Uppr gi endoscopy w stent	4.60	1.62	1.62	0.23	000
43258		A	Operative upper GI endoscopy	4.55	1.93	NA	0.22	000
43259		A	Endoscopic ultrasound exam	4.89	2.16	NA	0.22	000
43260		A	Endo cholangiopancreatograph	5.96	2.43	NA	0.27	000
43261		A	Endo cholangiopancreatograph	6.27	2.54	NA	0.29	000
43262		A	Endo cholangiopancreatograph	7.39	2.95	NA	0.34	000
43263		A	Endo cholangiopancreatograph	7.29	2.92	NA	0.28	000
43264		A	Endo cholangiopancreatograph	8.90	3.49	NA	0.41	000
43265		A	Endo cholangiopancreatograph	10.02	3.88	NA	0.42	000
43267		A	Endo cholangiopancreatograph	7.39	2.95	NA	0.34	000
43268		A	Endo cholangiopancreatograph	7.39	2.95	NA	0.34	000
43269		A	Endo cholangiopancreatograph	8.21	3.24	NA	0.28	000
43271		A	Endo cholangiopancreatograph	7.39	2.94	NA	0.34	000
43272		A	Endo cholangiopancreatograph	7.39	2.95	NA	0.34	000
43280		A	Laparoscopy, fundoplasty	17.25	8.29	NA	1.76	090
43289		C	Laparoscope proc, esoph	0.00	0.00	0.00	0.00	YYY
43300		A	Repair of esophagus	9.14	7.19	NA	0.85	090
43305		A	Repair esophagus and fistula	17.39	12.59	NA	1.36	090
43310		A	Repair of esophagus	25.39	14.33	NA	3.18	090
43312		A	Repair esophagus and fistula	28.42	17.71	NA	3.38	090
43313		A	Esophagoplasty congential	45.28	21.41	NA	5.43	090
43314		A	Tracheo-esophagoplasty cong	50.27	23.41	NA	5.53	090
43320		A	Fuse esophagus & stomach	19.93	10.33	NA	1.59	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Facility PE RVUs	Non-Facility PE RVUs	Mal-Practice RVUs	Global
43324		A	Revise esophagus & stomach	20.57	9.51	NA	1.72	090
43325		A	Revise esophagus & stomach	20.06	9.81	NA	1.65	090
43326		A	Revise esophagus & stomach	19.74	10.35	NA	1.84	090
43330		A	Repair of esophagus	19.77	9.60	NA	1.52	090
43331		A	Repair of esophagus	20.13	10.98	NA	1.93	090
43340		A	Fuse esophagus & intestine	19.61	10.52	NA	1.53	090
43341		A	Fuse esophagus & intestine	20.85	11.90	NA	2.14	090
43350		A	Surgical opening, esophagus	15.78	10.05	NA	1.15	090
43351		A	Surgical opening, esophagus	18.35	10.38	NA	1.51	090
43352		A	Surgical opening, esophagus	15.26	9.59	NA	1.28	090
43360		A	Gastrointestinal repair	35.70	16.40	NA	3.00	090
43361		A	Gastrointestinal repair	40.50	18.21	NA	3.52	090
43400		A	Ligate esophagus veins	21.20	10.32	NA	0.99	090
43401		A	Esophagus surgery for veins	22.09	10.28	NA	1.73	090
43405		A	Ligate/staple esophagus	20.01	9.44	NA	1.63	090
43410		A	Repair esophagus wound	13.47	8.78	NA	1.15	090
43415		A	Repair esophagus wound	25.00	12.19	NA	1.92	090
43420		A	Repair esophagus opening	14.35	8.85	NA	0.86	090
43425		A	Repair esophagus opening	21.03	11.04	NA	2.03	090
43450		A	Dilate esophagus	1.38	0.61	1.39	0.07	000
43453		A	Dilate esophagus	1.51	0.66	NA	0.08	000
43456		A	Dilate esophagus	2.57	1.04	NA	0.14	000
43458		A	Dilate esophagus	3.06	1.23	NA	0.17	000
43460		A	Pressure treatment esophagus	3.80	1.50	NA	0.21	000
43496		C	Free jejunum flap, microvasc	0.00	0.00	0.00	0.00	090
43499		C	Esophagus surgery procedure	0.00	0.00	0.00	0.00	YYY
43500		A	Surgical opening of stomach	11.05	5.08	NA	0.84	090
43501		A	Surgical repair of stomach	20.04	8.61	NA	1.55	090
43502		A	Surgical repair of stomach	23.13	9.79	NA	1.83	090
43510		A	Surgical opening of stomach	13.08	7.50	NA	0.90	090
43520		A	Incision of pyloric muscle	9.99	5.75	NA	0.84	090
43600		A	Biopsy of stomach	1.91	1.00	NA	0.11	000
43605		A	Biopsy of stomach	11.98	5.40	NA	0.93	090
43610		A	Excision of stomach lesion	14.60	6.71	NA	1.14	090
43611		A	Excision of stomach lesion	17.84	7.95	NA	1.38	090
43620		A	Removal of stomach	30.04	12.71	NA	2.29	090
43621		A	Removal of stomach	30.73	12.88	NA	2.36	090
43622		A	Removal of stomach	32.53	13.49	NA	2.48	090
43631		A	Removal of stomach, partial	22.59	9.46	NA	1.99	090
43632		A	Removal of stomach, partial	22.59	9.48	NA	2.00	090
43633		A	Removal of stomach, partial	23.10	9.66	NA	2.05	090
43634		A	Removal of stomach, partial	25.12	10.47	NA	2.18	090
43635		A	Removal of stomach, partial	2.06	0.72	NA	0.21	ZZZ
43638		A	Removal of stomach, partial	29.00	11.76	NA	2.24	090
43639		A	Removal of stomach, partial	29.65	12.02	NA	2.31	090
43640		A	Vagotomy & pylorus repair	17.02	7.54	NA	1.51	090
43641		A	Vagotomy & pylorus repair	17.27	7.65	NA	1.53	090
43651		A	Laparoscopy, vagus nerve	10.15	4.58	NA	1.03	090
43652		A	Laparoscopy, vagus nerve	12.15	5.41	NA	1.25	090
43653		A	Laparoscopy, gastrostomy	7.73	4.31	NA	0.78	090
43659		C	Laparoscope proc, stom	0.00	0.00	0.00	0.00	YYY
43750		A	Place gastrostomy tube	4.49	2.62	NA	0.33	010
43752		B	Nasal/orogastric w/stent	0.00	0.00	0.00	0.00	XXX
43760		A	Change gastrostomy tube	1.10	0.45	1.43	0.07	000
43761		A	Reposition gastrostomy tube	2.01	0.81	NA	0.10	000
43800		A	Reconstruction of pylorus	13.69	6.45	NA	1.07	090
43810		A	Fusion of stomach and bowel	14.65	6.75	NA	1.10	090
43820		A	Fusion of stomach and bowel	15.37	6.97	NA	1.18	090
43825		A	Fusion of stomach and bowel	19.22	8.31	NA	1.50	090
43830		A	Place gastrostomy tube	9.53	4.94	NA	0.69	090
43831		A	Place gastrostomy tube	7.84	4.28	NA	0.81	090
43832		A	Place gastrostomy tube	15.60	7.47	NA	1.13	090
43840		A	Repair of stomach lesion	15.56	7.02	NA	1.20	090
43842		A	Gastroplasty for obesity	18.47	11.14	NA	1.51	090
43843		A	Gastroplasty for obesity	18.65	10.77	NA	1.53	090
43846		A	Gastric bypass for obesity	24.05	13.28	NA	1.96	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Facility PE RVUs	Non-Facility PE RVUs	Mal-Practice RVUs	Global
43847		A	Gastric bypass for obesity	26.92	15.00	NA	2.14	090
43848		A	Revision gastroplasty	29.39	15.96	NA	2.39	090
43850		A	Revise stomach-bowel fusion	24.72	10.15	NA	1.97	090
43855		A	Revise stomach-bowel fusion	26.16	10.77	NA	2.01	090
43860		A	Revise stomach-bowel fusion	25.00	10.32	NA	2.03	090
43865		A	Revise stomach-bowel fusion	26.52	10.92	NA	2.15	090
43870		A	Repair stomach opening	9.69	5.04	NA	0.71	090
43880		A	Repair stomach-bowel fistula	24.65	10.67	NA	1.94	090
43999		C	Stomach surgery procedure	0.00	0.00	0.00	0.00	YYY
44005		A	Freeing of bowel adhesion	16.23	7.23	NA	1.39	090
44010		A	Incision of small bowel	12.52	6.32	NA	1.05	090
44015		A	Insert needle cath bowel	2.62	0.91	NA	0.25	ZZZ
44020		A	Explore small intestine	13.99	6.41	NA	1.20	090
44021		A	Decompress small bowel	14.08	6.85	NA	1.18	090
44025		A	Incision of large bowel	14.28	6.51	NA	1.21	090
44050		A	Reduce bowel obstruction	14.03	6.43	NA	1.15	090
44055		A	Correct malrotation of bowel	22.00	9.23	NA	1.32	090
44100		A	Biopsy of bowel	2.01	1.06	NA	0.12	000
44110		A	Excise intestine lesion(s)	11.81	5.72	NA	1.00	090
44111		A	Excision of bowel lesion(s)	14.29	7.08	NA	1.22	090
44120		A	Removal of small intestine	17.00	7.47	NA	1.46	090
44121		A	Removal of small intestine	4.45	1.56	NA	0.45	ZZZ
44125		A	Removal of small intestine	17.54	7.65	NA	1.49	090
44126		A	Enterectomy w/taper, cong	35.50	17.56	NA	0.36	090
44127		A	Enterectomy w/o taper, cong	41.00	20.01	NA	0.41	090
44128		A	Enterectomy cong, add-on	4.45	1.72	NA	0.45	ZZZ
44130		A	Bowel to bowel fusion	14.49	6.59	NA	1.23	090
44132		R	Enterectomy, cadaver donor	0.00	0.00	0.00	0.00	XXX
44133		R	Enterectomy, live donor	0.00	0.00	0.00	0.00	XXX
44135		R	Intestine transplnt, cadaver	0.00	0.00	0.00	0.00	XXX
44136		R	Intestine transplant, live	0.00	0.00	0.00	0.00	XXX
44139		A	Mobilization of colon	2.23	0.78	NA	0.21	ZZZ
44140		A	Partial removal of colon	21.00	9.32	NA	1.83	090
44141		A	Partial removal of colon	19.51	11.64	NA	1.95	090
44143		A	Partial removal of colon	22.99	12.83	NA	2.02	090
44144		A	Partial removal of colon	21.53	11.48	NA	1.89	090
44145		A	Partial removal of colon	26.42	11.62	NA	2.22	090
44146		A	Partial removal of colon	27.54	14.95	NA	2.20	090
44147		A	Partial removal of colon	20.71	9.94	NA	1.74	090
44150		A	Removal of colon	23.95	13.76	NA	2.05	090
44151		A	Removal of colon/ileostomy	26.88	14.99	NA	1.97	090
44152		A	Removal of colon/ileostomy	27.83	16.51	NA	2.36	090
44153		A	Removal of colon/ileostomy	30.59	16.36	NA	2.33	090
44155		A	Removal of colon/ileostomy	27.86	14.99	NA	2.26	090
44156		A	Removal of colon/ileostomy	30.79	16.97	NA	2.19	090
44160		A	Removal of colon	18.62	8.45	NA	1.55	090
44200		A	Laparoscopy, enterolysis	14.44	6.63	NA	1.46	090
44201		A	Laparoscopy, jejunostomy	9.78	5.11	NA	0.97	090
44202		A	Lap resect s/intestine singl	22.04	9.63	NA	2.16	090
44203		A	Lap resect s/intestine, addl	4.45	1.56	NA	0.45	ZZZ
44204		A	Laparo partial colectomy	25.08	10.22	NA	1.83	090
44205		A	Lap colectomy part w/ileum	22.23	9.08	NA	1.55	090
44209		C	Laparoscope proc, intestine	0.00	0.00	0.00	0.00	YYY
44300		A	Open bowel to skin	12.11	6.59	NA	0.88	090
44310		A	Ileostomy/jejunostomy	15.95	10.27	NA	1.13	090
44312		A	Revision of ileostomy	8.02	5.13	NA	0.54	090
44314		A	Revision of ileostomy	15.05	10.27	NA	0.99	090
44316		A	Devise bowel pouch	21.09	13.78	NA	1.41	090
44320		A	Colostomy	17.64	11.82	NA	1.28	090
44322		A	Colostomy with biopsies	11.98	10.08	NA	1.18	090
44340		A	Revision of colostomy	7.72	4.70	NA	0.56	090
44345		A	Revision of colostomy	15.43	8.17	NA	1.11	090
44346		A	Revision of colostomy	16.99	8.68	NA	1.20	090
44360		A	Small bowel endoscopy	2.59	1.35	NA	0.14	000
44361		A	Small bowel endoscopy/biopsy	2.87	1.45	NA	0.15	000
44363		A	Small bowel endoscopy	3.50	1.63	NA	0.19	000

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Facility PE RVUs	Non-Facility PE RVUs	Mal-Practice RVUs	Global
44364		A	Small bowel endoscopy	3.74	1.75	NA	0.21	000
44365		A	Small bowel endoscopy	3.31	1.62	NA	0.18	000
44366		A	Small bowel endoscopy	4.41	2.00	NA	0.22	000
44369		A	Small bowel endoscopy	4.52	2.00	NA	0.23	000
44370		A	Small bowel endoscopy/stent	4.80	1.72	1.72	0.21	000
44372		A	Small bowel endoscopy	4.41	2.00	NA	0.27	000
44373		A	Small bowel endoscopy	3.50	1.72	NA	0.19	000
44376		A	Small bowel endoscopy	5.26	2.29	NA	0.29	000
44377		A	Small bowel endoscopy/biopsy	5.53	2.41	NA	0.28	000
44378		A	Small bowel endoscopy	7.13	2.98	NA	0.37	000
44379		A	S bowel endoscope w/stent	7.47	2.63	2.63	0.38	000
44380		A	Small bowel endoscopy	1.05	0.77	NA	0.08	000
44382		A	Small bowel endoscopy	1.27	0.86	NA	0.09	000
44383		A	Ileoscopy w/stent	3.26	1.13	1.13	0.13	000
44385		A	Endoscopy of bowel pouch	1.82	0.94	4.84	0.12	000
44386		A	Endoscopy, bowel pouch/biop	2.12	1.08	6.12	0.15	000
44388		A	Colon endoscopy	2.82	1.37	6.45	0.18	000
44389		A	Colonoscopy with biopsy	3.13	1.51	7.16	0.18	000
44390		A	Colonoscopy for foreign body	3.83	1.72	6.97	0.22	000
44391		A	Colonoscopy for bleeding	4.32	1.73	5.95	0.23	000
44392		A	Colonoscopy & polypectomy	3.82	1.73	7.43	0.23	000
44393		A	Colonoscopy, lesion removal	4.84	2.11	7.66	0.27	000
44394		A	Colonoscopy w/snare	4.43	1.97	7.90	0.26	000
44397		A	Colonoscopy w stent	4.71	2.04	NA	0.28	000
44500		A	Intro, gastrointestinal tube	0.49	0.37	NA	0.02	000
44602		A	Suture, small intestine	16.03	7.14	NA	1.07	090
44603		A	Suture, small intestine	18.66	8.05	NA	1.39	090
44604		A	Suture, large intestine	16.03	7.13	NA	1.42	090
44605		A	Repair of bowel lesion	19.53	8.75	NA	1.54	090
44615		A	Intestinal stricturoplasty	15.93	7.13	NA	1.39	090
44620		A	Repair bowel opening	12.20	5.73	NA	1.05	090
44625		A	Repair bowel opening	15.05	6.72	NA	1.30	090
44626		A	Repair bowel opening	25.36	10.29	NA	2.19	090
44640		A	Repair bowel-skin fistula	21.65	9.46	NA	1.46	090
44650		A	Repair bowel fistula	22.57	9.77	NA	1.49	090
44660		A	Repair bowel-bladder fistula	21.36	9.27	NA	1.14	090
44661		A	Repair bowel-bladder fistula	24.81	10.46	NA	1.53	090
44680		A	Surgical revision, intestine	15.40	7.29	NA	1.37	090
44700		A	Suspend bowel w/prosthesis	16.11	7.57	NA	1.21	090
44799		C	Intestine surgery procedure	0.00	0.00	0.00	0.00	YYY
44800		A	Excision of bowel pouch	11.23	5.46	NA	1.11	090
44820		A	Excision of mesentery lesion	12.09	5.81	NA	1.03	090
44850		A	Repair of mesentery	10.74	5.37	NA	0.99	090
44899		C	Bowel surgery procedure	0.00	0.00	0.00	0.00	YYY
44900		A	Drain app abscess, open	10.14	5.82	NA	0.84	090
44901		A	Drain app abscess, percut	3.38	4.43	NA	0.17	000
44950		A	Appendectomy	10.00	5.19	NA	0.88	090
44955		A	Appendectomy add-on	1.53	0.55	NA	0.16	ZZZ
44960		A	Appendectomy	12.34	6.34	NA	1.09	090
44970		A	Laparoscopy, appendectomy	8.70	4.12	NA	0.88	090
44979		C	Laparoscope proc, app	0.00	0.00	0.00	0.00	YYY
45000		A	Drainage of pelvic abscess	4.52	3.84	NA	0.37	090
45005		A	Drainage of rectal abscess	1.99	1.56	4.57	0.18	010
45020		A	Drainage of rectal abscess	4.72	3.82	NA	0.41	090
45100		A	Biopsy of rectum	3.68	2.04	4.82	0.33	090
45108		A	Removal of anorectal lesion	4.76	2.96	6.23	0.46	090
45110		A	Removal of rectum	28.00	12.91	NA	2.26	090
45111		A	Partial removal of rectum	16.48	8.59	NA	1.60	090
45112		A	Removal of rectum	30.54	13.34	NA	2.35	090
45113		A	Partial proctectomy	30.58	12.80	NA	2.13	090
45114		A	Partial removal of rectum	27.32	12.22	NA	2.28	090
45116		A	Partial removal of rectum	24.58	11.02	NA	2.00	090
45119		A	Remove rectum w/reservoir	30.84	13.02	NA	2.13	090
45120		A	Removal of rectum	24.60	11.33	NA	2.28	090
45121		A	Removal of rectum and colon	27.04	12.49	NA	2.66	090
45123		A	Partial proctectomy	16.71	7.82	NA	1.04	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Facility PE RVUs	Non-Facility PE RVUs	Mal-Practice RVUs	Global
45126		A	Pelvic exenteration	45.16	19.67	NA	3.23	090
45130		A	Excision of rectal prolapse	16.44	7.59	NA	1.12	090
45135		A	Excision of rectal prolapse	19.28	8.98	NA	1.52	090
45136		A	Excise ileoanal reservoir	27.30	12.34	NA	2.19	090
45150		A	Excision of rectal stricture	5.67	3.09	5.38	0.46	090
45160		A	Excision of rectal lesion	15.32	7.00	NA	1.07	090
45170		A	Excision of rectal lesion	11.49	5.74	NA	0.89	090
45190		A	Destruction, rectal tumor	9.74	5.13	NA	0.76	090
45300		A	Proctosigmoidoscopy dx	0.38	0.22	1.33	0.05	000
45303		A	Proctosigmoidoscopy dilate	0.44	0.26	1.57	0.06	000
45305		A	Protosigmoidoscopy w/bx	1.01	0.44	1.59	0.09	000
45307		A	Protosigmoidoscopy fb	0.94	0.42	2.50	0.15	000
45308		A	Protosigmoidoscopy removal	0.83	0.38	1.55	0.13	000
45309		A	Protosigmoidoscopy removal	2.01	0.79	2.40	0.17	000
45315		A	Protosigmoidoscopy removal	1.40	0.58	2.58	0.20	000
45317		A	Protosigmoidoscopy bleed	1.50	0.61	1.87	0.20	000
45320		A	Protosigmoidoscopy ablate	1.58	0.65	1.82	0.20	000
45321		A	Protosigmoidoscopy volvul	1.17	0.51	NA	0.17	000
45327		A	Proctosigmoidoscopy w/stent	1.65	0.87	NA	0.10	000
45330		A	Diagnostic sigmoidoscopy	0.96	0.51	1.82	0.05	000
45331		A	Sigmoidoscopy and biopsy	1.15	0.52	2.23	0.07	000
45332		A	Sigmoidoscopy w/fb removal	1.79	0.74	3.91	0.11	000
45333		A	Sigmoidoscopy & polypectomy	1.79	0.74	3.57	0.12	000
45334		A	Sigmoidoscopy for bleeding	2.73	1.09	NA	0.16	000
45337		A	Sigmoidoscopy & decompress	2.36	0.95	NA	0.15	000
45338		A	Sigmoidoscpy w/tumr remove	2.34	0.94	4.29	0.15	000
45339		A	Sigmoidoscopy w/ablate tumr	3.14	1.23	3.34	0.17	000
45341		A	Sigmoidoscopy w/ultrasound	2.60	1.36	NA	0.20	000
45342		A	Sigmoidoscopy w/us guide bx	4.06	1.79	NA	0.23	000
45345		A	Sigmodoscopy w/stent	2.92	1.39	NA	0.15	000
45355		A	Surgical colonoscopy	3.52	1.24	NA	0.26	000
45378		A	Diagnostic colonoscopy	3.70	1.71	7.97	0.20	000
45378	53	A	Diagnostic colonoscopy	0.96	0.51	1.82	0.05	000
45379		A	Colonoscopy w/fb removal	4.69	2.07	8.18	0.25	000
45380		A	Colonoscopy and biopsy	4.44	1.99	8.40	0.21	000
45382		A	Colonoscopy/control bleeding	5.69	2.23	9.67	0.27	000
45383		A	Lesion removal colonoscopy	5.87	2.48	9.28	0.32	000
45384		A	Lesion remove colonoscopy	4.70	2.08	9.02	0.24	000
45385		A	Lesion removal colonoscopy	5.31	2.30	9.20	0.28	000
45387		A	Colonoscopy w/stent	5.91	2.50	NA	0.33	000
45500		A	Repair of rectum	7.29	4.13	NA	0.56	090
45505		A	Repair of rectum	7.58	3.69	NA	0.50	090
45520		A	Treatment of rectal prolapse	0.55	0.19	0.76	0.04	000
45540		A	Correct rectal prolapse	16.27	7.91	NA	1.17	090
45541		A	Correct rectal prolapse	13.40	6.79	NA	0.88	090
45550		A	Repair rectum/remove sigmoid	23.00	10.17	NA	1.58	090
45560		A	Repair of rectocele	10.58	5.96	NA	0.73	090
45562		A	Exploration/repair of rectum	15.38	7.31	NA	1.15	090
45563		A	Exploration/repair of rectum	23.47	10.99	NA	1.84	090
45800		A	Repair rect/bladder fistula	17.77	7.98	NA	1.14	090
45805		A	Repair fistula w/colostomy	20.78	10.00	NA	1.47	090
45820		A	Repair rectourethral fistula	18.48	8.22	NA	1.17	090
45825		A	Repair fistula w/colostomy	21.25	10.30	NA	0.97	090
45900		A	Reduction of rectal prolapse	2.61	1.02	NA	0.17	010
45905		A	Dilation of anal sphincter	2.30	0.93	11.95	0.14	010
45910		A	Dilation of rectal narrowing	2.80	1.12	16.25	0.14	010
45915		A	Remove rectal obstruction	3.14	1.11	4.72	0.17	010
45999		C	Rectum surgery procedure	0.00	0.00	0.00	0.00	YYY
46020		A	Placement of seton	2.90	2.32	3.04	0.22	010
46030		A	Removal of rectal marker	1.23	1.19	2.99	0.11	010
46040		A	Incision of rectal abscess	4.96	3.04	5.35	0.48	090
46045		A	Incision of rectal abscess	4.32	2.76	NA	0.40	090
46050		A	Incision of anal abscess	1.19	1.32	3.55	0.11	010
46060		A	Incision of rectal abscess	5.69	3.69	NA	0.52	090
46070		A	Incision of anal septum	2.71	2.36	NA	0.27	090
46080		A	Incision of anal sphincter	2.49	1.60	3.63	0.23	010

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Facility PE RVUs	Non-Facility PE RVUs	Mal-Practice RVUs	Global
46083		A	Incise external hemorrhoid	1.40	1.52	4.66	0.12	010
46200		A	Removal of anal fissure	3.42	2.33	3.91	0.30	090
46210		A	Removal of anal crypt	2.67	2.16	5.04	0.26	090
46211		A	Removal of anal crypts	4.25	2.84	5.24	0.37	090
46220		A	Removal of anal tab	1.56	0.54	1.27	0.14	010
46221		A	Ligation of hemorrhoid(s)	2.04	1.07	1.71	0.12	010
46230		A	Removal of anal tabs	2.57	1.65	4.27	0.22	010
46250		A	Hemorrhoidectomy	3.89	2.64	5.33	0.43	090
46255		A	Hemorrhoidectomy	4.60	2.85	6.01	0.51	090
46257		A	Remove hemorrhoids & fissure	5.40	3.05	NA	0.59	090
46258		A	Remove hemorrhoids & fistula	5.73	3.19	NA	0.64	090
46260		A	Hemorrhoidectomy	6.37	3.90	NA	0.68	090
46261		A	Remove hemorrhoids & fissure	7.08	4.03	NA	0.70	090
46262		A	Remove hemorrhoids & fistula	7.50	4.24	NA	0.76	090
46270		A	Removal of anal fistula	3.72	2.55	5.00	0.36	090
46275		A	Removal of anal fistula	4.56	2.74	4.76	0.40	090
46280		A	Removal of anal fistula	5.98	3.68	NA	0.50	090
46285		A	Removal of anal fistula	4.09	2.58	4.11	0.34	090
46288		A	Repair anal fistula	7.13	4.16	NA	0.60	090
46320		A	Removal of hemorrhoid clot	1.61	1.54	3.88	0.14	010
46500		A	Injection into hemorrhoid(s)	1.61	0.57	2.79	0.12	010
46600		A	Diagnostic anoscopy	0.50	0.15	0.79	0.04	000
46604		A	Anoscopy and dilation	1.31	0.46	0.96	0.09	000
46606		A	Anoscopy and biopsy	0.81	0.28	0.86	0.07	000
46608		A	Anoscopy/ remove for body	1.51	0.47	1.83	0.13	000
46610		A	Anoscopy/remove lesion	1.32	0.47	1.46	0.12	000
46611		A	Anoscopy	1.81	0.63	1.99	0.15	000
46612		A	Anoscopy/ remove lesions	2.34	0.83	2.46	0.18	000
46614		A	Anoscopy/control bleeding	2.01	0.69	1.81	0.14	000
46615		A	Anoscopy	2.68	0.94	1.73	0.23	000
46700		A	Repair of anal stricture	9.13	4.63	NA	0.56	090
46705		A	Repair of anal stricture	6.90	4.17	NA	0.73	090
46715		A	Repair of anovaginal fistula	7.20	4.28	NA	0.76	090
46716		A	Repair of anovaginal fistula	15.07	7.34	NA	1.30	090
46730		A	Construction of absent anus	26.75	11.99	NA	2.03	090
46735		A	Construction of absent anus	32.17	14.02	NA	2.64	090
46740		A	Construction of absent anus	30.00	12.84	NA	1.99	090
46742		A	Repair of imperforated anus	35.80	17.81	NA	2.63	090
46744		A	Repair of cloacal anomaly	52.63	21.91	NA	2.27	090
46746		A	Repair of cloacal anomaly	58.22	26.99	NA	2.51	090
46748		A	Repair of cloacal anomaly	64.21	27.32	NA	2.77	090
46750		A	Repair of anal sphincter	10.25	5.66	NA	0.69	090
46751		A	Repair of anal sphincter	8.77	6.01	NA	0.78	090
46753		A	Reconstruction of anus	8.29	4.00	NA	0.58	090
46754		A	Removal of suture from anus	2.20	1.36	5.33	0.12	010
46760		A	Repair of anal sphincter	14.43	7.06	NA	0.86	090
46761		A	Repair of anal sphincter	13.84	6.58	NA	0.84	090
46762		A	Implant artificial sphincter	12.71	5.77	NA	0.71	090
46900		A	Destruction, anal lesion(s)	1.91	0.74	3.48	0.13	010
46910		A	Destruction, anal lesion(s)	1.86	1.45	3.64	0.14	010
46916		A	Cryosurgery, anal lesion(s)	1.86	1.58	3.28	0.09	010
46917		A	Laser surgery, anal lesions	1.86	1.53	4.72	0.16	010
46922		A	Excision of anal lesion(s)	1.86	1.43	3.86	0.17	010
46924		A	Destruction, anal lesion(s)	2.76	1.69	4.94	0.20	010
46934		A	Destruction of hemorrhoids	3.51	3.57	6.27	0.26	090
46935		A	Destruction of hemorrhoids	2.43	0.85	4.27	0.17	010
46936		A	Destruction of hemorrhoids	3.69	3.40	5.95	0.30	090
46937		A	Cryotherapy of rectal lesion	2.69	1.76	3.99	0.12	010
46938		A	Cryotherapy of rectal lesion	4.66	3.24	4.96	0.40	090
46940		A	Treatment of anal fissure	2.32	0.80	3.21	0.17	010
46942		A	Treatment of anal fissure	2.04	0.69	2.95	0.14	010
46945		A	Ligation of hemorrhoids	1.84	2.14	3.98	0.17	090
46946		A	Ligation of hemorrhoids	2.58	2.43	5.00	0.22	090
46999		C	Anus surgery procedure	0.00	0.00	0.00	0.00	YYY
47000		A	Needle biopsy of liver	1.90	0.65	8.60	0.09	000
47001		A	Needle biopsy, liver add-on	1.90	0.66	NA	0.18	ZZZ

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Facility PE RVUs	Non-Facility PE RVUs	Mal-Practice RVUs	Global
47010		A	Open drainage, liver lesion	16.01	9.66	NA	0.65	090
47011		A	Percut drain, liver lesion	3.70	4.43	NA	0.17	000
47015		A	Inject/aspirate liver cyst	15.11	7.94	NA	0.86	090
47100		A	Wedge biopsy of liver	11.67	6.33	NA	0.75	090
47120		A	Partial removal of liver	35.50	16.59	NA	2.29	090
47122		A	Extensive removal of liver	55.13	23.47	NA	3.60	090
47125		A	Partial removal of liver	49.19	21.48	NA	3.18	090
47130		A	Partial removal of liver	53.35	22.88	NA	3.47	090
47133		X	Removal of donor liver	0.00	0.00	0.00	0.00	XXX
47134		R	Partial removal, donor liver	39.15	13.56	NA	3.98	XXX
47135		R	Transplantation of liver	81.52	42.51	NA	8.13	090
47136		R	Transplantation of liver	68.60	45.98	NA	6.93	090
47300		A	Surgery for liver lesion	15.08	7.59	NA	0.97	090
47350		A	Repair liver wound	19.56	9.24	NA	1.25	090
47360		A	Repair liver wound	26.92	12.54	NA	1.71	090
47361		A	Repair liver wound	47.12	19.12	NA	3.11	090
47362		A	Repair liver wound	18.51	9.54	NA	1.22	090
47370		A	Laparo ablate liver tumor rf	18.00	6.96	6.96	0.85	090
47371		A	Laparo ablate liver cryosug	16.94	6.55	6.55	0.85	090
47379		C	Laparoscope procedure, liver	0.00	0.00	0.00	0.00	YYY
47380		A	Open ablate liver tumor rf	21.25	8.21	8.21	0.85	090
47381		A	Open ablate liver tumor cryo	21.00	8.12	8.12	0.85	090
47382		A	Percut ablate liver rf	12.00	5.22	NA	0.85	010
47399		C	Liver surgery procedure	0.00	0.00	0.00	0.00	YYY
47400		A	Incision of liver duct	32.49	14.60	NA	1.82	090
47420		A	Incision of bile duct	19.88	9.18	NA	1.70	090
47425		A	Incision of bile duct	19.83	9.25	NA	1.60	090
47460		A	Incise bile duct sphincter	18.04	8.99	NA	1.24	090
47480		A	Incision of gallbladder	10.82	6.60	NA	0.85	090
47490		A	Incision of gallbladder	7.23	7.67	NA	0.33	090
47500		A	Injection for liver x-rays	1.96	0.66	NA	0.09	000
47505		A	Injection for liver x-rays	0.76	0.26	2.68	0.03	000
47510		A	Insert catheter, bile duct	7.83	9.40	NA	0.36	090
47511		A	Insert bile duct drain	10.50	10.55	NA	0.47	090
47525		A	Change bile duct catheter	5.55	3.31	NA	0.24	010
47530		A	Revise/reinsert bile tube	5.85	5.00	NA	0.29	090
47550		A	Bile duct endoscopy add-on	3.02	1.05	NA	0.30	ZZZ
47552		A	Biliary endoscopy thru skin	6.04	2.45	NA	0.42	000
47553		A	Biliary endoscopy thru skin	6.35	2.65	NA	0.30	000
47554		A	Biliary endoscopy thru skin	9.06	3.45	NA	0.74	000
47555		A	Biliary endoscopy thru skin	7.56	3.08	NA	0.35	000
47556		A	Biliary endoscopy thru skin	8.56	3.42	NA	0.38	000
47560		A	Laparoscopy w/cholangio	4.89	1.83	NA	0.49	000
47561		A	Laparo w/cholangio/biopsy	5.18	2.15	NA	0.49	000
47562		A	Laparoscopic cholecystectomy	11.09	5.03	NA	1.13	090
47563		A	Laparo cholecystectomy/graph	11.94	5.32	NA	1.21	090
47564		A	Laparo cholecystectomy/explr	14.23	6.11	NA	1.44	090
47570		A	Laparo cholecystoenterostomy	12.58	5.56	NA	1.28	090
47579		C	Laparoscope proc, biliary	0.00	0.00	0.00	0.00	YYY
47600		A	Removal of gallbladder	13.58	6.70	NA	1.16	090
47605		A	Removal of gallbladder	14.69	7.06	NA	1.25	090
47610		A	Removal of gallbladder	18.82	8.61	NA	1.61	090
47612		A	Removal of gallbladder	18.78	8.49	NA	1.60	090
47620		A	Removal of gallbladder	20.64	9.15	NA	1.77	090
47630		A	Remove bile duct stone	9.11	3.10	NA	0.46	090
47700		A	Exploration of bile ducts	15.62	8.50	NA	1.40	090
47701		A	Bile duct revision	27.81	12.93	NA	3.00	090
47711		A	Excision of bile duct tumor	23.03	11.02	NA	1.98	090
47712		A	Excision of bile duct tumor	30.24	13.68	NA	2.67	090
47715		A	Excision of bile duct cyst	18.80	8.90	NA	1.59	090
47716		A	Fusion of bile duct cyst	16.44	8.01	NA	1.41	090
47720		A	Fuse gallbladder & bowel	15.91	8.51	NA	1.37	090
47721		A	Fuse upper gi structures	19.12	9.66	NA	1.63	090
47740		A	Fuse gallbladder & bowel	18.48	9.44	NA	1.59	090
47741		A	Fuse gallbladder & bowel	21.34	10.43	NA	1.82	090
47760		A	Fuse bile ducts and bowel	25.85	11.95	NA	2.21	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Facility PE RVUs	Non-Facility PE RVUs	Mal-Practice RVUs	Global
47765		A	Fuse liver ducts & bowel	24.88	12.51	NA	2.18	090
47780		A	Fuse bile ducts and bowel	26.50	12.20	NA	2.27	090
47785		A	Fuse bile ducts and bowel	31.18	14.52	NA	2.69	090
47800		A	Reconstruction of bile ducts	23.30	11.13	NA	1.95	090
47801		A	Placement, bile duct support	15.17	10.14	NA	0.69	090
47802		A	Fuse liver duct & intestine	21.55	11.18	NA	1.84	090
47900		A	Suture bile duct injury	19.90	9.97	NA	1.65	090
47999		C	Bile tract surgery procedure	0.00	0.00	0.00	0.00	YYY
48000		A	Drainage of abdomen	28.07	12.48	NA	1.32	090
48001		A	Placement of drain, pancreas	35.45	14.75	NA	1.90	090
48005		A	Resect/debride pancreas	42.17	17.00	NA	2.26	090
48020		A	Removal of pancreatic stone	15.70	7.43	NA	1.36	090
48100		A	Biopsy of pancreas, open	12.23	6.85	NA	1.08	090
48102		A	Needle biopsy, pancreas	4.68	2.42	9.14	0.20	010
48120		A	Removal of pancreas lesion	15.85	7.39	NA	1.35	090
48140		A	Partial removal of pancreas	22.94	10.51	NA	2.12	090
48145		A	Partial removal of pancreas	24.02	11.23	NA	2.25	090
48146		A	Pancreatectomy	26.40	13.36	NA	2.43	090
48148		A	Removal of pancreatic duct	17.34	9.00	NA	1.61	090
48150		A	Partial removal of pancreas	48.00	21.41	NA	4.43	090
48152		A	Pancreatectomy	43.75	20.45	NA	4.07	090
48153		A	Pancreatectomy	47.89	21.63	NA	4.40	090
48154		A	Pancreatectomy	44.10	20.38	NA	4.10	090
48155		A	Removal of pancreas	24.64	13.60	NA	2.30	090
48160		N	Pancreas removal/transplant	0.00	0.00	0.00	0.00	XXX
48180		A	Fuse pancreas and bowel	24.72	10.89	NA	2.24	090
48400		A	Injection, intraop add-on	1.95	0.67	NA	0.10	ZZZ
48500		A	Surgery of pancreatic cyst	15.28	7.28	NA	1.35	090
48510		A	Drain pancreatic pseudocyst	14.31	7.49	NA	1.07	090
48511		A	Drain pancreatic pseudocyst	4.00	3.71	NA	0.17	000
48520		A	Fuse pancreas cyst and bowel	15.59	7.23	NA	1.41	090
48540		A	Fuse pancreas cyst and bowel	19.72	8.63	NA	1.82	090
48545		A	Pancreatorrhaphy	18.18	8.71	NA	1.61	090
48547		A	Duodenal exclusion	25.83	10.77	NA	2.30	090
48550		X	Donor pancreatectomy	0.00	0.00	0.00	0.00	XXX
48554		R	Transpl allograft pancreas	34.17	11.94	NA	3.30	090
48556		A	Removal, allograft pancreas	15.71	8.46	NA	1.52	090
48999		C	Pancreas surgery procedure	0.00	0.00	0.00	0.00	YYY
49000		A	Exploration of abdomen	11.68	6.07	NA	1.17	090
49002		A	Reopening of abdomen	10.49	5.96	NA	1.06	090
49010		A	Exploration behind abdomen	12.28	6.93	NA	1.22	090
49020		A	Drain abdominal abscess	22.84	11.43	NA	1.31	090
49021		A	Drain abdominal abscess	3.38	5.31	NA	0.16	000
49040		A	Drain, open, abdom abscess	13.52	8.15	NA	0.84	090
49041		A	Drain, percut, abdom abscess	4.00	5.59	NA	0.18	000
49060		A	Drain, open, retrop abscess	15.86	9.57	NA	0.77	090
49061		A	Drain, percut, retroper absc	3.70	5.64	NA	0.17	000
49062		A	Drain to peritoneal cavity	11.36	7.04	NA	1.08	090
49080		A	Puncture, peritoneal cavity	1.35	0.47	4.45	0.07	000
49081		A	Removal of abdominal fluid	1.26	0.58	3.10	0.06	000
49085		A	Remove abdomen foreign body	12.14	6.44	NA	0.88	090
49180		A	Biopsy, abdominal mass	1.73	0.59	8.56	0.08	000
49200		A	Removal of abdominal lesion	10.25	6.32	NA	0.89	090
49201		A	Removal of abdominal lesion	14.84	8.63	NA	1.44	090
49215		A	Excise sacral spine tumor	33.50	14.71	NA	2.48	090
49220		A	Multiple surgery, abdomen	14.88	7.65	NA	1.51	090
49250		A	Excision of umbilicus	8.35	5.09	NA	0.84	090
49255		A	Removal of omentum	11.14	6.50	NA	1.12	090
49320		A	Diag laparo separate proc	5.10	3.00	NA	0.50	010
49321		A	Laparoscopy, biopsy	5.40	3.03	NA	0.53	010
49322		A	Laparoscopy, aspiration	5.70	3.46	NA	0.57	010
49323		A	Laparo drain lymphocele	9.48	4.15	NA	0.88	090
49329		C	Laparo proc, abdm/per/oment	0.00	0.00	0.00	0.00	YYY
49400		A	Air injection into abdomen	1.88	0.80	NA	0.11	000
49420		A	Insert abdominal drain	2.22	0.96	NA	0.13	000
49421		A	Insert abdominal drain	5.54	3.96	NA	0.55	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Facility PE RVUs	Non-Facility PE RVUs	Mal-Practice RVUs	Global
49422	.....	A	Remove perm cannula/catheter	6.25	2.91	NA	0.63	010
49423	.....	A	Exchange drainage catheter	1.46	0.68	NA	0.07	000
49424	.....	A	Assess cyst, contrast inject	0.76	0.45	NA	0.03	000
49425	.....	A	Insert abdomen-venous drain	11.37	6.62	NA	1.21	090
49426	.....	A	Revise abdomen-venous shunt	9.63	5.86	NA	0.93	090
49427	.....	A	Injection, abdominal shunt	0.89	0.49	NA	0.05	000
49428	.....	A	Ligation of shunt	6.06	3.14	NA	0.31	010
49429	.....	A	Removal of shunt	7.40	3.43	NA	0.81	010
49491	.....	A	Repairing hern premie reduc	11.13	5.44	NA	1.00	090
49492	.....	A	Rpr ing hern premie, blocked	14.03	6.38	NA	1.42	090
49495	.....	A	Rpr ing hernia baby, reduc	5.89	3.56	NA	0.55	090
49496	.....	A	Rpr ing hernia baby, blocked	8.79	6.15	NA	0.89	090
49500	.....	A	Rpr ing hernia, init, reduce	5.48	3.36	NA	0.46	090
49501	.....	A	Rpr ing hernia, init blocked	8.88	4.47	NA	0.76	090
49505	.....	A	Rpr i/hern init reduc>5 yr	7.60	4.03	4.50	0.65	090
49507	.....	A	Rpr i/hern init block>5 yr	9.57	6.03	NA	0.83	090
49520	.....	A	Rerepair ing hernia, reduce	9.63	5.37	NA	0.84	090
49521	.....	A	Rerepair ing hernia, blocked	11.97	5.70	NA	1.04	090
49525	.....	A	Repair ing hernia, sliding	8.57	4.85	NA	0.74	090
49540	.....	A	Repair lumbar hernia	10.39	5.56	NA	0.90	090
49550	.....	A	Rpr fem hernia, init, reduce	8.63	4.43	NA	0.75	090
49553	.....	A	Rpr fem hernia, init blocked	9.44	4.85	NA	0.83	090
49555	.....	A	Rerepair fem hernia, reduce	9.03	5.18	NA	0.79	090
49557	.....	A	Rerepair fem hernia, blocked	11.15	5.43	NA	0.97	090
49560	.....	A	Rpr ventral hern init, reduc	11.57	5.98	NA	1.00	090
49561	.....	A	Rpr ventral hern init, block	14.25	6.55	NA	1.23	090
49565	.....	A	Rerepair ventrl hern, reduce	11.57	6.14	NA	1.00	090
49566	.....	A	Rerepair ventrl hern, block	14.40	6.62	NA	1.24	090
49568	.....	A	Hernia repair w/mesh	4.89	1.71	NA	0.50	ZZZ
49570	.....	A	Rpr epigastric hern, reduce	5.69	3.45	NA	0.50	090
49572	.....	A	Rpr epigastric hern, blocked	6.73	3.93	NA	0.58	090
49580	.....	A	Rpr umbil hern, reduc <5 yr	4.11	2.98	NA	0.34	090
49582	.....	A	Rpr umbil hern, block < 5 yr	6.65	4.85	NA	0.57	090
49585	.....	A	Rpr umbil hern, reduc > 5 yr	6.23	4.06	NA	0.53	090
49587	.....	A	Rpr umbil hern, block > 5 yr	7.56	4.17	NA	0.65	090
49590	.....	A	Repair spigelian hernia	8.54	4.87	NA	0.74	090
49600	.....	A	Repair umbilical lesion	10.96	6.09	NA	1.13	090
49605	.....	A	Repair umbilical lesion	76.00	29.96	NA	2.57	090
49606	.....	A	Repair umbilical lesion	18.60	9.06	NA	2.22	090
49610	.....	A	Repair umbilical lesion	10.50	6.85	NA	0.77	090
49611	.....	A	Repair umbilical lesion	8.92	6.43	NA	0.65	090
49650	.....	A	Laparo hernia repair initial	6.27	3.26	NA	0.64	090
49651	.....	A	Laparo hernia repair recur	8.24	4.32	NA	0.84	090
49659	.....	C	Laparo proc, hernia repair	0.00	0.00	0.00	0.00	YYY
49900	.....	A	Repair of abdominal wall	12.28	6.64	NA	1.23	090
49905	.....	A	Omental flap	6.55	2.35	NA	0.61	ZZZ
49906	.....	C	Free omental flap, microvasc	0.00	0.00	0.00	0.00	090
49999	.....	C	Abdomen surgery procedure	0.00	0.00	0.00	0.00	YYY
50010	.....	A	Exploration of kidney	10.98	6.94	NA	0.79	090
50020	.....	A	Renal abscess, open drain	14.66	13.99	NA	0.80	090
50021	.....	A	Renal abscess, percut drain	3.38	10.10	NA	0.15	000
50040	.....	A	Drainage of kidney	14.94	11.72	NA	0.82	090
50045	.....	A	Exploration of kidney	15.46	8.34	NA	1.06	090
50060	.....	A	Removal of kidney stone	19.30	9.74	NA	1.14	090
50065	.....	A	Incision of kidney	20.79	7.87	NA	1.13	090
50070	.....	A	Incision of kidney	20.32	10.14	NA	1.20	090
50075	.....	A	Removal of kidney stone	25.34	12.28	NA	1.51	90
50080	.....	A	Removal of kidney stone	14.71	10.81	NA	0.86	90
50081	.....	A	Removal of kidney stone	21.80	12.93	NA	1.30	90
50100	.....	A	Revise kidney blood vessels	16.09	9.79	NA	1.64	90
50120	.....	A	Exploration of kidney	15.91	8.66	NA	1.04	90
50125	.....	A	Explore and drain kidney	16.52	8.76	NA	1.07	90
50130	.....	A	Removal of kidney stone	17.29	9.00	NA	1.04	90
50135	.....	A	Exploration of kidney	19.18	9.65	NA	1.18	90
50200	.....	A	Biopsy of kidney	2.63	0.93	NA	0.12	000
50205	.....	A	Biopsy of kidney	11.31	6.41	NA	0.94	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Facility PE RVUs	Non-Facility PE RVUs	Mal-Practice RVUs	Global
50220		A	Remove kidney, open	17.15	9.07	NA	1.16	090
50225		A	Removal kidney open, complex	20.23	10.03	NA	1.26	090
50230		A	Removal kidney open, radical	22.07	10.63	NA	1.35	090
50234		A	Removal of kidney & ureter	22.40	10.73	NA	1.37	090
50236		A	Removal of kidney & ureter	24.86	13.88	NA	1.50	090
50240		A	Partial removal of kidney	22.00	13.00	NA	1.36	090
50280		A	Removal of kidney lesion	15.67	8.51	NA	0.99	090
50290		A	Removal of kidney lesion	14.73	8.12	NA	1.11	090
50300		X	Removal of donor kidney	0.00	0.00	0.00	0.00	XXX
50320		A	Removal of donor kidney	22.21	10.50	NA	1.78	090
50340		A	Removal of kidney	12.15	9.21	NA	1.15	090
50360		A	Transplantation of kidney	31.53	17.47	NA	2.97	090
50365		A	Transplantation of kidney	36.81	20.98	NA	3.51	090
50370		A	Remove transplanted kidney	13.72	9.73	NA	1.26	090
50380		A	Reimplantation of kidney	20.76	13.71	NA	1.80	090
50390		A	Drainage of kidney lesion	1.96	0.66	NA	0.09	000
50392		A	Insert kidney drain	3.38	1.14	NA	0.15	000
50393		A	Insert ureteral tube	4.16	1.40	NA	0.18	000
50394		A	Injection for kidney x-ray	0.76	0.26	2.56	0.04	000
50395		A	Create passage to kidney	3.38	1.14	NA	0.16	000
50396		A	Measure kidney pressure	2.09	0.88	NA	0.10	000
50398		A	Change kidney tube	1.46	0.49	1.16	0.07	000
50400		A	Revision of kidney/ureter	19.50	9.78	NA	1.21	090
50405		A	Revision of kidney/ureter	23.93	12.43	NA	1.45	090
50500		A	Repair of kidney wound	19.57	11.28	NA	1.45	090
50520		A	Close kidney-skin fistula	17.23	10.89	NA	1.26	090
50525		A	Repair renal-abdomen fistula	22.27	12.57	NA	1.51	090
50526		A	Repair renal-abdomen fistula	24.02	13.52	NA	1.62	090
50540		A	Revision of horseshoe kidney	19.93	10.21	NA	1.28	090
50541		A	Laparo ablate renal cyst	16.00	6.62	NA	0.99	090
50544		A	Laparoscopy, pyeloplasty	22.40	8.78	NA	1.41	090
50545		A	Laparo radical nephrectomy	24.00	9.38	NA	1.53	090
50546		A	Laparoscopic nephrectomy	20.48	8.20	NA	1.37	090
50547		A	Laparo removal donor kidney	25.50	10.89	NA	2.04	090
50548		A	Laparo remove k/ureter	24.40	9.43	NA	1.49	090
50549		C	Laparoscope proc, renal	0.00	0.00	0.00	0.00	YYY
50551		A	Kidney endoscopy	5.60	1.84	4.78	0.33	000
50553		A	Kidney endoscopy	5.99	2.01	18.21	0.35	000
50555		A	Kidney endoscopy & biopsy	6.53	2.17	18.94	0.38	000
50557		A	Kidney endoscopy & treatment	6.62	2.18	19.70	0.39	000
50559		A	Renal endoscopy/radiotracer	6.78	2.39	NA	0.27	000
50561		A	Kidney endoscopy & treatment	7.59	2.51	17.36	0.44	000
50570		A	Kidney endoscopy	9.54	3.14	NA	0.56	000
50572		A	Kidney endoscopy	10.35	3.43	NA	0.64	000
50574		A	Kidney endoscopy & biopsy	11.02	3.66	NA	0.65	000
50575		A	Kidney endoscopy	13.98	4.60	NA	0.84	000
50576		A	Kidney endoscopy & treatment	10.99	3.61	NA	0.66	000
50578		A	Renal endoscopy/radiotracer	11.35	3.80	NA	0.67	000
50580		A	Kidney endoscopy & treatment	11.86	3.91	NA	0.70	000
50590		A	Fragmenting of kidney stone	9.09	5.18	10.34	0.54	090
50600		A	Exploration of ureter	15.84	8.68	NA	0.99	090
50605		A	Insert ureteral support	15.46	8.69	NA	1.13	090
50610		A	Removal of ureter stone	15.92	8.92	NA	1.08	090
50620		A	Removal of ureter stone	15.16	8.28	NA	0.91	090
50630		A	Removal of ureter stone	14.94	8.23	NA	0.90	090
50650		A	Removal of ureter	17.41	9.44	NA	1.07	090
50660		A	Removal of ureter	19.55	10.16	NA	1.19	090
50684		A	Injection for ureter x-ray	0.76	0.25	14.87	0.04	000
50686		A	Measure ureter pressure	1.51	0.67	5.02	0.09	000
50688		A	Change of ureter tube	1.17	1.75	NA	0.06	010
50690		A	Injection for ureter x-ray	1.16	0.39	15.23	0.06	000
50700		A	Revision of ureter	15.21	9.16	NA	0.86	090
50715		A	Release of ureter	18.90	12.01	NA	1.68	090
50722		A	Release of ureter	16.35	9.79	NA	1.41	090
50725		A	Release/revise ureter	18.49	10.35	NA	1.44	090
50727		A	Revise ureter	8.18	6.48	NA	0.51	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Facility PE RVUs	Non-Facility PE RVUs	Mal-Practice RVUs	Global
50728		A	Revise ureter	12.02	8.04	NA	0.88	090
50740		A	Fusion of ureter & kidney	18.42	9.43	NA	1.49	090
50750		A	Fusion of ureter & kidney	19.51	10.22	NA	1.24	090
50760		A	Fusion of ureters	18.42	9.85	NA	1.25	090
50770		A	Splicing of ureters	19.51	10.15	NA	1.25	090
50780		A	Reimplant ureter in bladder	18.36	9.76	NA	1.20	090
50782		A	Reimplant ureter in bladder	19.54	11.19	NA	1.13	090
50783		A	Reimplant ureter in bladder	20.55	10.83	NA	1.35	090
50785		A	Reimplant ureter in bladder	20.52	10.53	NA	1.30	090
50800		A	Implant ureter in bowel	14.52	9.66	NA	0.92	090
50810		A	Fusion of ureter & bowel	20.05	12.42	NA	1.78	090
50815		A	Urine shunt to intestine	19.93	11.56	NA	1.31	090
50820		A	Construct bowel bladder	21.89	11.84	NA	1.38	090
50825		A	Construct bowel bladder	28.18	14.82	NA	1.81	090
50830		A	Revise urine flow	31.28	15.47	NA	2.20	090
50840		A	Replace ureter by bowel	20.00	11.61	NA	1.26	090
50845		A	Appendico-vesicostomy	20.89	9.92	NA	1.26	090
50860		A	Transplant ureter to skin	15.36	8.75	NA	1.01	090
50900		A	Repair of ureter	13.62	7.82	NA	0.98	090
50920		A	Closure ureter/skin fistula	14.33	8.38	NA	0.84	090
50930		A	Closure ureter/bowel fistula	18.72	9.84	NA	1.57	090
50940		A	Release of ureter	14.51	8.26	NA	1.04	090
50945		A	Laparoscopy ureterolithotomy	17.00	7.27	NA	1.15	090
50947		A	Laparo new ureter/bladder	24.50	11.42	NA	1.99	090
50948		A	Laparo new ureter/bladder	22.50	10.32	NA	1.83	090
50949		C	Laparoscope proc, ureter	0.00	0.00	0.00	0.00	YYY
50951		A	Endoscopy of ureter	5.84	1.92	5.17	0.35	000
50953		A	Endoscopy of ureter	6.24	2.06	18.11	0.37	000
50955		A	Ureter endoscopy & biopsy	6.75	2.26	19.81	0.38	000
50957		A	Ureter endoscopy & treatment	6.79	2.24	17.80	0.40	000
50959		A	Ureter endoscopy & tracer	4.40	1.51	NA	0.18	000
50961		A	Ureter endoscopy & treatment	6.05	1.99	23.56	0.35	000
50970		A	Ureter endoscopy	7.14	2.36	NA	0.43	000
50972		A	Ureter endoscopy & catheter	6.89	2.33	NA	0.39	000
50974		A	Ureter endoscopy & biopsy	9.17	3.02	NA	0.53	000
50976		A	Ureter endoscopy & treatment	9.04	2.99	NA	0.53	000
50978		A	Ureter endoscopy & tracer	5.10	1.74	NA	0.30	000
50980		A	Ureter endoscopy & treatment	6.85	2.24	NA	0.41	000
51000		A	Drainage of bladder	0.78	0.25	2.02	0.05	000
51005		A	Drainage of bladder	1.02	0.35	3.30	0.08	000
51010		A	Drainage of bladder	3.53	2.31	4.29	0.23	010
51020		A	Incise & treat bladder	6.71	5.63	NA	0.42	090
51030		A	Incise & treat bladder	6.77	5.75	NA	0.42	090
51040		A	Incise & drain bladder	4.40	4.35	NA	0.27	090
51045		A	Incise bladder/drain ureter	6.77	5.83	NA	0.47	090
51050		A	Removal of bladder stone	6.92	5.14	NA	0.42	090
51060		A	Removal of ureter stone	8.85	6.25	NA	0.54	090
51065		A	Remove ureter calculus	8.85	6.10	NA	0.53	090
51080		A	Drainage of bladder abscess	5.96	5.61	NA	0.35	090
51500		A	Removal of bladder cyst	10.14	6.02	NA	0.88	090
51520		A	Removal of bladder lesion	9.29	6.46	NA	0.58	090
51525		A	Removal of bladder lesion	13.97	7.90	NA	0.85	090
51530		A	Removal of bladder lesion	12.38	7.53	NA	0.82	090
51535		A	Repair of ureter lesion	12.57	8.02	NA	0.90	090
51550		A	Partial removal of bladder	15.66	8.47	NA	1.05	090
51555		A	Partial removal of bladder	21.23	10.71	NA	1.37	090
51565		A	Revise bladder & ureter(s)	21.62	11.27	NA	1.40	090
51570		A	Removal of bladder	24.24	12.37	NA	1.59	090
51575		A	Removal of bladder & nodes	30.45	15.00	NA	1.88	090
51580		A	Remove bladder/revise tract	31.08	15.60	NA	1.94	090
51585		A	Removal of bladder & nodes	35.23	16.88	NA	2.18	090
51590		A	Remove bladder/revise tract	32.66	15.61	NA	2.01	090
51595		A	Remove bladder/revise tract	37.14	17.08	NA	2.23	090
51596		A	Remove bladder/create pouch	39.52	18.38	NA	2.39	090
51597		A	Removal of pelvic structures	38.35	17.94	NA	2.49	090
51600		A	Injection for bladder x-ray	0.88	0.30	5.44	0.04	000

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Facility PE RVUs	Non-Facility PE RVUs	Mal-Practice RVUs	Global
51605		A	Preparation for bladder xray	0.64	0.22	16.06	0.04	000
51610		A	Injection for bladder x-ray	1.05	0.35	15.78	0.05	000
51700		A	Irrigation of bladder	0.88	0.29	1.29	0.05	000
51705		A	Change of bladder tube	1.02	0.64	2.10	0.06	010
51710		A	Change of bladder tube	1.49	1.44	4.97	0.09	010
51715		A	Endoscopic injection/implant	3.74	1.25	4.34	0.24	000
51720		A	Treatment of bladder lesion	1.96	0.72	1.64	0.12	000
51725		A	Simple cystometrogram	1.51	NA	5.76	0.13	000
51725	26	A	Simple cystometrogram	1.51	0.51	0.51	0.10	000
51725	TC	A	Simple cystometrogram	0.00	NA	5.25	0.03	000
51726		A	Complex cystometrogram	1.71	NA	4.54	0.15	000
51726	26	A	Complex cystometrogram	1.71	0.57	0.57	0.11	000
51726	TC	A	Complex cystometrogram	0.00	NA	3.96	0.04	000
51736		A	Urine flow measurement	0.61	NA	1.09	0.05	000
51736	26	A	Urine flow measurement	0.61	0.20	0.20	0.04	000
51736	TC	A	Urine flow measurement	0.00	NA	0.88	0.01	000
51741		A	Electro-uroflowmetry, first	1.14	NA	1.88	0.09	000
51741	26	A	Electro-uroflowmetry, first	1.14	0.38	0.38	0.07	000
51741	TC	A	Electro-uroflowmetry, first	0.00	NA	1.50	0.02	000
51772		A	Urethra pressure profile	1.61	NA	4.69	0.16	000
51772	26	A	Urethra pressure profile	1.61	0.57	0.57	0.12	000
51772	TC	A	Urethra pressure profile	0.00	NA	4.12	0.04	000
51784		A	Anal/urinary muscle study	1.53	NA	3.47	0.13	000
51784	26	A	Anal/urinary muscle study	1.53	0.52	0.52	0.10	000
51784	TC	A	Anal/urinary muscle study	0.00	NA	2.95	0.03	000
51785		A	Anal/urinary muscle study	1.53	NA	3.38	0.12	000
51785	26	A	Anal/urinary muscle study	1.53	0.52	0.52	0.09	000
51785	TC	A	Anal/urinary muscle study	0.00	NA	2.86	0.03	000
51792		A	Urinary reflex study	1.10	NA	3.32	0.20	000
51792	26	A	Urinary reflex study	1.10	0.43	0.43	0.09	000
51792	TC	A	Urinary reflex study	0.00	NA	2.89	0.11	000
51795		A	Urine voiding pressure study	1.53	NA	4.67	0.18	000
51795	26	A	Urine voiding pressure study	1.53	0.52	0.52	0.10	000
51795	TC	A	Urine voiding pressure study	0.00	NA	4.15	0.08	000
51797		A	Intraabdominal pressure test	1.60	NA	4.74	0.14	000
51797	26	A	Intraabdominal pressure test	1.60	0.54	0.54	0.10	000
51797	TC	A	Intraabdominal pressure test	0.00	NA	4.20	0.04	000
51800		A	Revision of bladder/urethra	17.42	9.33	NA	1.17	090
51820		A	Revision of urinary tract	17.89	10.80	NA	1.45	090
51840		A	Attach bladder/urethra	10.71	6.69	NA	0.87	090
51841		A	Attach bladder/urethra	13.03	8.36	NA	1.04	090
51845		A	Repair bladder neck	9.73	6.71	NA	0.62	090
51860		A	Repair of bladder wound	12.02	7.73	NA	0.89	090
51865		A	Repair of bladder wound	15.04	8.69	NA	1.01	090
51880		A	Repair of bladder opening	7.66	5.68	NA	0.54	090
51900		A	Repair bladder/vagina lesion	12.97	8.12	NA	0.87	090
51920		A	Close bladder-uterus fistula	11.81	7.28	NA	0.86	090
51925		A	Hysterectomy/bladder repair	15.58	9.47	NA	1.48	090
51940		A	Correction of bladder defect	28.43	16.03	NA	1.97	090
51960		A	Revision of bladder & bowel	23.01	12.95	NA	1.41	090
51980		A	Construct bladder opening	11.36	7.17	NA	0.74	090
51990		A	Laparo urethral suspension	12.50	6.51	NA	1.02	090
51992		A	Laparo sling operation	14.01	6.58	NA	0.93	090
52000		A	Cystoscopy	2.01	0.67	3.35	0.12	000
52001		A	Cystoscopy, removal of clots	2.37	0.95	NA	0.32	000
52005		A	Cystoscopy & ureter catheter	2.37	0.88	13.07	0.15	000
52007		A	Cystoscopy and biopsy	3.02	1.00	NA	0.18	000
52010		A	Cystoscopy & duct catheter	3.02	1.00	5.55	0.18	000
52204		A	Cystoscopy	2.37	0.78	6.00	0.15	000
52214		A	Cystoscopy and treatment	3.71	1.22	6.34	0.22	000
52224		A	Cystoscopy and treatment	3.14	1.04	6.22	0.18	000
52234		A	Cystoscopy and treatment	4.63	1.63	NA	0.27	000
52235		A	Cystoscopy and treatment	5.45	1.91	NA	0.32	000
52240		A	Cystoscopy and treatment	9.72	3.34	NA	0.58	000
52250		A	Cystoscopy and radiotracer	4.50	1.48	NA	0.27	000
52260		A	Cystoscopy and treatment	3.92	1.29	NA	0.23	000

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Facility PE RVUs	Non-Facility PE RVUs	Mal-Practice RVUs	Global
52265		A	Cystoscopy and treatment	2.94	0.97	3.67	0.18	000
52270		A	Cystoscopy & revise urethra	3.37	1.11	6.70	0.20	000
52275		A	Cystoscopy & revise urethra	4.70	1.55	7.22	0.28	000
52276		A	Cystoscopy and treatment	5.00	1.65	7.33	0.30	000
52277		A	Cystoscopy and treatment	6.17	2.05	NA	0.38	000
52281		A	Cystoscopy and treatment	2.80	1.04	14.17	0.17	000
52282		A	Cystoscopy, implant stent	6.40	2.11	15.05	0.38	000
52283		A	Cystoscopy and treatment	3.74	1.24	6.62	0.22	000
52285		A	Cystoscopy and treatment	3.61	1.19	6.87	0.22	000
52290		A	Cystoscopy and treatment	4.59	1.51	NA	0.27	000
52300		A	Cystoscopy and treatment	5.31	1.75	NA	0.32	000
52301		A	Cystoscopy and treatment	5.51	1.76	NA	0.39	000
52305		A	Cystoscopy and treatment	5.31	1.75	NA	0.31	000
52310		A	Cystoscopy and treatment	2.81	0.99	3.74	0.17	000
52315		A	Cystoscopy and treatment	5.21	1.72	16.02	0.31	000
52317		A	Remove bladder stone	6.72	2.21	24.56	0.40	000
52318		A	Remove bladder stone	9.19	3.03	NA	0.54	000
52320		A	Cystoscopy and treatment	4.70	1.54	NA	0.28	000
52325		A	Cystoscopy, stone removal	6.16	2.02	NA	0.37	000
52327		A	Cystoscopy, inject material	5.19	1.73	NA	0.32	000
52330		A	Cystoscopy and treatment	5.04	1.66	20.27	0.30	000
52332		A	Cystoscopy and treatment	2.83	1.04	18.45	0.17	000
52334		A	Create passage to kidney	4.83	1.59	NA	0.28	000
52341		A	Cysto w/ureter stricture tx	6.00	2.32	NA	0.37	000
52342		A	Cysto w/up stricture tx	6.50	2.51	NA	0.40	000
52343		A	Cysto w/renal stricture tx	7.20	2.78	NA	0.44	000
52344		A	Cysto/uretero, stone remove	7.70	2.98	NA	0.47	000
52345		A	Cysto/uretero w/up stricture	8.20	3.17	NA	0.50	000
52346		A	Cystouretero w/renal strict	9.23	3.57	NA	0.57	000
52347		A	Cystoscopy, resect ducts	5.28	2.08	NA	0.33	000
52351		A	Cystouretro & or pyeloscope	5.86	1.93	NA	0.36	000
52352		A	Cystouretro w/stone remove	6.88	2.26	NA	0.42	000
52353		A	Cystouretero w/lithotripsy	7.97	2.61	NA	0.49	000
52354		A	Cystouretero w/biopsy	7.34	2.42	NA	0.45	000
52355		A	Cystouretero w/excise tumor	8.82	2.90	NA	0.55	000
52400		A	Cystouretero w/congen repr	9.68	5.60	NA	0.60	090
52450		A	Incision of prostate	7.64	5.01	NA	0.46	090
52500		A	Revision of bladder neck	8.47	5.26	NA	0.50	090
52510		A	Dilation prostatic urethra	6.72	4.30	NA	0.40	090
52601		A	Prostatectomy (TURP)	12.37	6.55	NA	0.74	090
52606		A	Control postop bleeding	8.13	4.69	NA	0.49	090
52612		A	Prostatectomy, first stage	7.98	5.14	NA	0.48	090
52614		A	Prostatectomy, second stage	6.84	4.73	NA	0.41	090
52620		A	Remove residual prostate	6.61	4.66	NA	0.39	090
52630		A	Remove prostate regrowth	7.26	4.88	NA	0.43	090
52640		A	Relieve bladder contracture	6.62	4.19	NA	0.39	090
52647		A	Laser surgery of prostate	10.36	4.72	57.64	0.61	090
52648		A	Laser surgery of prostate	11.21	6.16	NA	0.66	090
52700		A	Drainage of prostate abscess	6.80	4.78	NA	0.41	090
53000		A	Incision of urethra	2.28	2.57	7.30	0.13	010
53010		A	Incision of urethra	3.64	4.11	NA	0.20	090
53020		A	Incision of urethra	1.77	0.65	4.24	0.11	000
53025		A	Incision of urethra	1.13	0.44	4.67	0.07	000
53040		A	Drainage of urethra abscess	6.40	8.16	13.49	0.41	090
53060		A	Drainage of urethra abscess	2.63	2.81	6.41	0.23	010
53080		A	Drainage of urinary leakage	6.29	8.42	NA	0.42	090
53085		A	Drainage of urinary leakage	10.27	9.71	NA	0.67	090
53200		A	Biopsy of urethra	2.59	0.94	5.53	0.17	000
53210		A	Removal of urethra	12.57	7.96	NA	0.81	090
53215		A	Removal of urethra	15.58	8.59	NA	0.93	090
53220		A	Treatment of urethra lesion	7.00	5.50	NA	0.44	090
53230		A	Removal of urethra lesion	9.58	6.27	NA	0.60	090
53235		A	Removal of urethra lesion	10.14	6.41	NA	0.60	090
53240		A	Surgery for urethra pouch	6.45	5.22	NA	0.42	090
53250		A	Removal of urethra gland	5.89	4.52	NA	0.35	090
53260		A	Treatment of urethra lesion	2.98	2.38	6.16	0.23	010

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Facility PE RVUs	Non-Facility PE RVUs	Mal-Practice RVUs	Global
53265		A	Treatment of urethra lesion	3.12	2.35	6.51	0.20	010
53270		A	Removal of urethra gland	3.09	2.57	6.50	0.21	010
53275		A	Repair of urethra defect	4.53	3.32	NA	0.28	010
53400		A	Revise urethra, stage 1	12.77	7.88	NA	0.85	090
53405		A	Revise urethra, stage 2	14.48	8.18	NA	0.91	090
53410		A	Reconstruction of urethra	16.44	8.95	NA	0.99	090
53415		A	Reconstruction of urethra	19.41	9.29	NA	1.16	090
53420		A	Reconstruct urethra, stage 1	14.08	8.69	NA	0.90	090
53425		A	Reconstruct urethra, stage 2	15.98	9.02	NA	0.97	090
53430		A	Reconstruction of urethra	16.34	9.09	NA	1.01	090
53431		A	Reconstruct urethra/bladder	19.89	6.77	6.77	1.25	090
53440		A	Correct bladder function	12.34	7.99	NA	0.73	090
53442		A	Remove perineal prosthesis	8.27	5.96	NA	0.55	090
53443		D	Reconstruction of urethra	19.89	11.28	NA	1.25	090
53444		A	Insert tandem cuff	13.40	6.47	NA	0.79	090
53445		A	Insert uro/ves nck sphincter	14.06	8.52	NA	0.84	090
53446		A	Remove uro sphincter	10.23	8.33	NA	0.61	090
53447		A	Remove/replace ur sphincter	13.49	7.71	NA	0.79	090
53448		A	Remov/replc ur sphinctr comp	21.15	12.09	NA	1.27	090
53449		A	Repair uro sphincter	9.70	6.55	NA	0.57	090
53450		A	Revision of urethra	6.14	4.99	NA	0.37	090
53460		A	Revision of urethra	7.12	5.35	NA	0.43	090
53502		A	Repair of urethra injury	7.63	5.72	NA	0.50	090
53505		A	Repair of urethra injury	7.63	5.48	NA	0.46	090
53510		A	Repair of urethra injury	10.11	6.72	NA	0.60	090
53515		A	Repair of urethra injury	13.31	7.44	NA	0.83	090
53520		A	Repair of urethra defect	8.68	5.95	NA	0.53	090
53600		A	Dilate urethra stricture	1.21	0.44	1.15	0.07	000
53601		A	Dilate urethra stricture	0.98	0.39	1.28	0.06	000
53605		A	Dilate urethra stricture	1.28	0.42	NA	0.08	000
53620		A	Dilate urethra stricture	1.62	0.61	1.86	0.10	000
53621		A	Dilate urethra stricture	1.35	0.51	1.94	0.08	000
53660		A	Dilation of urethra	0.71	0.32	1.19	0.04	000
53661		A	Dilation of urethra	0.72	0.30	1.18	0.04	000
53665		A	Dilation of urethra	0.76	0.26	NA	0.05	000
53670		A	Insert urinary catheter	0.50	0.17	1.71	0.03	000
53675		A	Insert urinary catheter	1.47	0.56	2.57	0.09	000
53850		A	Prostatic microwave thermotx	9.45	4.35	80.16	0.56	090
53852		A	Prostatic rf thermotx	9.88	4.52	71.41	0.58	090
53853		A	Prostatic water thermother	4.14	3.02	52.92	0.38	090
53899		C	Urology surgery procedure	0.00	0.00	0.00	0.00	YYY
54000		A	Slitting of prepuce	1.54	1.47	5.71	0.10	010
54001		A	Slitting of prepuce	2.19	2.09	6.34	0.14	010
54015		A	Drain penis lesion	5.32	3.15	7.41	0.33	010
54050		A	Destruction, penis lesion(s)	1.24	0.49	2.66	0.07	010
54055		A	Destruction, penis lesion(s)	1.22	1.41	6.46	0.07	010
54056		A	Cryosurgery, penis lesion(s)	1.24	0.54	2.88	0.06	010
54057		A	Laser surg, penis lesion(s)	1.24	1.37	2.94	0.08	010
54060		A	Excision of penis lesion(s)	1.93	1.61	5.47	0.12	010
54065		A	Destruction, penis lesion(s)	2.42	2.16	5.35	0.13	010
54100		A	Biopsy of penis	1.90	0.74	3.54	0.10	000
54105		A	Biopsy of penis	3.50	2.13	6.53	0.21	010
54110		A	Treatment of penis lesion	10.13	7.97	NA	0.60	090
54111		A	Treat penis lesion, graft	13.57	9.09	NA	0.79	090
54112		A	Treat penis lesion, graft	15.86	9.98	NA	0.94	090
54115		A	Treatment of penis lesion	6.15	6.70	11.15	0.39	090
54120		A	Partial removal of penis	9.97	7.93	NA	0.60	090
54125		A	Removal of penis	13.53	9.12	NA	0.81	090
54130		A	Remove penis & nodes	20.14	11.59	NA	1.19	090
54135		A	Remove penis & nodes	26.36	13.71	NA	1.58	090
54150		A	Circumcision	1.81	1.91	6.79	0.17	010
54152		A	Circumcision	2.31	1.73	NA	0.16	010
54160		A	Circumcision	2.48	1.80	5.76	0.16	010
54161		A	Circumcision	3.27	2.04	NA	0.20	010
54162		A	Lysis penil circumcis lesion	3.00	2.86	NA	0.18	010
54163		A	Repair of circumcision	3.00	2.48	NA	0.18	010

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Facility PE RVUs	Non-Facility PE RVUs	Mal-Practice RVUs	Global
54164		A	Frenulotomy of penis	2.50	2.31	NA	0.15	010
54200		A	Treatment of penis lesion	1.06	0.37	2.79	0.06	010
54205		A	Treatment of penis lesion	7.93	7.15	NA	0.47	090
54220		A	Treatment of penis lesion	2.42	1.00	2.04	0.15	000
54230		A	Prepare penis study	1.34	0.44	NA	0.08	000
54231		A	Dynamic cavernosometry	2.04	0.81	2.22	0.14	000
54235		A	Penile injection	1.19	0.40	1.18	0.07	000
54240		A	Penis study	1.31	NA	1.81	0.13	000
54240	26	A	Penis study	1.31	0.44	0.44	0.08	000
54240	TC	A	Penis study	0.00	NA	1.37	0.05	000
54250		A	Penis study	2.22	NA	2.98	0.16	000
54250	26	A	Penis study	2.22	0.73	0.73	0.14	000
54250	TC	A	Penis study	0.00	NA	2.25	0.02	000
54300		A	Revision of penis	10.41	8.80	NA	0.64	090
54304		A	Revision of penis	12.49	9.94	NA	0.74	090
54308		A	Reconstruction of urethra	11.83	9.73	NA	0.70	090
54312		A	Reconstruction of urethra	13.57	10.21	NA	0.81	090
54316		A	Reconstruction of urethra	16.82	11.88	NA	1.00	090
54318		A	Reconstruction of urethra	11.25	9.24	NA	1.15	090
54322		A	Reconstruction of urethra	13.01	9.22	NA	0.77	090
54324		A	Reconstruction of urethra	16.31	11.70	NA	1.03	090
54326		A	Reconstruction of urethra	15.72	11.09	NA	0.93	090
54328		A	Revise penis/urethra	15.65	11.10	NA	0.92	090
54332		A	Revise penis/urethra	17.08	11.23	NA	1.01	090
54336		A	Revise penis/urethra	20.04	14.98	NA	1.90	090
54340		A	Secondary urethral surgery	8.91	8.11	NA	0.72	090
54344		A	Secondary urethral surgery	15.94	10.79	NA	1.10	090
54348		A	Secondary urethral surgery	17.15	12.23	NA	1.02	090
54352		A	Reconstruct urethra/penis	24.74	15.37	NA	1.62	090
54360		A	Penis plastic surgery	11.93	8.57	NA	0.72	090
54380		A	Repair penis	13.18	10.08	NA	1.16	090
54385		A	Repair penis	15.39	12.00	NA	0.71	090
54390		A	Repair penis and bladder	21.61	14.40	NA	1.28	090
54400		A	Insert semi-rigid prosthesis	8.99	6.37	NA	0.53	090
54401		A	Insert self-contd prosthesis	10.28	7.18	NA	0.61	090
54402		D	Remove penis prosthesis	9.21	7.43	NA	0.55	090
54405		A	Insert multi-comp penis pros	13.43	8.27	NA	0.80	090
54406		A	Remove multi-comp penis pros	12.10	6.02	NA	0.80	090
54407		D	Remove multi-comp prosthesis	13.34	9.03	NA	0.80	090
54408		A	Repair multi-comp penis pros	12.75	6.37	NA	0.80	090
54409		D	Revise penis prosthesis	12.20	8.59	NA	0.73	090
54410		A	Remove/replace penis prosth	15.50	7.27	NA	0.80	090
54411		A	Remv/replc penis pros, comp	16.00	8.77	NA	0.80	090
54415		A	Remove self-contd penis pros	8.20	5.24	NA	0.55	090
54416		A	Remv/repl penis contain pros	10.87	6.79	NA	0.55	090
54417		A	Remv/replc penis pros, compl	14.19	7.71	NA	0.55	090
54420		A	Revision of penis	11.42	8.47	NA	0.72	090
54430		A	Revision of penis	10.15	7.94	NA	0.60	090
54435		A	Revision of penis	6.12	6.09	NA	0.36	090
54440		C	Repair of penis	0.00	0.00	0.00	0.00	090
54450		A	Preputial stretching	1.12	0.47	1.06	0.07	000
54500		A	Biopsy of testis	1.31	0.44	6.32	0.08	000
54505		A	Biopsy of testis	3.46	2.66	NA	0.21	010
54510		D	Removal of testis lesion	5.45	3.90	NA	0.35	090
54512		A	Excise lesion testis	8.58	5.01	NA	0.56	090
54520		A	Removal of testis	5.23	3.64	NA	0.33	090
54522		A	Orchiectomy, partial	9.50	6.00	NA	0.62	090
54530		A	Removal of testis	8.58	5.30	NA	0.53	090
54535		A	Extensive testis surgery	12.16	7.26	NA	0.83	090
54550		A	Exploration for testis	7.78	4.77	NA	0.49	090
54560		A	Exploration for testis	11.13	6.79	NA	0.79	090
54600		A	Reduce testis torsion	7.01	4.26	NA	0.45	090
54620		A	Suspension of testis	4.90	3.17	NA	0.31	010
54640		A	Suspension of testis	6.90	4.26	NA	0.49	090
54650		A	Orchiopexy (Fowler-Stephens)	11.45	7.08	NA	0.81	090
54660		A	Revision of testis	5.11	3.51	NA	0.35	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Facility PE RVUs	Non-Facility PE RVUs	Mal-Practice RVUs	Global
54670		A	Repair testis injury	6.41	4.19	NA	0.41	090
54680		A	Relocation of testis(es)	12.65	7.40	NA	0.94	090
54690		A	Laparoscopy, orchiectomy	10.96	6.76	NA	0.99	090
54692		A	Laparoscopy, orchiopexy	12.88	5.66	NA	0.87	090
54699		C	Laparoscope proc, testis	0.00	0.00	0.00	0.00	YYY
54700		A	Drainage of scrotum	3.43	3.42	8.49	0.23	010
54800		A	Biopsy of epididymis	2.33	0.79	6.02	0.14	000
54820		A	Exploration of epididymis	5.14	3.61	NA	0.33	090
54830		A	Remove epididymis lesion	5.38	3.73	NA	0.34	090
54840		A	Remove epididymis lesion	5.20	3.67	NA	0.31	090
54860		A	Removal of epididymis	6.32	4.27	NA	0.38	090
54861		A	Removal of epididymis	8.90	5.12	NA	0.52	090
54900		A	Fusion of spermatic ducts	13.20	6.63	NA	1.34	090
54901		A	Fusion of spermatic ducts	17.94	8.70	NA	1.83	090
55000		A	Drainage of hydrocele	1.43	0.48	2.18	0.10	000
55040		A	Removal of hydrocele	5.36	3.45	NA	0.35	090
55041		A	Removal of hydroceles	7.74	4.50	NA	0.50	090
55060		A	Repair of hydrocele	5.52	3.51	NA	0.37	090
55100		A	Drainage of scrotum abscess	2.13	3.68	9.84	0.15	010
55110		A	Explore scrotum	5.70	3.61	NA	0.36	090
55120		A	Removal of scrotum lesion	5.09	3.41	NA	0.33	090
55150		A	Removal of scrotum	7.22	4.62	NA	0.47	090
55175		A	Revision of scrotum	5.24	3.73	NA	0.33	090
55180		A	Revision of scrotum	10.72	6.41	NA	0.72	090
55200		A	Incision of sperm duct	4.24	3.15	NA	0.25	090
55250		A	Removal of sperm duct(s)	3.29	3.13	9.45	0.21	090
55300		A	Prepare, sperm duct x-ray	3.51	1.54	NA	0.20	000
55400		A	Repair of sperm duct	8.49	5.30	NA	0.50	090
55450		A	Ligation of sperm duct	4.12	2.50	7.33	0.24	010
55500		A	Removal of hydrocele	5.59	3.67	NA	0.43	090
55520		A	Removal of sperm cord lesion	6.03	3.70	NA	0.56	090
55530		A	Revise spermatic cord veins	5.66	3.81	NA	0.36	090
55535		A	Revise spermatic cord veins	6.56	4.16	NA	0.42	090
55540		A	Revise hernia & sperm veins	7.67	4.26	NA	0.74	090
55550		A	Laparo ligate spermatic vein	6.57	3.42	NA	0.47	090
55559		C	Laparo proc, spermatic cord	0.00	0.00	0.00	0.00	YYY
55600		A	Incise sperm duct pouch	6.38	4.30	NA	0.38	090
55605		A	Incise sperm duct pouch	7.96	5.20	NA	0.54	090
55650		A	Remove sperm duct pouch	11.80	6.27	NA	0.72	090
55680		A	Remove sperm pouch lesion	5.19	3.89	NA	0.31	090
55700		A	Biopsy of prostate	1.57	0.72	4.56	0.10	000
55705		A	Biopsy of prostate	4.57	3.84	NA	0.26	010
55720		A	Drainage of prostate abscess	7.64	5.95	NA	0.44	090
55725		A	Drainage of prostate abscess	8.68	6.39	NA	0.51	090
55801		A	Removal of prostate	17.80	9.51	NA	1.08	090
55810		A	Extensive prostate surgery	22.58	11.51	NA	1.35	090
55812		A	Extensive prostate surgery	27.51	13.67	NA	1.69	090
55815		A	Extensive prostate surgery	30.46	14.64	NA	1.84	090
55821		A	Removal of prostate	14.25	7.99	NA	0.85	090
55831		A	Removal of prostate	15.62	8.46	NA	0.94	090
55840		A	Extensive prostate surgery	22.69	12.05	NA	1.37	090
55842		A	Extensive prostate surgery	24.38	12.69	NA	1.48	090
55845		A	Extensive prostate surgery	28.55	13.91	NA	1.71	090
55859		A	Percut/needle insert, pros	12.52	7.54	NA	0.74	090
55860		A	Surgical exposure, prostate	14.45	8.27	NA	0.82	090
55862		A	Extensive prostate surgery	18.39	9.58	NA	1.14	090
55865		A	Extensive prostate surgery	22.87	11.14	NA	1.37	090
55870		A	Electroejaculation	2.58	1.02	1.97	0.14	000
55873		A	Cryoablate prostate	19.47	10.37	NA	1.02	090
55899		C	Genital surgery procedure	0.00	0.00	0.00	0.00	YYY
55970		N	Sex transformation, M to F	0.00	0.00	0.00	0.00	XXX
55980		N	Sex transformation, F to M	0.00	0.00	0.00	0.00	XXX
56405		A	I & D of vulva/perineum	1.44	1.30	2.48	0.14	010
56420		A	Drainage of gland abscess	1.39	1.29	2.46	0.13	010
56440		A	Surgery for vulva lesion	2.84	2.36	3.75	0.28	010
56441		A	Lysis of labial lesion(s)	1.97	2.09	2.68	0.17	010

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Facility PE RVUs	Non-Facility PE RVUs	Mal-Practice RVUs	Global
56501		A	Destroy, vulva lesions, simp	1.53	1.40	2.42	0.15	010
56515		A	Destroy vulva lesion/s compl	2.76	2.38	3.20	0.18	010
56605		A	Biopsy of vulva/perineum	1.10	0.49	1.89	0.11	000
56606		A	Biopsy of vulva/perineum	0.55	0.22	1.67	0.06	ZZZ
56620		A	Partial removal of vulva	7.47	5.00	NA	0.76	090
56625		A	Complete removal of vulva	8.40	5.95	NA	0.84	090
56630		A	Extensive vulva surgery	12.36	7.75	NA	1.23	090
56631		A	Extensive vulva surgery	16.20	10.49	NA	1.63	090
56632		A	Extensive vulva surgery	20.29	10.33	NA	2.03	090
56633		A	Extensive vulva surgery	16.47	9.42	NA	1.66	090
56634		A	Extensive vulva surgery	17.88	11.17	NA	1.78	090
56637		A	Extensive vulva surgery	21.97	12.85	NA	2.18	090
56640		A	Extensive vulva surgery	22.17	12.38	NA	2.26	090
56700		A	Partial removal of hymen	2.52	2.13	3.10	0.24	010
56720		A	Incision of hymen	0.68	0.57	1.81	0.07	000
56740		A	Remove vagina gland lesion	4.57	2.96	3.92	0.37	010
56800		A	Repair of vagina	3.89	2.80	NA	0.37	010
56805		A	Repair clitoris	18.86	9.36	NA	1.82	090
56810		A	Repair of perineum	4.13	2.86	NA	0.41	010
57000		A	Exploration of vagina	2.97	2.42	NA	0.28	010
57010		A	Drainage of pelvic abscess	6.03	3.92	NA	0.57	090
57020		A	Drainage of pelvic fluid	1.50	0.63	1.63	0.15	000
57022		A	I & d vaginal hematoma, pp	2.56	2.13	NA	0.24	010
57023		A	I & d vag hematoma, non-ob	4.75	2.98	NA	0.24	010
57061		A	Destroy vag lesions, simple	1.25	1.30	2.36	0.13	010
57065		A	Destroy vag lesions, complex	2.61	2.36	3.06	0.26	010
57100		A	Biopsy of vagina	1.20	0.51	1.61	0.10	000
57105		A	Biopsy of vagina	1.69	2.30	2.33	0.17	010
57106		A	Remove vagina wall, partial	6.36	2.52	2.52	0.58	090
57107		A	Remove vagina tissue, part	23.00	10.53	NA	2.17	090
57109		A	Vaginectomy partial w/nodes	27.00	12.03	NA	1.97	090
57110		A	Remove vagina wall, complete	14.29	7.39	NA	1.43	090
57111		A	Remove vagina tissue, compl	27.00	12.47	NA	2.71	090
57112		A	Vaginectomy w/nodes, compl	29.00	12.71	NA	2.19	090
57120		A	Closure of vagina	7.41	4.77	NA	0.75	090
57130		A	Remove vagina lesion	2.43	2.18	NA	0.23	010
57135		A	Remove vagina lesion	2.67	2.29	3.05	0.26	010
57150		A	Treat vagina infection	0.55	0.22	1.05	0.06	000
57155		A	Insert uteri tandems/ovoids	6.27	3.67	NA	0.63	090
57160		A	Insert pessary/other device	0.89	0.40	1.13	0.09	000
57170		A	Fitting of diaphragm/cap	0.91	0.34	1.46	0.09	000
57180		A	Treat vaginal bleeding	1.58	1.51	2.37	0.16	010
57200		A	Repair of vagina	3.94	3.08	NA	0.38	090
57210		A	Repair vagina/perineum	5.17	3.60	NA	0.50	090
57220		A	Revision of urethra	4.31	3.48	NA	0.42	090
57230		A	Repair of urethral lesion	5.64	4.33	NA	0.50	090
57240		A	Repair bladder & vagina	6.07	4.55	NA	0.53	090
57250		A	Repair rectum & vagina	5.53	3.95	NA	0.54	090
57260		A	Repair of vagina	8.27	5.07	NA	0.83	090
57265		A	Extensive repair of vagina	11.34	7.09	NA	1.14	090
57268		A	Repair of bowel bulge	6.76	4.43	NA	0.66	090
57270		A	Repair of bowel pouch	12.11	6.41	NA	1.17	090
57280		A	Suspension of vagina	15.04	7.56	NA	1.44	090
57282		A	Repair of vaginal prolapse	8.86	5.32	NA	0.86	090
57284		A	Repair paravaginal defect	12.70	7.28	NA	1.17	090
57287		A	Revise/remove sling repair	10.71	7.29	NA	0.74	090
57288		A	Repair bladder defect	13.02	7.03	NA	0.86	090
57289		A	Repair bladder & vagina	11.58	6.87	NA	0.95	090
57291		A	Construction of vagina	7.95	5.82	NA	0.78	090
57292		A	Construct vagina with graft	13.09	7.23	NA	1.29	090
57300		A	Repair rectum-vagina fistula	7.61	4.73	NA	0.70	090
57305		A	Repair rectum-vagina fistula	13.77	6.83	NA	1.33	090
57307		A	Fistula repair & colostomy	15.93	7.56	NA	1.59	090
57308		A	Fistula repair, transperine	9.94	5.94	NA	0.91	090
57310		A	Repair urethrovaginal lesion	6.78	4.82	NA	0.45	090
57311		A	Repair urethrovaginal lesion	7.98	5.44	NA	0.51	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Facility PE RVUs	Non-Facility PE RVUs	Mal-Practice RVUs	Global
57320		A	Repair bladder-vagina lesion	8.01	5.44	NA	0.60	090
57330		A	Repair bladder-vagina lesion	12.35	6.89	NA	0.86	090
57335		A	Repair vagina	18.73	9.30	NA	1.66	090
57400		A	Dilation of vagina	2.27	1.15	NA	0.22	000
57410		A	Pelvic examination	1.75	1.09	2.67	0.14	000
57415		A	Remove vaginal foreign body	2.17	2.13	3.64	0.19	010
57452		A	Examination of vagina	0.99	0.45	1.68	0.10	000
57454		A	Vagina examination & biopsy	1.27	0.60	1.87	0.13	000
57460		A	Cervix excision	2.83	1.16	2.14	0.28	000
57500		A	Biopsy of cervix	0.97	0.48	2.27	0.10	000
57505		A	Endocervical curettage	1.14	1.33	2.04	0.12	010
57510		A	Cauterization of cervix	1.90	1.61	3.26	0.18	010
57511		A	Cryocautery of cervix	1.90	0.75	2.52	0.18	010
57513		A	Laser surgery of cervix	1.90	1.62	2.73	0.19	010
57520		A	Conization of cervix	4.04	2.90	4.43	0.41	090
57522		A	Conization of cervix	3.36	2.63	3.98	0.34	090
57530		A	Removal of cervix	4.79	3.69	NA	0.48	090
57531		A	Removal of cervix, radical	28.00	13.79	NA	2.46	090
57540		A	Removal of residual cervix	12.22	6.28	NA	1.21	090
57545		A	Remove cervix/repair pelvis	13.03	6.76	NA	1.30	090
57550		A	Removal of residual cervix	5.53	3.95	NA	0.55	090
57555		A	Remove cervix/repair vagina	8.95	5.76	NA	0.89	090
57556		A	Remove cervix, repair bowel	8.37	5.03	NA	0.80	090
57700		A	Revision of cervix	3.55	2.64	NA	0.33	090
57720		A	Revision of cervix	4.13	3.39	NA	0.41	090
57800		A	Dilation of cervical canal	0.77	0.35	1.22	0.08	000
57820		A	D & c of residual cervix	1.67	2.34	2.70	0.17	010
58100		A	Biopsy of uterus lining	1.53	0.74	1.55	0.07	000
58120		A	Dilation and curettage	3.27	2.50	3.99	0.33	010
58140		A	Removal of uterus lesion	14.60	7.13	NA	1.46	090
58145		A	Removal of uterus lesion	8.04	5.02	NA	0.80	090
58150		A	Total hysterectomy	15.24	7.69	NA	1.53	090
58152		A	Total hysterectomy	20.60	9.88	NA	1.52	090
58180		A	Partial hysterectomy	15.29	7.64	NA	1.54	090
58200		A	Extensive hysterectomy	21.59	11.32	NA	2.15	090
58210		A	Extensive hysterectomy	28.85	14.24	NA	2.91	090
58240		A	Removal of pelvis contents	38.39	19.04	NA	3.76	090
58260		A	Vaginal hysterectomy	12.98	6.73	NA	1.23	090
58262		A	Vaginal hysterectomy	14.77	7.48	NA	1.42	090
58263		A	Vaginal hysterectomy	16.06	8.00	NA	1.55	090
58267		A	Hysterectomy & vagina repair	17.04	8.59	NA	1.51	090
58270		A	Hysterectomy & vagina repair	14.26	7.25	NA	1.37	090
58275		A	Hysterectomy/revise vagina	15.76	7.76	NA	1.51	090
58280		A	Hysterectomy/revise vagina	17.01	8.26	NA	1.54	090
58285		A	Extensive hysterectomy	22.26	10.93	NA	1.88	090
58300		N	Insert intrauterine device	1.01	0.39	1.41	0.10	XXX
58301		A	Remove intrauterine device	1.27	0.50	1.61	0.13	000
58321		A	Artificial insemination	0.92	0.36	0.99	0.10	000
58322		A	Artificial insemination	1.10	0.43	1.05	0.11	000
58323		A	Sperm washing	0.23	0.10	0.55	0.02	000
58340		A	Catheter for hysterography	0.88	0.33	12.82	0.08	000
58345		A	Reopen fallopian tube	4.66	1.74	NA	0.36	010
58346		A	Insert heyman uteri capsule	6.75	3.85	NA	0.68	090
58350		A	Reopen fallopian tube	1.01	1.17	2.11	0.10	010
58353		A	Endometr ablate, thermal	3.56	2.25	NA	0.37	010
58400		A	Suspension of uterus	6.36	4.11	NA	0.62	090
58410		A	Suspension of uterus	12.73	6.68	NA	1.09	090
58520		A	Repair of ruptured uterus	11.92	6.01	NA	1.17	090
58540		A	Revision of uterus	14.64	7.06	NA	1.28	090
58550		A	Laparo-asst vag hysterectomy	14.19	6.91	NA	1.44	010
58551		A	Laparoscopy, remove myoma	14.21	6.81	NA	1.45	010
58555		A	Hysteroscopy, dx, sep proc	3.33	1.47	2.93	0.34	000
58558		A	Hysteroscopy, biopsy	4.75	2.07	3.52	0.49	000
58559		A	Hysteroscopy, lysis	6.17	2.52	2.52	0.62	000
58560		A	Hysteroscopy, resect septum	7.00	2.92	2.92	0.71	000
58561		A	Hysteroscopy, remove myoma	10.00	4.02	4.02	1.02	000

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Facility PE RVUs	Non-Facility PE RVUs	Mal-Practice RVUs	Global
58562		A	Hysteroscopy, remove fb	5.21	2.23	NA	0.52	000
58563		A	Hysteroscopy, ablation	6.17	2.54	2.54	0.62	000
58578		C	Laparo proc, uterus	0.00	0.00	0.00	0.00	YYY
58579		C	Hysteroscope procedure	0.00	0.00	0.00	0.00	YYY
58600		A	Division of fallopian tube	5.60	3.43	NA	0.39	090
58605		A	Division of fallopian tube	5.00	3.24	NA	0.33	090
58611		A	Ligate oviduct(s) add-on	1.45	0.59	NA	0.07	ZZZ
58615		A	Occlude fallopian tube(s)	3.90	3.17	NA	0.40	010
58660		A	Laparoscopy, lysis	11.29	5.37	NA	1.14	090
58661		A	Laparoscopy, remove adnexa	11.05	5.32	NA	1.12	010
58662		A	Laparoscopy, excise lesions	11.79	5.44	NA	1.18	090
58670		A	Laparoscopy, tubal cautery	5.60	3.66	NA	0.55	090
58671		A	Laparoscopy, tubal block	5.60	3.69	NA	0.56	090
58672		A	Laparoscopy, fimbrioplasty	12.88	6.36	NA	1.22	090
58673		A	Laparoscopy, salpingostomy	13.74	6.94	NA	1.40	090
58679		C	Laparo proc, oviduct-ovary	0.00	0.00	0.00	0.00	YYY
58700		A	Removal of fallopian tube	12.05	5.90	NA	0.64	090
58720		A	Removal of ovary/tube(s)	11.36	5.87	NA	1.14	090
58740		A	Revise fallopian tube(s)	14.00	7.14	NA	0.59	090
58750		A	Repair oviduct	14.84	7.50	NA	1.52	090
58752		A	Revise ovarian tube(s)	14.84	7.15	NA	1.51	090
58760		A	Remove tubal obstruction	13.13	6.88	NA	1.34	090
58770		A	Create new tubal opening	13.97	7.11	NA	1.42	090
58800		A	Drainage of ovarian cyst(s)	4.14	4.49	4.49	0.36	090
58805		A	Drainage of ovarian cyst(s)	5.88	3.54	NA	0.56	090
58820		A	Drain ovary abscess, open	4.22	3.43	NA	0.29	090
58822		A	Drain ovary abscess, percut	10.13	5.10	NA	0.92	090
58823		A	Drain pelvic abscess, percut	3.38	2.35	NA	0.18	000
58825		A	Transposition, ovary(s)	10.98	5.87	NA	0.62	090
58900		A	Biopsy of ovary(s)	5.99	3.63	NA	0.56	090
58920		A	Partial removal of ovary(s)	11.36	5.67	NA	0.68	090
58925		A	Removal of ovarian cyst(s)	11.36	5.63	NA	1.14	090
58940		A	Removal of ovary(s)	7.29	4.03	NA	0.73	090
58943		A	Removal of ovary(s)	18.43	9.59	NA	1.86	090
58950		A	Resect ovarian malignancy	16.93	9.15	NA	1.55	090
58951		A	Resect ovarian malignancy	22.38	11.49	NA	2.20	090
58952		A	Resect ovarian malignancy	25.01	12.59	NA	2.50	090
58953		A	Tah, rad dissect for debulk	32.00	15.15	NA	3.20	090
58954		A	Tah rad debulk/lymph remove	35.00	16.23	NA	3.50	090
58960		A	Exploration of abdomen	14.65	8.27	NA	1.47	090
58970		A	Retrieval of oocyte	3.53	1.66	8.70	0.36	000
58974		C	Transfer of embryo	0.00	0.00	0.00	0.00	000
58976		A	Transfer of embryo	3.83	1.48	2.25	0.39	000
58999		C	Genital surgery procedure	0.00	0.00	0.00	0.00	YYY
59000		A	Amniocentesis, diagnostic	1.30	0.70	2.05	0.23	000
59001		A	Amniocentesis, therapeutic	3.00	1.33	NA	0.23	000
59012		A	Fetal cord puncture,prenatal	3.45	1.59	NA	0.62	000
59015		A	Chorion biopsy	2.20	1.09	1.61	0.40	000
59020		A	Fetal contract stress test	0.66	NA	0.81	0.20	000
59020	26	A	Fetal contract stress test	0.66	0.27	0.27	0.12	000
59020	TC	A	Fetal contract stress test	0.00	NA	0.54	0.08	000
59025		A	Fetal non-stress test	0.53	NA	0.46	0.12	000
59025	26	A	Fetal non-stress test	0.53	0.22	0.22	0.10	000
59025	TC	A	Fetal non-stress test	0.00	NA	0.24	0.02	000
59030		A	Fetal scalp blood sample	1.99	1.07	NA	0.36	000
59050		A	Fetal monitor w/report	0.89	0.36	NA	0.16	XXX
59051		A	Fetal monitor/interpret only	0.74	0.30	NA	0.14	XXX
59100		A	Remove uterus lesion	12.35	6.42	NA	2.21	090
59120		A	Treat ectopic pregnancy	11.49	6.23	NA	2.06	090
59121		A	Treat ectopic pregnancy	11.67	6.35	NA	2.09	090
59130		A	Treat ectopic pregnancy	14.22	6.99	NA	2.54	090
59135		A	Treat ectopic pregnancy	13.88	7.10	NA	2.49	090
59136		A	Treat ectopic pregnancy	13.18	6.70	NA	2.36	090
59140		A	Treat ectopic pregnancy	5.46	3.46	NA	0.98	090
59150		A	Treat ectopic pregnancy	11.67	6.48	NA	1.23	090
59151		A	Treat ectopic pregnancy	11.49	5.94	NA	1.41	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Facility PE RVUs	Non-Facility PE RVUs	Mal-Practice RVUs	Global
59160		A	D & c after delivery	2.71	2.29	3.73	0.49	010
59200		A	Insert cervical dilator	0.79	0.31	1.41	0.15	000
59300		A	Episiotomy or vaginal repair	2.41	0.98	2.00	0.43	000
59320		A	Revision of cervix	2.48	1.30	NA	0.45	000
59325		A	Revision of cervix	4.07	1.96	NA	0.73	000
59350		A	Repair of uterus	4.95	1.99	NA	0.88	000
59400		A	Obstetrical care	23.06	15.17	NA	4.14	MMM
59409		A	Obstetrical care	13.50	5.41	NA	2.42	MMM
59410		A	Obstetrical care	14.78	6.25	NA	2.65	MMM
59412		A	Antepartum manipulation	1.71	0.70	1.34	0.31	MMM
59414		A	Deliver placenta	1.61	1.32	NA	0.29	MMM
59425		A	Antepartum care only	4.81	5.34	5.34	0.86	MMM
59426		A	Antepartum care only	8.28	9.11	9.11	1.49	MMM
59430		A	Care after delivery	2.13	1.26	1.26	0.38	MMM
59510		A	Cesarean delivery	26.22	17.35	NA	4.70	MMM
59514		A	Cesarean delivery only	15.97	6.33	NA	2.86	MMM
59515		A	Cesarean delivery	17.37	8.23	NA	3.12	MMM
59525		A	Remove uterus after cesarean	8.54	3.34	NA	1.53	ZZZ
59610		A	Vbac delivery	24.62	15.89	NA	4.41	MMM
59612		A	Vbac delivery only	15.06	6.18	NA	2.70	MMM
59614		A	Vbac care after delivery	16.34	7.52	NA	2.93	MMM
59618		A	Attempted vbac delivery	27.78	18.22	NA	4.98	MMM
59620		A	Attempted vbac delivery only	17.53	6.89	NA	3.15	MMM
59622		A	Attempted vbac after care	18.93	8.80	NA	3.39	MMM
59812		A	Treatment of miscarriage	4.01	2.63	3.71	0.58	090
59820		A	Care of miscarriage	4.01	2.79	3.75	0.72	090
59821		A	Treatment of miscarriage	4.47	2.98	3.74	0.80	090
59830		A	Treat uterus infection	6.11	4.05	NA	1.10	090
59840		R	Abortion	3.01	2.37	4.07	0.54	010
59841		R	Abortion	5.24	3.71	5.71	0.94	010
59850		R	Abortion	5.91	2.79	NA	1.06	090
59851		R	Abortion	5.93	3.18	NA	1.06	090
59852		R	Abortion	8.24	4.65	NA	1.48	090
59855		R	Abortion	6.12	3.34	NA	1.10	090
59856		R	Abortion	7.48	3.65	NA	1.34	090
59857		R	Abortion	9.29	4.35	NA	1.66	090
59866		R	Abortion (mpr)	4.00	1.55	NA	0.72	000
59870		A	Evacuate mole of uterus	6.01	3.85	NA	0.77	090
59871		A	Remove cerclage suture	2.13	0.89	2.12	0.38	000
59898		C	Laparo proc, ob care/deliver	0.00	0.00	0.00	0.00	YYY
59899		C	Maternity care procedure	0.00	0.00	0.00	0.00	YYY
60000		A	Drain thyroid/tongue cyst	1.76	2.12	2.33	0.14	010
60001		A	Aspirate/inject thyriod cyst	0.97	0.35	1.64	0.06	000
60100		A	Biopsy of thyroid	1.56	0.55	2.61	0.05	000
60200		A	Remove thyroid lesion	9.55	6.53	NA	0.84	090
60210		A	Partial thyroid excision	10.88	6.43	NA	1.01	090
60212		A	Parital thyroid excision	16.03	8.24	NA	1.51	090
60220		A	Partial removal of thyroid	11.90	6.99	NA	0.97	090
60225		A	Partial removal of thyroid	14.19	7.82	NA	1.31	090
60240		A	Removal of thyroid	16.06	9.18	NA	1.50	090
60252		A	Removal of thyroid	20.57	11.38	NA	1.63	090
60254		A	Extensive thyroid surgery	26.99	15.76	NA	1.96	090
60260		A	Repeat thyroid surgery	17.47	10.27	NA	1.39	090
60270		A	Removal of thyroid	20.27	11.40	NA	1.78	090
60271		A	Removal of thyroid	16.83	9.77	NA	1.35	090
60280		A	Remove thyroid duct lesion	5.87	5.11	NA	0.45	090
60281		A	Remove thyroid duct lesion	8.53	6.32	NA	0.67	090
60500		A	Explore parathyroid glands	16.23	7.77	NA	1.61	090
60502		A	Re-explore parathyroids	20.35	9.58	NA	2.00	090
60505		A	Explore parathyroid glands	21.49	11.33	NA	2.14	090
60512		A	Autotransplant parathyroid	4.45	1.66	NA	0.44	ZZZ
60520		A	Removal of thymus gland	16.81	9.71	NA	1.84	090
60521		A	Removal of thymus gland	18.87	11.48	NA	2.34	090
60522		A	Removal of thymus gland	23.09	12.76	NA	2.83	090
60540		A	Explore adrenal gland	17.03	7.84	NA	1.42	090
60545		A	Explore adrenal gland	19.88	9.48	NA	1.75	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Facility PE RVUs	Non-Facility PE RVUs	Mal-Practice RVUs	Global
60600		A	Remove carotid body lesion	17.93	13.29	NA	1.87	090
60605		A	Remove carotid body lesion	20.24	18.29	NA	2.28	090
60650		A	Laparoscopy adrenalectomy	20.00	8.11	NA	1.98	090
60659		C	Laparo proc, endocrine	0.00	0.00	0.00	0.00	YYY
60699		C	Endocrine surgery procedure	0.00	0.00	0.00	0.00	YYY
61000		A	Remove cranial cavity fluid	1.58	1.49	1.73	0.13	000
61001		A	Remove cranial cavity fluid	1.49	1.41	1.91	0.15	000
61020		A	Remove brain cavity fluid	1.51	1.48	2.35	0.26	000
61026		A	Injection into brain canal	1.69	1.67	2.28	0.21	000
61050		A	Remove brain canal fluid	1.51	1.52	NA	0.13	000
61055		A	Injection into brain canal	2.10	1.70	NA	0.13	000
61070		A	Brain canal shunt procedure	0.89	1.18	6.86	0.09	000
61105		A	Twist drill hole	5.14	3.60	NA	1.05	090
61107		A	Drill skull for implantation	5.00	3.06	NA	1.02	000
61108		A	Drill skull for drainage	10.19	6.94	NA	2.04	090
61120		A	Burr hole for puncture	8.76	5.77	NA	1.81	090
61140		A	Pierce skull for biopsy	15.90	9.73	NA	3.15	090
61150		A	Pierce skull for drainage	17.57	10.52	NA	3.52	090
61151		A	Pierce skull for drainage	12.42	8.07	NA	2.45	090
61154		A	Pierce skull & remove clot	14.99	9.33	NA	3.05	090
61156		A	Pierce skull for drainage	16.32	10.12	NA	3.42	090
61210		A	Pierce skull, implant device	5.84	3.46	NA	1.16	000
61215		A	Insert brain-fluid device	4.89	4.16	NA	0.99	090
61250		A	Pierce skull & explore	10.42	6.64	NA	2.02	090
61253		A	Pierce skull & explore	12.36	7.48	NA	2.26	090
61304		A	Open skull for exploration	21.96	12.40	NA	4.33	090
61305		A	Open skull for exploration	26.61	14.78	NA	5.25	090
61312		A	Open skull for drainage	24.57	14.18	NA	4.99	090
61313		A	Open skull for drainage	24.93	14.37	NA	5.07	090
61314		A	Open skull for drainage	24.23	12.82	NA	4.00	090
61315		A	Open skull for drainage	27.68	15.79	NA	5.62	090
61320		A	Open skull for drainage	25.62	14.72	NA	5.20	090
61321		A	Open skull for drainage	28.50	15.83	NA	5.35	090
61330		A	Decompress eye socket	23.32	18.10	NA	2.58	090
61332		A	Explore/biopsy eye socket	27.28	19.79	NA	4.15	090
61333		A	Explore orbit/remove lesion	27.95	16.19	NA	2.24	090
61334		A	Explore orbit/remove object	18.27	11.00	NA	3.02	090
61340		A	Relieve cranial pressure	18.66	11.41	NA	3.66	090
61343		A	Incise skull (press relief)	29.77	17.51	NA	6.04	090
61345		A	Relieve cranial pressure	27.20	16.07	NA	5.23	090
61440		A	Incise skull for surgery	26.63	15.30	NA	5.57	090
61450		A	Incise skull for surgery	25.95	14.46	NA	5.11	090
61458		A	Incise skull for brain wound	27.29	15.54	NA	5.28	090
61460		A	Incise skull for surgery	28.39	16.54	NA	5.13	090
61470		A	Incise skull for surgery	26.06	14.26	NA	4.65	090
61480		A	Incise skull for surgery	26.49	12.00	NA	5.54	090
61490		A	Incise skull for surgery	25.66	14.57	NA	5.37	090
61500		A	Removal of skull lesion	17.92	10.82	NA	3.26	090
61501		A	Remove infected skull bone	14.84	9.23	NA	2.63	090
61510		A	Removal of brain lesion	28.45	16.15	NA	5.77	090
61512		A	Remove brain lining lesion	35.09	19.64	NA	7.14	090
61514		A	Removal of brain abscess	25.26	14.48	NA	5.12	090
61516		A	Removal of brain lesion	24.61	14.55	NA	4.94	090
61518		A	Removal of brain lesion	37.32	21.68	NA	7.53	090
61519		A	Remove brain lining lesion	41.39	23.67	NA	8.15	090
61520		A	Removal of brain lesion	54.84	31.29	NA	10.10	090
61521		A	Removal of brain lesion	44.48	25.20	NA	8.85	090
61522		A	Removal of brain abscess	29.45	17.12	NA	5.30	090
61524		A	Removal of brain lesion	27.86	16.38	NA	5.01	090
61526		A	Removal of brain lesion	52.17	30.55	NA	6.72	090
61530		A	Removal of brain lesion	43.86	26.68	NA	6.17	090
61531		A	Implant brain electrodes	14.63	9.36	NA	2.84	090
61533		A	Implant brain electrodes	19.71	12.01	NA	3.80	090
61534		A	Removal of brain lesion	20.97	12.74	NA	4.15	090
61535		A	Remove brain electrodes	11.63	7.81	NA	2.29	090
61536		A	Removal of brain lesion	35.52	20.56	NA	6.68	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Facility PE RVUs	Non-Facility PE RVUs	Mal-Practice RVUs	Global
61538		A	Removal of brain tissue	26.81	15.92	NA	5.38	090
61539		A	Removal of brain tissue	32.08	18.48	NA	6.62	090
61541		A	Incision of brain tissue	28.85	16.57	NA	5.50	090
61542		A	Removal of brain tissue	31.02	18.39	NA	6.49	090
61543		A	Removal of brain tissue	29.22	16.98	NA	6.11	090
61544		A	Remove & treat brain lesion	25.50	14.30	NA	4.91	090
61545		A	Excision of brain tumor	43.80	24.37	NA	8.88	090
61546		A	Removal of pituitary gland	31.30	18.25	NA	6.06	090
61548		A	Removal of pituitary gland	21.53	13.40	NA	3.63	090
61550		A	Release of skull seams	14.65	7.19	NA	1.14	090
61552		A	Release of skull seams	19.56	9.61	NA	0.88	090
61556		A	Incise skull/sutures	22.26	11.83	NA	3.57	090
61557		A	Incise skull/sutures	22.38	13.43	NA	4.68	090
61558		A	Excision of skull/sutures	25.58	12.33	NA	2.61	090
61559		A	Excision of skull/sutures	32.79	19.31	NA	6.86	090
61563		A	Excision of skull tumor	26.83	15.82	NA	4.46	090
61564		A	Excision of skull tumor	33.83	18.61	NA	7.08	090
61570		A	Remove foreign body, brain	24.60	13.44	NA	4.60	090
61571		A	Incise skull for brain wound	26.39	14.67	NA	5.23	090
61575		A	Skull base/brainstem surgery	34.36	20.90	NA	5.02	090
61576		A	Skull base/brainstem surgery	52.43	30.54	NA	4.68	090
61580		A	Craniofacial approach, skull	30.35	19.03	NA	2.75	090
61581		A	Craniofacial approach, skull	34.60	15.21	NA	3.37	090
61582		A	Craniofacial approach, skull	31.66	18.86	NA	6.30	090
61583		A	Craniofacial approach, skull	36.21	22.08	NA	6.94	090
61584		A	Orbitocranial approach/skull	34.65	20.47	NA	6.53	090
61585		A	Orbitocranial approach/skull	38.61	22.17	NA	6.19	090
61586		A	Resect nasopharynx, skull	25.10	15.93	NA	3.52	090
61590		A	Infratemporal approach/skull	41.78	25.32	NA	4.28	090
61591		A	Infratemporal approach/skull	43.68	26.00	NA	5.26	090
61592		A	Orbitocranial approach/skull	39.64	23.16	NA	7.55	090
61595		A	Transtemporal approach/skull	29.57	19.15	NA	3.05	090
61596		A	Transcochlear approach/skull	35.63	21.87	NA	4.25	090
61597		A	Transcondylar approach/skull	37.96	20.80	NA	6.65	090
61598		A	Transpetrosal approach/skull	33.41	20.38	NA	4.60	090
61600		A	Resect/excise cranial lesion	25.85	15.77	NA	3.12	090
61601		A	Resect/excise cranial lesion	27.89	16.92	NA	5.29	090
61605		A	Resect/excise cranial lesion	29.33	18.37	NA	2.51	090
61606		A	Resect/excise cranial lesion	38.83	22.93	NA	6.81	090
61607		A	Resect/excise cranial lesion	36.27	21.66	NA	5.69	090
61608		A	Resect/excise cranial lesion	42.10	24.23	NA	8.31	090
61609		A	Transect artery, sinus	9.89	4.91	NA	2.07	ZZZ
61610		A	Transect artery, sinus	29.67	13.53	NA	3.52	ZZZ
61611		A	Transect artery, sinus	7.42	2.87	NA	1.55	ZZZ
61612		A	Transect artery, sinus	27.88	13.72	NA	3.55	ZZZ
61613		A	Remove aneurysm, sinus	40.86	23.57	NA	8.32	090
61615		A	Resect/excise lesion, skull	32.07	20.27	NA	4.64	090
61616		A	Resect/excise lesion, skull	43.33	26.44	NA	7.02	090
61618		A	Repair dura	16.99	11.17	NA	2.92	090
61619		A	Repair dura	20.71	13.11	NA	3.42	090
61624		A	Occlusion/embolization cath	20.15	7.18	NA	1.15	000
61626		A	Occlusion/embolization cath	16.62	5.74	NA	0.84	000
61680		A	Intracranial vessel surgery	30.71	17.96	NA	6.04	090
61682		A	Intracranial vessel surgery	61.57	33.42	NA	12.69	090
61684		A	Intracranial vessel surgery	39.81	22.49	NA	7.87	090
61686		A	Intracranial vessel surgery	64.49	35.40	NA	13.20	090
61690		A	Intracranial vessel surgery	29.31	17.26	NA	5.51	090
61692		A	Intracranial vessel surgery	51.87	28.35	NA	10.17	090
61697		A	Brain aneurysm repr, complx	50.52	27.58	NA	10.31	090
61698		A	Brain aneurysm repr, complx	48.41	26.60	NA	9.99	090
61700		A	Brain aneurysm repr , simple	50.52	27.58	NA	10.18	090
61702		A	Inner skull vessel surgery	48.41	26.60	NA	9.75	090
61703		A	Clamp neck artery	17.47	10.91	NA	3.62	090
61705		A	Revise circulation to head	36.20	19.80	NA	6.67	090
61708		A	Revise circulation to head	35.30	15.99	NA	2.18	090
61710		A	Revise circulation to head	29.67	14.51	NA	2.42	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Facility PE RVUs	Non-Facility PE RVUs	Mal-Practice RVUs	Global
61711		A	Fusion of skull arteries	36.33	20.32	NA	7.39	090
61720		A	Incise skull/brain surgery	16.77	10.59	NA	3.51	090
61735		A	Incise skull/brain surgery	20.43	12.62	NA	4.16	090
61750		A	Incise skull/brain biopsy	18.20	10.86	NA	3.71	090
61751		A	Brain biopsy w/ ct/mr guide	17.62	10.67	NA	3.57	090
61760		A	Implant brain electrodes	22.27	8.87	NA	4.59	090
61770		A	Incise skull for treatment	21.44	12.92	NA	4.09	090
61790		A	Treat trigeminal nerve	10.86	5.86	NA	1.82	090
61791		A	Treat trigeminal tract	14.61	9.18	NA	3.03	090
61793		A	Focus radiation beam	17.24	10.80	NA	3.51	090
61795		A	Brain surgery using computer	4.04	2.09	NA	0.81	ZZZ
61850		A	Implant neuroelectrodes	12.39	7.95	NA	2.23	090
61860		A	Implant neuroelectrodes	20.87	12.73	NA	4.04	090
61862		A	Implant neurostimul, subcort	19.34	11.90	NA	3.97	090
61870		A	Implant neuroelectrodes	14.94	10.48	NA	1.70	090
61875		A	Implant neuroelectrodes	15.06	9.02	NA	2.42	090
61880		A	Revise/remove neuroelectrode	6.29	5.19	NA	1.31	090
61885		A	Implant neurostim one array	5.85	4.27	NA	1.22	090
61886		A	Implant neurostim arrays	8.00	6.03	NA	1.64	090
61888		A	Revise/remove neuroreceiver	5.07	3.85	NA	1.04	010
62000		A	Treat skull fracture	12.53	5.52	NA	0.87	090
62005		A	Treat skull fracture	16.17	8.93	NA	2.33	090
62010		A	Treatment of head injury	19.81	11.53	NA	4.05	090
62100		A	Repair brain fluid leakage	22.03	13.66	NA	4.07	090
62115		A	Reduction of skull defect	21.66	11.72	NA	4.53	090
62116		A	Reduction of skull defect	23.59	13.67	NA	4.85	090
62117		A	Reduction of skull defect	26.60	15.32	NA	5.56	090
62120		A	Repair skull cavity lesion	23.35	14.28	NA	3.07	090
62121		A	Incise skull repair	21.58	13.43	NA	2.47	090
62140		A	Repair of skull defect	13.51	8.50	NA	2.60	090
62141		A	Repair of skull defect	14.91	9.64	NA	2.85	090
62142		A	Remove skull plate/flap	10.79	7.17	NA	2.10	090
62143		A	Replace skull plate/flap	13.05	8.61	NA	2.55	090
62145		A	Repair of skull & brain	18.82	11.50	NA	3.81	090
62146		A	Repair of skull with graft	16.12	10.29	NA	2.94	090
62147		A	Repair of skull with graft	19.34	12.03	NA	3.64	090
62180		A	Establish brain cavity shunt	21.06	12.65	NA	4.32	090
62190		A	Establish brain cavity shunt	11.07	7.60	NA	2.18	090
62192		A	Establish brain cavity shunt	12.25	8.13	NA	2.46	090
62194		A	Replace/irrigate catheter	5.03	2.18	NA	0.50	010
62200		A	Establish brain cavity shunt	18.32	11.44	NA	3.70	090
62201		A	Establish brain cavity shunt	14.86	9.45	NA	2.52	090
62220		A	Establish brain cavity shunt	13.00	8.50	NA	2.53	090
62223		A	Establish brain cavity shunt	12.87	8.37	NA	2.58	090
62225		A	Replace/irrigate catheter	5.41	4.04	NA	1.09	090
62230		A	Replace/revise brain shunt	10.54	6.50	NA	2.10	090
62252		A	Csf shunt reprogram	0.74	NA	1.43	0.18	XXX
62252	26	A	Csf shunt reprogram	0.74	0.29	0.29	0.16	XXX
62252	TC	A	Csf shunt reprogram	0.00	NA	1.14	0.02	XXX
62256		A	Remove brain cavity shunt	6.60	5.31	NA	1.34	90
62258		A	Replace brain cavity shunt	14.54	8.59	NA	2.91	090
62263		A	Lysis epidural adhesions	6.14	2.12	5.52	0.42	010
62268		A	Drain spinal cord cyst	4.74	2.71	NA	0.29	000
62269		A	Needle biopsy, spinal cord	5.02	2.39	NA	0.29	000
62270		A	Spinal fluid tap, diagnostic	1.13	0.47	4.00	0.06	000
62272		A	Drain cerebro spinal fluid	1.35	0.62	3.38	0.13	000
62273		A	Treat epidural spine lesion	2.15	1.20	1.46	0.14	000
62280		A	Treat spinal cord lesion	2.63	0.68	4.29	0.17	010
62281		A	Treat spinal cord lesion	2.66	0.59	4.00	0.16	010
62282		A	Treat spinal canal lesion	2.33	0.59	5.80	0.14	010
62284		A	Injection for myelogram	1.54	0.50	6.09	0.10	000
62287		A	Percutaneous diskectomy	8.08	5.00	NA	0.66	090
62290		A	Inject for spine disk x-ray	3.00	1.29	5.67	0.20	000
62291		A	Inject for spine disk x-ray	2.91	1.15	5.87	0.17	000
62292		A	Injection into disk lesion	7.86	4.87	NA	0.65	090
62294		A	Injection into spinal artery	11.83	6.66	NA	0.85	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Facility PE RVUs	Non-Facility PE RVUs	Mal-Practice RVUs	Global
62310		A	Inject spine c/t	1.91	0.42	3.71	0.11	000
62311		A	Inject spine l/s (cd)	1.54	0.35	4.18	0.09	000
62318		A	Inject spine w/cath, c/t	2.04	0.44	3.85	0.12	000
62319		A	Inject spine w/cath l/s (cd)	1.87	0.39	3.43	0.11	000
62350		A	Implant spinal canal cath	6.87	3.62	NA	0.64	090
62351		A	Implant spinal canal cath	10.00	6.65	NA	1.79	090
62355		A	Remove spinal canal catheter	5.45	2.83	NA	0.47	090
62360		A	Insert spine infusion device	2.62	2.24	NA	0.21	090
62361		A	Implant spine infusion pump	5.42	3.47	NA	0.50	090
62362		A	Implant spine infusion pump	7.04	4.02	NA	0.86	090
62365		A	Remove spine infusion device	5.42	3.88	NA	0.58	090
62367		C	Analyze spine infusion pump	0.00	0.00	0.00	0.00	XXX
62367	26	A	Analyze spine infusion pump	0.48	0.13	0.13	0.03	XXX
62367	TC	C	Analyze spine infusion pump	0.00	0.00	0.00	0.00	XXX
62368		C	Analyze spine infusion pump	0.00	0.00	0.00	0.00	XXX
62368	26	A	Analyze spine infusion pump	0.75	0.20	0.20	0.05	XXX
62368	TC	C	Analyze spine infusion pump	0.00	0.00	0.00	0.00	XXX
63001		A	Removal of spinal lamina	15.82	11.41	NA	3.03	090
63003		A	Removal of spinal lamina	15.95	11.72	NA	2.98	090
63005		A	Removal of spinal lamina	14.92	11.28	NA	2.62	090
63011		A	Removal of spinal lamina	14.52	9.87	NA	1.43	090
63012		A	Removal of spinal lamina	15.40	10.09	NA	2.71	090
63015		A	Removal of spinal lamina	19.35	13.38	NA	3.84	090
63016		A	Removal of spinal lamina	19.20	13.41	NA	3.62	090
63017		A	Removal of spinal lamina	15.94	11.75	NA	2.91	090
63020		A	Neck spine disk surgery	14.81	11.11	NA	2.89	090
63030		A	Low back disk surgery	12.00	9.79	NA	2.21	090
63035		A	Spinal disk surgery add-on	3.15	1.60	NA	0.57	ZZZ
63040		A	Laminotomy, single cervical	18.81	13.09	NA	3.36	090
63042		A	Laminotomy, single lumbar	17.47	12.67	NA	3.11	090
63043		C	Laminotomy, addl cervical	0.00	0.00	0.00	0.00	ZZZ
63044		C	Laminotomy, addl lumbar	0.00	0.00	0.00	0.00	ZZZ
63045		A	Removal of spinal lamina	16.50	11.98	NA	3.19	090
63046		A	Removal of spinal lamina	15.80	11.74	NA	2.89	090
63047		A	Removal of spinal lamina	14.61	11.20	NA	2.61	090
63048		A	Remove spinal lamina add-on	3.26	1.68	NA	0.58	ZZZ
63055		A	Decompress spinal cord	21.99	14.81	NA	4.09	090
63056		A	Decompress spinal cord	20.36	14.14	NA	3.34	090
63057		A	Decompress spine cord add-on	5.26	2.66	NA	0.81	ZZZ
63064		A	Decompress spinal cord	24.61	16.61	NA	4.72	090
63066		A	Decompress spine cord add-on	3.26	1.69	NA	0.63	ZZZ
63075		A	Neck spine disk surgery	19.41	13.53	NA	3.73	090
63076		A	Neck spine disk surgery	4.05	2.07	NA	0.78	ZZZ
63077		A	Spine disk surgery, thorax	21.44	15.02	NA	3.44	090
63078		A	Spine disk surgery, thorax	3.28	1.68	NA	0.50	ZZZ
63081		A	Removal of vertebral body	23.73	16.32	NA	4.46	090
63082		A	Remove vertebral body add-on	4.37	2.26	NA	0.82	ZZZ
63085		A	Removal of vertebral body	26.92	17.77	NA	4.70	090
63086		A	Remove vertebral body add-on	3.19	1.62	NA	0.55	ZZZ
63087		A	Removal of vertebral body	35.57	21.55	NA	5.87	090
63088		A	Remove vertebral body add-on	4.33	2.23	NA	0.77	ZZZ
63090		A	Removal of vertebral body	28.16	17.98	NA	4.27	090
63091		A	Remove vertebral body add-on	3.03	1.49	NA	0.45	ZZZ
63170		A	Incise spinal cord tract(s)	19.83	13.67	NA	3.89	090
63172		A	Drainage of spinal cyst	17.66	13.13	NA	3.46	090
63173		A	Drainage of spinal cyst	21.99	15.14	NA	4.14	090
63180		A	Revise spinal cord ligaments	18.27	13.46	NA	3.83	090
63182		A	Revise spinal cord ligaments	20.50	12.98	NA	3.48	090
63185		A	Incise spinal column/nerves	15.04	9.94	NA	2.08	090
63190		A	Incise spinal column/nerves	17.45	12.03	NA	2.88	090
63191		A	Incise spinal column/nerves	17.54	11.93	NA	3.50	090
63194		A	Incise spinal column & cord	19.19	13.30	NA	4.01	090
63195		A	Incise spinal column & cord	18.84	12.99	NA	3.44	090
63196		A	Incise spinal column & cord	22.30	13.73	NA	4.66	090
63197		A	Incise spinal column & cord	21.11	13.89	NA	4.42	090
63198		A	Incise spinal column & cord	25.38	11.10	NA	5.31	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Facility PE RVUs	Non-Facility PE RVUs	Mal-Practice RVUs	Global
63199		A	Incise spinal column & cord	26.89	16.61	NA	5.62	090
63200		A	Release of spinal cord	19.18	13.04	NA	3.61	090
63250		A	Revise spinal cord vessels	40.76	20.63	NA	7.65	090
63251		A	Revise spinal cord vessels	41.20	22.94	NA	7.98	090
63252		A	Revise spinal cord vessels	41.19	22.46	NA	7.75	090
63265		A	Excise intraspinal lesion	21.56	12.96	NA	4.29	090
63266		A	Excise intraspinal lesion	22.30	13.40	NA	4.47	090
63267		A	Excise intraspinal lesion	17.95	11.21	NA	3.50	090
63268		A	Excise intraspinal lesion	18.52	10.62	NA	3.18	090
63270		A	Excise intraspinal lesion	26.80	15.75	NA	5.41	090
63271		A	Excise intraspinal lesion	26.92	15.82	NA	5.56	090
63272		A	Excise intraspinal lesion	25.32	14.93	NA	5.07	090
63273		A	Excise intraspinal lesion	24.29	14.57	NA	5.08	090
63275		A	Biopsy/excise spinal tumor	23.68	14.01	NA	4.68	090
63276		A	Biopsy/excise spinal tumor	23.45	13.90	NA	4.63	090
63277		A	Biopsy/excise spinal tumor	20.83	12.68	NA	4.03	090
63278		A	Biopsy/excise spinal tumor	20.56	12.55	NA	4.02	090
63280		A	Biopsy/excise spinal tumor	28.35	16.43	NA	5.80	090
63281		A	Biopsy/excise spinal tumor	28.05	16.28	NA	5.67	090
63282		A	Biopsy/excise spinal tumor	26.39	15.38	NA	5.33	090
63283		A	Biopsy/excise spinal tumor	25.00	14.75	NA	5.12	090
63285		A	Biopsy/excise spinal tumor	36.00	20.14	NA	7.31	090
63286		A	Biopsy/excise spinal tumor	35.63	20.04	NA	7.07	090
63287		A	Biopsy/excise spinal tumor	36.70	20.64	NA	7.48	090
63290		A	Biopsy/excise spinal tumor	37.38	20.84	NA	7.65	090
63300		A	Removal of vertebral body	24.43	14.50	NA	4.78	090
63301		A	Removal of vertebral body	27.60	15.58	NA	5.03	090
63302		A	Removal of vertebral body	27.81	15.82	NA	5.25	090
63303		A	Removal of vertebral body	30.50	17.19	NA	5.21	090
63304		A	Removal of vertebral body	30.33	17.50	NA	4.72	090
63305		A	Removal of vertebral body	32.03	17.96	NA	5.39	090
63306		A	Removal of vertebral body	32.22	17.54	NA	2.39	090
63307		A	Removal of vertebral body	31.63	17.15	NA	4.23	090
63308		A	Remove vertebral body add-on	5.25	2.66	NA	1.01	ZZZ
63600		A	Remove spinal cord lesion	14.02	6.14	NA	1.22	090
63610		A	Stimulation of spinal cord	8.73	4.12	NA	0.43	000
63615		A	Remove lesion of spinal cord	16.28	10.20	NA	2.85	090
63650		A	Implant neuroelectrodes	6.74	2.98	NA	0.48	090
63655		A	Implant neuroelectrodes	10.29	7.12	NA	1.85	090
63660		A	Revise/remove neuroelectrode	6.16	3.71	NA	0.65	090
63685		A	Implant neuroreceiver	7.04	4.27	NA	0.96	090
63688		A	Revise/remove neuroreceiver	5.39	3.63	NA	0.70	090
63700		A	Repair of spinal herniation	16.53	10.33	NA	2.69	090
63702		A	Repair of spinal herniation	18.48	10.98	NA	1.36	090
63704		A	Repair of spinal herniation	21.18	12.54	NA	3.84	090
63706		A	Repair of spinal herniation	24.11	13.63	NA	4.73	090
63707		A	Repair spinal fluid leakage	11.26	7.88	NA	1.96	090
63709		A	Repair spinal fluid leakage	14.32	9.56	NA	2.49	090
63710		A	Graft repair of spine defect	14.07	9.28	NA	2.61	090
63740		A	Install spinal shunt	11.36	7.62	NA	2.15	090
63741		A	Install spinal shunt	8.25	4.85	NA	1.05	090
63744		A	Revision of spinal shunt	8.10	5.53	NA	1.51	090
63746		A	Removal of spinal shunt	6.43	4.01	NA	1.15	090
64400		A	Injection for nerve block	1.11	0.27	2.46	0.06	000
64402		A	Injection for nerve block	1.25	0.44	4.37	0.07	000
64405		A	Injection for nerve block	1.32	0.35	1.30	0.08	000
64408		A	Injection for nerve block	1.41	0.57	2.81	0.09	000
64410		A	Injection for nerve block	1.43	0.31	2.77	0.08	000
64412		A	Injection for nerve block	1.18	0.27	2.71	0.08	000
64413		A	Injection for nerve block	1.40	0.35	2.82	0.09	000
64415		A	Injection for nerve block	1.48	0.31	2.80	0.08	000
64417		A	Injection for nerve block	1.44	0.34	2.78	0.09	000
64418		A	Injection for nerve block	1.32	0.28	2.44	0.07	000
64420		A	Injection for nerve block	1.18	0.26	2.37	0.07	000
64421		A	Injection for nerve block	1.68	0.37	2.78	0.10	000
64425		A	Injection for nerve block	1.75	0.39	2.30	0.11	000

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Facility PE RVUs	Non-Facility PE RVUs	Mal-Practice RVUs	Global
64430		A	Injection for nerve block	1.46	0.43	2.85	0.11	000
64435		A	Injection for nerve block	1.45	0.56	3.07	0.15	000
64445		A	Injection for nerve block	1.48	0.39	2.48	0.08	000
64450		A	Injection for nerve block	1.27	0.32	1.78	0.08	000
64470		A	Inj paravertebral c/t	1.85	0.48	4.03	0.12	000
64472		A	Inj paravertebral c/t add-on	1.29	0.33	3.86	0.09	ZZZ
64475		A	Inj paravertebral l/s	1.41	0.38	3.92	0.09	000
64476		A	Inj paravertebral l/s add-on	0.98	0.25	4.09	0.06	ZZZ
64479		A	Inj foramen epidural c/t	2.20	0.62	4.25	0.14	000
64480		A	Inj foramen epidural add-on	1.54	0.42	4.17	0.09	ZZZ
64483		A	Inj foramen epidural l/s	1.90	0.54	4.12	0.12	000
64484		A	Inj foramen epidural add-on	1.33	0.36	4.10	0.08	ZZZ
64505		A	Injection for nerve block	1.36	0.35	2.34	0.08	000
64508		A	Injection for nerve block	1.12	0.34	2.44	0.06	000
64510		A	Injection for nerve block	1.22	0.25	2.52	0.07	000
64520		A	Injection for nerve block	1.35	0.29	3.65	0.08	000
64530		A	Injection for nerve block	1.58	0.35	3.45	0.09	000
64550		A	Apply neurostimulator	0.18	0.06	0.54	0.01	000
64553		A	Implant neuroelectrodes	2.31	1.27	1.74	0.17	010
64555		A	Implant neuroelectrodes	2.27	0.65	2.39	0.11	010
64560		A	Implant neuroelectrodes	2.36	0.72	2.42	0.17	010
64561		A	Implant neuroelectrodes	6.74	3.74	15.36	0.11	010
64565		A	Implant neuroelectrodes	1.76	0.66	3.16	0.08	010
64573		A	Implant neuroelectrodes	7.50	5.33	NA	1.48	090
64575		A	Implant neuroelectrodes	4.35	3.16	NA	0.37	090
64577		A	Implant neuroelectrodes	4.62	3.63	NA	0.50	090
64580		A	Implant neuroelectrodes	4.12	3.91	NA	0.21	090
64581		A	Implant neuroelectrodes	13.50	6.55	NA	0.37	090
64585		A	Revise/remove neuroelectrode	2.06	2.13	3.18	0.29	010
64590		A	Implant neuroreceiver	2.40	2.31	NA	0.40	010
64595		A	Revise/remove neuroreceiver	1.73	1.94	NA	0.22	010
64600		A	Injection treatment of nerve	3.45	2.01	3.10	0.28	010
64605		A	Injection treatment of nerve	5.61	2.51	3.64	0.53	010
64610		A	Injection treatment of nerve	7.16	4.05	NA	1.12	010
64612		A	Destroy nerve, face muscle	1.96	1.60	2.98	0.09	010
64613		A	Destroy nerve, spine muscle	1.96	1.44	1.76	0.10	010
64614		A	Destroy nerve, extrem musc	2.20	0.76	3.48	0.09	010
64620		A	Injection treatment of nerve	2.84	0.65	2.98	0.17	010
64622		A	Destr paravertebrl nerve l/s	3.00	0.72	4.59	0.17	010
64623		A	Destr paravertebral n add-on	0.99	0.23	3.59	0.06	ZZZ
64626		A	Destr paravertebrl nerve c/t	3.28	0.79	4.32	0.22	010
64627		A	Destr paravertebral n add-on	1.16	0.29	3.64	0.08	ZZZ
64630		A	Injection treatment of nerve	3.00	0.77	3.50	0.16	010
64640		A	Injection treatment of nerve	2.76	1.62	5.04	0.11	010
64680		A	Injection treatment of nerve	2.62	0.68	2.98	0.15	010
64702		A	Revise finger/toe nerve	4.23	3.90	NA	0.51	090
64704		A	Revise hand/foot nerve	4.57	3.19	NA	0.59	090
64708		A	Revise arm/leg nerve	6.12	5.01	NA	0.82	090
64712		A	Revision of sciatic nerve	7.75	5.14	NA	0.54	090
64713		A	Revision of arm nerve(s)	11.00	5.68	NA	1.01	090
64714		A	Revise low back nerve(s)	10.33	4.11	NA	0.64	090
64716		A	Revision of cranial nerve	6.31	4.92	NA	0.59	090
64718		A	Revise ulnar nerve at elbow	5.99	5.14	NA	0.87	090
64719		A	Revise ulnar nerve at wrist	4.85	4.64	NA	0.63	090
64721		A	Carpal tunnel surgery	4.29	5.96	6.32	0.59	090
64722		A	Relieve pressure on nerve(s)	4.70	3.22	NA	0.32	090
64726		A	Release foot/toe nerve	4.18	3.02	NA	0.57	090
64727		A	Internal nerve revision	3.10	1.55	NA	0.40	ZZZ
64732		A	Incision of brow nerve	4.41	3.51	NA	0.77	090
64734		A	Incision of cheek nerve	4.92	3.55	NA	0.83	090
64736		A	Incision of chin nerve	4.60	2.88	NA	0.71	090
64738		A	Incision of jaw nerve	5.73	3.58	NA	0.84	090
64740		A	Incision of tongue nerve	5.59	3.78	NA	0.43	090
64742		A	Incision of facial nerve	6.22	4.71	NA	0.69	090
64744		A	Incise nerve, back of head	5.24	3.83	NA	0.98	090
64746		A	Incise diaphragm nerve	5.93	4.41	NA	0.75	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Facility PE RVUs	Non-Facility PE RVUs	Mal-Practice RVUs	Global
64752		A	Incision of vagus nerve	7.06	4.67	NA	0.83	090
64755		A	Incision of stomach nerves	13.52	6.23	NA	1.16	090
64760		A	Incision of vagus nerve	6.96	4.03	NA	0.51	090
64761		A	Incision of pelvis nerve	6.41	3.56	NA	0.26	090
64763		A	Incise hip/thigh nerve	6.93	6.12	NA	0.77	090
64766		A	Incise hip/thigh nerve	8.67	5.65	NA	0.99	090
64771		A	Sever cranial nerve	7.35	5.51	NA	1.32	090
64772		A	Incision of spinal nerve	7.21	4.79	NA	1.20	090
64774		A	Remove skin nerve lesion	5.17	3.73	NA	0.60	090
64776		A	Remove digit nerve lesion	5.12	3.80	NA	0.63	090
64778		A	Digit nerve surgery add-on	3.11	1.55	NA	0.38	ZZZ
64782		A	Remove limb nerve lesion	6.23	3.70	NA	0.79	090
64783		A	Limb nerve surgery add-on	3.72	1.90	NA	0.48	ZZZ
64784		A	Remove nerve lesion	9.82	6.60	NA	1.17	090
64786		A	Remove sciatic nerve lesion	15.46	10.09	NA	2.22	090
64787		A	Implant nerve end	4.30	2.19	NA	0.56	ZZZ
64788		A	Remove skin nerve lesion	4.61	3.46	NA	0.54	090
64790		A	Removal of nerve lesion	11.31	7.18	NA	1.68	090
64792		A	Removal of nerve lesion	14.92	8.77	NA	1.88	090
64795		A	Biopsy of nerve	3.01	1.76	NA	0.40	000
64802		A	Remove sympathetic nerves	9.15	5.31	NA	0.87	090
64804		A	Remove sympathetic nerves	14.64	7.26	NA	1.79	090
64809		A	Remove sympathetic nerves	13.67	6.23	NA	0.96	090
64818		A	Remove sympathetic nerves	10.30	5.72	NA	1.08	090
64820		A	Remove sympathetic nerves	10.37	7.35	NA	1.17	090
64821		A	Remove sympathetic nerves	8.75	6.60	NA	0.99	090
64822		A	Remove sympathetic nerves	8.75	6.60	NA	0.99	090
64823		A	Remove sympathetic nerves	10.37	7.35	NA	1.17	090
64831		A	Repair of digit nerve	9.44	7.20	NA	1.14	090
64832		A	Repair nerve add-on	5.66	3.03	NA	0.68	ZZZ
64834		A	Repair of hand or foot nerve	10.19	7.16	NA	1.23	090
64835		A	Repair of hand or foot nerve	10.94	7.81	NA	1.36	090
64836		A	Repair of hand or foot nerve	10.94	7.79	NA	1.32	090
64837		A	Repair nerve add-on	6.26	3.34	NA	0.80	ZZZ
64840		A	Repair of leg nerve	13.02	8.44	NA	0.86	090
64856		A	Repair/transpose nerve	13.80	9.36	NA	1.71	090
64857		A	Repair arm/leg nerve	14.49	9.83	NA	1.76	090
64858		A	Repair sciatic nerve	16.49	10.69	NA	2.78	090
64859		A	Nerve surgery	4.26	2.23	NA	0.50	ZZZ
64861		A	Repair of arm nerves	19.24	12.60	NA	2.45	090
64862		A	Repair of low back nerves	19.44	12.10	NA	2.47	090
64864		A	Repair of facial nerve	12.55	8.55	NA	1.13	090
64865		A	Repair of facial nerve	15.24	10.03	NA	1.37	090
64866		A	Fusion of facial/other nerve	15.74	9.94	NA	1.06	090
64868		A	Fusion of facial/other nerve	14.04	9.26	NA	1.40	090
64870		A	Fusion of facial/other nerve	15.99	10.24	NA	1.08	090
64872		A	Subsequent repair of nerve	1.99	1.08	NA	0.24	ZZZ
64874		A	Repair & revise nerve add-on	2.98	1.54	NA	0.34	ZZZ
64876		A	Repair nerve/shorten bone	3.38	1.31	NA	0.39	ZZZ
64885		A	Nerve graft, head or neck	17.53	11.12	NA	1.51	090
64886		A	Nerve graft, head or neck	20.75	13.08	NA	1.73	090
64890		A	Nerve graft, hand or foot	15.15	10.21	NA	1.74	090
64891		A	Nerve graft, hand or foot	16.14	7.62	NA	1.38	090
64892		A	Nerve graft, arm or leg	14.65	8.95	NA	1.65	090
64893		A	Nerve graft, arm or leg	15.60	9.94	NA	1.77	090
64895		A	Nerve graft, hand or foot	19.25	9.74	NA	2.04	090
64896		A	Nerve graft, hand or foot	20.49	11.17	NA	1.85	090
64897		A	Nerve graft, arm or leg	18.24	10.85	NA	2.64	090
64898		A	Nerve graft, arm or leg	19.50	11.80	NA	2.71	090
64901		A	Nerve graft add-on	10.22	5.41	NA	0.99	ZZZ
64902		A	Nerve graft add-on	11.83	6.05	NA	1.10	ZZZ
64905		A	Nerve pedicle transfer	14.02	9.10	NA	1.52	090
64907		A	Nerve pedicle transfer	18.83	12.43	NA	1.79	090
64999		C	Nervous system surgery	0.00	0.00	0.00	0.00	YYY
65091		A	Revise eye	6.46	11.88	NA	0.26	090
65093		A	Revise eye with implant	6.87	11.93	NA	0.28	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Facility PE RVUs	Non-Facility PE RVUs	Mal-Practice RVUs	Global
65101		A	Removal of eye	7.03	12.17	NA	0.28	090
65103		A	Remove eye/insert implant	7.57	12.36	NA	0.30	090
65105		A	Remove eye/attach implant	8.49	12.86	NA	0.34	090
65110		A	Removal of eye	13.95	15.87	NA	0.68	090
65112		A	Remove eye/revise socket	16.38	18.08	NA	0.96	090
65114		A	Remove eye/revise socket	17.53	18.13	NA	0.94	090
65125		A	Revise ocular implant	3.12	1.46	6.31	0.15	090
65130		A	Insert ocular implant	7.15	11.79	NA	0.28	090
65135		A	Insert ocular implant	7.33	12.01	NA	0.29	090
65140		A	Attach ocular implant	8.02	12.27	NA	0.31	090
65150		A	Revise ocular implant	6.26	11.22	NA	0.25	090
65155		A	Reinsert ocular implant	8.66	13.17	NA	0.40	090
65175		A	Removal of ocular implant	6.28	11.37	NA	0.26	090
65205		A	Remove foreign body from eye	0.71	0.20	0.62	0.03	000
65210		A	Remove foreign body from eye	0.84	0.30	0.78	0.03	000
65220		A	Remove foreign body from eye	0.71	0.19	0.62	0.05	000
65222		A	Remove foreign body from eye	0.93	0.28	0.79	0.04	000
65235		A	Remove foreign body from eye	7.57	6.99	NA	0.30	090
65260		A	Remove foreign body from eye	10.96	12.76	NA	0.43	090
65265		A	Remove foreign body from eye	12.59	14.32	NA	0.50	090
65270		A	Repair of eye wound	1.90	2.41	4.10	0.08	010
65272		A	Repair of eye wound	3.82	4.85	5.82	0.16	090
65273		A	Repair of eye wound	4.36	5.19	NA	0.17	090
65275		A	Repair of eye wound	5.34	5.24	5.74	0.27	090
65280		A	Repair of eye wound	7.66	7.88	NA	0.30	090
65285		A	Repair of eye wound	12.90	13.88	NA	0.51	090
65286		A	Repair of eye wound	5.51	7.94	9.20	0.21	090
65290		A	Repair of eye socket wound	5.41	6.47	NA	0.26	090
65400		A	Removal of eye lesion	6.06	7.15	8.69	0.24	090
65410		A	Biopsy of cornea	1.47	0.67	1.76	0.06	000
65420		A	Removal of eye lesion	4.17	7.31	8.47	0.17	090
65426		A	Removal of eye lesion	5.25	6.78	8.10	0.20	090
65430		A	Corneal smear	1.47	0.68	9.01	0.06	000
65435		A	Curette/treat cornea	0.92	0.40	1.38	0.04	000
65436		A	Curette/treat cornea	4.19	5.06	6.06	0.17	090
65450		A	Treatment of corneal lesion	3.27	6.90	8.19	0.13	090
65600		A	Revision of cornea	3.40	1.44	5.65	0.14	090
65710		A	Corneal transplant	12.35	13.14	NA	0.49	090
65730		A	Corneal transplant	14.25	12.01	NA	0.56	090
65750		A	Corneal transplant	15.00	14.53	NA	0.59	090
65755		A	Corneal transplant	14.89	14.44	NA	0.58	090
65760		N	Revision of cornea	0.00	0.00	0.00	0.00	XXX
65765		N	Revision of cornea	0.00	0.00	0.00	0.00	XXX
65767		N	Corneal tissue transplant	0.00	0.00	0.00	0.00	XXX
65770		A	Revise cornea with implant	17.56	15.44	NA	0.69	090
65771		N	Radial keratotomy	0.00	0.00	0.00	0.00	XXX
65772		A	Correction of astigmatism	4.29	6.56	7.61	0.17	090
65775		A	Correction of astigmatism	5.79	8.66	NA	0.22	090
65800		A	Drainage of eye	1.91	1.44	2.33	0.08	000
65805		A	Drainage of eye	1.91	1.44	2.33	0.08	000
65810		A	Drainage of eye	4.87	9.09	NA	0.19	090
65815		A	Drainage of eye	5.05	8.24	9.49	0.20	090
65820		A	Relieve inner eye pressure	8.13	11.15	NA	0.32	090
65850		A	Incision of eye	10.52	10.30	NA	0.41	090
65855		A	Laser surgery of eye	3.85	3.61	5.13	0.17	010
65860		A	Incise inner eye adhesions	3.55	3.15	4.15	0.14	090
65865		A	Incise inner eye adhesions	5.60	6.93	NA	0.22	090
65870		A	Incise inner eye adhesions	6.27	7.26	NA	0.24	090
65875		A	Incise inner eye adhesions	6.54	7.38	NA	0.25	090
65880		A	Incise inner eye adhesions	7.09	7.63	NA	0.28	090
65900		A	Remove eye lesion	10.93	12.87	NA	0.46	090
65920		A	Remove implant of eye	8.40	8.24	NA	0.33	090
65930		A	Remove blood clot from eye	7.44	8.85	NA	0.29	090
66020		A	Injection treatment of eye	1.59	1.56	2.44	0.07	010
66030		A	Injection treatment of eye	1.25	1.39	2.27	0.05	010
66130		A	Remove eye lesion	7.69	6.71	7.65	0.31	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Facility PE RVUs	Non-Facility PE RVUs	Mal-Practice RVUs	Global
66150		A	Glaucoma surgery	8.30	10.90	NA	0.33	090
66155		A	Glaucoma surgery	8.29	10.83	NA	0.32	090
66160		A	Glaucoma surgery	10.17	11.71	NA	0.41	090
66165		A	Glaucoma surgery	8.01	10.70	NA	0.31	090
66170		A	Glaucoma surgery	12.16	17.20	NA	0.48	090
66172		A	Incision of eye	15.04	15.44	NA	0.59	090
66180		A	Implant eye shunt	14.55	12.30	NA	0.57	090
66185		A	Revise eye shunt	8.14	8.45	NA	0.32	090
66220		A	Repair eye lesion	7.77	10.10	NA	0.32	090
66225		A	Repair/graft eye lesion	11.05	9.53	NA	0.44	090
66250		A	Follow-up surgery of eye	5.98	6.50	8.04	0.23	090
66500		A	Incision of iris	3.71	4.87	NA	0.15	090
66505		A	Incision of iris	4.08	5.00	NA	0.17	090
66600		A	Remove iris and lesion	8.68	8.90	NA	0.34	090
66605		A	Removal of iris	12.79	12.47	NA	0.61	090
66625		A	Removal of iris	5.13	6.83	7.91	0.20	090
66630		A	Removal of iris	6.16	7.80	NA	0.24	090
66635		A	Removal of iris	6.25	6.65	NA	0.24	090
66680		A	Repair iris & ciliary body	5.44	6.25	NA	0.21	090
66682		A	Repair iris & ciliary body	6.21	7.81	NA	0.24	090
66700		A	Destruction, ciliary body	4.78	7.16	7.16	0.19	090
66710		A	Destruction, ciliary body	4.78	7.61	9.06	0.18	090
66720		A	Destruction, ciliary body	4.78	7.58	8.62	0.19	090
66740		A	Destruction, ciliary body	4.78	6.56	NA	0.18	090
66761		A	Revision of iris	4.07	4.34	5.64	0.16	090
66762		A	Revision of iris	4.58	4.40	5.60	0.18	090
66770		A	Removal of inner eye lesion	5.18	4.65	5.87	0.20	090
66820		A	Incision, secondary cataract	3.89	8.62	NA	0.16	090
66821		A	After cataract laser surgery	2.35	3.44	3.89	0.10	090
66825		A	Reposition intraocular lens	8.23	10.65	NA	0.32	090
66830		A	Removal of lens lesion	8.20	6.98	NA	0.32	090
66840		A	Removal of lens material	7.91	6.87	NA	0.31	090
66850		A	Removal of lens material	9.11	7.41	NA	0.36	090
66852		A	Removal of lens material	9.97	7.87	NA	0.39	090
66920		A	Extraction of lens	8.86	7.34	NA	0.35	090
66930		A	Extraction of lens	10.18	8.86	NA	0.41	090
66940		A	Extraction of lens	8.93	8.28	NA	0.35	090
66982		A	Cataract surgery, complex	13.50	9.17	NA	0.56	090
66983		A	Cataract surg w/iol, 1 stage	8.99	6.02	NA	0.37	090
66984		A	Cataract surg w/iol, i stage	10.23	7.74	NA	0.41	090
66985		A	Insert lens prosthesis	8.39	6.96	NA	0.33	090
66986		A	Exchange lens prosthesis	12.28	8.71	NA	0.49	090
66999		C	Eye surgery procedure	0.00	0.00	0.00	0.00	YYY
67005		A	Partial removal of eye fluid	5.70	2.66	NA	0.22	090
67010		A	Partial removal of eye fluid	6.87	3.23	NA	0.27	090
67015		A	Release of eye fluid	6.92	8.37	NA	0.27	090
67025		A	Replace eye fluid	6.84	7.70	17.77	0.27	090
67027		A	Implant eye drug system	10.85	8.94	14.73	0.46	090
67028		A	Injection eye drug	2.52	1.17	11.22	0.11	000
67030		A	Incise inner eye strands	4.84	6.97	NA	0.19	090
67031		A	Laser surgery, eye strands	3.67	3.21	4.22	0.15	090
67036		A	Removal of inner eye fluid	11.89	9.17	NA	0.47	090
67038		A	Strip retinal membrane	21.24	15.78	NA	0.84	090
67039		A	Laser treatment of retina	14.52	12.62	NA	0.57	090
67040		A	Laser treatment of retina	17.23	13.91	NA	0.68	090
67101		A	Repair detached retina	7.53	9.12	11.28	0.29	090
67105		A	Repair detached retina	7.41	5.64	7.79	0.29	090
67107		A	Repair detached retina	14.84	13.51	NA	0.58	090
67108		A	Repair detached retina	20.82	18.17	NA	0.82	090
67110		A	Repair detached retina	8.81	10.57	21.28	0.35	090
67112		A	Rerepair detached retina	16.86	16.13	NA	0.66	090
67115		A	Release encircling material	4.99	7.05	NA	0.19	090
67120		A	Remove eye implant material	5.98	7.34	17.00	0.23	090
67121		A	Remove eye implant material	10.67	12.48	NA	0.42	090
67141		A	Treatment of retina	5.20	7.18	8.31	0.20	090
67145		A	Treatment of retina	5.37	4.23	5.42	0.21	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Facility PE RVUs	Non-Facility PE RVUs	Mal-Practice RVUs	Global
67208		A	Treatment of retinal lesion	6.70	7.35	8.64	0.26	090
67210		A	Treatment of retinal lesion	8.82	5.83	7.45	0.35	090
67218		A	Treatment of retinal lesion	18.53	16.22	NA	0.53	090
67220		A	Treatment of choroid lesion	13.13	9.82	11.06	0.51	090
67221		A	Ocular photodynamic ther	4.01	1.89	4.80	0.16	000
67225		A	Eye photodynamic ther add-on	0.47	0.18	0.24	0.50	ZZZ
67227		A	Treatment of retinal lesion	6.58	7.39	9.32	0.26	090
67228		A	Treatment of retinal lesion	12.74	7.30	10.07	0.50	090
67250		A	Reinforce eye wall	8.66	12.35	NA	0.36	090
67255		A	Reinforce/graft eye wall	8.90	12.40	NA	0.35	090
67299		C	Eye surgery procedure	0.00	0.00	0.00	0.00	YYY
67311		A	Revise eye muscle	6.65	6.29	NA	0.27	090
67312		A	Revise two eye muscles	8.54	7.36	NA	0.35	090
67314		A	Revise eye muscle	7.52	6.87	NA	0.30	090
67316		A	Revise two eye muscles	9.66	7.86	NA	0.40	090
67318		A	Revise eye muscle(s)	7.85	7.26	NA	0.31	090
67320		A	Revise eye muscle(s) add-on	4.33	2.02	NA	0.17	ZZZ
67331		A	Eye surgery follow-up add-on	4.06	1.95	NA	0.17	ZZZ
67332		A	Rerevise eye muscles add-on	4.49	2.09	NA	0.18	ZZZ
67334		A	Revise eye muscle w/suture	3.98	1.86	NA	0.16	ZZZ
67335		A	Eye suture during surgery	2.49	1.16	NA	0.10	ZZZ
67340		A	Revise eye muscle add-on	4.93	2.29	NA	0.19	ZZZ
67343		A	Release eye tissue	7.35	7.17	NA	0.30	090
67345		A	Destroy nerve of eye muscle	2.96	1.35	4.34	0.13	010
67350		A	Biopsy eye muscle	2.87	1.94	NA	0.13	000
67399		C	Eye muscle surgery procedure	0.00	0.00	0.00	0.00	YYY
67400		A	Explore/biopsy eye socket	9.76	14.03	NA	0.43	090
67405		A	Explore/drain eye socket	7.93	12.74	NA	0.36	090
67412		A	Explore/treat eye socket	9.50	16.27	NA	0.41	090
67413		A	Explore/treat eye socket	10.00	13.96	NA	0.43	090
67414		A	Explr/decompress eye socket	11.13	17.10	NA	0.48	090
67415		A	Aspiration, orbital contents	1.76	0.79	NA	0.09	000
67420		A	Explore/treat eye socket	20.06	20.88	NA	0.84	090
67430		A	Explore/treat eye socket	13.39	17.96	NA	0.97	090
67440		A	Explore/drain eye socket	13.09	17.25	NA	0.58	090
67445		A	Explr/decompress eye socket	14.42	18.42	NA	0.63	090
67450		A	Explore/biopsy eye socket	13.51	17.42	NA	0.56	090
67500		A	Inject/treat eye socket	0.79	0.17	0.83	0.04	000
67505		A	Inject/treat eye socket	0.82	0.21	0.95	0.04	000
67515		A	Inject/treat eye socket	0.61	0.29	0.86	0.02	000
67550		A	Insert eye socket implant	10.19	13.66	NA	0.50	090
67560		A	Revise eye socket implant	10.60	13.56	NA	0.47	090
67570		A	Decompress optic nerve	13.58	17.87	NA	0.69	090
67599		C	Orbit surgery procedure	0.00	0.00	0.00	0.00	YYY
67700		A	Drainage of eyelid abscess	1.35	0.58	8.03	0.06	010
67710		A	Incision of eyelid	1.02	0.48	8.19	0.04	010
67715		A	Incision of eyelid fold	1.22	0.58	NA	0.05	010
67800		A	Remove eyelid lesion	1.38	0.64	2.70	0.06	010
67801		A	Remove eyelid lesions	1.88	0.88	8.52	0.08	010
67805		A	Remove eyelid lesions	2.22	1.04	8.68	0.09	010
67808		A	Remove eyelid lesion(s)	3.80	4.31	NA	0.17	090
67810		A	Biopsy of eyelid	1.48	0.70	5.42	0.06	000
67820		A	Revise eyelashes	0.89	0.38	1.16	0.04	000
67825		A	Revise eyelashes	1.38	1.04	1.64	0.06	010
67830		A	Revise eyelashes	1.70	2.20	11.86	0.07	010
67835		A	Revise eyelashes	5.56	4.77	NA	0.22	090
67840		A	Remove eyelid lesion	2.04	0.96	8.42	0.08	010
67850		A	Treat eyelid lesion	1.69	2.14	9.21	0.07	010
67875		A	Closure of eyelid by suture	1.35	2.17	12.03	0.06	000
67880		A	Revision of eyelid	3.80	3.24	13.10	0.16	090
67882		A	Revision of eyelid	5.07	4.76	14.99	0.21	090
67900		A	Repair brow defect	6.14	6.66	11.42	0.30	090
67901		A	Repair eyelid defect	6.97	7.00	NA	0.32	090
67902		A	Repair eyelid defect	7.03	7.07	NA	0.34	090
67903		A	Repair eyelid defect	6.37	7.47	12.96	0.39	090
67904		A	Repair eyelid defect	6.26	8.43	15.13	0.26	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Facility PE RVUs	Non-Facility PE RVUs	Mal-Practice RVUs	Global
67906		A	Repair eyelid defect	6.79	6.55	9.99	0.42	090
67908		A	Repair eyelid defect	5.13	6.30	9.76	0.20	090
67909		A	Revise eyelid defect	5.40	6.81	10.41	0.25	090
67911		A	Revise eyelid defect	5.27	6.89	NA	0.23	090
67914		A	Repair eyelid defect	3.68	3.69	13.57	0.16	090
67915		A	Repair eyelid defect	3.18	1.49	12.06	0.13	090
67916		A	Repair eyelid defect	5.31	5.51	16.81	0.22	090
67917		A	Repair eyelid defect	6.02	6.81	10.73	0.25	090
67921		A	Repair eyelid defect	3.40	3.46	13.32	0.14	090
67922		A	Repair eyelid defect	3.06	3.29	12.03	0.13	090
67923		A	Repair eyelid defect	5.88	5.59	15.84	0.24	090
67924		A	Repair eyelid defect	5.79	6.15	10.03	0.23	090
67930		A	Repair eyelid wound	3.61	3.15	12.94	0.17	010
67935		A	Repair eyelid wound	6.22	5.59	15.85	0.29	090
67938		A	Remove eyelid foreign body	1.33	0.52	10.18	0.06	010
67950		A	Revision of eyelid	5.82	7.53	9.15	0.30	090
67961		A	Revision of eyelid	5.69	5.94	9.50	0.26	090
67966		A	Revision of eyelid	6.57	6.07	9.17	0.33	090
67971		A	Reconstruction of eyelid	9.79	7.66	NA	0.42	090
67973		A	Reconstruction of eyelid	12.87	9.73	NA	0.59	090
67974		A	Reconstruction of eyelid	12.84	9.64	NA	0.54	090
67975		A	Reconstruction of eyelid	9.13	7.32	NA	0.38	090
67999		C	Revision of eyelid	0.00	0.00	0.00	0.00	YYY
68020		A	Incise/drain eyelid lining	1.37	0.63	8.12	0.06	010
68040		A	Treatment of eyelid lesions	0.85	0.39	7.99	0.03	000
68100		A	Biopsy of eyelid lining	1.35	0.62	8.20	0.06	000
68110		A	Remove eyelid lining lesion	1.77	1.38	9.27	0.07	010
68115		A	Remove eyelid lining lesion	2.36	1.10	8.75	0.10	010
68130		A	Remove eyelid lining lesion	4.93	2.31	NA	0.19	090
68135		A	Remove eyelid lining lesion	1.84	0.86	8.50	0.07	010
68200		A	Treat eyelid by injection	0.49	0.23	0.76	0.02	000
68320		A	Revise/graft eyelid lining	5.37	5.25	5.75	0.21	090
68325		A	Revise/graft eyelid lining	7.36	6.28	NA	0.30	090
68326		A	Revise/graft eyelid lining	7.15	6.15	NA	0.30	090
68328		A	Revise/graft eyelid lining	8.18	6.96	NA	0.40	090
68330		A	Revise eyelid lining	4.83	5.75	7.35	0.19	090
68335		A	Revise/graft eyelid lining	7.19	5.63	NA	0.29	090
68340		A	Separate eyelid adhesions	4.17	4.31	15.52	0.17	090
68360		A	Revise eyelid lining	4.37	5.44	6.84	0.17	090
68362		A	Revise eyelid lining	7.34	8.05	NA	0.29	090
68399		C	Eyelid lining surgery	0.00	0.00	0.00	0.00	YYY
68400		A	Incise/drain tear gland	1.69	2.22	11.99	0.07	010
68420		A	Incise/drain tear sac	2.30	2.53	12.33	0.10	010
68440		A	Incise tear duct opening	0.94	0.44	8.12	0.04	010
68500		A	Removal of tear gland	11.02	9.89	NA	0.60	090
68505		A	Partial removal, tear gland	10.94	11.12	NA	0.57	090
68510		A	Biopsy of tear gland	4.61	2.16	13.13	0.19	000
68520		A	Removal of tear sac	7.51	7.41	NA	0.33	090
68525		A	Biopsy of tear sac	4.43	2.08	NA	0.18	000
68530		A	Clearance of tear duct	3.66	3.09	14.74	0.16	010
68540		A	Remove tear gland lesion	10.60	9.42	NA	0.46	090
68550		A	Remove tear gland lesion	13.26	11.32	NA	0.66	090
68700		A	Repair tear ducts	6.60	6.88	NA	0.27	090
68705		A	Revise tear duct opening	2.06	0.97	8.67	0.08	010
68720		A	Create tear sac drain	8.96	8.01	NA	0.38	090
68745		A	Create tear duct drain	8.63	7.83	NA	0.38	090
68750		A	Create tear duct drain	8.66	8.45	NA	0.37	090
68760		A	Close tear duct opening	1.73	1.21	6.98	0.07	010
68761		A	Close tear duct opening	1.36	0.96	3.21	0.06	010
68770		A	Close tear system fistula	7.02	6.13	17.23	0.28	090
68801		A	Dilate tear duct opening	0.94	0.56	0.86	0.04	010
68810		A	Probe nasolacrimal duct	1.90	0.88	2.47	0.08	010
68811		A	Probe nasolacrimal duct	2.35	2.49	NA	0.10	010
68815		A	Probe nasolacrimal duct	3.20	2.92	13.26	0.14	010
68840		A	Explore/irrigate tear ducts	1.25	0.93	1.59	0.05	010
68850		A	Injection for tear sac x-ray	0.80	0.31	15.79	0.03	000

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Facility PE RVUs	Non-Facility PE RVUs	Mal-Practice RVUs	Global
68899		C	Tear duct system surgery	0.00	0.00	0.00	0.00	YYY
69000		A	Drain external ear lesion	1.45	0.55	2.06	0.10	010
69005		A	Drain external ear lesion	2.11	1.99	2.50	0.16	010
69020		A	Drain outer ear canal lesion	1.48	0.71	2.18	0.11	010
69090		N	Pierce earlobes	0.00	0.00	0.00	0.00	XXX
69100		A	Biopsy of external ear	0.81	0.40	1.41	0.04	000
69105		A	Biopsy of external ear canal	0.85	0.99	1.47	0.06	000
69110		A	Remove external ear, partial	3.44	2.79	3.42	0.24	090
69120		A	Removal of external ear	4.05	4.45	NA	0.31	090
69140		A	Remove ear canal lesion(s)	7.97	7.95	NA	0.56	090
69145		A	Remove ear canal lesion(s)	2.62	2.47	3.33	0.18	090
69150		A	Extensive ear canal surgery	13.43	11.15	NA	1.07	090
69155		A	Extensive ear/neck surgery	20.80	15.23	NA	1.51	090
69200		A	Clear outer ear canal	0.77	0.74	1.41	0.05	000
69205		A	Clear outer ear canal	1.20	1.52	NA	0.09	010
69210		A	Remove impacted ear wax	0.61	0.24	0.57	0.04	000
69220		A	Clean out mastoid cavity	0.83	0.43	1.49	0.06	000
69222		A	Clean out mastoid cavity	1.40	1.67	2.18	0.10	010
69300		R	Revise external ear	6.36	4.37	NA	0.43	YYY
69310		A	Rebuild outer ear canal	10.79	9.61	NA	0.77	090
69320		A	Rebuild outer ear canal	16.96	13.66	NA	1.17	090
69399		C	Outer ear surgery procedure	0.00	0.00	0.00	0.00	YYY
69400		A	Inflate middle ear canal	0.83	0.40	1.48	0.06	000
69401		A	Inflate middle ear canal	0.63	0.35	1.38	0.04	000
69405		A	Catheterize middle ear canal	2.63	1.46	3.03	0.18	010
69410		A	Inset middle ear (baffle)	0.33	0.16	1.38	0.02	000
69420		A	Incision of eardrum	1.33	0.71	2.30	0.10	010
69421		A	Incision of eardrum	1.73	1.86	2.52	0.13	010
69424		A	Remove ventilating tube	0.85	0.87	1.65	0.06	000
69433		A	Create eardrum opening	1.52	0.85	2.26	0.11	010
69436		A	Create eardrum opening	1.96	1.99	NA	0.14	010
69440		A	Exploration of middle ear	7.57	7.20	NA	0.53	090
69450		A	Eardrum revision	5.57	6.00	NA	0.39	090
69501		A	Mastoidectomy	9.07	7.98	NA	0.65	090
69502		A	Mastoidectomy	12.38	10.52	NA	0.86	090
69505		A	Remove mastoid structures	12.99	10.77	NA	0.92	090
69511		A	Extensive mastoid surgery	13.52	11.12	NA	0.96	090
69530		A	Extensive mastoid surgery	19.19	14.64	NA	1.32	090
69535		A	Remove part of temporal bone	36.14	24.07	NA	2.59	090
69540		A	Remove ear lesion	1.20	1.55	2.21	0.09	010
69550		A	Remove ear lesion	10.99	9.63	NA	0.80	090
69552		A	Remove ear lesion	19.46	14.21	NA	1.36	090
69554		A	Remove ear lesion	33.16	21.75	NA	2.32	090
69601		A	Mastoid surgery revision	13.24	11.69	NA	0.92	090
69602		A	Mastoid surgery revision	13.58	11.25	NA	0.94	090
69603		A	Mastoid surgery revision	14.02	11.46	NA	1.00	090
69604		A	Mastoid surgery revision	14.02	11.38	NA	0.98	090
69605		A	Mastoid surgery revision	18.49	14.28	NA	1.29	090
69610		A	Repair of eardrum	4.43	3.37	4.15	0.31	010
69620		A	Repair of eardrum	5.89	3.20	6.73	0.40	090
69631		A	Repair eardrum structures	9.86	9.07	NA	0.69	090
69632		A	Rebuild eardrum structures	12.75	11.40	NA	0.89	090
69633		A	Rebuild eardrum structures	12.10	11.05	NA	0.84	090
69635		A	Repair eardrum structures	13.33	10.61	NA	0.87	090
69636		A	Rebuild eardrum structures	15.22	12.87	NA	1.07	090
69637		A	Rebuild eardrum structures	15.11	12.79	NA	1.06	090
69641		A	Revise middle ear & mastoid	12.71	10.75	NA	0.89	090
69642		A	Revise middle ear & mastoid	16.84	13.73	NA	1.18	090
69643		A	Revise middle ear & mastoid	15.32	12.87	NA	1.08	090
69644		A	Revise middle ear & mastoid	16.97	13.81	NA	1.19	090
69645		A	Revise middle ear & mastoid	16.38	13.44	NA	1.16	090
69646		A	Revise middle ear & mastoid	17.99	14.39	NA	1.26	090
69650		A	Release middle ear bone	9.66	8.34	NA	0.68	090
69660		A	Revise middle ear bone	11.90	9.56	NA	0.84	090
69661		A	Revise middle ear bone	15.74	12.33	NA	1.10	090
69662		A	Revise middle ear bone	15.44	12.20	NA	1.08	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Facility PE RVUs	Non-Facility PE RVUs	Mal-Practice RVUs	Global
69666		A	Repair middle ear structures	9.75	8.42	NA	0.68	090
69667		A	Repair middle ear structures	9.76	8.40	NA	0.72	090
69670		A	Remove mastoid air cells	11.51	9.99	NA	0.78	090
69676		A	Remove middle ear nerve	9.52	8.88	NA	0.69	090
69700		A	Close mastoid fistula	8.23	5.52	NA	0.55	090
69710		N	Implant/replace hearing aid	0.00	0.00	0.00	0.00	XXX
69711		A	Remove/repair hearing aid	10.44	9.26	NA	0.62	090
69714		A	Implant temple bone w/stimul	14.00	11.18	NA	1.01	090
69715		A	Temple bne implnt w/stimulat	18.25	13.64	NA	1.32	090
69717		A	Temple bone implant revision	14.98	11.13	NA	1.08	090
69718		A	Revise temple bone implant	18.50	13.78	NA	1.34	090
69720		A	Release facial nerve	14.38	12.31	NA	1.03	090
69725		A	Release facial nerve	25.38	17.77	NA	1.78	090
69740		A	Repair facial nerve	15.96	11.20	NA	1.13	090
69745		A	Repair facial nerve	16.69	12.61	NA	1.00	090
69799		C	Middle ear surgery procedure	0.00	0.00	0.00	0.00	YYY
69801		A	Incise inner ear	8.56	7.75	NA	0.60	090
69802		A	Incise inner ear	13.10	11.01	NA	0.91	090
69805		A	Explore inner ear	13.82	10.69	NA	0.97	090
69806		A	Explore inner ear	12.35	10.57	NA	0.86	090
69820		A	Establish inner ear window	10.34	8.95	NA	0.66	090
69840		A	Revise inner ear window	10.26	9.13	NA	0.64	090
69905		A	Remove inner ear	11.10	9.61	NA	0.77	090
69910		A	Remove inner ear & mastoid	13.63	11.08	NA	0.94	090
69915		A	Incise inner ear nerve	21.23	15.52	NA	1.54	090
69930		A	Implant cochlear device	16.81	12.61	NA	1.19	090
69949		C	Inner ear surgery procedure	0.00	0.00	0.00	0.00	YYY
69950		A	Incise inner ear nerve	25.64	16.38	NA	2.90	090
69955		A	Release facial nerve	27.04	18.41	NA	1.89	090
69960		A	Release inner ear canal	27.04	18.02	NA	2.43	090
69970		A	Remove inner ear lesion	30.04	18.86	NA	2.34	090
69979		C	Temporal bone surgery	0.00	0.00	0.00	0.00	YYY
69990		R	Microsurgery add-on	3.47	1.82	NA	0.56	ZZZ
70010		A	Contrast x-ray of brain	1.19	NA	4.89	0.24	XXX
70010	26	A	Contrast x-ray of brain	1.19	0.41	0.41	0.06	XXX
70010	TC	A	Contrast x-ray of brain	0.00	NA	4.48	0.18	XXX
70015		A	Contrast x-ray of brain	1.19	NA	1.81	0.12	XXX
70015	26	A	Contrast x-ray of brain	1.19	0.41	0.41	0.05	XXX
70015	TC	A	Contrast x-ray of brain	0.00	NA	1.40	0.07	XXX
70030		A	X-ray eye for foreign body	0.17	NA	0.49	0.03	XXX
70030	26	A	X-ray eye for foreign body	0.17	0.06	0.06	0.01	XXX
70030	TC	A	X-ray eye for foreign body	0.00	NA	0.43	0.02	XXX
70100		A	X-ray exam of jaw	0.18	NA	0.60	0.03	XXX
70100	26	A	X-ray exam of jaw	0.18	0.06	0.06	0.01	XXX
70100	TC	A	X-ray exam of jaw	0.00	NA	0.54	0.02	XXX
70110		A	X-ray exam of jaw	0.25	NA	0.72	0.04	XXX
70110	26	A	X-ray exam of jaw	0.25	0.09	0.09	0.01	XXX
70110	TC	A	X-ray exam of jaw	0.00	NA	0.64	0.03	XXX
70120		A	X-ray exam of mastoids	0.18	NA	0.70	0.04	XXX
70120	26	A	X-ray exam of mastoids	0.18	0.06	0.06	0.01	XXX
70120	TC	A	X-ray exam of mastoids	0.00	NA	0.64	0.03	XXX
70130		A	X-ray exam of mastoids	0.34	NA	0.93	0.05	XXX
70130	26	A	X-ray exam of mastoids	0.34	0.12	0.12	0.01	XXX
70130	TC	A	X-ray exam of mastoids	0.00	NA	0.81	0.04	XXX
70134		A	X-ray exam of middle ear	0.34	NA	0.88	0.05	XXX
70134	26	A	X-ray exam of middle ear	0.34	0.12	0.12	0.01	XXX
70134	TC	A	X-ray exam of middle ear	0.00	NA	0.76	0.04	XXX
70140		A	X-ray exam of facial bones	0.19	NA	0.70	0.04	XXX
70140	26	A	X-ray exam of facial bones	0.19	0.06	0.06	0.01	XXX
70140	TC	A	X-ray exam of facial bones	0.00	NA	0.64	0.03	XXX
70150		A	X-ray exam of facial bones	0.26	NA	0.90	0.05	XXX
70150	26	A	X-ray exam of facial bones	0.26	0.09	0.09	0.01	XXX
70150	TC	A	X-ray exam of facial bones	0.00	NA	0.81	0.04	XXX
70160		A	X-ray exam of nasal bones	0.17	NA	0.60	0.03	XXX
70160	26	A	X-ray exam of nasal bones	0.17	0.06	0.06	0.01	XXX
70160	TC	A	X-ray exam of nasal bones	0.00	NA	0.54	0.02	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Facility PE RVUs	Non-Facility PE RVUs	Mal-Practice RVUs	Global
70170	.....	A	X-ray exam of tear duct	0.30	NA	1.08	0.06	XXX
70170	26	A	X-ray exam of tear duct	0.30	0.10	0.10	0.01	XXX
70170	TC	A	X-ray exam of tear duct	0.00	NA	0.98	0.05	XXX
70190	.....	A	X-ray exam of eye sockets	0.21	NA	0.71	0.04	XXX
70190	26	A	X-ray exam of eye sockets	0.21	0.07	0.07	0.01	XXX
70190	TC	A	X-ray exam of eye sockets	0.00	NA	0.64	0.03	XXX
70200	.....	A	X-ray exam of eye sockets	0.28	NA	0.90	0.05	XXX
70200	26	A	X-ray exam of eye sockets	0.28	0.10	0.10	0.01	XXX
70200	TC	A	X-ray exam of eye sockets	0.00	NA	0.81	0.04	XXX
70210	.....	A	X-ray exam of sinuses	0.17	NA	0.70	0.04	XXX
70210	26	A	X-ray exam of sinuses	0.17	0.06	0.06	0.01	XXX
70210	TC	A	X-ray exam of sinuses	0.00	NA	0.64	0.03	XXX
70220	.....	A	X-ray exam of sinuses	0.25	NA	0.89	0.05	XXX
70220	26	A	X-ray exam of sinuses	0.25	0.09	0.09	0.01	XXX
70220	TC	A	X-ray exam of sinuses	0.00	NA	0.81	0.04	XXX
70240	.....	A	X-ray exam, pituitary saddle	0.19	NA	0.49	0.03	XXX
70240	26	A	X-ray exam, pituitary saddle	0.19	0.07	0.07	0.01	XXX
70240	TC	A	X-ray exam, pituitary saddle	0.00	NA	0.43	0.02	XXX
70250	.....	A	X-ray exam of skull	0.24	NA	0.72	0.04	XXX
70250	26	A	X-ray exam of skull	0.24	0.08	0.08	0.01	XXX
70250	TC	A	X-ray exam of skull	0.00	NA	0.64	0.03	XXX
70260	.....	A	X-ray exam of skull	0.34	NA	1.04	0.06	XXX
70260	26	A	X-ray exam of skull	0.34	0.12	0.12	0.01	XXX
70260	TC	A	X-ray exam of skull	0.00	NA	0.92	0.05	XXX
70300	.....	A	X-ray exam of teeth	0.10	NA	0.31	0.03	XXX
70300	26	A	X-ray exam of teeth	0.10	0.04	0.04	0.01	XXX
70300	TC	A	X-ray exam of teeth	0.00	NA	0.27	0.02	XXX
70310	.....	A	X-ray exam of teeth	0.16	NA	0.49	0.03	XXX
70310	26	A	X-ray exam of teeth	0.16	0.06	0.06	0.01	XXX
70310	TC	A	X-ray exam of teeth	0.00	NA	0.43	0.02	XXX
70320	.....	A	Full mouth x-ray of teeth	0.22	NA	0.89	0.05	XXX
70320	26	A	Full mouth x-ray of teeth	0.22	0.08	0.08	0.01	XXX
70320	TC	A	Full mouth x-ray of teeth	0.00	NA	0.81	0.04	XXX
70328	.....	A	X-ray exam of jaw joint	0.18	NA	0.57	0.03	XXX
70328	26	A	X-ray exam of jaw joint	0.18	0.06	0.06	0.01	XXX
70328	TC	A	X-ray exam of jaw joint	0.00	NA	0.51	0.02	XXX
70330	.....	A	X-ray exam of jaw joints	0.24	NA	0.95	0.05	XXX
70330	26	A	X-ray exam of jaw joints	0.24	0.08	0.08	0.01	XXX
70330	TC	A	X-ray exam of jaw joints	0.00	NA	0.87	0.04	XXX
70332	.....	A	X-ray exam of jaw joint	0.54	NA	2.36	0.12	XXX
70332	26	A	X-ray exam of jaw joint	0.54	0.19	0.19	0.02	XXX
70332	TC	A	X-ray exam of jaw joint	0.00	NA	2.17	0.10	XXX
70336	.....	A	Magnetic image, jaw joint	1.48	NA	12.09	0.56	XXX
70336	26	A	Magnetic image, jaw joint	1.48	0.51	0.51	0.07	XXX
70336	TC	A	Magnetic image, jaw joint	0.00	NA	11.58	0.49	XXX
70350	.....	A	X-ray head for orthodontia	0.17	NA	0.45	0.03	XXX
70350	26	A	X-ray head for orthodontia	0.17	0.06	0.06	0.01	XXX
70350	TC	A	X-ray head for orthodontia	0.00	NA	0.39	0.02	XXX
70355	.....	A	Panoramic x-ray of jaws	0.20	NA	0.66	0.04	XXX
70355	26	A	Panoramic x-ray of jaws	0.20	0.07	0.07	0.01	XXX
70355	TC	A	Panoramic x-ray of jaws	0.00	NA	0.59	0.03	XXX
70360	.....	A	X-ray exam of neck	0.17	NA	0.49	0.03	XXX
70360	26	A	X-ray exam of neck	0.17	0.06	0.06	0.01	XXX
70360	TC	A	X-ray exam of neck	0.00	NA	0.43	0.02	XXX
70370	.....	A	Throat x-ray & fluoroscopy	0.32	NA	1.46	0.07	XXX
70370	26	A	Throat x-ray & fluoroscopy	0.32	0.11	0.11	0.01	XXX
70370	TC	A	Throat x-ray & fluoroscopy	0.00	NA	1.35	0.06	XXX
70371	.....	A	Speech evaluation, complex	0.84	NA	2.46	0.14	XXX
70371	26	A	Speech evaluation, complex	0.84	0.29	0.29	0.04	XXX
70371	TC	A	Speech evaluation, complex	0.00	NA	2.17	0.10	XXX
70373	.....	A	Contrast x-ray of larynx	0.44	NA	1.99	0.11	XXX
70373	26	A	Contrast x-ray of larynx	0.44	0.15	0.15	0.02	XXX
70373	TC	A	Contrast x-ray of larynx	0.00	NA	1.84	0.09	XXX
70380	.....	A	X-ray exam of salivary gland	0.17	NA	0.75	0.04	XXX
70380	26	A	X-ray exam of salivary gland	0.17	0.06	0.06	0.01	XXX
70380	TC	A	X-ray exam of salivary gland	0.00	NA	0.69	0.03	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Facility PE RVUs	Non-Facility PE RVUs	Mal-Practice RVUs	Global
70390	.....	A	X-ray exam of salivary duct	0.38	NA	1.97	0.11	XXX
70390	26	A	X-ray exam of salivary duct	0.38	0.13	0.13	0.02	XXX
70390	TC	A	X-ray exam of salivary duct	0.00	NA	1.84	0.09	XXX
70450	.....	A	Ct head/brain w/o dye	0.85	NA	5.17	0.25	XXX
70450	26	A	Ct head/brain w/o dye	0.85	0.29	0.29	0.04	XXX
70450	TC	A	Ct head/brain w/o dye	0.00	NA	4.88	0.21	XXX
70460	.....	A	Ct head/brain w/dye	1.13	NA	6.23	0.30	XXX
70460	26	A	Ct head/brain w/dye	1.13	0.39	0.39	0.05	XXX
70460	TC	A	Ct head/brain w/dye	0.00	NA	5.85	0.25	XXX
70470	.....	A	Ct head/brain w/o&w dye	1.27	NA	7.74	0.37	XXX
70470	26	A	Ct head/brain w/o&w dye	1.27	0.43	0.43	0.06	XXX
70470	TC	A	Ct head/brain w/o&w dye	0.00	NA	7.30	0.31	XXX
70480	.....	A	Ct orbit/ear/fossa w/o dye	1.28	NA	5.31	0.27	XXX
70480	26	A	Ct orbit/ear/fossa w/o dye	1.28	0.44	0.44	0.06	XXX
70480	TC	A	Ct orbit/ear/fossa w/o dye	0.00	NA	4.88	0.21	XXX
70481	.....	A	Ct orbit/ear/fossa w/dye	1.38	NA	6.32	0.31	XXX
70481	26	A	Ct orbit/ear/fossa w/dye	1.38	0.47	0.47	0.06	XXX
70481	TC	A	Ct orbit/ear/fossa w/dye	0.00	NA	5.85	0.25	XXX
70482	.....	A	Ct orbit/ear/fossa w/o&w dye	1.45	NA	7.80	0.37	XXX
70482	26	A	Ct orbit/ear/fossa w/o&w dye	1.45	0.50	0.50	0.06	XXX
70482	TC	A	Ct orbit/ear/fossa w/o&w dye	0.00	NA	7.30	0.31	XXX
70486	.....	A	Ct maxillofacial w/o dye	1.14	NA	5.27	0.26	XXX
70486	26	A	Ct maxillofacial w/o dye	1.14	0.39	0.39	0.05	XXX
70486	TC	A	Ct maxillofacial w/o dye	0.00	NA	4.88	0.21	XXX
70487	.....	A	Ct maxillofacial w/dye	1.30	NA	6.29	0.31	XXX
70487	26	A	Ct maxillofacial w/dye	1.30	0.44	0.44	0.06	XXX
70487	TC	A	Ct maxillofacial w/dye	0.00	NA	5.85	0.25	XXX
70488	.....	A	Ct maxillofacial w/o&w dye	1.42	NA	7.79	0.37	XXX
70488	26	A	Ct maxillofacial w/o&w dye	1.42	0.48	0.48	0.06	XXX
70488	TC	A	Ct maxillofacial w/o&w dye	0.00	NA	7.30	0.31	XXX
70490	.....	A	Ct soft tissue neck w/o dye	1.28	NA	5.31	0.27	XXX
70490	26	A	Ct soft tissue neck w/o dye	1.28	0.44	0.44	0.06	XXX
70490	TC	A	Ct soft tissue neck w/o dye	0.00	NA	4.88	0.21	XXX
70491	.....	A	Ct soft tissue neck w/dye	1.38	NA	6.32	0.31	XXX
70491	26	A	Ct soft tissue neck w/dye	1.38	0.47	0.47	0.06	XXX
70491	TC	A	Ct soft tissue neck w/dye	0.00	NA	5.85	0.25	XXX
70492	.....	A	Ct sft tsue nck w/o & w/dye	1.45	NA	7.80	0.37	XXX
70492	26	A	Ct sft tsue nck w/o & w/dye	1.45	0.50	0.50	0.06	XXX
70492	TC	A	Ct sft tsue nck w/o & w/dye	0.00	NA	7.30	0.31	XXX
70496	.....	A	Ct angiography, head	1.75	NA	7.98	0.56	XXX
70496	26	A	Ct angiography, head	1.75	0.68	0.68	0.08	XXX
70496	TC	A	Ct angiography, head	0.00	NA	7.30	0.48	XXX
70498	.....	A	Ct angiography, neck	1.75	NA	7.98	0.56	XXX
70498	26	A	Ct angiography, neck	1.75	0.68	0.68	0.08	XXX
70498	TC	A	Ct angiography, neck	0.00	NA	7.30	0.48	XXX
70540	.....	A	Mri orbit/face/neck w/o dye	1.35	NA	12.04	0.36	XXX
70540	26	A	Mri orbit/face/neck w/o dye	1.35	0.46	0.46	0.04	XXX
70540	TC	A	Mri orbit/face/neck w/o dye	0.00	NA	11.58	0.32	XXX
70542	.....	A	Mri orbit/face/neck w/dye	1.62	NA	14.44	0.44	XXX
70542	26	A	Mri orbit/face/neck w/dye	1.62	0.55	0.55	0.05	XXX
70542	TC	A	Mri orbit/face/neck w/dye	0.00	NA	13.89	0.39	XXX
70543	.....	A	Mri orbt/fac/nck w/o&w dye	2.15	NA	26.46	0.77	XXX
70543	26	A	Mri orbt/fac/nck w/o&w dye	2.15	0.74	0.74	0.07	XXX
70543	TC	A	Mri orbt/fac/nck w/o&w dye	0.00	NA	25.72	0.70	XXX
70544	.....	A	Mr angiography head w/o dye	1.20	NA	11.99	0.54	XXX
70544	26	A	Mr angiography head w/o dye	1.20	0.41	0.41	0.05	XXX
70544	TC	A	Mr angiography head w/o dye	0.00	NA	11.58	0.49	XXX
70545	.....	A	Mr angiography head w/dye	1.20	NA	11.99	0.54	XXX
70545	26	A	Mr angiography head w/dye	1.20	0.41	0.41	0.05	XXX
70545	TC	A	Mr angiography head w/dye	0.00	NA	11.58	0.49	XXX
70546	.....	A	Mr angiograph head w/o&w dye	1.80	NA	23.78	0.57	XXX
70546	26	A	Mr angiograph head w/o&w dye	1.80	0.62	0.62	0.08	XXX
70546	TC	A	Mr angiograph head w/o&w dye	0.00	NA	23.16	0.49	XXX
70547	.....	A	Mr angiography neck w/o dye	1.20	NA	11.99	0.54	XXX
70547	26	A	Mr angiography neck w/o dye	1.20	0.41	0.41	0.05	XXX
70547	TC	A	Mr angiography neck w/o dye	0.00	NA	11.58	0.49	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Facility PE RVUs	Non-Facility PE RVUs	Mal-Practice RVUs	Global
70548		A	Mr angiography neck w/dye	1.20	NA	11.99	0.54	XXX
70548	26	A	Mr angiography neck w/dye	1.20	0.41	0.41	0.05	XXX
70548	TC	A	Mr angiography neck w/dye	0.00	NA	11.58	0.49	XXX
70549		A	Mr angiograph neck w/o&w dye	1.80	NA	23.78	0.57	XXX
70549	26	A	Mr angiograph neck w/o&w dye	1.80	0.62	0.62	0.08	XXX
70549	TC	A	Mr angiograph neck w/o&w dye	0.00	NA	23.16	0.49	XXX
70551		A	Mri brain w/o dye	1.48	NA	12.09	0.56	XXX
70551	26	A	Mri brain w/o dye	1.48	0.51	0.51	0.07	XXX
70551	TC	A	Mri brain w/o dye	0.00	NA	11.58	0.49	XXX
70552		A	Mri brain w/dye	1.78	NA	14.51	0.66	XXX
70552	26	A	Mri brain w/dye	1.78	0.62	0.62	0.08	XXX
70552	TC	A	Mri brain w/dye	0.00	NA	13.89	0.58	XXX
70553		A	Mri brain w/o&w dye	2.36	NA	26.53	1.19	XXX
70553	26	A	Mri brain w/o&w dye	2.36	0.81	0.81	0.10	XXX
70553	TC	A	Mri brain w/o&w dye	0.00	NA	25.72	1.09	XXX
71010		A	Chest x-ray	0.18	NA	0.55	0.03	XXX
71010	26	A	Chest x-ray	0.18	0.06	0.06	0.01	XXX
71010	TC	A	Chest x-ray	0.00	NA	0.49	0.02	XXX
71015		A	Chest x-ray	0.21	NA	0.61	0.03	XXX
71015	26	A	Chest x-ray	0.21	0.07	0.07	0.01	XXX
71015	TC	A	Chest x-ray	0.00	NA	0.54	0.02	XXX
71020		A	Chest x-ray	0.22	NA	0.71	0.04	XXX
71020	26	A	Chest x-ray	0.22	0.07	0.07	0.01	XXX
71020	TC	A	Chest x-ray	0.00	NA	0.64	0.03	XXX
71021		A	Chest x-ray	0.27	NA	0.85	0.05	XXX
71021	26	A	Chest x-ray	0.27	0.09	0.09	0.01	XXX
71021	TC	A	Chest x-ray	0.00	NA	0.76	0.04	XXX
71022		A	Chest x-ray	0.31	NA	0.87	0.06	XXX
71022	26	A	Chest x-ray	0.31	0.11	0.11	0.02	XXX
71022	TC	A	Chest x-ray	0.00	NA	0.76	0.04	XXX
71023		A	Chest x-ray and fluoroscopy	0.38	NA	0.95	0.06	XXX
71023	26	A	Chest x-ray and fluoroscopy	0.38	0.14	0.14	0.02	XXX
71023	TC	A	Chest x-ray and fluoroscopy	0.00	NA	0.81	0.04	XXX
71030		A	Chest x-ray	0.31	NA	0.91	0.05	XXX
71030	26	A	Chest x-ray	0.31	0.11	0.11	0.01	XXX
71030	TC	A	Chest x-ray	0.00	NA	0.81	0.04	XXX
71034		A	Chest x-ray and fluoroscopy	0.46	NA	1.66	0.09	XXX
71034	26	A	Chest x-ray and fluoroscopy	0.46	0.17	0.17	0.02	XXX
71034	TC	A	Chest x-ray and fluoroscopy	0.00	NA	1.49	0.07	XXX
71035		A	Chest x-ray	0.18	NA	0.60	0.03	XXX
71035	26	A	Chest x-ray	0.18	0.06	0.06	0.01	XXX
71035	TC	A	Chest x-ray	0.00	NA	0.54	0.02	XXX
71040		A	Contrast x-ray of bronchi	0.58	NA	1.71	0.10	XXX
71040	26	A	Contrast x-ray of bronchi	0.58	0.20	0.20	0.03	XXX
71040	TC	A	Contrast x-ray of bronchi	0.00	NA	1.51	0.07	XXX
71060		A	Contrast x-ray of bronchi	0.74	NA	2.53	0.14	XXX
71060	26	A	Contrast x-ray of bronchi	0.74	0.25	0.25	0.03	XXX
71060	TC	A	Contrast x-ray of bronchi	0.00	NA	2.28	0.11	XXX
71090		A	X-ray & pacemaker insertion	0.54	NA	1.95	0.11	XXX
71090	26	A	X-ray & pacemaker insertion	0.54	0.21	0.21	0.02	XXX
71090	TC	A	X-ray & pacemaker insertion	0.00	NA	1.74	0.09	XXX
71100		A	X-ray exam of ribs	0.22	NA	0.66	0.04	XXX
71100	26	A	X-ray exam of ribs	0.22	0.07	0.07	0.01	XXX
71100	TC	A	X-ray exam of ribs	0.00	NA	0.59	0.03	XXX
71101		A	X-ray exam of ribs/chest	0.27	NA	0.78	0.04	XXX
71101	26	A	X-ray exam of ribs/chest	0.27	0.09	0.09	0.01	XXX
71101	TC	A	X-ray exam of ribs/chest	0.00	NA	0.69	0.03	XXX
71110		A	X-ray exam of ribs	0.27	NA	0.90	0.05	XXX
71110	26	A	X-ray exam of ribs	0.27	0.09	0.09	0.01	XXX
71110	TC	A	X-ray exam of ribs	0.00	NA	0.81	0.04	XXX
71111		A	X-ray exam of ribs/ chest	0.32	NA	1.03	0.06	XXX
71111	26	A	X-ray exam of ribs/ chest	0.32	0.11	0.11	0.01	XXX
71111	TC	A	X-ray exam of ribs/ chest	0.00	NA	0.92	0.05	XXX
71120		A	X-ray exam of breastbone	0.20	NA	0.74	0.04	XXX
71120	26	A	X-ray exam of breastbone	0.20	0.07	0.07	0.01	XXX
71120	TC	A	X-ray exam of breastbone	0.00	NA	0.67	0.03	XXX

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[4] PE RVUs = Practice Expense Relative Value Units.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Facility PE RVUs	Non-Facility PE RVUs	Mal-Practice RVUs	Global
71130	.....	A	X-ray exam of breastbone	0.22	NA	0.80	0.04	XXX
71130	26	A	X-ray exam of breastbone	0.22	0.08	0.08	0.01	XXX
71130	TC	A	X-ray exam of breastbone	0.00	NA	0.73	0.03	XXX
71250	.....	A	Ct thorax w/o dye	1.16	NA	6.50	0.31	XXX
71250	26	A	Ct thorax w/o dye	1.16	0.40	0.40	0.05	XXX
71250	TC	A	Ct thorax w/o dye	0.00	NA	6.11	0.26	XXX
71260	.....	A	Ct thorax w/dye	1.24	NA	7.73	0.36	XXX
71260	26	A	Ct thorax w/dye	1.24	0.42	0.42	0.05	XXX
71260	TC	A	Ct thorax w/dye	0.00	NA	7.30	0.31	XXX
71270	.....	A	Ct thorax w/o&w dye	1.38	NA	9.61	0.44	XXX
71270	26	A	Ct thorax w/o&w dye	1.38	0.47	0.47	0.06	XXX
71270	TC	A	Ct thorax w/o&w dye	0.00	NA	9.14	0.38	XXX
71275	.....	A	Ct angiography, chest	1.92	NA	9.88	0.38	XXX
71275	26	A	Ct angiography, chest	1.92	0.74	0.74	0.06	XXX
71275	TC	A	Ct angiography, chest	0.00	NA	9.14	0.32	XXX
71550	.....	A	Mri chest w/o dye	1.46	NA	12.08	0.41	XXX
71550	26	A	Mri chest w/o dye	1.46	0.50	0.50	0.04	XXX
71550	TC	A	Mri chest w/o dye	0.00	NA	11.58	0.37	XXX
71551	.....	A	Mri chest w/dye	1.73	NA	14.48	0.49	XXX
71551	26	A	Mri chest w/dye	1.73	0.59	0.59	0.06	XXX
71551	TC	A	Mri chest w/dye	0.00	NA	13.89	0.43	XXX
71552	.....	A	Mri chest w/o&w dye	2.26	NA	26.49	0.64	XXX
71552	26	A	Mri chest w/o&w dye	2.26	0.77	0.77	0.08	XXX
71552	TC	A	Mri chest w/o&w dye	0.00	NA	25.72	0.56	XXX
71555	.....	R	Mri angio chest w or w/o dye	1.81	NA	12.20	0.57	XXX
71555	26	R	Mri angio chest w or w/o dye	1.81	0.62	0.62	0.08	XXX
71555	TC	R	Mri angio chest w or w/o dye	0.00	NA	11.58	0.49	XXX
72010	.....	A	X-ray exam of spine	0.45	NA	1.21	0.08	XXX
72010	26	A	X-ray exam of spine	0.45	0.15	0.15	0.03	XXX
72010	TC	A	X-ray exam of spine	0.00	NA	1.06	0.05	XXX
72020	.....	A	X-ray exam of spine	0.15	NA	0.48	0.03	XXX
72020	26	A	X-ray exam of spine	0.15	0.05	0.05	0.01	XXX
72020	TC	A	X-ray exam of spine	0.00	NA	0.43	0.02	XXX
72040	.....	A	X-ray exam of neck spine	0.22	NA	0.69	0.04	XXX
72040	26	A	X-ray exam of neck spine	0.22	0.08	0.08	0.01	XXX
72040	TC	A	X-ray exam of neck spine	0.00	NA	0.62	0.03	XXX
72050	.....	A	X-ray exam of neck spine	0.31	NA	1.03	0.07	XXX
72050	26	A	X-ray exam of neck spine	0.31	0.11	0.11	0.02	XXX
72050	TC	A	X-ray exam of neck spine	0.00	NA	0.92	0.05	XXX
72052	.....	A	X-ray exam of neck spine	0.36	NA	1.29	0.07	XXX
72052	26	A	X-ray exam of neck spine	0.36	0.12	0.12	0.02	XXX
72052	TC	A	X-ray exam of neck spine	0.00	NA	1.17	0.05	XXX
72069	.....	A	X-ray exam of trunk spine	0.22	NA	0.59	0.04	XXX
72069	26	A	X-ray exam of trunk spine	0.22	0.08	0.08	0.02	XXX
72069	TC	A	X-ray exam of trunk spine	0.00	NA	0.51	0.02	XXX
72070	.....	A	X-ray exam of thoracic spine	0.22	NA	0.74	0.04	XXX
72070	26	A	X-ray exam of thoracic spine	0.22	0.08	0.08	0.01	XXX
72070	TC	A	X-ray exam of thoracic spine	0.00	NA	0.67	0.03	XXX
72072	.....	A	X-ray exam of thoracic spine	0.22	NA	0.83	0.05	XXX
72072	26	A	X-ray exam of thoracic spine	0.22	0.08	0.08	0.01	XXX
72072	TC	A	X-ray exam of thoracic spine	0.00	NA	0.76	0.04	XXX
72074	.....	A	X-ray exam of thoracic spine	0.22	NA	1.01	0.06	XXX
72074	26	A	X-ray exam of thoracic spine	0.22	0.08	0.08	0.01	XXX
72074	TC	A	X-ray exam of thoracic spine	0.00	NA	0.94	0.05	XXX
72080	.....	A	X-ray exam of trunk spine	0.22	NA	0.77	0.05	XXX
72080	26	A	X-ray exam of trunk spine	0.22	0.08	0.08	0.02	XXX
72080	TC	A	X-ray exam of trunk spine	0.00	NA	0.69	0.03	XXX
72090	.....	A	X-ray exam of trunk spine	0.28	NA	0.79	0.05	XXX
72090	26	A	X-ray exam of trunk spine	0.28	0.10	0.10	0.02	XXX
72090	TC	A	X-ray exam of trunk spine	0.00	NA	0.69	0.03	XXX
72100	.....	A	X-ray exam of lower spine	0.22	NA	0.77	0.05	XXX
72100	26	A	X-ray exam of lower spine	0.22	0.08	0.08	0.02	XXX
72100	TC	A	X-ray exam of lower spine	0.00	NA	0.69	0.03	XXX
72110	.....	A	X-ray exam of lower spine	0.31	NA	1.05	0.07	XXX
72110	26	A	X-ray exam of lower spine	0.31	0.11	0.11	0.02	XXX
72110	TC	A	X-ray exam of lower spine	0.00	NA	0.94	0.05	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Facility PE RVUs	Non-Facility PE RVUs	Mal-Practice RVUs	Global
72114		A	X-ray exam of lower spine	0.36	NA	1.35	0.08	XXX
72114	26	A	X-ray exam of lower spine	0.36	0.12	0.12	0.03	XXX
72114	TC	A	X-ray exam of lower spine	0.00	NA	1.23	0.05	XXX
72120		A	X-ray exam of lower spine	0.22	NA	0.99	0.07	XXX
72120	26	A	X-ray exam of lower spine	0.22	0.08	0.08	0.02	XXX
72120	TC	A	X-ray exam of lower spine	0.00	NA	0.92	0.05	XXX
72125		A	Ct neck spine w/o dye	1.16	NA	6.50	0.31	XXX
72125	26	A	Ct neck spine w/o dye	1.16	0.40	0.40	0.05	XXX
72125	TC	A	Ct neck spine w/o dye	0.00	NA	6.11	0.26	XXX
72126		A	Ct neck spine w/dye	1.22	NA	7.72	0.36	XXX
72126	26	A	Ct neck spine w/dye	1.22	0.42	0.42	0.05	XXX
72126	TC	A	Ct neck spine w/dye	0.00	NA	7.30	0.31	XXX
72127		A	Ct neck spine w/o&w dye	1.27	NA	9.58	0.44	XXX
72127	26	A	Ct neck spine w/o&w dye	1.27	0.43	0.43	0.06	XXX
72127	TC	A	Ct neck spine w/o&w dye	0.00	NA	9.14	0.38	XXX
72128		A	Ct chest spine w/o dye	1.16	NA	6.50	0.31	XXX
72128	26	A	Ct chest spine w/o dye	1.16	0.40	0.40	0.05	XXX
72128	TC	A	Ct chest spine w/o dye	0.00	NA	6.11	0.26	XXX
72129		A	Ct chest spine w/dye	1.22	NA	7.72	0.36	XXX
72129	26	A	Ct chest spine w/dye	1.22	0.42	0.42	0.05	XXX
72129	TC	A	Ct chest spine w/dye	0.00	NA	7.30	0.31	XXX
72130		A	Ct chest spine w/o&w dye	1.27	NA	9.58	0.44	XXX
72130	26	A	Ct chest spine w/o&w dye	1.27	0.43	0.43	0.06	XXX
72130	TC	A	Ct chest spine w/o&w dye	0.00	NA	9.14	0.38	XXX
72131		A	Ct lumbar spine w/o dye	1.16	NA	6.50	0.31	XXX
72131	26	A	Ct lumbar spine w/o dye	1.16	0.40	0.40	0.05	XXX
72131	TC	A	Ct lumbar spine w/o dye	0.00	NA	6.11	0.26	XXX
72132		A	Ct lumbar spine w/dye	1.22	NA	7.72	0.37	XXX
72132	26	A	Ct lumbar spine w/dye	1.22	0.42	0.42	0.06	XXX
72132	TC	A	Ct lumbar spine w/dye	0.00	NA	7.30	0.31	XXX
72133		A	Ct lumbar spine w/o&w dye	1.27	NA	9.58	0.44	XXX
2133	26	A	Ct lumbar spine w/o&w dye	1.27	0.44	0.44	0.06	XXX
72133	TC	A	Ct lumbar spine w/o&w dye	0.00	NA	9.14	0.38	XXX
72141		A	Mri neck spine w/o dye	1.60	NA	12.13	0.56	XXX
72141	26	A	Mri neck spine w/o dye	1.60	0.55	0.55	0.07	XXX
72141	TC	A	Mri neck spine w/o dye	0.00	NA	11.58	0.49	XXX
72142		A	Mri neck spine w/dye	1.92	NA	14.56	0.67	XXX
72142	26	A	Mri neck spine w/dye	1.92	0.67	0.67	0.09	XXX
72142	TC	A	Mri neck spine w/dye	0.00	NA	13.89	0.58	XXX
72146		A	Mri chest spine w/o dye	1.60	NA	13.41	0.60	XXX
72146	26	A	Mri chest spine w/o dye	1.60	0.55	0.55	0.07	XXX
72146	TC	A	Mri chest spine w/o dye	0.00	NA	12.86	0.53	XXX
72147		A	Mri chest spine w/dye	1.92	NA	14.55	0.67	XXX
72147	26	A	Mri chest spine w/dye	1.92	0.66	0.66	0.09	XXX
72147	TC	A	Mri chest spine w/dye	0.00	NA	13.89	0.58	XXX
72148		A	Mri lumbar spine w/o dye	1.48	NA	13.37	0.60	XXX
72148	26	A	Mri lumbar spine w/o dye	1.48	0.51	0.51	0.07	XXX
72148	TC	A	Mri lumbar spine w/o dye	0.00	NA	12.86	0.53	XXX
72149		A	Mri lumbar spine w/dye	1.78	NA	14.51	0.67	XXX
72149	26	A	Mri lumbar spine w/dye	1.78	0.62	0.62	0.09	XXX
72149	TC	A	Mri lumbar spine w/dye	0.00	NA	13.89	0.58	XXX
72156		A	Mri neck spine w/o&w dye	2.57	NA	26.60	1.20	XXX
72156	26	A	Mri neck spine w/o&w dye	2.57	0.88	0.88	0.11	XXX
72156	TC	A	Mri neck spine w/o&w dye	0.00	NA	25.72	1.09	XXX
72157		A	Mri chest spine w/o&w dye	2.57	NA	26.60	1.20	XXX
72157	26	A	Mri chest spine w/o&w dye	2.57	0.88	0.88	0.11	XXX
72157	TC	A	Mri chest spine w/o&w dye	0.00	NA	25.72	1.09	XXX
72158		A	Mri lumbar spine w/o&w dye	2.36	NA	26.53	1.20	XXX
72158	26	A	Mri lumbar spine w/o&w dye	2.36	0.81	0.81	0.11	XXX
72158	TC	A	Mri lumbar spine w/o&w dye	0.00	NA	25.72	1.09	XXX
72159		N	Mr angio spine w/o&w dye	1.80	NA	13.56	0.61	XXX
72159	26	N	Mr angio spine w/o&w dye	1.80	0.70	0.70	0.08	XXX
72159	TC	N	Mr angio spine w/o&w dye	0.00	NA	12.86	0.53	XXX
72170		A	X-ray exam of pelvis	0.17	NA	0.60	0.03	XXX
72170	26	A	X-ray exam of pelvis	0.17	0.06	0.06	0.01	XXX
72170	TC	A	X-ray exam of pelvis	0.00	NA	0.54	0.02	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Facility PE RVUs	Non-Facility PE RVUs	Mal-Practice RVUs	Global
72190	.....	A	X-ray exam of pelvis	0.21	NA	0.76	0.04	XXX
72190	26	A	X-ray exam of pelvis	0.21	0.07	0.07	0.01	XXX
72190	TC	A	X-ray exam of pelvis	0.00	NA	0.69	0.03	XXX
72191	.....	A	Ct angiograph pelv w/o&w dye	1.81	NA	9.47	0.38	XXX
72191	26	A	Ct angiograph pelv w/o&w dye	1.81	0.70	0.70	0.06	XXX
72191	TC	A	Ct angiograph pelv w/o&w dye	0.00	NA	8.77	0.32	XXX
72192	.....	A	Ct pelvis w/o dye	1.09	NA	6.48	0.31	XXX
72192	26	A	Ct pelvis w/o dye	1.09	0.37	0.37	0.05	XXX
72192	TC	A	Ct pelvis w/o dye	0.00	NA	6.11	0.26	XXX
72193	.....	A	Ct pelvis w/dye	1.16	NA	7.47	0.35	XXX
72193	26	A	Ct pelvis w/dye	1.16	0.40	0.40	0.05	XXX
72193	TC	A	Ct pelvis w/dye	0.00	NA	7.07	0.30	XXX
72194	.....	A	Ct pelvis w/o&w dye	1.22	NA	9.19	0.41	XXX
72194	26	A	Ct pelvis w/o&w dye	1.22	0.42	0.42	0.05	XXX
72194	TC	A	Ct pelvis w/o&w dye	0.00	NA	8.77	0.36	XXX
72195	.....	A	Mri pelvis w/o dye	1.46	NA	12.08	0.42	XXX
72195	26	A	Mri pelvis w/o dye	1.46	0.50	0.50	0.05	XXX
72195	TC	A	Mri pelvis w/o dye	0.00	NA	11.58	0.37	XXX
72196	.....	A	Mri pelvis w/dye	1.73	NA	14.48	0.48	XXX
72196	26	A	Mri pelvis w/dye	1.73	0.59	0.59	0.05	XXX
72196	TC	A	Mri pelvis w/dye	0.00	NA	13.89	0.43	XXX
72197	.....	A	Mri pelvis w/o & w dye	2.26	NA	26.49	0.84	XXX
72197	26	A	Mri pelvis w/o & w dye	2.26	0.77	0.77	0.08	XXX
72197	TC	A	Mri pelvis w/o & w dye	0.00	NA	25.72	0.76	XXX
72198	.....	N	Mr angio pelvis w/o&w dye	1.80	NA	12.28	0.57	XXX
72198	26	N	Mr angio pelvis w/o&w dye	1.80	0.70	0.70	0.08	XXX
72198	TC	N	Mr angio pelvis w/o&w dye	0.00	NA	11.58	0.49	XXX
72200	.....	A	X-ray exam sacroiliac joints	0.17	NA	0.60	0.03	XXX
72200	26	A	X-ray exam sacroiliac joints	0.17	0.06	0.06	0.01	XXX
72200	TC	A	X-ray exam sacroiliac joints	0.00	NA	0.54	0.02	XXX
72202	.....	A	X-ray exam sacroiliac joints	0.19	NA	0.70	0.04	XXX
72202	26	A	X-ray exam sacroiliac joints	0.19	0.06	0.06	0.01	XXX
72202	TC	A	X-ray exam sacroiliac joints	0.00	NA	0.64	0.03	XXX
72220	.....	A	X-ray exam of tailbone	0.17	NA	0.65	0.04	XXX
72220	26	A	X-ray exam of tailbone	0.17	0.06	0.06	0.01	XXX
72220	TC	A	X-ray exam of tailbone	0.00	NA	0.59	0.03	XXX
72240	.....	A	Contrast x-ray of neck spine	0.91	NA	5.21	0.25	XXX
72240	26	A	Contrast x-ray of neck spine	0.91	0.30	0.30	0.04	XXX
72240	TC	A	Contrast x-ray of neck spine	0.00	NA	4.91	0.21	XXX
72255	.....	A	Contrast x-ray, thorax spine	0.91	NA	4.76	0.22	XXX
72255	26	A	Contrast x-ray, thorax spine	0.91	0.28	0.28	0.04	XXX
72255	TC	A	Contrast x-ray, thorax spine	0.00	NA	4.48	0.18	XXX
72265	.....	A	Contrast x-ray, lower spine	0.83	NA	4.47	0.22	XXX
72265	26	A	Contrast x-ray, lower spine	0.83	0.26	0.26	0.04	XXX
72265	TC	A	Contrast x-ray, lower spine	0.00	NA	4.21	0.18	XXX
72270	.....	A	Contrast x-ray of spine	1.33	NA	6.74	0.34	XXX
72270	26	A	Contrast x-ray of spine	1.33	0.44	0.44	0.07	XXX
72270	TC	A	Contrast x-ray of spine	0.00	NA	6.31	0.27	XXX
72275	.....	A	Epidurography	0.76	NA	2.38	0.21	XXX
72275	26	A	Epidurography	0.76	0.21	0.21	0.03	XXX
72275	TC	A	Epidurography	0.00	NA	2.17	0.18	XXX
72285	.....	A	X-ray c/t spine disk	1.16	NA	9.03	0.42	XXX
72285	26	A	X-ray c/t spine disk	1.16	0.37	0.37	0.06	XXX
72285	TC	A	X-ray c/t spine disk	0.00	NA	8.66	0.36	XXX
72295	.....	A	X-ray of lower spine disk	0.83	NA	8.40	0.37	XXX
72295	26	A	X-ray of lower spine disk	0.83	0.28	0.28	0.04	XXX
72295	TC	A	X-ray of lower spine disk	0.00	NA	8.12	0.33	XXX
73000	.....	A	X-ray exam of collar bone	0.16	NA	0.59	0.03	XXX
73000	26	A	X-ray exam of collar bone	0.16	0.06	0.06	0.01	XXX
73000	TC	A	X-ray exam of collar bone	0.00	NA	0.54	0.02	XXX
73010	.....	A	X-ray exam of shoulder blade	0.17	NA	0.60	0.03	XXX
73010	26	A	X-ray exam of shoulder blade	0.17	0.06	0.06	0.01	XXX
73010	TC	A	X-ray exam of shoulder blade	0.00	NA	0.54	0.02	XXX
73020	.....	A	X-ray exam of shoulder	0.15	NA	0.54	0.03	XXX
73020	26	A	X-ray exam of shoulder	0.15	0.05	0.05	0.01	XXX
73020	TC	A	X-ray exam of shoulder	0.00	NA	0.49	0.02	XXX

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[4] PE RVUs = Practice Expense Relative Value Units.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Facility PE RVUs	Non-Facility PE RVUs	Mal-Practice RVUs	Global
73030		A	X-ray exam of shoulder	0.18	NA	0.65	0.04	XXX
73030	26	A	X-ray exam of shoulder	0.18	0.06	0.06	0.01	XXX
73030	TC	A	X-ray exam of shoulder	0.00	NA	0.59	0.03	XXX
73040		A	Contrast x-ray of shoulder	0.54	NA	2.35	0.13	XXX
73040	26	A	Contrast x-ray of shoulder	0.54	0.18	0.18	0.03	XXX
73040	TC	A	Contrast x-ray of shoulder	0.00	NA	2.17	0.10	XXX
73050		A	X-ray exam of shoulders	0.20	NA	0.76	0.05	XXX
73050	26	A	X-ray exam of shoulders	0.20	0.07	0.07	0.02	XXX
73050	TC	A	X-ray exam of shoulders	0.00	NA	0.69	0.03	XXX
73060		A	X-ray exam of humerus	0.17	NA	0.65	0.04	XXX
73060	26	A	X-ray exam of humerus	0.17	0.06	0.06	0.01	XXX
73060	TC	A	X-ray exam of humerus	0.00	NA	0.59	0.03	XXX
73070		A	X-ray exam of elbow	0.15	NA	0.59	0.03	XXX
73070	26	A	X-ray exam of elbow	0.15	0.05	0.05	0.01	XXX
73070	TC	A	X-ray exam of elbow	0.00	NA	0.54	0.02	XXX
73080		A	X-ray exam of elbow	0.17	NA	0.65	0.04	XXX
73080	26	A	X-ray exam of elbow	0.17	0.06	0.06	0.01	XXX
73080	TC	A	X-ray exam of elbow	0.00	NA	0.59	0.03	XXX
73085		A	Contrast x-ray of elbow	0.54	NA	2.36	0.13	XXX
73085	26	A	Contrast x-ray of elbow	0.54	0.19	0.19	0.03	XXX
73085	TC	A	Contrast x-ray of elbow	0.00	NA	2.17	0.10	XXX
73090		A	X-ray exam of forearm	0.16	NA	0.59	0.03	XXX
73090	26	A	X-ray exam of forearm	0.16	0.05	0.05	0.01	XXX
73090	TC	A	X-ray exam of forearm	0.00	NA	0.54	0.02	XXX
73092		A	X-ray exam of arm, infant	0.16	NA	0.56	0.03	XXX
73092	26	A	X-ray exam of arm, infant	0.16	0.05	0.05	0.01	XXX
73092	TC	A	X-ray exam of arm, infant	0.00	NA	0.51	0.02	XXX
73100		A	X-ray exam of wrist	0.16	NA	0.57	0.04	XXX
73100	26	A	X-ray exam of wrist	0.16	0.06	0.06	0.02	XXX
73100	TC	A	X-ray exam of wrist	0.00	NA	0.51	0.02	XXX
73110		A	X-ray exam of wrist	0.17	NA	0.61	0.03	XXX
73110	26	A	X-ray exam of wrist	0.17	0.06	0.06	0.01	XXX
73110	TC	A	X-ray exam of wrist	0.00	NA	0.55	0.02	XXX
73115		A	Contrast x-ray of wrist	0.54	NA	1.82	0.11	XXX
73115	26	A	Contrast x-ray of wrist	0.54	0.19	0.19	0.03	XXX
73115	TC	A	Contrast x-ray of wrist	0.00	NA	1.63	0.08	XXX
73120		A	X-ray exam of hand	0.16	NA	0.57	0.03	XXX
73120	26	A	X-ray exam of hand	0.16	0.06	0.06	0.01	XXX
73120	TC	A	X-ray exam of hand	0.00	NA	0.51	0.02	XXX
73130		A	X-ray exam of hand	0.17	NA	0.61	0.03	XXX
73130	26	A	X-ray exam of hand	0.17	0.06	0.06	0.01	XXX
73130	TC	A	X-ray exam of hand	0.00	NA	0.55	0.02	XXX
73140		A	X-ray exam of finger(s)	0.13	NA	0.47	0.03	XXX
73140	26	A	X-ray exam of finger(s)	0.13	0.04	0.04	0.01	XXX
73140	TC	A	X-ray exam of finger(s)	0.00	NA	0.43	0.02	XXX
73200		A	Ct upper extremity w/o dye	1.09	NA	5.50	0.26	XXX
73200	26	A	Ct upper extremity w/o dye	1.09	0.37	0.37	0.05	XXX
73200	TC	A	Ct upper extremity w/o dye	0.00	NA	5.13	0.21	XXX
73201		A	Ct upper extremity w/dye	1.16	NA	6.50	0.31	XXX
73201	26	A	Ct upper extremity w/dye	1.16	0.40	0.40	0.05	XXX
73201	TC	A	Ct upper extremity w/dye	0.00	NA	6.11	0.26	XXX
73202		A	Ct uppr extremity w/o&w dye	1.22	NA	8.09	0.38	XXX
73202	26	A	Ct uppr extremity w/o&w dye	1.22	0.42	0.42	0.06	XXX
73202	TC	A	Ct uppr extremity w/o&w dye	0.00	NA	7.67	0.32	XXX
73206		A	Ct angio upr extrm w/o&w dye	1.81	NA	8.37	0.38	XXX
73206	26	A	Ct angio upr extrm w/o&w dye	1.81	0.70	0.70	0.06	XXX
73206	TC	A	Ct angio upr extrm w/o&w dye	0.00	NA	7.67	0.32	XXX
73218		A	Mri upper extremity w/o dye	1.35	NA	12.05	0.36	XXX
73218	26	A	Mri upper extremity w/o dye	1.35	0.46	0.46	0.04	XXX
73218	TC	A	Mri upper extremity w/o dye	0.00	NA	11.58	0.32	XXX
73219		A	Mri upper extremity w/dye	1.62	NA	14.45	0.44	XXX
73219	26	A	Mri upper extremity w/dye	1.62	0.56	0.56	0.05	XXX
73219	TC	A	Mri upper extremity w/dye	0.00	NA	13.89	0.39	XXX
73220		A	Mri uppr extremity w/o&w dye	2.15	NA	26.46	0.78	XXX
73220	26	A	Mri uppr extremity w/o&w dye	2.15	0.74	0.74	0.08	XXX
73220	TC	A	Mri uppr extremity w/o&w dye	0.00	NA	25.72	0.70	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Facility PE RVUs	Non-Facility PE RVUs	Mal-Practice RVUs	Global
73221	.....	A	Mri joint upr extrem w/o dye	1.35	NA	12.04	0.36	XXX
73221	26	A	Mri joint upr extrem w/o dye	1.35	0.46	0.46	0.04	XXX
73221	TC	A	Mri joint upr extrem w/o dye	0.00	NA	11.58	0.32	XXX
73222	.....	A	Mri joint upr extrem w/ dye	1.62	NA	14.45	0.44	XXX
73222	26	A	Mri joint upr extrem w/ dye	1.62	0.56	0.56	0.05	XXX
73222	TC	A	Mri joint upr extrem w/ dye	0.00	NA	13.89	0.39	XXX
73223	.....	A	Mri joint upr extr w/o&w dye	2.15	NA	26.46	0.77	XXX
73223	26	A	Mri joint upr extr w/o&w dye	2.15	0.74	0.74	0.07	XXX
73223	TC	A	Mri joint upr extr w/o&w dye	0.00	NA	25.72	0.70	XXX
73225	.....	N	Mr angio upr extr w/o&w dye	1.73	NA	12.25	0.57	XXX
73225	26	N	Mr angio upr extr w/o&w dye	1.73	0.67	0.67	0.08	XXX
73225	TC	N	Mr angio upr extr w/o&w dye	0.00	NA	11.58	0.49	XXX
73500	.....	A	X-ray exam of hip	0.17	NA	0.55	0.03	XXX
73500	26	A	X-ray exam of hip	0.17	0.06	0.06	0.01	XXX
73500	TC	A	X-ray exam of hip	0.00	NA	0.49	0.02	XXX
73510	.....	A	X-ray exam of hip	0.21	NA	0.66	0.05	XXX
73510	26	A	X-ray exam of hip	0.21	0.07	0.07	0.02	XXX
73510	TC	A	X-ray exam of hip	0.00	NA	0.59	0.03	XXX
73520	.....	A	X-ray exam of hips	0.26	NA	0.78	0.05	XXX
73520	26	A	X-ray exam of hips	0.26	0.09	0.09	0.02	XXX
73520	TC	A	X-ray exam of hips	0.00	NA	0.69	0.03	XXX
73525	.....	A	Contrast x-ray of hip	0.54	NA	2.35	0.13	XXX
73525	26	A	Contrast x-ray of hip	0.54	0.19	0.19	0.03	XXX
73525	TC	A	Contrast x-ray of hip	0.00	NA	2.17	0.10	XXX
73530	.....	A	X-ray exam of hip	0.29	NA	0.64	0.03	XXX
73530	26	A	X-ray exam of hip	0.29	0.10	0.10	0.01	XXX
73530	TC	A	X-ray exam of hip	0.00	NA	0.54	0.02	XXX
73540	.....	A	X-ray exam of pelvis & hips	0.20	NA	0.66	0.05	XXX
73540	26	A	X-ray exam of pelvis & hips	0.20	0.07	0.07	0.02	XXX
73540	TC	A	X-ray exam of pelvis & hips	0.00	NA	0.59	0.03	XXX
73542	.....	A	X-ray exam, sacroiliac joint	0.59	NA	2.35	0.13	XXX
73542	26	A	X-ray exam, sacroiliac joint	0.59	0.18	0.18	0.03	XXX
73542	TC	A	X-ray exam, sacroiliac joint	0.00	NA	2.17	0.10	XXX
73550	.....	A	X-ray exam of thigh	0.17	NA	0.65	0.04	XXX
73550	26	A	X-ray exam of thigh	0.17	0.06	0.06	0.01	XXX
73550	TC	A	X-ray exam of thigh	0.00	NA	0.59	0.03	XXX
73560	.....	A	X-ray exam of knee, 1 or 2	0.17	NA	0.60	0.04	XXX
73560	26	A	X-ray exam of knee, 1 or 2	0.17	0.06	0.06	0.02	XXX
73560	TC	A	X-ray exam of knee, 1 or 2	0.00	NA	0.54	0.02	XXX
73562	.....	A	X-ray exam of knee, 3	0.18	NA	0.65	0.05	XXX
73562	26	A	X-ray exam of knee, 3	0.18	0.06	0.06	0.02	XXX
73562	TC	A	X-ray exam of knee, 3	0.00	NA	0.59	0.03	XXX
73564	.....	A	X-ray exam, knee, 4 or more	0.22	NA	0.72	0.05	XXX
73564	26	A	X-ray exam, knee, 4 or more	0.22	0.08	0.08	0.02	XXX
73564	TC	A	X-ray exam, knee, 4 or more	0.00	NA	0.64	0.03	XXX
73565	.....	A	X-ray exam of knees	0.17	NA	0.57	0.04	XXX
73565	26	A	X-ray exam of knees	0.17	0.06	0.06	0.02	XXX
73565	TC	A	X-ray exam of knees	0.00	NA	0.51	0.02	XXX
73580	.....	A	Contrast x-ray of knee joint	0.54	NA	2.89	0.15	XXX
73580	26	A	Contrast x-ray of knee joint	0.54	0.18	0.18	0.03	XXX
73580	TC	A	Contrast x-ray of knee joint	0.00	NA	2.71	0.12	XXX
73590	.....	A	X-ray exam of lower leg	0.17	NA	0.60	0.03	XXX
73590	26	A	X-ray exam of lower leg	0.17	0.06	0.06	0.01	XXX
73590	TC	A	X-ray exam of lower leg	0.00	NA	0.54	0.02	XXX
73592	.....	A	X-ray exam of leg, infant	0.16	NA	0.57	0.03	XXX
73592	26	A	X-ray exam of leg, infant	0.16	0.06	0.06	0.01	XXX
73592	TC	A	X-ray exam of leg, infant	0.00	NA	0.51	0.02	XXX
73600	.....	A	X-ray exam of ankle	0.16	NA	0.57	0.03	XXX
73600	26	A	X-ray exam of ankle	0.16	0.06	0.06	0.01	XXX
73600	TC	A	X-ray exam of ankle	0.00	NA	0.51	0.02	XXX
73610	.....	A	X-ray exam of ankle	0.17	NA	0.61	0.03	XXX
73610	26	A	X-ray exam of ankle	0.17	0.06	0.06	0.01	XXX
73610	TC	A	X-ray exam of ankle	0.00	NA	0.55	0.02	XXX
73615	.....	A	Contrast x-ray of ankle	0.54	NA	2.36	0.13	XXX
73615	26	A	Contrast x-ray of ankle	0.54	0.19	0.19	0.03	XXX
73615	TC	A	Contrast x-ray of ankle	0.00	NA	2.17	0.10	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Facility PE RVUs	Non-Facility PE RVUs	Mal-Practice RVUs	Global
73620	.....	A	X-ray exam of foot	0.16	NA	0.57	0.03	XXX
73620	26	A	X-ray exam of foot	0.16	0.06	0.06	0.01	XXX
73620	TC	A	X-ray exam of foot	0.00	NA	0.51	0.02	XXX
73630	.....	A	X-ray exam of foot	0.17	NA	0.61	0.03	XXX
73630	26	A	X-ray exam of foot	0.17	0.06	0.06	0.01	XXX
73630	TC	A	X-ray exam of foot	0.00	NA	0.55	0.02	XXX
73650	.....	A	X-ray exam of heel	0.16	NA	0.55	0.03	XXX
73650	26	A	X-ray exam of heel	0.16	0.06	0.06	0.01	XXX
73650	TC	A	X-ray exam of heel	0.00	NA	0.49	0.02	XXX
73660	.....	A	X-ray exam of toe(s)	0.13	NA	0.47	0.03	XXX
73660	26	A	X-ray exam of toe(s)	0.13	0.04	0.04	0.01	XXX
73660	TC	A	X-ray exam of toe(s)	0.00	NA	0.43	0.02	XXX
73700	.....	A	Ct lower extremity w/o dye	1.09	NA	5.50	0.26	XXX
73700	26	A	Ct lower extremity w/o dye	1.09	0.37	0.37	0.05	XXX
73700	TC	A	Ct lower extremity w/o dye	0.00	NA	5.13	0.21	XXX
73701	.....	A	Ct lower extremity w/dye	1.16	NA	6.50	0.31	XXX
73701	26	A	Ct lower extremity w/dye	1.16	0.40	0.40	0.05	XXX
73701	TC	A	Ct lower extremity w/dye	0.00	NA	6.11	0.26	XXX
73702	.....	A	Ct lwr extremity w/o&w dye	1.22	NA	8.09	0.37	XXX
73702	26	A	Ct lwr extremity w/o&w dye	1.22	0.42	0.42	0.05	XXX
73702	TC	A	Ct lwr extremity w/o&w dye	0.00	NA	7.67	0.32	XXX
73706	.....	A	Ct angio lwr extr w/o&w dye	1.90	NA	8.41	0.38	XXX
73706	26	A	Ct angio lwr extr w/o&w dye	1.90	0.73	0.73	0.06	XXX
73706	TC	A	Ct angio lwr extr w/o&w dye	0.00	NA	7.67	0.32	XXX
73718	.....	A	Mri lower extremity w/o dye	1.35	NA	12.04	0.36	XXX
73718	26	A	Mri lower extremity w/o dye	1.35	0.46	0.46	0.04	XXX
73718	TC	A	Mri lower extremity w/o dye	0.00	NA	11.58	0.32	XXX
73719	.....	A	Mri lower extremity w/dye	1.62	NA	14.44	0.44	XXX
73719	26	A	Mri lower extremity w/dye	1.62	0.55	0.55	0.05	XXX
73719	TC	A	Mri lower extremity w/dye	0.00	NA	13.89	0.39	XXX
73720	.....	A	Mri lwr extremity w/o&w dye	2.15	NA	26.45	0.78	XXX
73720	26	A	Mri lwr extremity w/o&w dye	2.15	0.74	0.74	0.08	XXX
73720	TC	A	Mri lwr extremity w/o&w dye	0.00	NA	25.72	0.70	XXX
73721	.....	A	Mri joint of lwr extre w/o d	1.35	NA	12.05	0.36	XXX
73721	26	A	Mri joint of lwr extre w/o d	1.35	0.46	0.46	0.04	XXX
73721	TC	A	Mri joint of lwr extre w/o d	0.00	NA	11.58	0.32	XXX
73722	.....	A	Mri joint of lwr extr w/dye	1.62	NA	14.45	0.45	XXX
73722	26	A	Mri joint of lwr extr w/dye	1.62	0.56	0.56	0.06	XXX
73722	TC	A	Mri joint of lwr extr w/dye	0.00	NA	13.89	0.39	XXX
73723	.....	A	Mri joint lwr extr w/o&w dye	2.15	NA	26.46	0.77	XXX
73723	26	A	Mri joint lwr extr w/o&w dye	2.15	0.74	0.74	0.07	XXX
73723	TC	A	Mri joint lwr extr w/o&w dye	0.00	NA	25.72	0.70	XXX
73725	.....	R	Mr ang lwr ext w or w/o dye	1.82	NA	12.20	0.57	XXX
73725	26	R	Mr ang lwr ext w or w/o dye	1.82	0.62	0.62	0.08	XXX
73725	TC	R	Mr ang lwr ext w or w/o dye	0.00	NA	11.58	0.49	XXX
74000	.....	A	X-ray exam of abdomen	0.18	NA	0.60	0.03	XXX
74000	26	A	X-ray exam of abdomen	0.18	0.06	0.06	0.01	XXX
74000	TC	A	X-ray exam of abdomen	0.00	NA	0.54	0.02	XXX
74010	.....	A	X-ray exam of abdomen	0.23	NA	0.67	0.04	XXX
74010	26	A	X-ray exam of abdomen	0.23	0.08	0.08	0.01	XXX
74010	TC	A	X-ray exam of abdomen	0.00	NA	0.59	0.03	XXX
74020	.....	A	X-ray exam of abdomen	0.27	NA	0.73	0.04	XXX
74020	26	A	X-ray exam of abdomen	0.27	0.09	0.09	0.01	XXX
74020	TC	A	X-ray exam of abdomen	0.00	NA	0.64	0.03	XXX
74022	.....	A	X-ray exam series, abdomen	0.32	NA	0.87	0.05	XXX
74022	26	A	X-ray exam series, abdomen	0.32	0.11	0.11	0.01	XXX
74022	TC	A	X-ray exam series, abdomen	0.00	NA	0.76	0.04	XXX
74150	.....	A	Ct abdomen w/o dye	1.19	NA	6.25	0.30	XXX
74150	26	A	Ct abdomen w/o dye	1.19	0.41	0.41	0.05	XXX
74150	TC	A	Ct abdomen w/o dye	0.00	NA	5.85	0.25	XXX
74160	.....	A	Ct abdomen w/dye	1.27	NA	7.51	0.36	XXX
74160	26	A	Ct abdomen w/dye	1.27	0.43	0.43	0.06	XXX
74160	TC	A	Ct abdomen w/dye	0.00	NA	7.07	0.30	XXX
74170	.....	A	Ct abdomen w/o&w dye	1.40	NA	9.25	0.42	XXX
74170	26	A	Ct abdomen w/o&w dye	1.40	0.48	0.48	0.06	XXX
74170	TC	A	Ct abdomen w/o&w dye	0.00	NA	8.77	0.36	XXX

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[4] PE RVUs = Practice Expense Relative Value Units.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Facility PE RVUs	Non-Facility PE RVUs	Mal-Practice RVUs	Global
74175		A	Ct angio abdom w/o&w dye	1.90	NA	9.51	0.38	XXX
74175	26	A	Ct angio abdom w/o&w dye	1.90	0.73	0.73	0.06	XXX
74175	TC	A	Ct angio abdom w/o&w dye	0.00	NA	8.77	0.32	XXX
74181		A	Mri abdomen w/o dye	1.46	NA	12.08	0.41	XXX
74181	26	A	Mri abdomen w/o dye	1.46	0.50	0.50	0.04	XXX
74181	TC	A	Mri abdomen w/o dye	0.00	NA	11.58	0.37	XXX
74182		A	Mri abdomen w/dye	1.73	NA	14.48	0.49	XXX
74182	26	A	Mri abdomen w/dye	1.73	0.59	0.59	0.06	XXX
74182	TC	A	Mri abdomen w/dye	0.00	NA	13.89	0.43	XXX
74183		A	Mri abdomen w/o&w dye	2.26	NA	26.49	0.84	XXX
74183	26	A	Mri abdomen w/o&w dye	2.26	0.77	0.77	0.08	XXX
74183	TC	A	Mri abdomen w/o&w dye	0.00	NA	25.72	0.76	XXX
74185		R	Mri angio, abdom w or w/o dy	1.80	NA	12.20	0.57	XXX
74185	26	R	Mri angio, abdom w or w/o dy	1.80	0.62	0.62	0.08	XXX
74185	TC	R	Mri angio, abdom w or w/o dy	0.00	NA	11.58	0.49	XXX
74190		A	X-ray exam of peritoneum	0.48	NA	1.51	0.08	XXX
74190	26	A	X-ray exam of peritoneum	0.48	0.16	0.16	0.02	XXX
74190	TC	A	X-ray exam of peritoneum	0.00	NA	1.35	0.06	XXX
74210		A	Contrst x-ray exam of throat	0.36	NA	1.35	0.07	XXX
74210	26	A	Contrst x-ray exam of throat	0.36	0.12	0.12	0.02	XXX
74210	TC	A	Contrst x-ray exam of throat	0.00	NA	1.23	0.05	XXX
74220		A	Contrast x-ray, esophagus	0.46	NA	1.39	0.07	XXX
74220	26	A	Contrast x-ray, esophagus	0.46	0.16	0.16	0.02	XXX
74220	TC	A	Contrast x-ray, esophagus	0.00	NA	1.23	0.05	XXX
74230		A	Cine/video x-ray, throat/eso	0.53	NA	1.53	0.08	XXX
74230	26	A	Cine/video x-ray, throat/eso	0.53	0.18	0.18	0.02	XXX
74230	TC	A	Cine/video x-ray, throat/eso	0.00	NA	1.35	0.06	XXX
74235		A	Remove esophagus obstruction	1.19	NA	3.11	0.17	XXX
74235	26	A	Remove esophagus obstruction	1.19	0.41	0.41	0.05	XXX
74235	TC	A	Remove esophagus obstruction	0.00	NA	2.71	0.12	XXX
74240		A	X-ray exam, upper gi tract	0.69	NA	1.74	0.10	XXX
74240	26	A	X-ray exam, upper gi tract	0.69	0.24	0.24	0.03	XXX
74240	TC	A	X-ray exam, upper gi tract	0.00	NA	1.51	0.07	XXX
74241		A	X-ray exam, upper gi tract	0.69	NA	1.77	0.10	XXX
74241	26	A	X-ray exam, upper gi tract	0.69	0.23	0.23	0.03	XXX
74241	TC	A	X-ray exam, upper gi tract	0.00	NA	1.54	0.07	XXX
74245		A	X-ray exam, upper gi tract	0.91	NA	2.77	0.15	XXX
74245	26	A	X-ray exam, upper gi tract	0.91	0.31	0.31	0.04	XXX
74245	TC	A	X-ray exam, upper gi tract	0.00	NA	2.46	0.11	XXX
74246		A	Contrst x-ray uppr gi tract	0.69	NA	1.93	0.11	XXX
74246	26	A	Contrst x-ray uppr gi tract	0.69	0.24	0.24	0.03	XXX
74246	TC	A	Contrst x-ray uppr gi tract	0.00	NA	1.70	0.08	XXX
74247		A	Contrst x-ray uppr gi tract	0.69	NA	1.97	0.12	XXX
74247	26	A	Contrst x-ray uppr gi tract	0.69	0.24	0.24	0.03	XXX
74247	TC	A	Contrst x-ray uppr gi tract	0.00	NA	1.74	0.09	XXX
74249		A	Contrst x-ray uppr gi tract	0.91	NA	2.97	0.16	XXX
74249	26	A	Contrst x-ray uppr gi tract	0.91	0.31	0.31	0.04	XXX
74249	TC	A	Contrst x-ray uppr gi tract	0.00	NA	2.66	0.12	XXX
74250		A	X-ray exam of small bowel	0.47	NA	1.51	0.08	XXX
74250	26	A	X-ray exam of small bowel	0.47	0.16	0.16	0.02	XXX
74250	TC	A	X-ray exam of small bowel	0.00	NA	1.35	0.06	XXX
74251		A	X-ray exam of small bowel	0.69	NA	1.58	0.09	XXX
74251	26	A	X-ray exam of small bowel	0.69	0.24	0.24	0.03	XXX
74251	TC	A	X-ray exam of small bowel	0.00	NA	1.35	0.06	XXX
74260		A	X-ray exam of small bowel	0.50	NA	1.71	0.09	XXX
74260	26	A	X-ray exam of small bowel	0.50	0.17	0.17	0.02	XXX
74260	TC	A	X-ray exam of small bowel	0.00	NA	1.54	0.07	XXX
74270		A	Contrast x-ray exam of colon	0.69	NA	1.99	0.12	XXX
74270	26	A	Contrast x-ray exam of colon	0.69	0.24	0.24	0.03	XXX
74270	TC	A	Contrast x-ray exam of colon	0.00	NA	1.76	0.09	XXX
74280		A	Contrast x-ray exam of colon	0.99	NA	2.65	0.15	XXX
74280	26	A	Contrast x-ray exam of colon	0.99	0.34	0.34	0.04	XXX
74280	TC	A	Contrast x-ray exam of colon	0.00	NA	2.31	0.11	XXX
74283		A	Contrast x-ray exam of colon	2.02	NA	3.34	0.21	XXX
74283	26	A	Contrast x-ray exam of colon	2.02	0.69	0.69	0.09	XXX
74283	TC	A	Contrast x-ray exam of colon	0.00	NA	2.65	0.12	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Facility PE RVUs	Non-Facility PE RVUs	Mal-Practice RVUs	Global
74290		A	Contrast x-ray, gallbladder	0.32	NA	0.87	0.05	XXX
74290	26	A	Contrast x-ray, gallbladder	0.32	0.11	0.11	0.01	XXX
74290	TC	A	Contrast x-ray, gallbladder	0.00	NA	0.76	0.04	XXX
74291		A	Contrast x-rays, gallbladder	0.20	NA	0.50	0.03	XXX
74291	26	A	Contrast x-rays, gallbladder	0.20	0.07	0.07	0.01	XXX
74291	TC	A	Contrast x-rays, gallbladder	0.00	NA	0.43	0.02	XXX
74300		C	X-ray bile ducts/pancreas	0.00	0.00	0.00	0.00	XXX
74300	26	A	X-ray bile ducts/pancreas	0.36	0.12	0.12	0.02	XXX
74300	TC	C	X-ray bile ducts/pancreas	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	ZZZ
74301	26	A	X-rays at surgery add-on	0.21	0.07	0.07	0.01	ZZZ
74301	TC	C	X-rays at surgery add-on	0.00	0.00	0.00	0.00	ZZZ
74305		A	X-ray bile ducts/pancreas	0.42	NA	0.95	0.06	XXX
74305	26	A	X-ray bile ducts/pancreas	0.42	0.14	0.14	0.02	XXX
74305	TC	A	X-ray bile ducts/pancreas	0.00	NA	0.81	0.04	XXX
74320		A	Contrast x-ray of bile ducts	0.54	NA	3.44	0.16	XXX
74320	26	A	Contrast x-ray of bile ducts	0.54	0.18	0.18	0.02	XXX
74320	TC	A	Contrast x-ray of bile ducts	0.00	NA	3.26	0.14	XXX
74327		A	X-ray bile stone removal	0.70	NA	2.06	0.12	XXX
74327	26	A	X-ray bile stone removal	0.70	0.24	0.24	0.03	XXX
74327	TC	A	X-ray bile stone removal	0.00	NA	1.82	0.09	XXX
74328		A	Xray bile duct endoscopy	0.70	NA	3.50	0.17	XXX
74328	26	A	Xray bile duct endoscopy	0.70	0.24	0.24	0.03	XXX
74328	TC	A	Xray bile duct endoscopy	0.00	NA	3.26	0.14	XXX
74329		A	X-ray for pancreas endoscopy	0.70	NA	3.50	0.17	XXX
74329	26	A	X-ray for pancreas endoscopy	0.70	0.24	0.24	0.03	XXX
74329	TC	A	X-ray for pancreas endoscopy	0.00	NA	3.26	0.14	XXX
74330		A	X-ray bile/panc endoscopy	0.90	NA	3.56	0.18	XXX
74330	26	A	X-ray bile/panc endoscopy	0.90	0.31	0.31	0.04	XXX
74330	TC	A	X-ray bile/panc endoscopy	0.00	NA	3.26	0.14	XXX
74340		A	X-ray guide for GI tube	0.54	NA	2.89	0.14	XXX
74340	26	A	X-ray guide for GI tube	0.54	0.18	0.18	0.02	XXX
74340	TC	A	X-ray guide for GI tube	0.00	NA	2.71	0.12	XXX
74350		A	X-ray guide, stomach tube	0.76	NA	3.52	0.17	XXX
74350	26	A	X-ray guide, stomach tube	0.76	0.26	0.26	0.03	XXX
74350	TC	A	X-ray guide, stomach tube	0.00	NA	3.26	0.14	XXX
74355		A	X-ray guide, intestinal tube	0.76	NA	2.96	0.15	XXX
74355	26	A	X-ray guide, intestinal tube	0.76	0.26	0.26	0.03	XXX
74355	TC	A	X-ray guide, intestinal tube	0.00	NA	2.71	0.12	XXX
74360		A	X-ray guide, GI dilation	0.54	NA	3.45	0.16	XXX
74360	26	A	X-ray guide, GI dilation	0.54	0.19	0.19	0.02	XXX
74360	TC	A	X-ray guide, GI dilation	0.00	NA	3.26	0.14	XXX
74363		A	X-ray, bile duct dilation	0.88	NA	6.60	0.31	XXX
74363	26	A	X-ray, bile duct dilation	0.88	0.30	0.30	0.04	XXX
74363	TC	A	X-ray, bile duct dilation	0.00	NA	6.31	0.27	XXX
74400		A	Contrst x-ray, urinary tract	0.49	NA	1.91	0.11	XXX
74400	26	A	Contrst x-ray, urinary tract	0.49	0.17	0.17	0.02	XXX
74400	TC	A	Contrst x-ray, urinary tract	0.00	NA	1.74	0.09	XXX
74410		A	Contrst x-ray, urinary tract	0.49	NA	2.19	0.11	XXX
74410	26	A	Contrst x-ray, urinary tract	0.49	0.17	0.17	0.02	XXX
74410	TC	A	Contrst x-ray, urinary tract	0.00	NA	2.02	0.09	XXX
74415		A	Contrst x-ray, urinary tract	0.49	NA	2.36	0.12	XXX
74415	26	A	Contrst x-ray, urinary tract	0.49	0.17	0.17	0.02	XXX
74415	TC	A	Contrst x-ray, urinary tract	0.00	NA	2.19	0.10	XXX
74420		A	Contrst x-ray, urinary tract	0.36	NA	2.83	0.14	XXX
74420	26	A	Contrst x-ray, urinary tract	0.36	0.12	0.12	0.02	XXX
74420	TC	A	Contrst x-ray, urinary tract	0.00	NA	2.71	0.12	XXX
74425		A	Contrst x-ray, urinary tract	0.36	NA	1.47	0.08	XXX
74425	26	A	Contrst x-ray, urinary tract	0.36	0.12	0.12	0.02	XXX
74425	TC	A	Contrst x-ray, urinary tract	0.00	NA	1.35	0.06	XXX
74430		A	Contrast x-ray, bladder	0.32	NA	1.20	0.07	XXX
74430	26	A	Contrast x-ray, bladder	0.32	0.11	0.11	0.02	XXX
74430	TC	A	Contrast x-ray, bladder	0.00	NA	1.09	0.05	XXX
74440		A	X-ray, male genital tract	0.38	NA	1.30	0.07	XXX
74440	26	A	X-ray, male genital tract	0.38	0.13	0.13	0.02	XXX
74440	TC	A	X-ray, male genital tract	0.00	NA	1.17	0.05	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Facility PE RVUs	Non-Facility PE RVUs	Mal-Practice RVUs	Global
74445		A	X-ray exam of penis	1.14	NA	1.55	0.10	XXX
74445	26	A	X-ray exam of penis	1.14	0.38	0.38	0.05	XXX
74445	TC	A	X-ray exam of penis	0.00	NA	1.17	0.05	XXX
74450		A	X-ray, urethra/bladder	0.33	NA	1.62	0.09	XXX
74450	26	A	X-ray, urethra/bladder	0.33	0.11	0.11	0.02	XXX
74450	TC	A	X-ray, urethra/bladder	0.00	NA	1.51	0.07	XXX
74455		A	X-ray, urethra/bladder	0.33	NA	1.74	0.10	XXX
74455	26	A	X-ray, urethra/bladder	0.33	0.11	0.11	0.02	XXX
74455	TC	A	X-ray, urethra/bladder	0.00	NA	1.63	0.08	XXX
74470		A	X-ray exam of kidney lesion	0.54	NA	1.47	0.08	XXX
74470	26	A	X-ray exam of kidney lesion	0.54	0.18	0.18	0.02	XXX
74470	TC	A	X-ray exam of kidney lesion	0.00	NA	1.29	0.06	XXX
74475		A	X-ray control, cath insert	0.54	NA	4.39	0.20	XXX
74475	26	A	X-ray control, cath insert	0.54	0.18	0.18	0.02	XXX
74475	TC	A	X-ray control, cath insert	0.00	NA	4.21	0.18	XXX
74480		A	X-ray control, cath insert	0.54	NA	4.39	0.20	XXX
74480	26	A	X-ray control, cath insert	0.54	0.18	0.18	0.02	XXX
74480	TC	A	X-ray control, cath insert	0.00	NA	4.21	0.18	XXX
74485		A	X-ray guide, GU dilation	0.54	NA	3.44	0.17	XXX
74485	26	A	X-ray guide, GU dilation	0.54	0.18	0.18	0.03	XXX
74485	TC	A	X-ray guide, GU dilation	0.00	NA	3.26	0.14	XXX
74710		A	X-ray measurement of pelvis	0.34	NA	1.21	0.07	XXX
74710	26	A	X-ray measurement of pelvis	0.34	0.12	0.12	0.02	XXX
74710	TC	A	X-ray measurement of pelvis	0.00	NA	1.09	0.05	XXX
74740		A	X-ray, female genital tract	0.38	NA	1.48	0.08	XXX
74740	26	A	X-ray, female genital tract	0.38	0.13	0.13	0.02	XXX
74740	TC	A	X-ray, female genital tract	0.00	NA	1.35	0.06	XXX
74742		A	X-ray, fallopian tube	0.61	NA	3.47	0.16	XXX
74742	26	A	X-ray, fallopian tube	0.61	0.21	0.21	0.02	XXX
74742	TC	A	X-ray, fallopian tube	0.00	NA	3.26	0.14	XXX
74775		A	X-ray exam of perineum	0.62	NA	1.72	0.10	XXX
74775	26	A	X-ray exam of perineum	0.62	0.22	0.22	0.03	XXX
74775	TC	A	X-ray exam of perineum	0.00	NA	1.51	0.07	XXX
75552		A	Heart mri for morph w/o dye	1.60	NA	12.13	0.56	XXX
75552	26	A	Heart mri for morph w/o dye	1.60	0.55	0.55	0.07	XXX
75552	TC	A	Heart mri for morph w/o dye	0.00	NA	11.58	0.49	XXX
75553		A	Heart mri for morph w/dye	2.00	NA	12.26	0.58	XXX
75553	26	A	Heart mri for morph w/dye	2.00	0.68	0.68	0.09	XXX
75553	TC	A	Heart mri for morph w/dye	0.00	NA	11.58	0.49	XXX
75554		A	Cardiac MRI/function	1.83	NA	12.25	0.56	XXX
75554	26	A	Cardiac MRI/function	1.83	0.67	0.67	0.07	XXX
75554	TC	A	Cardiac MRI/function	0.00	NA	11.58	0.49	XXX
75555		A	Cardiac MRI/limited study	1.74	NA	12.24	0.56	XXX
75555	26	A	Cardiac MRI/limited study	1.74	0.66	0.66	0.07	XXX
75555	TC	A	Cardiac MRI/limited study	0.00	NA	11.58	0.49	XXX
75556		N	Cardiac MRI/flow mapping	0.00	0.00	0.00	0.00	XXX
75600		A	Contrast x-ray exam of aorta	0.49	NA	13.21	0.56	XXX
75600	26	A	Contrast x-ray exam of aorta	0.49	0.19	0.19	0.02	XXX
75600	TC	A	Contrast x-ray exam of aorta	0.00	NA	13.02	0.54	XXX
75605		A	Contrast x-ray exam of aorta	1.14	NA	13.43	0.59	XXX
75605	26	A	Contrast x-ray exam of aorta	1.14	0.41	0.41	0.05	XXX
75605	TC	A	Contrast x-ray exam of aorta	0.00	NA	13.02	0.54	XXX
75625		A	Contrast x-ray exam of aorta	1.14	NA	13.41	0.59	XXX
75625	26	A	Contrast x-ray exam of aorta	1.14	0.39	0.39	0.05	XXX
75625	TC	A	Contrast x-ray exam of aorta	0.00	NA	13.02	0.54	XXX
75630		A	X-ray aorta, leg arteries	1.79	NA	14.21	0.65	XXX
75630	26	A	X-ray aorta, leg arteries	1.79	0.64	0.64	0.08	XXX
75630	TC	A	X-ray aorta, leg arteries	0.00	NA	13.57	0.57	XXX
75635		A	Ct angio abdominal arteries	2.40	NA	9.70	0.41	XXX
75635	26	A	Ct angio abdominal arteries	2.40	0.93	0.93	0.09	XXX
75635	TC	A	Ct angio abdominal arteries	0.00	NA	8.77	0.32	XXX
75650		A	Artery x-rays, head & neck	1.49	NA	13.53	0.61	XXX
75650	26	A	Artery x-rays, head & neck	1.49	0.51	0.51	0.07	XXX
75650	TC	A	Artery x-rays, head & neck	0.00	NA	13.02	0.54	XXX
75658		A	Artery x-rays, arm	1.31	NA	13.51	0.60	XXX
75658	26	A	Artery x-rays, arm	1.31	0.49	0.49	0.06	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Facility PE RVUs	Non-Facility PE RVUs	Mal-Practice RVUs	Global
75658	TC	A	Artery x-rays, arm	0.00	NA	13.02	0.54	XXX
75660	.....	A	Artery x-rays, head & neck	1.31	NA	13.48	0.60	XXX
75660	26	A	Artery x-rays, head & neck	1.31	0.46	0.46	0.06	XXX
75660	TC	A	Artery x-rays, head & neck	0.00	NA	13.02	0.54	XXX
75662	.....	A	Artery x-rays, head & neck	1.66	NA	13.63	0.62	XXX
75662	26	A	Artery x-rays, head & neck	1.66	0.61	0.61	0.08	XXX
75662	TC	A	Artery x-rays, head & neck	0.00	NA	13.02	0.54	XXX
75665	.....	A	Artery x-rays, head & neck	1.31	NA	13.47	0.61	XXX
75665	26	A	Artery x-rays, head & neck	1.31	0.46	0.46	0.07	XXX
75665	TC	A	Artery x-rays, head & neck	0.00	NA	13.02	0.54	XXX
75671	.....	A	Artery x-rays, head & neck	1.66	NA	13.59	0.62	XXX
75671	26	A	Artery x-rays, head & neck	1.66	0.57	0.57	0.08	XXX
75671	TC	A	Artery x-rays, head & neck	0.00	NA	13.02	0.54	XXX
75676	.....	A	Artery x-rays, neck	1.31	NA	13.48	0.61	XXX
75676	26	A	Artery x-rays, neck	1.31	0.46	0.46	0.07	XXX
75676	TC	A	Artery x-rays, neck	0.00	NA	13.02	0.54	XXX
75680	.....	A	Artery x-rays, neck	1.66	NA	13.59	0.62	XXX
75680	26	A	Artery x-rays, neck	1.66	0.57	0.57	0.08	XXX
75680	TC	A	Artery x-rays, neck	0.00	NA	13.02	0.54	XXX
75685	.....	A	Artery x-rays, spine	1.31	NA	13.47	0.60	XXX
75685	26	A	Artery x-rays, spine	1.31	0.45	0.45	0.06	XXX
75685	TC	A	Artery x-rays, spine	0.00	NA	13.02	0.54	XXX
75705	.....	A	Artery x-rays, spine	2.18	NA	13.78	0.65	XXX
75705	26	A	Artery x-rays, spine	2.18	0.76	0.76	0.11	XXX
75705	TC	A	Artery x-rays, spine	0.00	NA	13.02	0.54	XXX
75710	.....	A	Artery x-rays, arm/leg	1.14	NA	13.42	0.60	XXX
75710	26	A	Artery x-rays, arm/leg	1.14	0.40	0.40	0.06	XXX
75710	TC	A	Artery x-rays, arm/leg	0.00	NA	13.02	0.54	XXX
75716	.....	A	Artery x-rays, arms/legs	1.31	NA	13.47	0.60	XXX
75716	26	A	Artery x-rays, arms/legs	1.31	0.45	0.45	0.06	XXX
75716	TC	A	Artery x-rays, arms/legs	0.00	NA	13.02	0.54	XXX
75722	.....	A	Artery x-rays, kidney	1.14	NA	13.43	0.59	XXX
75722	26	A	Artery x-rays, kidney	1.14	0.41	0.41	0.05	XXX
75722	TC	A	Artery x-rays, kidney	0.00	NA	13.02	0.54	XXX
75724	.....	A	Artery x-rays, kidneys	1.49	NA	13.60	0.59	XXX
75724	26	A	Artery x-rays, kidneys	1.49	0.58	0.58	0.05	XXX
75724	TC	A	Artery x-rays, kidneys	0.00	NA	13.02	0.54	XXX
75726	.....	A	Artery x-rays, abdomen	1.14	NA	13.41	0.59	XXX
75726	26	A	Artery x-rays, abdomen	1.14	0.39	0.39	0.05	XXX
75726	TC	A	Artery x-rays, abdomen	0.00	NA	13.02	0.54	XXX
75731	.....	A	Artery x-rays, adrenal gland	1.14	NA	13.41	0.59	XXX
75731	26	A	Artery x-rays, adrenal gland	1.14	0.39	0.39	0.05	XXX
75731	TC	A	Artery x-rays, adrenal gland	0.00	NA	13.02	0.54	XXX
75733	.....	A	Artery x-rays, adrenals	1.31	NA	13.48	0.60	XXX
75733	26	A	Artery x-rays, adrenals	1.31	0.46	0.46	0.06	XXX
75733	TC	A	Artery x-rays, adrenals	0.00	NA	13.02	0.54	XXX
75736	.....	A	Artery x-rays, pelvis	1.14	NA	13.41	0.59	XXX
75736	26	A	Artery x-rays, pelvis	1.14	0.39	0.39	0.05	XXX
75736	TC	A	Artery x-rays, pelvis	0.00	NA	13.02	0.54	XXX
75741	.....	A	Artery x-rays, lung	1.31	NA	13.47	0.60	XXX
75741	26	A	Artery x-rays, lung	1.31	0.45	0.45	0.06	XXX
75741	TC	A	Artery x-rays, lung	0.00	NA	13.02	0.54	XXX
75743	.....	A	Artery x-rays, lungs	1.66	NA	13.58	0.61	XXX
75743	26	A	Artery x-rays, lungs	1.66	0.57	0.57	0.07	XXX
75743	TC	A	Artery x-rays, lungs	0.00	NA	13.02	0.54	XXX
75746	.....	A	Artery x-rays, lung	1.14	NA	13.41	0.59	XXX
75746	26	A	Artery x-rays, lung	1.14	0.39	0.39	0.05	XXX
75746	TC	A	Artery x-rays, lung	0.00	NA	13.02	0.54	XXX
75756	.....	A	Artery x-rays, chest	1.14	NA	13.48	0.58	XXX
75756	26	A	Artery x-rays, chest	1.14	0.46	0.46	0.04	XXX
75756	TC	A	Artery x-rays, chest	0.00	NA	13.02	0.54	XXX
75774	.....	A	Artery x-ray, each vessel	0.36	NA	13.15	0.56	ZZZ
75774	26	A	Artery x-ray, each vessel	0.36	0.13	0.13	0.02	ZZZ
75774	TC	A	Artery x-ray, each vessel	0.00	NA	13.02	0.54	ZZZ
75790	.....	A	Visualize A-V shunt	1.84	NA	2.02	0.16	XXX
75790	26	A	Visualize A-V shunt	1.84	0.63	0.63	0.09	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Facility PE RVUs	Non-Facility PE RVUs	Mal-Practice RVUs	Global
75790	TC	A	Visualize A-V shunt	0.00	NA	1.40	0.07	XXX
75801		A	Lymph vessel x-ray, arm/leg	0.81	NA	5.87	0.29	XXX
75801	26	A	Lymph vessel x-ray, arm/leg	0.81	0.28	0.28	0.05	XXX
75801	TC	A	Lymph vessel x-ray, arm/leg	0.00	NA	5.60	0.24	XXX
75803		A	Lymph vessel x-ray, arms/legs	1.17	NA	5.99	0.29	XXX
75803	26	A	Lymph vessel x-ray, arms/legs	1.17	0.40	0.40	0.05	XXX
75803	TC	A	Lymph vessel x-ray, arms/legs	0.00	NA	5.60	0.24	XXX
75805		A	Lymph vessel x-ray, trunk	0.81	NA	6.58	0.31	XXX
75805	26	A	Lymph vessel x-ray, trunk	0.81	0.28	0.28	0.04	XXX
75805	TC	A	Lymph vessel x-ray, trunk	0.00	NA	6.31	0.27	XXX
75807		A	Lymph vessel x-ray, trunk	1.17	NA	6.70	0.32	XXX
75807	26	A	Lymph vessel x-ray, trunk	1.17	0.40	0.40	0.05	XXX
75807	TC	A	Lymph vessel x-ray, trunk	0.00	NA	6.31	0.27	XXX
75809		A	Nonvascular shunt, x-ray	0.47	NA	0.97	0.06	XXX
75809	26	A	Nonvascular shunt, x-ray	0.47	0.16	0.16	0.02	XXX
75809	TC	A	Nonvascular shunt, x-ray	0.00	NA	0.81	0.04	XXX
75810		A	Vein x-ray, spleen/liver	1.14	NA	13.41	0.60	XXX
75810	26	A	Vein x-ray, spleen/liver	1.14	0.39	0.39	0.06	XXX
75810	TC	A	Vein x-ray, spleen/liver	0.00	NA	13.02	0.54	XXX
75820		A	Vein x-ray, arm/leg	0.70	NA	1.22	0.08	XXX
75820	26	A	Vein x-ray, arm/leg	0.70	0.24	0.24	0.03	XXX
75820	TC	A	Vein x-ray, arm/leg	0.00	NA	0.98	0.05	XXX
75822		A	Vein x-ray, arms/legs	1.06	NA	1.89	0.12	XXX
75822	26	A	Vein x-ray, arms/legs	1.06	0.36	0.36	0.05	XXX
75822	TC	A	Vein x-ray, arms/legs	0.00	NA	1.53	0.07	XXX
75825		A	Vein x-ray, trunk	1.14	NA	13.41	0.60	XXX
75825	26	A	Vein x-ray, trunk	1.14	0.39	0.39	0.06	XXX
75825	TC	A	Vein x-ray, trunk	0.00	NA	13.02	0.54	XXX
75827		A	Vein x-ray, chest	1.14	NA	13.41	0.59	XXX
75827	26	A	Vein x-ray, chest	1.14	0.39	0.39	0.05	XXX
75827	TC	A	Vein x-ray, chest	0.00	NA	13.02	0.54	XXX
75831		A	Vein x-ray, kidney	1.14	NA	13.40	0.59	XXX
75831	26	A	Vein x-ray, kidney	1.14	0.38	0.38	0.05	XXX
75831	TC	A	Vein x-ray, kidney	0.00	NA	13.02	0.54	XXX
75833		A	Vein x-ray, kidneys	1.49	NA	13.53	0.61	XXX
75833	26	A	Vein x-ray, kidneys	1.49	0.51	0.51	0.07	XXX
75833	TC	A	Vein x-ray, kidneys	0.00	NA	13.02	0.54	XXX
75840		A	Vein x-ray, adrenal gland	1.14	NA	13.41	0.61	XXX
75840	26	A	Vein x-ray, adrenal gland	1.14	0.39	0.39	0.07	XXX
75840	TC	A	Vein x-ray, adrenal gland	0.00	NA	13.02	0.54	XXX
75842		A	Vein x-ray, adrenal glands	1.49	NA	13.52	0.61	XXX
75842	26	A	Vein x-ray, adrenal glands	1.49	0.50	0.50	0.07	XXX
75842	TC	A	Vein x-ray, adrenal glands	0.00	NA	13.02	0.54	XXX
75860		A	Vein x-ray, neck	1.14	NA	13.42	0.60	XXX
75860	26	A	Vein x-ray, neck	1.14	0.40	0.40	0.06	XXX
75860	TC	A	Vein x-ray, neck	0.00	NA	13.02	0.54	XXX
75870		A	Vein x-ray, skull	1.14	NA	13.42	0.60	XXX
75870	26	A	Vein x-ray, skull	1.14	0.40	0.40	0.06	XXX
75870	TC	A	Vein x-ray, skull	0.00	NA	13.02	0.54	XXX
75872		A	Vein x-ray, skull	1.14	NA	13.41	0.59	XXX
75872	26	A	Vein x-ray, skull	1.14	0.39	0.39	0.05	XXX
75872	TC	A	Vein x-ray, skull	0.00	NA	13.02	0.54	XXX
75880		A	Vein x-ray, eye socket	0.70	NA	1.22	0.08	XXX
75880	26	A	Vein x-ray, eye socket	0.70	0.24	0.24	0.03	XXX
75880	TC	A	Vein x-ray, eye socket	0.00	NA	0.98	0.05	XXX
75885		A	Vein x-ray, liver	1.44	NA	13.51	0.60	XXX
75885	26	A	Vein x-ray, liver	1.44	0.49	0.49	0.06	XXX
75885	TC	A	Vein x-ray, liver	0.00	NA	13.02	0.54	XXX
75887		A	Vein x-ray, liver	1.44	NA	13.51	0.60	XXX
75887	26	A	Vein x-ray, liver	1.44	0.49	0.49	0.06	XXX
75887	TC	A	Vein x-ray, liver	0.00	NA	13.02	0.54	XXX
75889		A	Vein x-ray, liver	1.14	NA	13.41	0.59	XXX
75889	26	A	Vein x-ray, liver	1.14	0.39	0.39	0.05	XXX
75889	TC	A	Vein x-ray, liver	0.00	NA	13.02	0.54	XXX
75891		A	Vein x-ray, liver	1.14	NA	13.41	0.59	XXX
75891	26	A	Vein x-ray, liver	1.14	0.39	0.39	0.05	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Facility PE RVUs	Non-Facility PE RVUs	Mal-Practice RVUs	Global
75891	TC	A	Vein x-ray, liver	0.00	NA	13.02	0.54	XXX
75893		A	Venous sampling by catheter	0.54	NA	13.21	0.56	XXX
75893	26	A	Venous sampling by catheter	0.54	0.19	0.19	0.02	XXX
75893	TC	A	Venous sampling by catheter	0.00	NA	13.02	0.54	XXX
75894		A	X-rays, transcath therapy	1.31	NA	25.39	1.12	XXX
75894	26	A	X-rays, transcath therapy	1.31	0.45	0.45	0.07	XXX
75894	TC	A	X-rays, transcath therapy	0.00	NA	24.94	1.05	XXX
75896		A	X-rays, transcath therapy	1.31	NA	22.16	0.97	XXX
75896	26	A	X-rays, transcath therapy	1.31	0.47	0.47	0.06	XXX
75896	TC	A	X-rays, transcath therapy	0.00	NA	21.69	0.91	XXX
75898		A	Follow-up angiography	1.65	NA	1.66	0.12	XXX
75898	26	A	Follow-up angiography	1.65	0.57	0.57	0.07	XXX
75898	TC	A	Follow-up angiography	0.00	NA	1.09	0.05	XXX
75900		A	Arterial catheter exchange	0.49	NA	21.84	0.94	XXX
75900	26	A	Arterial catheter exchange	0.49	0.17	0.17	0.02	XXX
75900	TC	A	Arterial catheter exchange	0.00	NA	21.67	0.92	XXX
75940		A	X-ray placement, vein filter	0.54	NA	13.20	0.57	XXX
75940	26	A	X-ray placement, vein filter	0.54	0.18	0.18	0.03	XXX
75940	TC	A	X-ray placement, vein filter	0.00	NA	13.02	0.54	XXX
75945		A	Intravascular us	0.40	NA	4.86	0.23	XXX
75945	26	A	Intravascular us	0.40	0.15	0.15	0.03	XXX
75945	TC	A	Intravascular us	0.00	NA	4.72	0.20	XXX
75946		A	Intravascular us add-on	0.40	NA	2.51	0.14	ZZZ
75946	26	A	Intravascular us add-on	0.40	0.14	0.14	0.03	ZZZ
75946	TC	A	Intravascular us add-on	0.00	NA	2.37	0.11	ZZZ
75952		C	Endovasc repair abdom aorta	0.00	0.00	0.00	0.00	XXX
75952	26	A	Endovasc repair abdom aorta	4.50	1.74	1.74	0.68	XXX
75952	TC	C	Endovasc repair abdom aorta	0.00	0.00	0.00	0.00	XXX
75953		C	Abdom aneurysm endovas rpr	0.00	0.00	0.00	0.00	XXX
75953	26	A	Abdom aneurysm endovas rpr	1.36	0.53	0.53	0.68	XXX
75953	TC	C	Abdom aneurysm endovas rpr	0.00	0.00	0.00	0.00	XXX
75960		A	Transcatheter intro, stent	0.82	NA	15.69	0.68	XXX
75960	26	A	Transcatheter intro, stent	0.82	0.29	0.29	0.04	XXX
75960	TC	A	Transcatheter intro, stent	0.00	NA	15.40	0.64	XXX
75961		A	Retrieval, broken catheter	4.25	NA	12.30	0.64	XXX
75961	26	A	Retrieval, broken catheter	4.25	1.45	1.45	0.18	XXX
75961	TC	A	Retrieval, broken catheter	0.00	NA	10.85	0.46	XXX
75962		A	Repair arterial blockage	0.54	NA	16.46	0.72	XXX
75962	26	A	Repair arterial blockage	0.54	0.19	0.19	0.03	XXX
75962	TC	A	Repair arterial blockage	0.00	NA	16.27	0.69	XXX
75964		A	Repair artery blockage, each	0.36	NA	8.80	0.38	ZZZ
75964	26	A	Repair artery blockage, each	0.36	0.13	0.13	0.02	ZZZ
75964	TC	A	Repair artery blockage, each	0.00	NA	8.67	0.36	ZZZ
75966		A	Repair arterial blockage	1.31	NA	16.75	0.75	XXX
75966	26	A	Repair arterial blockage	1.31	0.48	0.48	0.06	XXX
75966	TC	A	Repair arterial blockage	0.00	NA	16.27	0.69	XXX
75968		A	Repair artery blockage, each	0.36	NA	8.81	0.37	ZZZ
75968	26	A	Repair artery blockage, each	0.36	0.13	0.13	0.01	ZZZ
75968	TC	A	Repair artery blockage, each	0.00	NA	8.67	0.36	ZZZ
75970		A	Vascular biopsy	0.83	NA	12.22	0.54	XXX
75970	26	A	Vascular biopsy	0.83	0.29	0.29	0.04	XXX
75970	TC	A	Vascular biopsy	0.00	NA	11.93	0.50	XXX
75978		A	Repair venous blockage	0.54	NA	16.45	0.71	XXX
75978	26	A	Repair venous blockage	0.54	0.18	0.18	0.02	XXX
75978	TC	A	Repair venous blockage	0.00	NA	16.27	0.69	XXX
75980		A	Contrast xray exam bile duct	1.44	NA	6.08	0.30	XXX
75980	26	A	Contrast xray exam bile duct	1.44	0.49	0.49	0.06	XXX
75980	TC	A	Contrast xray exam bile duct	0.00	NA	5.60	0.24	XXX
75982		A	Contrast xray exam bile duct	1.44	NA	6.79	0.33	XXX
75982	26	A	Contrast xray exam bile duct	1.44	0.49	0.49	0.06	XXX
75982	TC	A	Contrast xray exam bile duct	0.00	NA	6.31	0.27	XXX
75984		A	Xray control catheter change	0.72	NA	2.26	0.12	XXX
75984	26	A	Xray control catheter change	0.72	0.24	0.24	0.03	XXX
75984	TC	A	Xray control catheter change	0.00	NA	2.02	0.09	XXX
75989		A	Abscess drainage under x-ray	1.19	NA	3.66	0.19	XXX
75989	26	A	Abscess drainage under x-ray	1.19	0.40	0.40	0.05	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Facility PE RVUs	Non-Facility PE RVUs	Mal-Practice RVUs	Global
75989	TC	A	Abscess drainage under x-ray	0.00	NA	3.26	0.14	XXX
75992	.....	A	Atherectomy, x-ray exam	0.54	NA	16.46	0.71	XXX
75992	26	A	Atherectomy, x-ray exam	0.54	0.20	0.20	0.02	XXX
75992	TC	A	Atherectomy, x-ray exam	0.00	NA	16.27	0.69	XXX
75993	.....	A	Atherectomy, x-ray exam	0.36	NA	8.81	0.37	ZZZ
75993	26	A	Atherectomy, x-ray exam	0.36	0.14	0.14	0.01	ZZZ
75993	TC	A	Atherectomy, x-ray exam	0.00	NA	8.67	0.36	ZZZ
75994	.....	A	Atherectomy, x-ray exam	1.31	NA	16.75	0.75	XXX
75994	26	A	Atherectomy, x-ray exam	1.31	0.48	0.48	0.06	XXX
75994	TC	A	Atherectomy, x-ray exam	0.00	NA	16.27	0.69	XXX
75995	.....	A	Atherectomy, x-ray exam	1.31	NA	16.75	0.75	XXX
75995	26	A	Atherectomy, x-ray exam	1.31	0.49	0.49	0.06	XXX
75995	TC	A	Atherectomy, x-ray exam	0.00	NA	16.27	0.69	XXX
75996	.....	A	Atherectomy, x-ray exam	0.36	NA	8.80	0.37	ZZZ
75996	26	A	Atherectomy, x-ray exam	0.36	0.12	0.12	0.01	ZZZ
75996	TC	A	Atherectomy, x-ray exam	0.00	NA	8.67	0.36	ZZZ
76000	.....	A	Fluoroscope examination	0.17	NA	1.40	0.07	XXX
76000	26	A	Fluoroscope examination	0.17	0.05	0.05	0.01	XXX
76000	TC	A	Fluoroscope examination	0.00	NA	1.35	0.06	XXX
76001	.....	A	Fluoroscope exam, extensive	0.67	NA	2.94	0.15	XXX
76001	26	A	Fluoroscope exam, extensive	0.67	0.23	0.23	0.03	XXX
76001	TC	A	Fluoroscope exam, extensive	0.00	NA	2.71	0.12	XXX
76003	.....	A	Needle localization by x-ray	0.54	NA	1.53	0.09	XXX
76003	26	A	Needle localization by x-ray	0.54	0.18	0.18	0.03	XXX
76003	TC	A	Needle localization by x-ray	0.00	NA	1.35	0.06	XXX
76005	.....	A	Fluoroguide for spine inject	0.60	NA	1.52	0.09	XXX
76005	26	A	Fluoroguide for spine inject	0.60	0.17	0.17	0.03	XXX
76005	TC	A	Fluoroguide for spine inject	0.00	NA	1.35	0.06	XXX
76006	.....	A	X-ray stress view	0.41	0.18	0.18	0.04	XXX
76010	.....	A	X-ray, nose to rectum	0.18	NA	0.60	0.03	XXX
76010	26	A	X-ray, nose to rectum	0.18	0.06	0.06	0.01	XXX
76010	TC	A	X-ray, nose to rectum	0.00	NA	0.54	0.02	XXX
76012	.....	C	Percut vertebroplasty fluor	0.00	0.00	0.00	0.00	XXX
76012	26	A	Percut vertebroplasty fluor	1.31	0.51	0.51	0.23	XXX
76012	TC	C	Percut vertebroplasty fluor	0.00	0.00	0.00	0.00	XXX
76013	.....	C	Percut vertebroplasty, ct	0.00	0.00	0.00	0.00	XXX
76013	26	A	Percut vertebroplasty, ct	1.38	0.53	0.53	0.48	XXX
76013	TC	C	Percut vertebroplasty, ct	0.00	0.00	0.00	0.00	XXX
76020	.....	A	X-rays for bone age	0.19	NA	0.60	0.03	XXX
76020	26	A	X-rays for bone age	0.19	0.07	0.07	0.01	XXX
76020	TC	A	X-rays for bone age	0.00	NA	0.54	0.02	XXX
76040	.....	A	X-rays, bone evaluation	0.27	NA	0.90	0.07	XXX
76040	26	A	X-rays, bone evaluation	0.27	0.09	0.09	0.03	XXX
76040	TC	A	X-rays, bone evaluation	0.00	NA	0.81	0.04	XXX
76061	.....	A	X-rays, bone survey	0.45	NA	1.18	0.07	XXX
76061	26	A	X-rays, bone survey	0.45	0.15	0.15	0.02	XXX
76061	TC	A	X-rays, bone survey	0.00	NA	1.03	0.05	XXX
76062	.....	A	X-rays, bone survey	0.54	NA	1.67	0.09	XXX
76062	26	A	X-rays, bone survey	0.54	0.18	0.18	0.02	XXX
76062	TC	A	X-rays, bone survey	0.00	NA	1.49	0.07	XXX
76065	.....	A	X-rays, bone evaluation	0.70	NA	1.00	0.05	XXX
76065	26	A	X-rays, bone evaluation	0.70	0.24	0.24	0.01	XXX
76065	TC	A	X-rays, bone evaluation	0.00	NA	0.76	0.04	XXX
76066	.....	A	Joint survey, single view	0.31	NA	1.26	0.07	XXX
76066	26	A	Joint survey, single view	0.31	0.11	0.11	0.02	XXX
76066	TC	A	Joint survey, single view	0.00	NA	1.15	0.05	XXX
76070	.....	I	CT scan, bone density study	0.25	NA	3.14	0.14	XXX
76070	26	I	CT scan, bone density study	0.25	0.10	0.10	0.01	XXX
76070	TC	I	CT scan, bone density study	0.00	NA	3.05	0.13	XXX
76075	.....	A	Us exam, abdom, limited	0.30	NA	3.30	0.15	XXX
76075	26	A	Us exam, abdom, limited	0.30	0.11	0.11	0.01	XXX
76075	TC	A	Us exam, abdom, limited	0.00	NA	3.20	0.14	XXX
76076	.....	A	Dual energy x-ray study	0.22	NA	0.86	0.05	XXX
76076	26	A	Dual energy x-ray study	0.22	0.08	0.08	0.01	XXX
76076	TC	A	Dual energy x-ray study	0.00	NA	0.78	0.04	XXX
76078	.....	A	Radiographic absorptiometry	0.20	NA	0.86	0.05	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Facility PE RVUs	Non-Facility PE RVUs	Mal-Practice RVUs	Global
76078	26	A	Radiographic absorptiometry	0.20	0.08	0.08	0.01	XXX
76078	TC	A	Radiographic absorptiometry	0.00	NA	0.78	0.04	XXX
76080		A	X-ray exam of fistula	0.54	NA	1.27	0.07	XXX
76080	26	A	X-ray exam of fistula	0.54	0.18	0.18	0.02	XXX
76080	TC	A	X-ray exam of fistula	0.00	NA	1.09	0.05	XXX
76085		A	Computer mammogram add-on	0.06	NA	0.45	0.02	ZZZ
76085	26	A	Computer mammogram add-on	0.06	0.02	0.02	0.01	ZZZ
76085	TC	A	Computer mammogram add-on	0.00	NA	0.43	0.01	ZZZ
76086		A	X-ray of mammary duct	0.36	NA	2.83	0.14	XXX
76086	26	A	X-ray of mammary duct	0.36	0.12	0.12	0.02	XXX
76086	TC	A	X-ray of mammary duct	0.00	NA	2.71	0.12	XXX
76088		A	X-ray of mammary ducts	0.45	NA	3.94	0.18	XXX
76088	26	A	X-ray of mammary ducts	0.45	0.15	0.15	0.02	XXX
76088	TC	A	X-ray of mammary ducts	0.00	NA	3.79	0.16	XXX
76090		A	Mammogram, one breast	0.70	NA	1.33	0.08	XXX
76090	26	A	Mammogram, one breast	0.70	0.24	0.24	0.03	XXX
76090	TC	A	Mammogram, one breast	0.00	NA	1.09	0.05	XXX
76091		A	Mammogram, both breasts	0.87	NA	1.65	0.09	XXX
76091	26	A	Mammogram, both breasts	0.87	0.30	0.30	0.03	XXX
76091	TC	A	Mammogram, both breasts	0.00	NA	1.35	0.06	XXX
76092		A	Mammogram, screening	0.70	NA	1.47	0.09	XXX
76092	26	A	Mammogram, screening	0.70	0.25	0.25	0.03	XXX
76092	TC	A	Mammogram, screening	0.00	NA	1.22	0.06	XXX
76093		A	Magnetic image, breast	1.63	NA	18.77	0.83	XXX
76093	26	A	Magnetic image, breast	1.63	0.56	0.56	0.07	XXX
76093	TC	A	Magnetic image, breast	0.00	NA	18.22	0.76	XXX
76094		A	Magnetic image, both breasts	1.63	NA	25.27	1.10	XXX
76094	26	A	Magnetic image, both breasts	1.63	0.56	0.56	0.07	XXX
76094	TC	A	Magnetic image, both breasts	0.00	NA	24.71	1.03	XXX
76095		A	Stereotactic breast biopsy	1.59	NA	7.95	0.40	XXX
76095	26	A	Stereotactic breast biopsy	1.59	0.54	0.54	0.09	XXX
76095	TC	A	Stereotactic breast biopsy	0.00	NA	7.40	0.31	XXX
76096		A	X-ray of needle wire, breast	0.56	NA	1.54	0.09	XXX
76096	26	A	X-ray of needle wire, breast	0.56	0.19	0.19	0.03	XXX
76096	TC	A	X-ray of needle wire, breast	0.00	NA	1.35	0.06	XXX
76098		A	X-ray exam, breast specimen	0.16	NA	0.49	0.03	XXX
76098	26	A	X-ray exam, breast specimen	0.16	0.06	0.06	0.01	XXX
76098	TC	A	X-ray exam, breast specimen	0.00	NA	0.43	0.02	XXX
76100		A	X-ray exam of body section	0.58	NA	1.49	0.09	XXX
76100	26	A	X-ray exam of body section	0.58	0.20	0.20	0.03	XXX
76100	TC	A	X-ray exam of body section	0.00	NA	1.29	0.06	XXX
76101		A	Complex body section x-ray	0.58	NA	1.67	0.10	XXX
76101	26	A	Complex body section x-ray	0.58	0.20	0.20	0.03	XXX
76101	TC	A	Complex body section x-ray	0.00	NA	1.47	0.07	XXX
76102		A	Complex body section x-rays	0.58	NA	1.99	0.12	XXX
76102	26	A	Complex body section x-rays	0.58	0.20	0.20	0.03	XXX
76102	TC	A	Complex body section x-rays	0.00	NA	1.79	0.09	XXX
76120		A	Cine/video x-rays	0.38	NA	1.22	0.07	XXX
76120	26	A	Cine/video x-rays	0.38	0.13	0.13	0.02	XXX
76120	TC	A	Cine/video x-rays	0.00	NA	1.09	0.05	XXX
76125		A	Cine/video x-rays add-on	0.27	NA	0.91	0.05	ZZZ
76125	26	A	Cine/video x-rays add-on	0.27	0.10	0.10	0.01	ZZZ
76125	TC	A	Cine/video x-rays add-on	0.00	NA	0.81	0.04	ZZZ
76140		I	X-ray consultation	0.00	0.00	0.00	0.00	XXX
76150		A	X-ray exam, dry process	0.00	NA	0.43	0.02	XXX
76350		C	Special x-ray contrast study	0.00	0.00	0.00	0.00	XXX
76355		A	CAT scan for localization	1.21	NA	8.95	0.41	XXX
76355	26	A	CAT scan for localization	1.21	0.42	0.42	0.06	XXX
76355	TC	A	CAT scan for localization	0.00	NA	8.53	0.35	XXX
76360		A	CAT scan for needle biopsy	1.16	NA	8.93	0.40	XXX
76360	26	A	CAT scan for needle biopsy	1.16	0.39	0.39	0.05	XXX
76360	TC	A	CAT scan for needle biopsy	0.00	NA	8.53	0.35	XXX
76362		A	Cat scan for tissue ablation	4.00	NA	9.89	1.38	XXX
76362	26	A	Cat scan for tissue ablation	4.00	1.36	1.36	0.17	XXX
76362	TC	A	Cat scan for tissue ablation	0.00	NA	8.53	1.21	XXX
76370		A	CAT scan for therapy guide	0.85	NA	3.34	0.17	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Facility PE RVUs	Non-Facility PE RVUs	Mal-Practice RVUs	Global
76370	26	A	CAT scan for therapy guide	0.85	0.29	0.29	0.04	XXX
76370	TC	A	CAT scan for therapy guide	0.00	NA	3.05	0.13	XXX
76375	.....	A	3d/holograph reconstr add-on	0.16	NA	3.71	0.16	XXX
76375	26	A	3d/holograph reconstr add-on	0.16	0.05	0.05	0.01	XXX
76375	TC	A	3d/holograph reconstr add-on	0.00	NA	3.66	0.15	XXX
76380	.....	A	CAT scan follow-up study	0.98	NA	3.95	0.19	XXX
76380	26	A	CAT scan follow-up study	0.98	0.33	0.33	0.04	XXX
76380	TC	A	CAT scan follow-up study	0.00	NA	3.62	0.15	XXX
76390	.....	N	Mr spectroscopy	1.40	NA	12.06	0.55	XXX
76390	26	N	Mr spectroscopy	1.40	0.48	0.48	0.06	XXX
76390	TC	N	Mr spectroscopy	0.00	NA	11.58	0.49	XXX
76393	.....	A	Mr guidance for needle place	1.50	NA	12.09	0.53	XXX
76393	26	A	Mr guidance for needle place	1.50	0.51	0.51	0.07	XXX
76393	TC	A	Mr guidance for needle place	0.00	NA	11.58	0.46	XXX
76394	.....	A	Mri for tissue ablation	4.25	NA	13.03	1.43	XXX
76394	26	A	Mri for tissue ablation	4.25	1.45	1.45	0.14	XXX
76394	TC	A	Mri for tissue ablation	0.00	NA	11.58	1.29	XXX
76400	.....	A	Magnetic image, bone marrow	1.60	NA	12.13	0.56	XXX
76400	26	A	Magnetic image, bone marrow	1.60	0.55	0.55	0.07	XXX
76400	TC	A	Magnetic image, bone marrow	0.00	NA	11.58	0.49	XXX
76490	.....	A	Us for tissue ablation	2.00	NA	2.24	0.36	XXX
76490	26	A	Us for tissue ablation	2.00	0.68	0.68	0.12	XXX
76490	TC	A	Us for tissue ablation	0.00	NA	1.57	0.24	XXX
76499	.....	C	Radiographic procedure	0.00	0.00	0.00	0.00	XXX
76499	26	C	Radiographic procedure	0.00	0.00	0.00	0.00	XXX
76499	TC	C	Radiographic procedure	0.00	0.00	0.00	0.00	XXX
76506	.....	A	Echo exam of head	0.63	NA	1.72	0.10	XXX
76506	26	A	Echo exam of head	0.63	0.25	0.25	0.03	XXX
76506	TC	A	Echo exam of head	0.00	NA	1.47	0.07	XXX
76511	.....	A	Echo exam of eye	0.94	NA	2.75	0.08	XXX
76511	26	A	Echo exam of eye	0.94	0.41	0.41	0.02	XXX
76511	TC	A	Echo exam of eye	0.00	NA	2.33	0.06	XXX
76512	.....	A	Echo exam of eye	0.66	NA	2.71	0.09	XXX
76512	26	A	Echo exam of eye	0.66	0.30	0.30	0.01	XXX
76512	TC	A	Echo exam of eye	0.00	NA	2.41	0.08	XXX
76513	.....	A	Echo exam of eye, water bath	0.66	NA	2.96	0.09	XXX
76513	26	A	Echo exam of eye, water bath	0.66	0.30	0.30	0.01	XXX
76513	TC	A	Echo exam of eye, water bath	0.00	NA	2.66	0.08	XXX
76516	.....	A	Echo exam of eye	0.54	NA	2.27	0.07	XXX
76516	26	A	Echo exam of eye	0.54	0.25	0.25	0.01	XXX
76516	TC	A	Echo exam of eye	0.00	NA	2.02	0.06	XXX
76519	.....	A	Echo exam of eye	0.54	NA	1.98	0.07	XXX
76519	26	A	Echo exam of eye	0.54	0.25	0.25	0.01	XXX
76519	TC	A	Echo exam of eye	0.00	NA	1.73	0.06	XXX
76529	.....	A	Echo exam of eye	0.57	NA	2.57	0.08	XXX
76529	26	A	Echo exam of eye	0.57	0.25	0.25	0.01	XXX
76529	TC	A	Echo exam of eye	0.00	NA	2.31	0.07	XXX
76536	.....	A	Us exam of head and neck	0.56	NA	1.66	0.09	XXX
76536	26	A	Us exam of head and neck	0.56	0.19	0.19	0.02	XXX
76536	TC	A	Us exam of head and neck	0.00	NA	1.47	0.07	XXX
76604	.....	A	Us exam, chest, b-scan	0.55	NA	1.54	0.08	XXX
76604	26	A	Us exam, chest, b-scan	0.55	0.19	0.19	0.02	XXX
76604	TC	A	Us exam, chest, b-scan	0.00	NA	1.35	0.06	XXX
76645	.....	A	Us exam, breast(s)	0.54	NA	1.27	0.08	XXX
76645	26	A	Us exam, breast(s)	0.54	0.18	0.18	0.03	XXX
76645	TC	A	Us exam, breast(s)	0.00	NA	1.09	0.05	XXX
76700	.....	A	Us exam, abdom, complete	0.81	NA	2.31	0.13	XXX
76700	26	A	Us exam, abdom, complete	0.81	0.28	0.28	0.04	XXX
76700	TC	A	Us exam, abdom, complete	0.00	NA	2.04	0.09	XXX
76705	.....	A	Us exam, abdom, limited	0.59	NA	1.67	0.10	XXX
76705	26	A	Us exam, abdom, limited	0.59	0.20	0.20	0.03	XXX
76705	TC	A	Us exam, abdom, limited	0.00	NA	1.47	0.07	XXX
76770	.....	A	Us exam abdo back wall, comp	0.74	NA	2.29	0.12	XXX
76770	26	A	Us exam abdo back wall, comp	0.74	0.25	0.25	0.03	XXX
76770	TC	A	Us exam abdo back wall, comp	0.00	NA	2.04	0.09	XXX
76775	.....	A	Us exam abdo back wall, lim	0.58	NA	1.67	0.10	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Facility PE RVUs	Non-Facility PE RVUs	Mal-Practice RVUs	Global
76775	26	A	Us exam abdo back wall, lim	0.58	0.20	0.20	0.03	XXX
76775	TC	A	Us exam abdo back wall, lim	0.00	NA	1.47	0.07	XXX
76778	.....	A	Us exam kidney transplant	0.74	NA	2.29	0.12	XXX
76778	26	A	Us exam kidney transplant	0.74	0.25	0.25	0.03	XXX
76778	TC	A	Us exam kidney transplant	0.00	NA	2.04	0.09	XXX
76800	.....	A	Us exam, spinal canal	1.13	NA	1.82	0.11	XXX
76800	26	A	Us exam, spinal canal	1.13	0.35	0.35	0.04	XXX
76800	TC	A	Us exam, spinal canal	0.00	NA	1.47	0.07	XXX
76805	.....	A	Us exam, pg uterus, compl	0.99	NA	2.52	0.14	XXX
76805	26	A	Us exam, pg uterus, compl	0.99	0.35	0.35	0.04	XXX
76805	TC	A	Us exam, pg uterus, compl	0.00	NA	2.17	0.10	XXX
76810	.....	A	Us exam, pg uterus, mult	1.97	NA	5.05	0.25	XXX
76810	26	A	Us exam, pg uterus, mult	1.97	0.72	0.72	0.07	XXX
76810	TC	A	Us exam, pg uterus, mult	0.00	NA	4.34	0.18	XXX
76815	.....	A	Us exam, pg uterus limit	0.65	NA	1.71	0.09	XXX
76815	26	A	Us exam, pg uterus limit	0.65	0.24	0.24	0.02	XXX
76815	TC	A	Us exam, pg uterus limit	0.00	NA	1.47	0.07	XXX
76816	.....	A	Us exam pg uterus repeat	0.57	NA	1.37	0.07	XXX
76816	26	A	Us exam pg uterus repeat	0.57	0.22	0.22	0.02	XXX
76816	TC	A	Us exam pg uterus repeat	0.00	NA	1.15	0.05	XXX
76818	.....	A	Fetal biophy profile w/nst	1.05	NA	2.07	0.12	XXX
76818	26	A	Fetal biophy profile w/nst	1.05	0.40	0.40	0.04	XXX
76818	TC	A	Fetal biophy profile w/nst	0.00	NA	1.67	0.08	XXX
76819	.....	A	Fetal biophys profil w/o nst	0.77	NA	1.96	0.10	XXX
76819	26	A	Fetal biophys profil w/o nst	0.77	0.29	0.29	0.02	XXX
76819	TC	A	Fetal biophys profil w/o nst	0.00	NA	1.67	0.08	XXX
76825	.....	A	Echo exam of fetal heart	1.67	NA	2.66	0.15	XXX
76825	26	A	Echo exam of fetal heart	1.67	0.62	0.62	0.06	XXX
76825	TC	A	Echo exam of fetal heart	0.00	NA	2.04	0.09	XXX
76826	.....	A	Echo exam of fetal heart	0.83	NA	1.03	0.07	XXX
76826	26	A	Echo exam of fetal heart	0.83	0.30	0.30	0.03	XXX
76826	TC	A	Echo exam of fetal heart	0.00	NA	0.73	0.04	XXX
76827	.....	A	Echo exam of fetal heart	0.58	NA	2.00	0.12	XXX
76827	26	A	Echo exam of fetal heart	0.58	0.22	0.22	0.02	XXX
76827	TC	A	Echo exam of fetal heart	0.00	NA	1.78	0.10	XXX
76828	.....	A	Echo exam of fetal heart	0.56	NA	1.37	0.09	XXX
76828	26	A	Echo exam of fetal heart	0.56	0.22	0.22	0.02	XXX
76828	TC	A	Echo exam of fetal heart	0.00	NA	1.15	0.07	XXX
76830	.....	A	Us exam, transvaginal	0.69	NA	1.81	0.11	XXX
76830	26	A	Us exam, transvaginal	0.69	0.24	0.24	0.03	XXX
76830	TC	A	Us exam, transvaginal	0.00	NA	1.57	0.08	XXX
76831	.....	A	Echo exam, uterus	0.72	NA	1.83	0.10	XXX
76831	26	A	Echo exam, uterus	0.72	0.26	0.26	0.02	XXX
76831	TC	A	Echo exam, uterus	0.00	NA	1.57	0.08	XXX
76856	.....	A	Us exam, pelvic, complete	0.69	NA	1.81	0.11	XXX
76856	26	A	Us exam, pelvic, complete	0.69	0.24	0.24	0.03	XXX
76856	TC	A	Us exam, pelvic, complete	0.00	NA	1.57	0.08	XXX
76857	.....	A	Us exam, pelvic, limited	0.38	NA	1.22	0.07	XXX
76857	26	A	Us exam, pelvic, limited	0.38	0.13	0.13	0.02	XXX
76857	TC	A	Us exam, pelvic, limited	0.00	NA	1.09	0.05	XXX
76870	.....	A	Us exam, scrotum	0.64	NA	1.79	0.11	XXX
76870	26	A	Us exam, scrotum	0.64	0.22	0.22	0.03	XXX
76870	TC	A	Us exam, scrotum	0.00	NA	1.57	0.08	XXX
76872	.....	A	Echo exam, transrectal	0.69	NA	1.80	0.12	XXX
76872	26	A	Echo exam, transrectal	0.69	0.23	0.23	0.04	XXX
76872	TC	A	Echo exam, transrectal	0.00	NA	1.57	0.08	XXX
76873	.....	A	Echograp trans r, pros study	1.55	NA	2.69	0.21	XXX
76873	26	A	Echograp trans r, pros study	1.55	0.53	0.53	0.08	XXX
76873	TC	A	Echograp trans r, pros study	0.00	NA	2.17	0.13	XXX
76880	.....	A	Us exam, extremity	0.59	NA	1.67	0.10	XXX
76880	26	A	Us exam, extremity	0.59	0.20	0.20	0.03	XXX
76880	TC	A	Us exam, extremity	0.00	NA	1.47	0.07	XXX
76885	.....	A	Us exam infant hips, dynamic	0.74	NA	1.82	0.11	XXX
76885	26	A	Us exam infant hips, dynamic	0.74	0.25	0.25	0.03	XXX
76885	TC	A	Us exam infant hips, dynamic	0.00	NA	1.57	0.08	XXX
76886	.....	A	Us exam infant hips, static	0.62	NA	1.68	0.10	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Facility PE RVUs	Non-Facility PE RVUs	Mal-Practice RVUs	Global
76886	26	A	Us exam infant hips, static	0.62	0.21	0.21	0.03	XXX
76886	TC	A	Us exam infant hips, static	0.00	NA	1.47	0.07	XXX
76930	.....	A	Echo guide, cardiocentesis	0.67	NA	1.83	0.10	XXX
76930	26	A	Echo guide, cardiocentesis	0.67	0.26	0.26	0.02	XXX
76930	TC	A	Echo guide, cardiocentesis	0.00	NA	1.57	0.08	XXX
76932	.....	A	Echo guide for heart biopsy	0.67	NA	1.83	0.10	XXX
76932	26	A	Echo guide for heart biopsy	0.67	0.26	0.26	0.02	XXX
76932	TC	A	Echo guide for heart biopsy	0.00	NA	1.57	0.08	XXX
76936	.....	A	Echo guide for artery repair	1.99	NA	7.19	0.39	XXX
76936	26	A	Echo guide for artery repair	1.99	0.69	0.69	0.11	XXX
76936	TC	A	Echo guide for artery repair	0.00	NA	6.50	0.28	XXX
76941	.....	A	Echo guide for transfusion	1.34	NA	2.07	0.13	XXX
76941	26	A	Echo guide for transfusion	1.34	0.50	0.50	0.06	XXX
76941	TC	A	Echo guide for transfusion	0.00	NA	1.58	0.07	XXX
76942	.....	A	Echo guide for biopsy	0.67	NA	1.80	0.12	XXX
76942	26	A	Echo guide for biopsy	0.67	0.23	0.23	0.04	XXX
76942	TC	A	Echo guide for biopsy	0.00	NA	1.57	0.08	XXX
76945	.....	A	Echo guide, villus sampling	0.67	NA	1.81	0.10	XXX
76945	26	A	Echo guide, villus sampling	0.67	0.23	0.23	0.03	XXX
76945	TC	A	Echo guide, villus sampling	0.00	NA	1.58	0.07	XXX
76946	.....	A	Echo guide for amniocentesis	0.38	NA	1.71	0.09	XXX
76946	26	A	Echo guide for amniocentesis	0.38	0.14	0.14	0.01	XXX
76946	TC	A	Echo guide for amniocentesis	0.00	NA	1.57	0.08	XXX
76948	.....	A	Echo guide, ova aspiration	0.38	NA	1.70	0.10	XXX
76948	26	A	Echo guide, ova aspiration	0.38	0.13	0.13	0.02	XXX
76948	TC	A	Echo guide, ova aspiration	0.00	NA	1.57	0.08	XXX
76950	.....	A	Echo guidance radiotherapy	0.58	NA	1.55	0.09	XXX
76950	26	A	Echo guidance radiotherapy	0.58	0.20	0.20	0.03	XXX
76950	TC	A	Echo guidance radiotherapy	0.00	NA	1.35	0.06	XXX
76965	.....	A	Echo guidance radiotherapy	1.34	NA	6.21	0.31	XXX
76965	26	A	Echo guidance radiotherapy	1.34	0.45	0.45	0.07	XXX
76965	TC	A	Echo guidance radiotherapy	0.00	NA	5.76	0.24	XXX
76970	.....	A	Ultrasound exam follow-up	0.40	NA	1.23	0.07	XXX
76970	26	A	Ultrasound exam follow-up	0.40	0.14	0.14	0.02	XXX
76970	TC	A	Ultrasound exam follow-up	0.00	NA	1.09	0.05	XXX
76975	.....	A	GI endoscopic ultrasound	0.81	NA	1.85	0.11	XXX
76975	26	A	GI endoscopic ultrasound	0.81	0.29	0.29	0.03	XXX
76975	TC	A	GI endoscopic ultrasound	0.00	NA	1.57	0.08	XXX
76977	.....	A	Us bone density measure	0.05	NA	0.87	0.05	XXX
76977	26	A	Us bone density measure	0.05	0.02	0.02	0.01	XXX
76977	TC	A	Us bone density measure	0.00	NA	0.85	0.04	XXX
76986	.....	A	Ultrasound guide intraoper	1.20	NA	3.12	0.19	XXX
76986	26	A	Ultrasound guide intraoper	1.20	0.41	0.41	0.07	XXX
76986	TC	A	Ultrasound guide intraoper	0.00	NA	2.71	0.12	XXX
76999	.....	C	Echo examination procedure	0.00	0.00	0.00	0.00	XXX
76999	26	C	Echo examination procedure	0.00	0.00	0.00	0.00	XXX
76999	TC	C	Echo examination procedure	0.00	0.00	0.00	0.00	XXX
77261	.....	A	Radiation therapy planning	1.39	0.56	0.56	0.06	XXX
77262	.....	A	Radiation therapy planning	2.11	0.83	0.83	0.09	XXX
77263	.....	A	Radiation therapy planning	3.14	1.23	1.23	0.13	XXX
77280	.....	A	Set radiation therapy field	0.70	NA	3.83	0.18	XXX
77280	26	A	Set radiation therapy field	0.70	0.25	0.25	0.03	XXX
77280	TC	A	Set radiation therapy field	0.00	NA	3.59	0.15	XXX
77285	.....	A	Set radiation therapy field	1.05	NA	6.12	0.29	XXX
77285	26	A	Set radiation therapy field	1.05	0.37	0.37	0.04	XXX
77285	TC	A	Set radiation therapy field	0.00	NA	5.76	0.25	XXX
77290	.....	A	Set radiation therapy field	1.56	NA	7.27	0.35	XXX
77290	26	A	Set radiation therapy field	1.56	0.55	0.55	0.06	XXX
77290	TC	A	Set radiation therapy field	0.00	NA	6.72	0.29	XXX
77295	.....	A	Set radiation therapy field	4.57	NA	30.48	1.41	XXX
77295	26	A	Set radiation therapy field	4.57	1.61	1.61	0.18	XXX
77295	TC	A	Set radiation therapy field	0.00	NA	28.87	1.23	XXX
77299	.....	C	Radiation therapy planning	0.00	0.00	0.00	0.00	XXX
77299	26	C	Radiation therapy planning	0.00	0.00	0.00	0.00	XXX
77299	TC	C	Radiation therapy planning	0.00	0.00	0.00	0.00	XXX
77300	.....	A	Radiation therapy dose plan	0.62	NA	1.61	0.09	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Facility PE RVUs	Non-Facility PE RVUs	Mal-Practice RVUs	Global
77300	26	A	Radiation therapy dose plan	0.62	0.22	0.22	0.03	XXX
77300	TC	A	Radiation therapy dose plan	0.00	NA	1.39	0.06	XXX
77301	.....	A	Radioltherapy dos plan, imrt	8.00	NA	31.96	1.41	XXX
77301	26	A	Radioltherapy dos plan, imrt	8.00	3.09	3.09	0.18	XXX
77301	TC	A	Radioltherapy dos plan, imrt	0.00	NA	28.87	1.23	XXX
77305	.....	A	Radiation therapy dose plan	0.70	NA	2.17	0.12	XXX
77305	26	A	Radiation therapy dose plan	0.70	0.25	0.25	0.03	XXX
77305	TC	A	Radiation therapy dose plan	0.00	NA	1.92	0.09	XXX
77310	.....	A	Radiation therapy dose plan	1.05	NA	2.78	0.15	XXX
77310	26	A	Radiation therapy dose plan	1.05	0.37	0.37	0.04	XXX
77310	TC	A	Radiation therapy dose plan	0.00	NA	2.41	0.11	XXX
77315	.....	A	Radiation therapy dose plan	1.56	NA	3.30	0.18	XXX
77315	26	A	Radiation therapy dose plan	1.56	0.55	0.55	0.06	XXX
77315	TC	A	Radiation therapy dose plan	0.00	NA	2.75	0.12	XXX
77321	.....	A	Radiation therapy port plan	0.95	NA	4.51	0.21	XXX
77321	26	A	Radiation therapy port plan	0.95	0.33	0.33	0.04	XXX
77321	TC	A	Radiation therapy port plan	0.00	NA	4.18	0.17	XXX
77326	.....	A	Radiation therapy dose plan	0.93	NA	2.76	0.15	XXX
77326	26	A	Radiation therapy dose plan	0.93	0.33	0.33	0.04	XXX
77326	TC	A	Radiation therapy dose plan	0.00	NA	2.44	0.11	XXX
77327	.....	A	Radiation therapy dose plan	1.39	NA	4.08	0.21	XXX
77327	26	A	Radiation therapy dose plan	1.39	0.49	0.49	0.06	XXX
77327	TC	A	Radiation therapy dose plan	0.00	NA	3.59	0.15	XXX
77328	.....	A	Radiation therapy dose plan	2.09	NA	5.86	0.30	XXX
77328	26	A	Radiation therapy dose plan	2.09	0.73	0.73	0.09	XXX
77328	TC	A	Radiation therapy dose plan	0.00	NA	5.13	0.21	XXX
77331	.....	A	Special radiation dosimetry	0.87	NA	0.83	0.06	XXX
77331	26	A	Special radiation dosimetry	0.87	0.31	0.31	0.04	XXX
77331	TC	A	Special radiation dosimetry	0.00	NA	0.52	0.02	XXX
77332	.....	A	Radiation treatment aid(s)	0.54	NA	1.58	0.08	XXX
77332	26	A	Radiation treatment aid(s)	0.54	0.19	0.19	0.02	XXX
77332	TC	A	Radiation treatment aid(s)	0.00	NA	1.39	0.06	XXX
77333	.....	A	Radiation treatment aid(s)	0.84	NA	2.25	0.13	XXX
77333	26	A	Radiation treatment aid(s)	0.84	0.30	0.30	0.04	XXX
77333	TC	A	Radiation treatment aid(s)	0.00	NA	1.96	0.09	XXX
77334	.....	A	Radiation treatment aid(s)	1.24	NA	3.79	0.19	XXX
77334	26	A	Radiation treatment aid(s)	1.24	0.44	0.44	0.05	XXX
77334	TC	A	Radiation treatment aid(s)	0.00	NA	3.36	0.14	XXX
77336	.....	A	Radiation physics consult	0.00	NA	3.08	0.13	XXX
77370	.....	A	Radiation physics consult	0.00	NA	3.61	0.15	XXX
77399	.....	C	External radiation dosimetry	0.00	0.00	0.00	0.00	XXX
77399	26	C	External radiation dosimetry	0.00	0.00	0.00	0.00	XXX
77399	TC	C	External radiation dosimetry	0.00	0.00	0.00	0.00	XXX
77401	.....	A	Radiation treatment delivery	0.00	NA	1.83	0.09	XXX
77402	.....	A	Radiation treatment delivery	0.00	NA	1.83	0.09	XXX
77403	.....	A	Radiation treatment delivery	0.00	NA	1.83	0.09	XXX
77404	.....	A	Radiation treatment delivery	0.00	NA	1.83	0.09	XXX
77406	.....	A	Radiation treatment delivery	0.00	NA	1.83	0.09	XXX
77407	.....	A	Radiation treatment delivery	0.00	NA	2.16	0.10	XXX
77408	.....	A	Radiation treatment delivery	0.00	NA	2.16	0.10	XXX
77409	.....	A	Radiation treatment delivery	0.00	NA	2.16	0.10	XXX
77411	.....	A	Radiation treatment delivery	0.00	NA	2.16	0.10	XXX
77412	.....	A	Radiation treatment delivery	0.00	NA	2.41	0.11	XXX
77413	.....	A	Radiation treatment delivery	0.00	NA	2.41	0.11	XXX
77414	.....	A	Radiation treatment delivery	0.00	NA	2.41	0.11	XXX
77416	.....	A	Radiation treatment delivery	0.00	NA	2.41	0.11	XXX
77417	.....	A	Radiology port film(s)	0.00	NA	0.61	0.03	XXX
77418	.....	A	Radiation tx delivery, imrt	0.00	NA	17.15	0.11	XXX
77427	.....	A	Radiation tx management, x5	3.31	1.17	1.17	0.14	XXX
77431	.....	A	Radiation therapy management	1.81	0.74	0.74	0.07	XXX
77432	.....	A	Stereotactic radiation trmt	7.93	3.20	3.20	0.33	XXX
77470	.....	A	Special radiation treatment	2.09	NA	12.26	0.58	XXX
77470	26	A	Special radiation treatment	2.09	0.74	0.74	0.09	XXX
77470	TC	A	Special radiation treatment	0.00	NA	11.52	0.49	XXX
77499	.....	C	Radiation therapy management	0.00	0.00	0.00	0.00	XXX
77499	26	C	Radiation therapy management	0.00	0.00	0.00	0.00	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Facility PE RVUs	Non-Facility PE RVUs	Mal-Practice RVUs	Global
77499	TC	C	Radiation therapy management	0.00	0.00	0.00	0.00	XXX
77520		C	Proton trmt, simple w/o comp	0.00	0.00	0.00	0.00	XXX
77522		C	Proton trmt, simple w/comp	0.00	0.00	0.00	0.00	XXX
77523		C	Proton trmt, intermediate	0.00	0.00	0.00	0.00	XXX
77525		C	Proton treatment, complex	0.00	0.00	0.00	0.00	XXX
77600		R	Hyperthermia treatment	1.56	NA	3.69	0.21	XXX
77600	26	R	Hyperthermia treatment	1.56	0.54	0.54	0.08	XXX
77600	TC	R	Hyperthermia treatment	0.00	NA	3.15	0.13	XXX
77605		R	Hyperthermia treatment	2.09	NA	4.94	0.31	XXX
77605	26	R	Hyperthermia treatment	2.09	0.74	0.74	0.13	XXX
77605	TC	R	Hyperthermia treatment	0.00	NA	4.20	0.18	XXX
77610		R	Hyperthermia treatment	1.56	NA	3.69	0.20	XXX
77610	26	R	Hyperthermia treatment	1.56	0.55	0.55	0.07	XXX
77610	TC	R	Hyperthermia treatment	0.00	NA	3.15	0.13	XXX
77615		R	Hyperthermia treatment	2.09	NA	4.93	0.27	XXX
77615	26	R	Hyperthermia treatment	2.09	0.73	0.73	0.09	XXX
77615	TC	R	Hyperthermia treatment	0.00	NA	4.20	0.18	XXX
77620		R	Hyperthermia treatment	1.56	NA	3.70	0.19	XXX
77620	26	R	Hyperthermia treatment	1.56	0.55	0.55	0.06	XXX
77620	TC	R	Hyperthermia treatment	0.00	NA	3.15	0.13	XXX
77750		A	Infuse radioactive materials	4.91	NA	3.11	0.23	090
77750	26	A	Infuse radioactive materials	4.91	1.73	1.73	0.17	090
77750	TC	A	Infuse radioactive materials	0.00	NA	1.38	0.06	090
77761		A	Apply intrcav radiat simple	3.81	NA	3.76	0.28	090
77761	26	A	Apply intrcav radiat simple	3.81	1.17	1.17	0.16	090
77761	TC	A	Apply intrcav radiat simple	0.00	NA	2.59	0.12	090
77762		A	Apply intrcav radiat interm	5.72	NA	5.71	0.38	090
77762	26	A	Apply intrcav radiat interm	5.72	1.98	1.98	0.22	090
77762	TC	A	Apply intrcav radiat interm	0.00	NA	3.73	0.16	090
77763		A	Apply intrcav radiat compl	8.57	NA	7.61	0.53	090
77763	26	A	Apply intrcav radiat compl	8.57	2.97	2.97	0.34	090
77763	TC	A	Apply intrcav radiat compl	0.00	NA	4.64	0.19	090
77776		A	Apply interstit radiat simpl	4.66	NA	3.22	0.35	090
77776	26	A	Apply interstit radiat simpl	4.66	0.97	0.97	0.24	090
77776	TC	A	Apply interstit radiat simpl	0.00	NA	2.25	0.11	090
77777		A	Apply interstit radiat inter	7.48	NA	6.93	0.50	090
77777	26	A	Apply interstit radiat inter	7.48	2.55	2.55	0.32	090
77777	TC	A	Apply interstit radiat inter	0.00	NA	4.38	0.18	090
77778		A	Apply iterstit radiat compl	11.19	NA	9.22	0.69	090
77778	26	A	Apply iterstit radiat compl	11.19	3.92	3.92	0.47	090
77778	TC	A	Apply iterstit radiat compl	0.00	NA	5.31	0.22	090
77781		A	High intensity brachytherapy	1.66	NA	21.57	0.95	090
77781	26	A	High intensity brachytherapy	1.66	0.59	0.59	0.07	090
77781	TC	A	High intensity brachytherapy	0.00	NA	20.98	0.88	090
77782		A	High intensity brachytherapy	2.49	NA	21.86	0.98	090
77782	26	A	High intensity brachytherapy	2.49	0.88	0.88	0.10	090
77782	TC	A	High intensity brachytherapy	0.00	NA	20.98	0.88	090
77783		A	High intensity brachytherapy	3.73	NA	22.30	1.03	090
77783	26	A	High intensity brachytherapy	3.73	1.31	1.31	0.15	090
77783	TC	A	High intensity brachytherapy	0.00	NA	20.98	0.88	090
77784		A	High intensity brachytherapy	5.61	NA	22.96	1.10	090
77784	26	A	High intensity brachytherapy	5.61	1.98	1.98	0.22	090
77784	TC	A	High intensity brachytherapy	0.00	NA	20.98	0.88	090
77789		A	Apply surface radiation	1.12	NA	0.87	0.05	000
77789	26	A	Apply surface radiation	1.12	0.40	0.40	0.03	000
77789	TC	A	Apply surface radiation	0.00	NA	0.47	0.02	000
77790		A	Radiation handling	1.05	NA	0.89	0.06	XXX
77790	26	A	Radiation handling	1.05	0.37	0.37	0.04	XXX
77790	TC	A	Radiation handling	0.00	NA	0.52	0.02	XXX
77799		C	Radium/radioisotope therapy	0.00	0.00	0.00	0.00	XXX
77799	26	C	Radium/radioisotope therapy	0.00	0.00	0.00	0.00	XXX
77799	TC	C	Radium/radioisotope therapy	0.00	0.00	0.00	0.00	XXX
78000		A	Thyroid, single uptake	0.19	NA	1.07	0.06	XXX
78000	26	A	Thyroid, single uptake	0.19	0.07	0.07	0.01	XXX
78000	TC	A	Thyroid, single uptake	0.00	NA	1.00	0.05	XXX
78001		A	Thyroid, multiple uptakes	0.26	NA	1.44	0.07	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Facility PE RVUs	Non-Facility PE RVUs	Mal-Practice RVUs	Global
78001	26	A	Thyroid, multiple uptakes	0.26	0.09	0.09	0.01	XXX
78001	TC	A	Thyroid, multiple uptakes	0.00	NA	1.35	0.06	XXX
78003		A	Thyroid suppress/stimul	0.33	NA	1.11	0.06	XXX
78003	26	A	Thyroid suppress/stimul	0.33	0.11	0.11	0.01	XXX
78003	TC	A	Thyroid suppress/stimul	0.00	NA	1.00	0.05	XXX
78006		A	Thyroid imaging with uptake	0.49	NA	2.63	0.13	XXX
78006	26	A	Thyroid imaging with uptake	0.49	0.17	0.17	0.02	XXX
78006	TC	A	Thyroid imaging with uptake	0.00	NA	2.46	0.11	XXX
78007		A	Thyroid image, mult uptakes	0.50	NA	2.83	0.14	XXX
78007	26	A	Thyroid image, mult uptakes	0.50	0.17	0.17	0.02	XXX
78007	TC	A	Thyroid image, mult uptakes	0.00	NA	2.66	0.12	XXX
78010		A	Thyroid imaging	0.39	NA	2.01	0.11	XXX
78010	26	A	Thyroid imaging	0.39	0.14	0.14	0.02	XXX
78010	TC	A	Thyroid imaging	0.00	NA	1.88	0.09	XXX
78011		A	Thyroid imaging with flow	0.45	NA	2.65	0.13	XXX
78011	26	A	Thyroid imaging with flow	0.45	0.16	0.16	0.02	XXX
78011	TC	A	Thyroid imaging with flow	0.00	NA	2.49	0.11	XXX
78015		A	Thyroid met imaging	0.67	NA	2.89	0.15	XXX
78015	26	A	Thyroid met imaging	0.67	0.23	0.23	0.03	XXX
78015	TC	A	Thyroid met imaging	0.00	NA	2.66	0.12	XXX
78016		A	Thyroid met imaging/studies	0.82	NA	3.89	0.18	XXX
78016	26	A	Thyroid met imaging/studies	0.82	0.30	0.30	0.03	XXX
78016	TC	A	Thyroid met imaging/studies	0.00	NA	3.60	0.15	XXX
78018		A	Thyroid met imaging, body	0.86	NA	5.91	0.27	XXX
78018	26	A	Thyroid met imaging, body	0.86	0.31	0.31	0.03	XXX
78018	TC	A	Thyroid met imaging, body	0.00	NA	5.61	0.24	XXX
78020		A	Thyroid met uptake	0.60	NA	1.57	0.14	ZZZ
78020	26	A	Thyroid met uptake	0.60	0.22	0.22	0.02	ZZZ
78020	TC	A	Thyroid met uptake	0.00	NA	1.35	0.12	ZZZ
78070		A	Parathyroid nuclear imaging	0.82	NA	2.17	0.12	XXX
78070	26	A	Parathyroid nuclear imaging	0.82	0.29	0.29	0.03	XXX
78070	TC	A	Parathyroid nuclear imaging	0.00	NA	1.88	0.09	XXX
78075		A	Adrenal nuclear imaging	0.74	NA	5.88	0.27	XXX
78075	26	A	Adrenal nuclear imaging	0.74	0.27	0.27	0.03	XXX
78075	TC	A	Adrenal nuclear imaging	0.00	NA	5.61	0.24	XXX
78099		C	Endocrine nuclear procedure	0.00	0.00	0.00	0.00	XXX
78099	26	C	Endocrine nuclear procedure	0.00	0.00	0.00	0.00	XXX
78099	TC	C	Endocrine nuclear procedure	0.00	0.00	0.00	0.00	XXX
78102		A	Bone marrow imaging, ltd	0.55	NA	2.31	0.12	XXX
78102	26	A	Bone marrow imaging, ltd	0.55	0.20	0.20	0.02	XXX
78102	TC	A	Bone marrow imaging, ltd	0.00	NA	2.11	0.10	XXX
78103		A	Bone marrow imaging, mult	0.75	NA	3.54	0.17	XXX
78103	26	A	Bone marrow imaging, mult	0.75	0.27	0.27	0.03	XXX
78103	TC	A	Bone marrow imaging, mult	0.00	NA	3.28	0.14	XXX
78104		A	Bone marrow imaging, body	0.80	NA	4.49	0.21	XXX
78104	26	A	Bone marrow imaging, body	0.80	0.28	0.28	0.03	XXX
78104	TC	A	Bone marrow imaging, body	0.00	NA	4.21	0.18	XXX
78110		A	Plasma volume, single	0.19	NA	1.05	0.06	XXX
78110	26	A	Plasma volume, single	0.19	0.07	0.07	0.01	XXX
78110	TC	A	Plasma volume, single	0.00	NA	0.98	0.05	XXX
78111		A	Plasma volume, multiple	0.22	NA	2.74	0.13	XXX
78111	26	A	Plasma volume, multiple	0.22	0.08	0.08	0.01	XXX
78111	TC	A	Plasma volume, multiple	0.00	NA	2.66	0.12	XXX
78120		A	Red cell mass, single	0.23	NA	1.87	0.10	XXX
78120	26	A	Red cell mass, single	0.23	0.08	0.08	0.01	XXX
78120	TC	A	Red cell mass, single	0.00	NA	1.79	0.09	XXX
78121		A	Red cell mass, multiple	0.32	NA	3.12	0.13	XXX
78121	26	A	Red cell mass, multiple	0.32	0.12	0.12	0.01	XXX
78121	TC	A	Red cell mass, multiple	0.00	NA	3.01	0.12	XXX
78122		A	Blood volume	0.45	NA	4.92	0.22	XXX
78122	26	A	Blood volume	0.45	0.16	0.16	0.02	XXX
78122	TC	A	Blood volume	0.00	NA	4.76	0.20	XXX
78130		A	Red cell survival study	0.61	NA	3.17	0.15	XXX
78130	26	A	Red cell survival study	0.61	0.22	0.22	0.03	XXX
78130	TC	A	Red cell survival study	0.00	NA	2.95	0.12	XXX
78135		A	Red cell survival kinetics	0.64	NA	5.26	0.24	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Facility PE RVUs	Non-Facility PE RVUs	Mal-Practice RVUs	Global
78135	26	A	Red cell survival kinetics	0.64	0.23	0.23	0.03	XXX
78135	TC	A	Red cell survival kinetics	0.00	NA	5.04	0.21	XXX
78140		A	Red cell sequestration	0.61	NA	4.28	0.20	XXX
78140	26	A	Red cell sequestration	0.61	0.21	0.21	0.03	XXX
78140	TC	A	Red cell sequestration	0.00	NA	4.07	0.17	XXX
78160		A	Plasma iron turnover	0.33	NA	3.91	0.19	XXX
78160	26	A	Plasma iron turnover	0.33	0.12	0.12	0.03	XXX
78160	TC	A	Plasma iron turnover	0.00	NA	3.79	0.16	XXX
78162		A	Iron absorption exam	0.45	NA	3.48	0.15	XXX
78162	26	A	Iron absorption exam	0.45	0.17	0.17	0.01	XXX
78162	TC	A	Iron absorption exam	0.00	NA	3.31	0.14	XXX
78170		A	Red cell iron utilization	0.41	NA	5.63	0.27	XXX
78170	26	A	Red cell iron utilization	0.41	0.14	0.14	0.04	XXX
78170	TC	A	Red cell iron utilization	0.00	NA	5.49	0.23	XXX
78172		C	Total body iron estimation	0.00	0.00	0.00	0.00	XXX
78172	26	A	Total body iron estimation	0.53	0.18	0.18	0.02	XXX
78172	TC	C	Total body iron estimation	0.00	0.00	0.00	0.00	XXX
78185		A	Spleen imaging	0.40	NA	2.58	0.13	XXX
78185	26	A	Spleen imaging	0.40	0.14	0.14	0.02	XXX
78185	TC	A	Spleen imaging	0.00	NA	2.44	0.11	XXX
78190		A	Platelet survival, kinetics	1.09	NA	6.30	0.31	XXX
78190	26	A	Platelet survival, kinetics	1.09	0.40	0.40	0.06	XXX
78190	TC	A	Platelet survival, kinetics	0.00	NA	5.91	0.25	XXX
78191		A	Platelet survival	0.61	NA	7.80	0.34	XXX
78191	26	A	Platelet survival	0.61	0.21	0.21	0.03	XXX
78191	TC	A	Platelet survival	0.00	NA	7.58	0.31	XXX
78195		A	Lymph system imaging	1.20	NA	4.64	0.23	XXX
78195	26	A	Lymph system imaging	1.20	0.43	0.43	0.05	XXX
78195	TC	A	Lymph system imaging	0.00	NA	4.21	0.18	XXX
78199		C	Blood/lymph nuclear exam	0.00	0.00	0.00	0.00	XXX
78199	26	C	Blood/lymph nuclear exam	0.00	0.00	0.00	0.00	XXX
78199	TC	C	Blood/lymph nuclear exam	0.00	0.00	0.00	0.00	XXX
78201		A	Liver imaging	0.44	NA	2.59	0.13	XXX
78201	26	A	Liver imaging	0.44	0.15	0.15	0.02	XXX
78201	TC	A	Liver imaging	0.00	NA	2.44	0.11	XXX
78202		A	Liver imaging with flow	0.51	NA	3.16	0.14	XXX
78202	26	A	Liver imaging with flow	0.51	0.18	0.18	0.02	XXX
78202	TC	A	Liver imaging with flow	0.00	NA	2.98	0.12	XXX
78205		A	Liver imaging (3D)	0.71	NA	6.36	0.29	XXX
78205	26	A	Liver imaging (3D)	0.71	0.25	0.25	0.03	XXX
78205	TC	A	Liver imaging (3D)	0.00	NA	6.11	0.26	XXX
78206		A	Liver image (3d) w/flow	0.96	NA	6.45	0.13	XXX
78206	26	A	Liver image (3d) w/flow	0.96	0.34	0.34	0.04	XXX
78206	TC	A	Liver image (3d) w/flow	0.00	NA	6.11	0.09	XXX
78215		A	Liver and spleen imaging	0.49	NA	3.21	0.14	XXX
78215	26	A	Liver and spleen imaging	0.49	0.17	0.17	0.02	XXX
78215	TC	A	Liver and spleen imaging	0.00	NA	3.04	0.12	XXX
78216		A	Liver & spleen image/flow	0.57	NA	3.80	0.17	XXX
78216	26	A	Liver & spleen image/flow	0.57	0.20	0.20	0.02	XXX
78216	TC	A	Liver & spleen image/flow	0.00	NA	3.60	0.15	XXX
78220		A	Liver function study	0.49	NA	4.02	0.18	XXX
78220	26	A	Liver function study	0.49	0.17	0.17	0.02	XXX
78220	TC	A	Liver function study	0.00	NA	3.85	0.16	XXX
78223		A	Hepatobiliary imaging	0.84	NA	4.08	0.20	XXX
78223	26	A	Hepatobiliary imaging	0.84	0.29	0.29	0.04	XXX
78223	TC	A	Hepatobiliary imaging	0.00	NA	3.79	0.16	XXX
78230		A	Salivary gland imaging	0.45	NA	2.40	0.13	XXX
78230	26	A	Salivary gland imaging	0.45	0.15	0.15	0.02	XXX
78230	TC	A	Salivary gland imaging	0.00	NA	2.25	0.11	XXX
78231		A	Serial salivary imaging	0.52	NA	3.47	0.16	XXX
78231	26	A	Serial salivary imaging	0.52	0.19	0.19	0.02	XXX
78231	TC	A	Serial salivary imaging	0.00	NA	3.28	0.14	XXX
78232		A	Salivary gland function exam	0.47	NA	3.83	0.16	XXX
78232	26	A	Salivary gland function exam	0.47	0.17	0.17	0.01	XXX
78232	TC	A	Salivary gland function exam	0.00	NA	3.66	0.15	XXX
78258		A	Esophageal motility study	0.74	NA	3.24	0.15	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Facility PE RVUs	Non-Facility PE RVUs	Mal-Practice RVUs	Global
78258	26	A	Esophageal motility study	0.74	0.26	0.26	0.03	XXX
78258	TC	A	Esophageal motility study	0.00	NA	2.98	0.12	XXX
78261	.....	A	Gastric mucosa imaging	0.69	NA	4.49	0.21	XXX
78261	26	A	Gastric mucosa imaging	0.69	0.25	0.25	0.03	XXX
78261	TC	A	Gastric mucosa imaging	0.00	NA	4.24	0.18	XXX
78262	.....	A	Gastroesophageal reflux exam	0.68	NA	4.64	0.21	XXX
78262	26	A	Gastroesophageal reflux exam	0.68	0.24	0.24	0.03	XXX
78262	TC	A	Gastroesophageal reflux exam	0.00	NA	4.40	0.18	XXX
78264	.....	A	Gastric emptying study	0.78	NA	4.54	0.21	XXX
78264	26	A	Gastric emptying study	0.78	0.27	0.27	0.03	XXX
78264	TC	A	Gastric emptying study	0.00	NA	4.27	0.18	XXX
78267	.....	X	Breath tst attain/anal c-14	0.00	0.00	0.00	0.00	XXX
78268	.....	X	Breath test analysis, c-14	0.00	0.00	0.00	0.00	XXX
78270	.....	A	Vit B-12 absorption exam	0.20	NA	1.67	0.09	XXX
78270	26	A	Vit B-12 absorption exam	0.20	0.07	0.07	0.01	XXX
78270	TC	A	Vit B-12 absorption exam	0.00	NA	1.60	0.08	XXX
78271	.....	A	Vit B-12 absorp exam, IF	0.20	NA	1.77	0.09	XXX
78271	26	A	Vit B-12 absorp exam, IF	0.20	0.07	0.07	0.01	XXX
78271	TC	A	Vit B-12 absorp exam, IF	0.00	NA	1.70	0.08	XXX
78272	.....	A	Vit B-12 absorp, combined	0.27	NA	2.50	0.12	XXX
78272	26	A	Vit B-12 absorp, combined	0.27	0.10	0.10	0.01	XXX
78272	TC	A	Vit B-12 absorp, combined	0.00	NA	2.40	0.11	XXX
78278	.....	A	Acute GI blood loss imaging	0.99	NA	5.38	0.25	XXX
78278	26	A	Acute GI blood loss imaging	0.99	0.34	0.34	0.04	XXX
78278	TC	A	Acute GI blood loss imaging	0.00	NA	5.04	0.21	XXX
78282	.....	C	GI protein loss exam	0.00	0.00	0.00	0.00	XXX
78282	26	A	GI protein loss exam	0.38	0.14	0.14	0.02	XXX
78282	TC	C	GI protein loss exam	0.00	0.00	0.00	0.00	XXX
78290	.....	A	Meckel's divert exam	0.68	NA	3.38	0.16	XXX
78290	26	A	Meckel's divert exam	0.68	0.24	0.24	0.03	XXX
78290	TC	A	Meckel's divert exam	0.00	NA	3.15	0.13	XXX
78291	.....	A	Leveen/shunt patency exam	0.88	NA	3.48	0.17	XXX
78291	26	A	Leveen/shunt patency exam	0.88	0.31	0.31	0.04	XXX
78291	TC	A	Leveen/shunt patency exam	0.00	NA	3.17	0.13	XXX
78299	.....	C	GI nuclear procedure	0.00	0.00	0.00	0.00	XXX
78299	26	C	GI nuclear procedure	0.00	0.00	0.00	0.00	XXX
78299	TC	C	GI nuclear procedure	0.00	0.00	0.00	0.00	XXX
78300	.....	A	Bone imaging, limited area	0.62	NA	2.78	0.15	XXX
78300	26	A	Bone imaging, limited area	0.62	0.21	0.21	0.03	XXX
78300	TC	A	Bone imaging, limited area	0.00	NA	2.57	0.12	XXX
78305	.....	A	Bone imaging, multiple areas	0.83	NA	4.08	0.19	XXX
78305	26	A	Bone imaging, multiple areas	0.83	0.29	0.29	0.03	XXX
78305	TC	A	Bone imaging, multiple areas	0.00	NA	3.79	0.16	XXX
78306	.....	A	Bone imaging, whole body	0.86	NA	4.72	0.22	XXX
78306	26	A	Bone imaging, whole body	0.86	0.30	0.30	0.04	XXX
78306	TC	A	Bone imaging, whole body	0.00	NA	4.42	0.18	XXX
78315	.....	A	Bone imaging, 3 phase	1.02	NA	5.29	0.25	XXX
78315	26	A	Bone imaging, 3 phase	1.02	0.36	0.36	0.04	XXX
78315	TC	A	Bone imaging, 3 phase	0.00	NA	4.94	0.21	XXX
78320	.....	A	Bone imaging (3D)	1.04	NA	6.48	0.30	XXX
78320	26	A	Bone imaging (3D)	1.04	0.37	0.37	0.04	XXX
78320	TC	A	Bone imaging (3D)	0.00	NA	6.11	0.26	XXX
78350	.....	A	Bone mineral, single photon	0.22	NA	0.86	0.05	XXX
78350	26	A	Bone mineral, single photon	0.22	0.08	0.08	0.01	XXX
78350	TC	A	Bone mineral, single photon	0.00	NA	0.78	0.04	XXX
78351	.....	N	Bone mineral, dual photon	0.30	0.12	1.67	0.01	XXX
78399	.....	C	Musculoskeletal nuclear exam	0.00	0.00	0.00	0.00	XXX
78399	26	C	Musculoskeletal nuclear exam	0.00	0.00	0.00	0.00	XXX
78399	TC	C	Musculoskeletal nuclear exam	0.00	0.00	0.00	0.00	XXX
78414	.....	C	Non-imaging heart function	0.00	0.00	0.00	0.00	XXX
78414	26	A	Non-imaging heart function	0.45	0.16	0.16	0.02	XXX
78414	TC	C	Non-imaging heart function	0.00	0.00	0.00	0.00	XXX
78428	.....	A	Cardiac shunt imaging	0.78	NA	2.63	0.14	XXX
78428	26	A	Cardiac shunt imaging	0.78	0.30	0.30	0.03	XXX
78428	TC	A	Cardiac shunt imaging	0.00	NA	2.33	0.11	XXX
78445	.....	A	Vascular flow imaging	0.49	NA	2.09	0.11	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Facility PE RVUs	Non-Facility PE RVUs	Mal-Practice RVUs	Global
78445	26	A	Vascular flow imaging	0.49	0.18	0.18	0.02	XXX
78445	TC	A	Vascular flow imaging	0.00	NA	1.92	0.09	XXX
78455		A	Venous thrombosis study	0.73	NA	4.37	0.20	XXX
78455	26	A	Venous thrombosis study	0.73	0.26	0.26	0.03	XXX
78455	TC	A	Venous thrombosis study	0.00	NA	4.12	0.17	XXX
78456		A	Acute venous thrombus image	1.00	NA	4.48	0.28	XXX
78456	26	A	Acute venous thrombus image	1.00	0.36	0.36	0.04	XXX
78456	TC	A	Acute venous thrombus image	0.00	NA	4.12	0.24	XXX
78457		A	Venous thrombosis imaging	0.77	NA	3.02	0.15	XXX
78457	26	A	Venous thrombosis imaging	0.77	0.27	0.27	0.03	XXX
78457	TC	A	Venous thrombosis imaging	0.00	NA	2.75	0.12	XXX
78458		A	Ven thrombosis images, bilat	0.90	NA	4.49	0.20	XXX
78458	26	A	Ven thrombosis images, bilat	0.90	0.33	0.33	0.03	XXX
78458	TC	A	Ven thrombosis images, bilat	0.00	NA	4.16	0.17	XXX
78459		I	Heart muscle imaging (PET)	0.00	0.00	0.00	0.00	XXX
78459	26	I	Heart muscle imaging (PET)	1.88	0.73	0.73	0.08	XXX
78459	TC	I	Heart muscle imaging (PET)	0.00	0.00	0.00	0.00	XXX
78460		A	Heart muscle blood, single	0.86	NA	2.74	0.14	XXX
78460	26	A	Heart muscle blood, single	0.86	0.30	0.30	0.03	XXX
78460	TC	A	Heart muscle blood, single	0.00	NA	2.44	0.11	XXX
78461		A	Heart muscle blood, multiple	1.23	NA	5.33	0.26	XXX
78461	26	A	Heart muscle blood, multiple	1.23	0.45	0.45	0.05	XXX
78461	TC	A	Heart muscle blood, multiple	0.00	NA	4.88	0.21	XXX
78464		A	Heart image (3d), single	1.09	NA	7.70	0.35	XXX
78464	26	A	Heart image (3d), single	1.09	0.40	0.40	0.04	XXX
78464	TC	A	Heart image (3d), single	0.00	NA	7.30	0.31	XXX
78465		A	Heart image (3d), multiple	1.46	NA	12.73	0.56	XXX
78465	26	A	Heart image (3d), multiple	1.46	0.54	0.54	0.05	XXX
78465	TC	A	Heart image (3d), multiple	0.00	NA	12.19	0.51	XXX
78466		A	Heart infarct image	0.69	NA	2.96	0.15	XXX
78466	26	A	Heart infarct image	0.69	0.25	0.25	0.03	XXX
78466	TC	A	Heart infarct image	0.00	NA	2.71	0.12	XXX
78468		A	Heart infarct image (ef)	0.80	NA	4.07	0.19	XXX
78468	26	A	Heart infarct image (ef)	0.80	0.29	0.29	0.03	XXX
78468	TC	A	Heart infarct image (ef)	0.00	NA	3.79	0.16	XXX
78469		A	Heart infarct image (3D)	0.92	NA	5.72	0.26	XXX
78469	26	A	Heart infarct image (3D)	0.92	0.32	0.32	0.03	XXX
78469	TC	A	Heart infarct image (3D)	0.00	NA	5.40	0.23	XXX
78472		A	Gated heart, planar, single	0.98	NA	6.05	0.29	XXX
78472	26	A	Gated heart, planar, single	0.98	0.36	0.36	0.04	XXX
78472	TC	A	Gated heart, planar, single	0.00	NA	5.70	0.25	XXX
78473		A	Gated heart, multiple	1.47	NA	9.07	0.40	XXX
78473	26	A	Gated heart, multiple	1.47	0.53	0.53	0.05	XXX
78473	TC	A	Gated heart, multiple	0.00	NA	8.53	0.35	XXX
78478		A	Heart wall motion add-on	0.62	NA	1.84	0.10	ZZZ
78478	26	A	Heart wall motion add-on	0.62	0.23	0.23	0.02	ZZZ
78478	TC	A	Heart wall motion add-on	0.00	NA	1.61	0.08	ZZZ
78480		A	Heart function add-on	0.62	NA	1.84	0.10	ZZZ
78480	26	A	Heart function add-on	0.62	0.23	0.23	0.02	ZZZ
78480	TC	A	Heart function add-on	0.00	NA	1.61	0.08	ZZZ
78481		A	Heart first pass, single	0.98	NA	5.77	0.26	XXX
78481	26	A	Heart first pass, single	0.98	0.37	0.37	0.03	XXX
78481	TC	A	Heart first pass, single	0.00	NA	5.40	0.23	XXX
78483		A	Heart first pass, multiple	1.47	NA	8.69	0.39	XXX
78483	26	A	Heart first pass, multiple	1.47	0.56	0.56	0.05	XXX
78483	TC	A	Heart first pass, multiple	0.00	NA	8.13	0.34	XXX
78491		I	Heart image (pet), single	0.00	0.00	0.00	0.00	XXX
78491	26	I	Heart image (pet), single	1.50	0.58	0.58	0.05	XXX
78491	TC	I	Heart image (pet), single	0.00	0.00	0.00	0.00	XXX
78492		I	Heart image (pet), multiple	0.00	0.00	0.00	0.00	XXX
78492	26	I	Heart image (pet), multiple	1.87	0.72	0.72	0.06	XXX
78492	TC	I	Heart image (pet), multiple	0.00	0.00	0.00	0.00	XXX
78494		A	Heart image, spect	1.19	NA	7.74	0.29	XXX
78494	26	A	Heart image, spect	1.19	0.43	0.43	0.04	XXX
78494	TC	A	Heart image, spect	0.00	NA	7.30	0.25	XXX
78496		A	Heart first pass add-on	0.50	NA	7.49	0.27	ZZZ

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Facility PE RVUs	Non-Facility PE RVUs	Mal-Practice RVUs	Global
78496	26	A	Heart first pass add-on	0.50	0.19	0.19	0.02	ZZZ
78496	TC	A	Heart first pass add-on	0.00	NA	7.30	0.25	ZZZ
78499	.....	C	Cardiovascular nuclear exam	0.00	0.00	0.00	0.00	XXX
78499	26	C	Cardiovascular nuclear exam	0.00	0.00	0.00	0.00	XXX
78499	TC	C	Cardiovascular nuclear exam	0.00	0.00	0.00	0.00	XXX
78580	.....	A	Lung perfusion imaging	0.74	NA	3.81	0.18	XXX
78580	26	A	Lung perfusion imaging	0.74	0.26	0.26	0.03	XXX
78580	TC	A	Lung perfusion imaging	0.00	NA	3.55	0.15	XXX
78584	.....	A	Lung V/Q image single breath	0.99	NA	3.65	0.18	XXX
78584	26	A	Lung V/Q image single breath	0.99	0.34	0.34	0.04	XXX
78584	TC	A	Lung V/Q image single breath	0.00	NA	3.31	0.14	XXX
78585	.....	A	Lung V/Q imaging	1.09	NA	6.20	0.30	XXX
78585	26	A	Lung V/Q imaging	1.09	0.38	0.38	0.05	XXX
78585	TC	A	Lung V/Q imaging	0.00	NA	5.83	0.25	XXX
78586	.....	A	Aerosol lung image, single	0.40	NA	2.82	0.14	XXX
78586	26	A	Aerosol lung image, single	0.40	0.14	0.14	0.02	XXX
78586	TC	A	Aerosol lung image, single	0.00	NA	2.68	0.12	XXX
78587	.....	A	Aerosol lung image, multiple	0.49	NA	3.07	0.14	XXX
78587	26	A	Aerosol lung image, multiple	0.49	0.17	0.17	0.02	XXX
78587	TC	A	Aerosol lung image, multiple	0.00	NA	2.90	0.12	XXX
78588	.....	A	Perfusion lung image	1.09	NA	3.69	0.20	XXX
78588	26	A	Perfusion lung image	1.09	0.38	0.38	0.05	XXX
78588	TC	A	Perfusion lung image	0.00	NA	3.31	0.15	XXX
78591	.....	A	Vent image, 1 breath, 1 proj	0.40	NA	3.09	0.14	XXX
78591	26	A	Vent image, 1 breath, 1 proj	0.40	0.14	0.14	0.02	XXX
78591	TC	A	Vent image, 1 breath, 1 proj	0.00	NA	2.95	0.12	XXX
78593	.....	A	Vent image, 1 proj, gas	0.49	NA	3.74	0.17	XXX
78593	26	A	Vent image, 1 proj, gas	0.49	0.17	0.17	0.02	XXX
78593	TC	A	Vent image, 1 proj, gas	0.00	NA	3.57	0.15	XXX
78594	.....	A	Vent image, mult proj, gas	0.53	NA	5.33	0.23	XXX
78594	26	A	Vent image, mult proj, gas	0.53	0.19	0.19	0.02	XXX
78594	TC	A	Vent image, mult proj, gas	0.00	NA	5.15	0.21	XXX
78596	.....	A	Lung differential function	1.27	NA	7.75	0.36	XXX
78596	26	A	Lung differential function	1.27	0.44	0.44	0.05	XXX
78596	TC	A	Lung differential function	0.00	NA	7.30	0.31	XXX
78599	.....	C	Respiratory nuclear exam	0.00	0.00	0.00	0.00	XXX
78599	26	C	Respiratory nuclear exam	0.00	0.00	0.00	0.00	XXX
78599	TC	C	Respiratory nuclear exam	0.00	0.00	0.00	0.00	XXX
78600	.....	A	Brain imaging, ltd static	0.44	NA	3.14	0.14	XXX
78600	26	A	Brain imaging, ltd static	0.44	0.16	0.16	0.02	XXX
78600	TC	A	Brain imaging, ltd static	0.00	NA	2.98	0.12	XXX
78601	.....	A	Brain imaging, ltd w/ flow	0.51	NA	3.70	0.17	XXX
78601	26	A	Brain imaging, ltd w/ flow	0.51	0.18	0.18	0.02	XXX
78601	TC	A	Brain imaging, ltd w/ flow	0.00	NA	3.52	0.15	XXX
78605	.....	A	Brain imaging, complete	0.53	NA	3.71	0.17	XXX
78605	26	A	Brain imaging, complete	0.53	0.19	0.19	0.02	XXX
78605	TC	A	Brain imaging, complete	0.00	NA	3.52	0.15	XXX
78606	.....	A	Brain imaging, compl w/flow	0.64	NA	4.22	0.20	XXX
78606	26	A	Brain imaging, compl w/flow	0.64	0.22	0.22	0.03	XXX
78606	TC	A	Brain imaging, compl w/flow	0.00	NA	4.00	0.17	XXX
78607	.....	A	Brain imaging (3D)	1.23	NA	7.22	0.34	XXX
78607	26	A	Brain imaging (3D)	1.23	0.45	0.45	0.05	XXX
78607	TC	A	Brain imaging (3D)	0.00	NA	6.77	0.29	XXX
78608	.....	N	Brain imaging (PET)	0.00	0.00	0.00	0.00	XXX
78609	.....	N	Brain imaging (PET)	0.00	0.00	0.00	0.00	XXX
78610	.....	A	Brain flow imaging only	0.30	NA	1.74	0.09	XXX
78610	26	A	Brain flow imaging only	0.30	0.11	0.11	0.01	XXX
78610	TC	A	Brain flow imaging only	0.00	NA	1.63	0.08	XXX
78615	.....	A	Cerebral vascular flow image	0.42	NA	4.14	0.19	XXX
78615	26	A	Cerebral vascular flow image	0.42	0.16	0.16	0.02	XXX
78615	TC	A	Cerebral vascular flow image	0.00	NA	3.98	0.17	XXX
78630	.....	A	Cerebrospinal fluid scan	0.68	NA	5.44	0.25	XXX
78630	26	A	Cerebrospinal fluid scan	0.68	0.24	0.24	0.03	XXX
78630	TC	A	Cerebrospinal fluid scan	0.00	NA	5.21	0.22	XXX
78635	.....	A	CSF ventriculography	0.61	NA	2.87	0.14	XXX
78635	26	A	CSF ventriculography	0.61	0.24	0.24	0.02	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Facility PE RVUs	Non-Facility PE RVUs	Mal-Practice RVUs	Global
78635	TC	A	CSF ventriculography	0.00	NA	2.63	0.12	XXX
78645		A	CSF shunt evaluation	0.57	NA	3.75	0.17	XXX
78645	26	A	CSF shunt evaluation	0.57	0.20	0.20	0.02	XXX
78645	TC	A	CSF shunt evaluation	0.00	NA	3.55	0.15	XXX
78647		A	Cerebrospinal fluid scan	0.90	NA	6.43	0.29	XXX
78647	26	A	Cerebrospinal fluid scan	0.90	0.33	0.33	0.03	XXX
78647	TC	A	Cerebrospinal fluid scan	0.00	NA	6.11	0.26	XXX
78650		A	CSF leakage imaging	0.61	NA	5.01	0.22	XXX
78650	26	A	CSF leakage imaging	0.61	0.22	0.22	0.02	XXX
78650	TC	A	CSF leakage imaging	0.00	NA	4.80	0.20	XXX
78660		A	Nuclear exam of tear flow	0.53	NA	2.37	0.12	XXX
78660	26	A	Nuclear exam of tear flow	0.53	0.19	0.19	0.02	XXX
78660	TC	A	Nuclear exam of tear flow	0.00	NA	2.19	0.10	XXX
78699		C	Nervous system nuclear exam	0.00	0.00	0.00	0.00	XXX
78699	26	C	Nervous system nuclear exam	0.00	0.00	0.00	0.00	XXX
78699	TC	C	Nervous system nuclear exam	0.00	0.00	0.00	0.00	XXX
78700		A	Kidney imaging, static	0.45	NA	3.30	0.15	XXX
78700	26	A	Kidney imaging, static	0.45	0.16	0.16	0.02	XXX
78700	TC	A	Kidney imaging, static	0.00	NA	3.15	0.13	XXX
78701		A	Kidney imaging with flow	0.49	NA	3.85	0.17	XXX
78701	26	A	Kidney imaging with flow	0.49	0.17	0.17	0.02	XXX
78701	TC	A	Kidney imaging with flow	0.00	NA	3.68	0.15	XXX
78704		A	Imaging renogram	0.74	NA	4.35	0.20	XXX
78704	26	A	Imaging renogram	0.74	0.26	0.26	0.03	XXX
78704	TC	A	Imaging renogram	0.00	NA	4.09	0.17	XXX
78707		A	Kidney flow/function image	0.96	NA	4.95	0.23	XXX
78707	26	A	Kidney flow/function image	0.96	0.34	0.34	0.04	XXX
78707	TC	A	Kidney flow/function image	0.00	NA	4.62	0.19	XXX
78708		A	Kidney flow/function image	1.21	NA	5.04	0.24	XXX
78708	26	A	Kidney flow/function image	1.21	0.43	0.43	0.05	XXX
78708	TC	A	Kidney flow/function image	0.00	NA	4.62	0.19	XXX
78709		A	Kidney flow/function image	1.41	NA	5.11	0.25	XXX
78709	26	A	Kidney flow/function image	1.41	0.49	0.49	0.06	XXX
78709	TC	A	Kidney flow/function image	0.00	NA	4.62	0.19	XXX
78710		A	Kidney imaging (3D)	0.66	NA	6.34	0.29	XXX
78710	26	A	Kidney imaging (3D)	0.66	0.23	0.23	0.03	XXX
78710	TC	A	Kidney imaging (3D)	0.00	NA	6.11	0.26	XXX
78715		A	Renal vascular flow exam	0.30	NA	1.74	0.09	XXX
78715	26	A	Renal vascular flow exam	0.30	0.11	0.11	0.01	XXX
78715	TC	A	Renal vascular flow exam	0.00	NA	1.63	0.08	XXX
78725		A	Kidney function study	0.38	NA	1.97	0.10	XXX
78725	26	A	Kidney function study	0.38	0.13	0.13	0.01	XXX
78725	TC	A	Kidney function study	0.00	NA	1.84	0.09	XXX
78730		A	Urinary bladder retention	0.36	NA	1.64	0.09	XXX
78730	26	A	Urinary bladder retention	0.36	0.13	0.13	0.02	XXX
78730	TC	A	Urinary bladder retention	0.00	NA	1.51	0.07	XXX
78740		A	Ureteral reflux study	0.57	NA	2.38	0.12	XXX
78740	26	A	Ureteral reflux study	0.57	0.20	0.20	0.02	XXX
78740	TC	A	Ureteral reflux study	0.00	NA	2.19	0.10	XXX
78760		A	Testicular imaging	0.66	NA	2.99	0.15	XXX
78760	26	A	Testicular imaging	0.66	0.23	0.23	0.03	XXX
78760	TC	A	Testicular imaging	0.00	NA	2.77	0.12	XXX
78761		A	Testicular imaging/flow	0.71	NA	3.56	0.17	XXX
78761	26	A	Testicular imaging/flow	0.71	0.25	0.25	0.03	XXX
78761	TC	A	Testicular imaging/flow	0.00	NA	3.31	0.14	XXX
78799		C	Genitourinary nuclear exam	0.00	0.00	0.00	0.00	XXX
78799	26	C	Genitourinary nuclear exam	0.00	0.00	0.00	0.00	XXX
78799	TC	C	Genitourinary nuclear exam	0.00	0.00	0.00	0.00	XXX
78800		A	Tumor imaging, limited area	0.66	NA	3.75	0.18	XXX
78800	26	A	Tumor imaging, limited area	0.66	0.23	0.23	0.03	XXX
78800	TC	A	Tumor imaging, limited area	0.00	NA	3.52	0.15	XXX
78801		A	Tumor imaging, mult areas	0.79	NA	4.64	0.21	XXX
78801	26	A	Tumor imaging, mult areas	0.79	0.28	0.28	0.03	XXX
78801	TC	A	Tumor imaging, mult areas	0.00	NA	4.37	0.18	XXX
78802		A	Tumor imaging, whole body	0.86	NA	6.02	0.28	XXX
78802	26	A	Tumor imaging, whole body	0.86	0.31	0.31	0.03	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Facility PE RVUs	Non-Facility PE RVUs	Mal-Practice RVUs	Global
78802	TC	A	Tumor imaging, whole body	0.00	NA	5.72	0.25	XXX
78803		A	Tumor imaging (3D)	1.09	NA	7.17	0.33	XXX
78803	26	A	Tumor imaging (3D)	1.09	0.40	0.40	0.04	XXX
78803	TC	A	Tumor imaging (3D)	0.00	NA	6.77	0.29	XXX
78805		A	Abscess imaging, ltd area	0.73	NA	3.78	0.18	XXX
78805	26	A	Abscess imaging, ltd area	0.73	0.26	0.26	0.03	XXX
78805	TC	A	Abscess imaging, ltd area	0.00	NA	3.52	0.15	XXX
78806		A	Abscess imaging, whole body	0.86	NA	6.95	0.32	XXX
78806	26	A	Abscess imaging, whole body	0.86	0.31	0.31	0.03	XXX
78806	TC	A	Abscess imaging, whole body	0.00	NA	6.64	0.29	XXX
78807		A	Nuclear localization/abscess	1.09	NA	7.18	0.33	XXX
78807	26	A	Nuclear localization/abscess	1.09	0.41	0.41	0.04	XXX
78807	TC	A	Nuclear localization/abscess	0.00	NA	6.77	0.29	XXX
78810		N	Tumor imaging (PET)	0.00	0.00	0.00	0.00	XXX
78810	26	N	Tumor imaging (PET)	1.93	0.75	0.75	0.09	XXX
78810	TC	N	Tumor imaging (PET)	0.00	0.00	0.00	0.00	XXX
78890		B	Nuclear medicine data proc	0.05	NA	1.37	0.06	XXX
78890	26	B	Nuclear medicine data proc	0.05	0.02	0.02	0.01	XXX
78890	TC	B	Nuclear medicine data proc	0.00	NA	1.35	0.05	XXX
78891		B	Nuclear med data proc	0.10	NA	2.75	0.12	XXX
78891	26	B	Nuclear med data proc	0.10	0.04	0.04	0.01	XXX
78891	TC	B	Nuclear med data proc	0.00	NA	2.71	0.11	XXX
78990		I	Provide diag radionuclide(s)	0.00	0.00	0.00	0.00	XXX
78999		C	Nuclear diagnostic exam	0.00	0.00	0.00	0.00	XXX
78999	26	C	Nuclear diagnostic exam	0.00	0.00	0.00	0.00	XXX
78999	TC	C	Nuclear diagnostic exam	0.00	0.00	0.00	0.00	XXX
79000		A	Init hyperthyroid therapy	1.80	NA	3.34	0.19	XXX
79000	26	A	Init hyperthyroid therapy	1.80	0.63	0.63	0.07	XXX
79000	TC	A	Init hyperthyroid therapy	0.00	NA	2.71	0.12	XXX
79001		A	Repeat hyperthyroid therapy	1.05	NA	1.72	0.10	XXX
79001	26	A	Repeat hyperthyroid therapy	1.05	0.37	0.37	0.04	XXX
79001	TC	A	Repeat hyperthyroid therapy	0.00	NA	1.35	0.06	XXX
79020		A	Thyroid ablation	1.81	NA	3.33	0.19	XXX
79020	26	A	Thyroid ablation	1.81	0.62	0.62	0.07	XXX
79020	TC	A	Thyroid ablation	0.00	NA	2.71	0.12	XXX
79030		A	Thyroid ablation, carcinoma	2.10	NA	3.45	0.20	XXX
79030	26	A	Thyroid ablation, carcinoma	2.10	0.74	0.74	0.08	XXX
79030	TC	A	Thyroid ablation, carcinoma	0.00	NA	2.71	0.12	XXX
79035		A	Thyroid metastatic therapy	2.52	NA	3.62	0.21	XXX
79035	26	A	Thyroid metastatic therapy	2.52	0.91	0.91	0.09	XXX
79035	TC	A	Thyroid metastatic therapy	0.00	NA	2.71	0.12	XXX
79100		A	Hematopoetic nuclear therapy	1.32	NA	3.19	0.17	XXX
79100	26	A	Hematopoetic nuclear therapy	1.32	0.48	0.48	0.05	XXX
79100	TC	A	Hematopoetic nuclear therapy	0.00	NA	2.71	0.12	XXX
79200		A	Intracavitary nuclear trmt	1.99	NA	3.43	0.19	XXX
79200	26	A	Intracavitary nuclear trmt	1.99	0.72	0.72	0.07	XXX
79200	TC	A	Intracavitary nuclear trmt	0.00	NA	2.71	0.12	XXX
79300		C	Interstitial nuclear therapy	0.00	0.00	0.00	0.00	XXX
79300	26	A	Interstitial nuclear therapy	1.60	0.59	0.59	0.07	XXX
79300	TC	C	Interstitial nuclear therapy	0.00	0.00	0.00	0.00	XXX
79400		A	Nonhemato nuclear therapy	1.96	NA	3.41	0.20	XXX
79400	26	A	Nonhemato nuclear therapy	1.96	0.70	0.70	0.08	XXX
79400	TC	A	Nonhemato nuclear therapy	0.00	NA	2.71	0.12	XXX
79420		C	Intravascular nuclear ther	0.00	0.00	0.00	0.00	XXX
79420	26	A	Intravascular nuclear ther	1.51	0.53	0.53	0.06	XXX
79420	TC	C	Intravascular nuclear ther	0.00	0.00	0.00	0.00	XXX
79440		A	Nuclear joint therapy	1.99	NA	3.46	0.20	XXX
79440	26	A	Nuclear joint therapy	1.99	0.75	0.75	0.08	XXX
79440	TC	A	Nuclear joint therapy	0.00	NA	2.71	0.12	XXX
79900		C	Provide ther radiopharm(s)	0.00	0.00	0.00	0.00	XXX
79999		C	Nuclear medicine therapy	0.00	0.00	0.00	0.00	XXX
79999	26	C	Nuclear medicine therapy	0.00	0.00	0.00	0.00	XXX
79999	TC	C	Nuclear medicine therapy	0.00	0.00	0.00	0.00	XXX
80500		A	Lab pathology consultation	0.37	0.17	0.22	0.01	XXX
80502		A	Lab pathology consultation	1.33	0.60	0.64	0.05	XXX
83020	26	A	Hemoglobin electrophoresis	0.37	0.16	0.16	0.01	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Facility PE RVUs	Non-Facility PE RVUs	Mal-Practice RVUs	Global
83912	26	A	Genetic examination	0.37	0.15	0.15	0.01	XXX
84165	26	A	Assay of serum proteins	0.37	0.16	0.16	0.01	XXX
84181	26	A	Western blot test	0.37	0.16	0.16	0.01	XXX
84182	26	A	Protein, western blot test	0.37	0.14	0.14	0.01	XXX
85060	.....	A	Blood smear interpretation	0.45	0.19	0.19	0.02	XXX
85097	.....	A	Bone marrow interpretation	0.94	0.41	1.85	0.03	XXX
85390	26	A	Fibrinolysins screen	0.37	0.13	0.13	0.01	XXX
85576	26	A	Blood platelet aggregation	0.37	0.16	0.16	0.01	XXX
86077	.....	A	Physician blood bank service	0.94	0.42	0.47	0.03	XXX
86078	.....	A	Physician blood bank service	0.94	0.42	0.51	0.03	XXX
86079	.....	A	Physician blood bank service	0.94	0.42	0.51	0.03	XXX
86255	26	A	Fluorescent antibody, screen	0.37	0.17	0.17	0.01	XXX
86256	26	A	Fluorescent antibody, titer	0.37	0.16	0.16	0.01	XXX
86320	26	A	Serum immunoelectrophoresis	0.37	0.16	0.17	0.01	XXX
86325	26	A	Other immunoelectrophoresis	0.37	0.16	0.16	0.01	XXX
86327	26	A	Immunoelectrophoresis assay	0.42	0.19	0.19	0.01	XXX
86334	26	A	Immunofixation procedure	0.37	0.16	0.16	0.01	XXX
86485	.....	C	Skin test, candida	0.00	0.00	0.00	0.00	XXX
86490	.....	A	Coccidioidomycosis skin test	0.00	NA	0.30	0.02	XXX
86510	.....	A	Histoplasmosis skin test	0.00	NA	0.33	0.02	XXX
86580	.....	A	TB intradermal test	0.00	NA	0.26	0.02	XXX
86585	.....	A	TB tine test	0.00	NA	0.21	0.01	XXX
86586	.....	C	Skin test, unlisted	0.00	0.00	0.00	0.00	XXX
87164	26	A	Dark field examination	0.37	0.12	0.12	0.01	XXX
87207	26	A	Smear, special stain	0.37	0.17	0.17	0.01	XXX
88104	.....	A	Cytopathology, fluids	0.56	NA	0.69	0.04	XXX
88104	26	A	Cytopathology, fluids	0.56	0.25	0.25	0.02	XXX
88104	TC	A	Cytopathology, fluids	0.00	NA	0.44	0.02	XXX
88106	.....	A	Cytopathology, fluids	0.56	NA	1.09	0.04	XXX
88106	26	A	Cytopathology, fluids	0.56	0.25	0.25	0.02	XXX
88106	TC	A	Cytopathology, fluids	0.00	NA	0.84	0.02	XXX
88107	.....	A	Cytopathology, fluids	0.76	NA	1.20	0.05	XXX
88107	26	A	Cytopathology, fluids	0.76	0.34	0.34	0.03	XXX
88107	TC	A	Cytopathology, fluids	0.00	NA	0.85	0.02	XXX
88108	.....	A	Cytopath, concentrate tech	0.56	NA	0.98	0.04	XXX
88108	26	A	Cytopath, concentrate tech	0.56	0.25	0.25	0.02	XXX
88108	TC	A	Cytopath, concentrate tech	0.00	NA	0.73	0.02	XXX
88125	.....	A	Forensic cytopathology	0.26	NA	0.28	0.02	XXX
88125	26	A	Forensic cytopathology	0.26	0.12	0.12	0.01	XXX
88125	TC	A	Forensic cytopathology	0.00	NA	0.16	0.01	XXX
88141	.....	A	Cytopath, c/v, interpret	0.42	0.19	0.19	0.01	XXX
88160	.....	A	Cytopath smear, other source	0.50	NA	0.73	0.04	XXX
88160	26	A	Cytopath smear, other source	0.50	0.22	0.22	0.02	XXX
88160	TC	A	Cytopath smear, other source	0.00	NA	0.50	0.02	XXX
88161	.....	A	Cytopath smear, other source	0.50	NA	0.82	0.04	XXX
88161	26	A	Cytopath smear, other source	0.50	0.22	0.22	0.02	XXX
88161	TC	A	Cytopath smear, other source	0.00	NA	0.60	0.02	XXX
88162	.....	A	Cytopath smear, other source	0.76	NA	0.61	0.05	XXX
88162	26	A	Cytopath smear, other source	0.76	0.34	0.34	0.03	XXX
88162	TC	A	Cytopath smear, other source	0.00	NA	0.27	0.02	XXX
88172	.....	A	Cytopathology eval of fna	0.60	NA	0.73	0.04	XXX
88172	26	A	Cytopathology eval of fna	0.60	0.27	0.27	0.02	XXX
88172	TC	A	Cytopathology eval of fna	0.00	NA	0.46	0.02	XXX
88173	.....	A	Cytopath eval, fna, report	1.39	NA	1.98	0.07	XXX
88173	26	A	Cytopath eval, fna, report	1.39	0.62	0.62	0.05	XXX
88173	TC	A	Cytopath eval, fna, report	0.00	NA	1.36	0.02	XXX
88180	.....	A	Cell marker study	0.36	NA	0.39	0.03	XXX
88180	26	A	Cell marker study	0.36	0.16	0.16	0.01	XXX
88180	TC	A	Cell marker study	0.00	NA	0.23	0.02	XXX
88182	.....	A	Cell marker study	0.77	NA	0.84	0.06	XXX
88182	26	A	Cell marker study	0.77	0.35	0.35	0.03	XXX
88182	TC	A	Cell marker study	0.00	NA	0.49	0.03	XXX
88199	.....	C	Cytopathology procedure	0.00	0.00	0.00	0.00	XXX
88199	26	C	Cytopathology procedure	0.00	0.00	0.00	0.00	XXX
88199	TC	C	Cytopathology procedure	0.00	0.00	0.00	0.00	XXX
88291	.....	A	Cyto/molecular report	0.52	0.23	0.23	0.02	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Facility PE RVUs	Non-Facility PE RVUs	Mal-Practice RVUs	Global
88299		C	Cytogenetic study	0.00	0.00	0.00	0.00	XXX
88300		A	Surgical path, gross	0.08	NA	0.36	0.02	XXX
88300	26	A	Surgical path, gross	0.08	0.04	0.04	0.01	XXX
88300	TC	A	Surgical path, gross	0.00	NA	0.32	0.01	XXX
88302		A	Tissue exam by pathologist	0.13	NA	0.83	0.03	XXX
88302	26	A	Tissue exam by pathologist	0.13	0.06	0.06	0.01	XXX
88302	TC	A	Tissue exam by pathologist	0.00	NA	0.77	0.02	XXX
88304		A	Tissue exam by pathologist	0.22	NA	1.05	0.03	XXX
88304	26	A	Tissue exam by pathologist	0.22	0.10	0.10	0.01	XXX
88304	TC	A	Tissue exam by pathologist	0.00	NA	0.95	0.02	XXX
88305		A	Tissue exam by pathologist	0.75	NA	1.60	0.05	XXX
88305	26	A	Tissue exam by pathologist	0.75	0.34	0.34	0.02	XXX
88305	TC	A	Tissue exam by pathologist	0.00	NA	1.26	0.03	XXX
88307		A	Tissue exam by pathologist	1.59	NA	2.81	0.11	XXX
88307	26	A	Tissue exam by pathologist	1.59	0.71	0.71	0.06	XXX
88307	TC	A	Tissue exam by pathologist	0.00	NA	2.09	0.05	XXX
88309		A	Tissue exam by pathologist	2.28	NA	3.92	0.13	XXX
88309	26	A	Tissue exam by pathologist	2.28	1.02	1.02	0.08	XXX
88309	TC	A	Tissue exam by pathologist	0.00	NA	2.90	0.05	XXX
88311		A	Decalcify tissue	0.24	NA	0.21	0.02	XXX
88311	26	A	Decalcify tissue	0.24	0.11	0.11	0.01	XXX
88311	TC	A	Decalcify tissue	0.00	NA	0.11	0.01	XXX
88312		A	Special stains	0.54	NA	1.56	0.03	XXX
88312	26	A	Special stains	0.54	0.24	0.24	0.02	XXX
88312	TC	A	Special stains	0.00	NA	1.32	0.01	XXX
88313		A	Special stains	0.24	NA	0.97	0.02	XXX
88313	26	A	Special stains	0.24	0.11	0.11	0.01	XXX
88313	TC	A	Special stains	0.00	NA	0.86	0.01	XXX
88314		A	Histochemical stain	0.45	NA	1.74	0.04	XXX
88314	26	A	Histochemical stain	0.45	0.20	0.20	0.02	XXX
88314	TC	A	Histochemical stain	0.00	NA	1.54	0.02	XXX
88318		A	Chemical histochemistry	0.42	NA	0.87	0.02	XXX
88318	26	A	Chemical histochemistry	0.42	0.19	0.19	0.01	XXX
88318	TC	A	Chemical histochemistry	0.00	NA	0.68	0.01	XXX
88319		A	Enzyme histochemistry	0.53	NA	4.03	0.04	XXX
88319	26	A	Enzyme histochemistry	0.53	0.24	0.24	0.02	XXX
88319	TC	A	Enzyme histochemistry	0.00	NA	3.80	0.02	XXX
88321		A	Microslide consultation	1.30	0.58	0.61	0.04	XXX
88323		A	Microslide consultation	1.35	NA	1.62	0.07	XXX
88323	26	A	Microslide consultation	1.35	0.61	0.61	0.05	XXX
88323	TC	A	Microslide consultation	0.00	NA	1.01	0.02	XXX
88325		A	Comprehensive review of data	2.22	0.95	0.95	0.08	XXX
88329		A	Path consult introp	0.67	0.30	0.39	0.02	XXX
88331		A	Path consult intraop, 1 bloc	1.19	NA	0.91	0.07	XXX
88331	26	A	Path consult intraop, 1 bloc	1.19	0.54	0.54	0.04	XXX
88331	TC	A	Path consult intraop, 1 bloc	0.00	NA	0.38	0.03	XXX
88332		A	Path consult intraop, addl	0.59	NA	0.43	0.04	XXX
88332	26	A	Path consult intraop, addl	0.59	0.27	0.27	0.02	XXX
88332	TC	A	Path consult intraop, addl	0.00	NA	0.17	0.02	XXX
88342		A	Immunocytochemistry	0.85	NA	1.12	0.05	XXX
88342	26	A	Immunocytochemistry	0.85	0.38	0.38	0.03	XXX
88342	TC	A	Immunocytochemistry	0.00	NA	0.74	0.02	XXX
88346		A	Immunofluorescent study	0.86	NA	1.44	0.05	XXX
88346	26	A	Immunofluorescent study	0.86	0.38	0.38	0.03	XXX
88346	TC	A	Immunofluorescent study	0.00	NA	1.05	0.02	XXX
88347		A	Immunofluorescent study	0.86	NA	1.22	0.05	XXX
88347	26	A	Immunofluorescent study	0.86	0.36	0.36	0.03	XXX
88347	TC	A	Immunofluorescent study	0.00	NA	0.86	0.02	XXX
88348		A	Electron microscopy	1.51	NA	4.62	0.11	XXX
88348	26	A	Electron microscopy	1.51	0.67	0.67	0.05	XXX
88348	TC	A	Electron microscopy	0.00	NA	3.94	0.06	XXX
88349		A	Scanning electron microscopy	0.76	NA	2.27	0.08	XXX
88349	26	A	Scanning electron microscopy	0.76	0.34	0.34	0.03	XXX
88349	TC	A	Scanning electron microscopy	0.00	NA	1.93	0.05	XXX
88355		A	Analysis, skeletal muscle	1.85	NA	8.03	0.12	XXX
88355	26	A	Analysis, skeletal muscle	1.85	0.83	0.83	0.07	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Facility PE RVUs	Non-Facility PE RVUs	Mal-Practice RVUs	Global
88355	TC	A	Analysis, skeletal muscle	0.00	NA	7.21	0.05	XXX
88356		A	Analysis, nerve	3.02	NA	4.07	0.16	XXX
88356	26	A	Analysis, nerve	3.02	1.31	1.31	0.10	XXX
88356	TC	A	Analysis, nerve	0.00	NA	2.76	0.06	XXX
88358		A	Analysis, tumor	2.82	NA	1.78	0.16	XXX
88358	26	A	Analysis, tumor	2.82	1.27	1.27	0.10	XXX
88358	TC	A	Analysis, tumor	0.00	NA	0.52	0.06	XXX
88362		A	Nerve teasing preparations	2.17	NA	4.18	0.12	XXX
88362	26	A	Nerve teasing preparations	2.17	0.95	0.95	0.07	XXX
88362	TC	A	Nerve teasing preparations	0.00	NA	3.23	0.05	XXX
88365		A	Tissue hybridization	0.93	NA	1.73	0.05	XXX
88365	26	A	Tissue hybridization	0.93	0.41	0.41	0.03	XXX
88365	TC	A	Tissue hybridization	0.00	NA	1.32	0.02	XXX
88371	26	A	Protein, western blot tissue	0.37	0.14	0.14	0.01	XXX
88372	26	A	Protein analysis w/probe	0.37	0.17	0.17	0.01	XXX
88380		C	Microdissection	0.00	0.00	0.00	0.00	XXX
88380	26	C	Microdissection	0.00	0.00	0.00	0.00	XXX
88380	TC	C	Microdissection	0.00	0.00	0.00	0.00	XXX
88399		C	Surgical pathology procedure	0.00	0.00	0.00	0.00	XXX
88399	26	C	Surgical pathology procedure	0.00	0.00	0.00	0.00	XXX
88399	TC	C	Surgical pathology procedure	0.00	0.00	0.00	0.00	XXX
89060	26	A	Exam synovial fluid crystals	0.37	0.17	0.17	0.01	XXX
89100		A	Sample intestinal contents	0.60	0.22	1.75	0.02	XXX
89105		A	Sample intestinal contents	0.50	0.17	2.33	0.02	XXX
89130		A	Sample stomach contents	0.45	0.13	1.99	0.02	XXX
89132		A	Sample stomach contents	0.19	0.06	1.76	0.01	XXX
89135		A	Sample stomach contents	0.79	0.26	1.78	0.03	XXX
89136		A	Sample stomach contents	0.21	0.08	1.72	0.01	XXX
89140		A	Sample stomach contents	0.94	0.28	2.22	0.03	XXX
89141		A	Sample stomach contents	0.85	0.35	2.84	0.03	XXX
89350		A	Sputum specimen collection	0.00	NA	0.42	0.02	XXX
89360		A	Collect sweat for test	0.00	NA	0.47	0.02	XXX
89399		C	Pathology lab procedure	0.00	0.00	0.00	0.00	XXX
89399	26	C	Pathology lab procedure	0.00	0.00	0.00	0.00	XXX
89399	TC	C	Pathology lab procedure	0.00	0.00	0.00	0.00	XXX
90281		I	Human ig, im	0.00	0.00	0.00	0.00	XXX
90283		I	Human ig, iv	0.00	0.00	0.00	0.00	XXX
90287		I	Botulinum antitoxin	0.00	0.00	0.00	0.00	XXX
90288		I	Botulism ig, iv	0.00	0.00	0.00	0.00	XXX
90291		I	Cmv ig, iv	0.00	0.00	0.00	0.00	XXX
90296		E	Diphtheria antitoxin	0.00	0.00	0.00	0.00	XXX
90371		E	Hep b ig, im	0.00	0.00	0.00	0.00	XXX
90375		E	Rabies ig, im/sc	0.00	0.00	0.00	0.00	XXX
90376		E	Rabies ig, heat treated	0.00	0.00	0.00	0.00	XXX
90378		X	Rsv ig, im, 50mg	0.00	0.00	0.00	0.00	XXX
90379		I	Rsv ig, iv	0.00	0.00	0.00	0.00	XXX
90384		I	Rh ig, full-dose, im	0.00	0.00	0.00	0.00	XXX
90385		E	Rh ig, minidose, im	0.00	0.00	0.00	0.00	XXX
90386		I	Rh ig, iv	0.00	0.00	0.00	0.00	XXX
90389		I	Tetanus ig, im	0.00	0.00	0.00	0.00	XXX
90393		E	Vaccina ig, im	0.00	0.00	0.00	0.00	XXX
90396		E	Varicella-zoster ig, im	0.00	0.00	0.00	0.00	XXX
90399		I	Immune globulin	0.00	0.00	0.00	0.00	XXX
90471		A	Immunization admin	0.00	NA	0.22	0.01	XXX
90472		A	Immunization admin, each add	0.00	NA	0.09	0.01	ZZZ
90473		N	Immune admin oral/nasal	0.00	0.00	0.00	0.00	XXX
90474		N	Immune admin oral/nasal addl	0.00	0.00	0.00	0.00	ZZZ
90476		E	Adenovirus vaccine, type 4	0.00	0.00	0.00	0.00	XXX
90477		E	Adenovirus vaccine, type 7	0.00	0.00	0.00	0.00	XXX
90581		E	Anthrax vaccine, sc	0.00	0.00	0.00	0.00	XXX
90585		E	Bcg vaccine, percut	0.00	0.00	0.00	0.00	XXX
90586		E	Bcg vaccine, intravesical	0.00	0.00	0.00	0.00	XXX
90632		E	Hep a vaccine, adult im	0.00	0.00	0.00	0.00	XXX
90633		E	Hep a vacc, ped/adol, 2 dose	0.00	0.00	0.00	0.00	XXX
90634		E	Hep a vacc, ped/adol, 3 dose	0.00	0.00	0.00	0.00	XXX
90636		E	Hep a/hep b vacc, adult im	0.00	0.00	0.00	0.00	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Facility PE RVUs	Non-Facility PE RVUs	Mal-Practice RVUs	Global
90645		E	Hib vaccine, hboc, im	0.00	0.00	0.00	0.00	XXX
90646		E	Hib vaccine, prp-d, im	0.00	0.00	0.00	0.00	XXX
90647		E	Hib vaccine, prp-omp, im	0.00	0.00	0.00	0.00	XXX
90648		E	Hib vaccine, prp-t, im	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	XXX
90658		X	Flu vaccine, 3 yrs, im	0.00	0.00	0.00	0.00	XXX
90659		X	Flu vaccine, whole, im	0.00	0.00	0.00	0.00	XXX
90660		X	Flu vaccine, nasal	0.00	0.00	0.00	0.00	XXX
90665		E	Lyme disease vaccine, im	0.00	0.00	0.00	0.00	XXX
90669		N	Pneumococcal vacc, ped<5	0.00	0.00	0.00	0.00	XXX
90675		E	Rabies vaccine, im	0.00	0.00	0.00	0.00	XXX
90676		E	Rabies vaccine, id	0.00	0.00	0.00	0.00	XXX
90680		E	Rotovirus vaccine, oral	0.00	0.00	0.00	0.00	XXX
90690		E	Typhoid vaccine, oral	0.00	0.00	0.00	0.00	XXX
90691		E	Typhoid vaccine, im	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	XXX
90693		E	Typhoid vaccine, akd, sc	0.00	0.00	0.00	0.00	XXX
90700		E	Dtap vaccine, im	0.00	0.00	0.00	0.00	XXX
90701		E	Dtp vaccine, im	0.00	0.00	0.00	0.00	XXX
90702		E	Dt vaccine < 7, im	0.00	0.00	0.00	0.00	XXX
90703		E	Tetanus vaccine, im	0.00	0.00	0.00	0.00	XXX
90704		E	Mumps vaccine, sc	0.00	0.00	0.00	0.00	XXX
90705		E	Measles vaccine, sc	0.00	0.00	0.00	0.00	XXX
90706		E	Rubella vaccine, sc	0.00	0.00	0.00	0.00	XXX
90707		E	Mmr vaccine, sc	0.00	0.00	0.00	0.00	XXX
90708		E	Measles-rubella vaccine, sc	0.00	0.00	0.00	0.00	XXX
90709		E	Rubella & mumps vaccine, sc	0.00	0.00	0.00	0.00	XXX
90710		E	Mmrv vaccine, sc	0.00	0.00	0.00	0.00	XXX
90712		E	Oral poliovirus vaccine	0.00	0.00	0.00	0.00	XXX
90713		E	Poliovirus, ipv, sc	0.00	0.00	0.00	0.00	XXX
90716		E	Chicken pox vaccine, sc	0.00	0.00	0.00	0.00	XXX
90717		E	Yellow fever vaccine, sc	0.00	0.00	0.00	0.00	XXX
90718		E	Td vaccine > 7, im	0.00	0.00	0.00	0.00	XXX
90719		E	Diphtheria vaccine, im	0.00	0.00	0.00	0.00	XXX
90720		E	Dtp/hib vaccine, im	0.00	0.00	0.00	0.00	XXX
90721		E	Dtap/hib vaccine, im	0.00	0.00	0.00	0.00	XXX
90723		X	Dtap-hep b-ipv vaccine, im	0.00	0.00	0.00	0.00	XXX
90725		E	Cholera vaccine, injectable	0.00	0.00	0.00	0.00	XXX
90727		E	Plague vaccine, im	0.00	0.00	0.00	0.00	XXX
90732		X	Pneumococcal vaccine	0.00	0.00	0.00	0.00	XXX
90733		E	Meningococcal vaccine, sc	0.00	0.00	0.00	0.00	XXX
90735		E	Encephalitis vaccine, sc	0.00	0.00	0.00	0.00	XXX
90740		X	Hepb vacc, ill pat 3 dose im	0.00	0.00	0.00	0.00	XXX
90743		X	Hep b vacc, adol, 2 dose, im	0.00	0.00	0.00	0.00	XXX
90744		X	Hepb vacc ped/adol 3 dose im	0.00	0.00	0.00	0.00	XXX
90746		X	Hep b vaccine, adult, im	0.00	0.00	0.00	0.00	XXX
90747		X	Hepb vacc, ill pat 4 dose im	0.00	0.00	0.00	0.00	XXX
90748		E	Hep b/hib vaccine, im	0.00	0.00	0.00	0.00	XXX
90749		E	Vaccine toxoid	0.00	0.00	0.00	0.00	XXX
90780		A	IV infusion therapy, 1 hour	0.00	NA	1.15	0.06	XXX
90781		A	IV infusion, additional hour	0.00	NA	0.58	0.03	ZZZ
90782		T	Injection, sc/im	0.00	NA	0.11	0.01	XXX
90783		T	Injection, ia	0.00	NA	0.42	0.02	XXX
90784		T	Injection, iv	0.00	NA	0.49	0.03	XXX
90788		T	Injection of antibiotic	0.00	NA	0.12	0.01	XXX
90799		C	Ther/prophylactic/dx inject	0.00	0.00	0.00	0.00	XXX
90801		A	Psy dx interview	2.80	0.92	1.13	0.06	XXX
90802		A	Intac psy dx interview	3.01	0.98	1.19	0.07	XXX
90804		A	Psytx, office, 20-30 min	1.21	0.40	0.52	0.03	XXX
90805		A	Psytx, off, 20-30 min w/e&m	1.37	0.44	0.58	0.03	XXX
90806		A	Psytx, off, 45-50 min	1.86	0.63	0.76	0.04	XXX
90807		A	Psytx, off, 45-50 min w/e&m	2.02	0.65	0.77	0.05	XXX
90808		A	Psytx, office, 75-80 min	2.79	0.94	1.09	0.07	XXX
90809		A	Psytx, off, 75-80, w/e&m	2.95	0.95	1.10	0.07	XXX
90810		A	Intac psytx, off, 20-30 min	1.32	0.44	0.55	0.03	XXX
90811		A	Intac psytx, 20-30, w/e&m	1.48	0.47	0.60	0.03	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Facility PE RVUs	Non-Facility PE RVUs	Mal-Practice RVUs	Global
90812		A	Intac psytx, off, 45-50 min	1.97	0.66	0.81	0.05	XXX
90813		A	Intac psytx, 45-50 min w/e&m	2.13	0.68	0.84	0.05	XXX
90814		A	Intac psytx, off, 75-80 min	2.90	1.01	1.16	0.07	XXX
90815		A	Intac psytx, 75-80 w/e&m	3.06	0.98	1.19	0.07	XXX
90816		A	Psytx, hosp, 20-30 min	1.25	0.43	0.57	0.03	XXX
90817		A	Psytx, hosp, 20-30 min w/e&m	1.41	0.45	0.61	0.03	XXX
90818		A	Psytx, hosp, 45-50 min	1.89	0.65	0.80	0.04	XXX
90819		A	Psytx, hosp, 45-50 min w/e&m	2.05	0.65	0.82	0.05	XXX
90821		A	Psytx, hosp, 75-80 min	2.83	0.96	1.12	0.06	XXX
90822		A	Psytx, hosp, 75-80 min w/e&m	2.99	0.95	1.14	0.07	XXX
90823		A	Intac psytx, hosp, 20-30 min	1.36	0.45	0.65	0.03	XXX
90824		A	Intac psytx, hsp 20-30 w/e&m	1.52	0.48	0.68	0.03	XXX
90826		A	Intac psytx, hosp, 45-50 min	2.01	0.68	0.89	0.04	XXX
90827		A	Intac psytx, hsp 45-50 w/e&m	2.16	0.68	0.89	0.05	XXX
90828		A	Intac psytx, hosp, 75-80 min	2.94	0.99	1.25	0.07	XXX
90829		A	Intac psytx, hsp 75-80 w/e&m	3.10	0.98	1.20	0.07	XXX
90845		A	Psychoanalysis	1.79	0.57	0.69	0.04	XXX
90846		R	Family psytx w/o patient	1.83	0.62	0.75	0.04	XXX
90847		R	Family psytx w/patient	2.21	0.74	0.86	0.05	XXX
90849		R	Multiple family group psytx	0.59	0.20	0.33	0.01	XXX
90853		A	Group psychotherapy	0.59	0.20	0.34	0.01	XXX
90857		A	Intac group psytx	0.63	0.22	0.36	0.02	XXX
90862		A	Medication management	0.95	0.30	0.43	0.02	XXX
90865		A	Narcosynthesis	2.84	0.88	1.57	0.07	XXX
90870		A	Electroconvulsive therapy	1.88	0.71	0.71	0.04	000
90871		A	Electroconvulsive therapy	2.72	0.99	NA	0.06	000
90875		N	Psychophysiological therapy	1.20	0.46	0.88	0.03	XXX
90876		N	Psychophysiological therapy	1.90	0.73	1.16	0.04	XXX
90880		A	Hypnotherapy	2.19	0.70	0.88	0.05	XXX
90882		N	Environmental manipulation	0.00	0.00	0.00	0.00	XXX
90885		B	Psy evaluation of records	0.97	0.37	0.37	0.02	XXX
90887		B	Consultation with family	1.48	0.57	0.81	0.03	XXX
90889		B	Preparation of report	0.00	0.00	0.00	0.00	XXX
90899		C	Psychiatric service/therapy	0.00	0.00	0.00	0.00	XXX
90901		A	Biofeedback train, any meth	0.41	0.19	0.82	0.02	000
90911		A	Biofeedback peri/uro/rectal	0.89	0.39	0.88	0.04	000
90918		A	ESRD related services, month	11.18	5.52	5.52	0.30	XXX
90919		A	ESRD related services, month	8.54	4.48	4.48	0.24	XXX
90920		A	ESRD related services, month	7.27	3.94	3.94	0.19	XXX
90921		A	ESRD related services, month	4.47	2.87	2.87	0.12	XXX
90922		A	ESRD related services, day	0.37	0.17	0.17	0.01	XXX
90923		A	Esrd related services, day	0.28	0.14	0.14	0.01	XXX
90924		A	Esrd related services, day	0.24	0.13	0.13	0.01	XXX
90925		A	Esrd related services, day	0.15	0.10	0.10	0.01	XXX
90935		A	Hemodialysis, one evaluation	1.22	0.83	NA	0.03	000
90937		A	Hemodialysis, repeated eval	2.11	1.16	NA	0.06	000
90939		X	Hemodialysis study, transcut	0.00	0.00	0.00	0.00	XXX
90940		X	Hemodialysis access study	0.00	0.00	0.00	0.00	XXX
90945		A	Dialysis, one evaluation	1.28	0.86	NA	0.04	000
90947		A	Dialysis, repeated eval	2.16	1.19	NA	0.06	000
90989		X	Dialysis training, complete	0.00	0.00	0.00	0.00	XXX
90993		X	Dialysis training, incompl	0.00	0.00	0.00	0.00	XXX
90997		A	Hemoperfusion	1.84	1.09	NA	0.05	000
90999		C	Dialysis procedure	0.00	0.00	0.00	0.00	XXX
91000		A	Esophageal intubation	0.73	NA	0.33	0.04	000
91000	26	A	Esophageal intubation	0.73	0.25	0.25	0.03	000
91000	TC	A	Esophageal intubation	0.00	NA	0.08	0.01	000
91010		A	Esophagus motility study	1.25	NA	2.75	0.10	000
91010	26	A	Esophagus motility study	1.25	0.45	0.45	0.05	000
91010	TC	A	Esophagus motility study	0.00	NA	2.30	0.05	000
91011		A	Esophagus motility study	1.50	NA	3.20	0.10	000
91011	26	A	Esophagus motility study	1.50	0.54	0.54	0.05	000
91011	TC	A	Esophagus motility study	0.00	NA	2.66	0.05	000
91012		A	Esophagus motility study	1.46	NA	3.28	0.12	000
91012	26	A	Esophagus motility study	1.46	0.52	0.52	0.06	000
91012	TC	A	Esophagus motility study	0.00	NA	2.75	0.06	000

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Facility PE RVUs	Non-Facility PE RVUs	Mal-Practice RVUs	Global
91020		A	Gastric motility	1.44	NA	2.97	0.11	000
91020	26	A	Gastric motility	1.44	0.50	0.50	0.06	000
91020	TC	A	Gastric motility	0.00	NA	2.48	0.05	000
91030		A	Acid perfusion of esophagus	0.91	NA	2.60	0.05	000
91030	26	A	Acid perfusion of esophagus	0.91	0.33	0.33	0.03	000
91030	TC	A	Acid perfusion of esophagus	0.00	NA	2.27	0.02	000
91032		A	Esophagus, acid reflux test	1.21	NA	2.42	0.10	000
91032	26	A	Esophagus, acid reflux test	1.21	0.43	0.43	0.05	000
91032	TC	A	Esophagus, acid reflux test	0.00	NA	1.99	0.05	000
91033		A	Prolonged acid reflux test	1.30	NA	2.64	0.14	000
91033	26	A	Prolonged acid reflux test	1.30	0.47	0.47	0.05	000
91033	TC	A	Prolonged acid reflux test	0.00	NA	2.17	0.09	000
91052		A	Gastric analysis test	0.79	NA	2.41	0.05	000
91052	26	A	Gastric analysis test	0.79	0.28	0.28	0.03	000
91052	TC	A	Gastric analysis test	0.00	NA	2.12	0.02	000
91055		A	Gastric intubation for smear	0.94	NA	2.45	0.06	000
91055	26	A	Gastric intubation for smear	0.94	0.28	0.28	0.04	000
91055	TC	A	Gastric intubation for smear	0.00	NA	2.17	0.02	000
91060		A	Gastric saline load test	0.45	NA	0.30	0.04	000
91060	26	A	Gastric saline load test	0.45	0.15	0.15	0.02	000
91060	TC	A	Gastric saline load test	0.00	NA	0.15	0.02	000
91065		A	Breath hydrogen test	0.20	NA	3.94	0.03	000
91065	26	A	Breath hydrogen test	0.20	0.07	0.07	0.01	000
91065	TC	A	Breath hydrogen test	0.00	NA	3.87	0.02	000
91100		A	Pass intestine bleeding tube	1.08	0.45	NA	0.06	000
91105		A	Gastric intubation treatment	0.37	0.20	NA	0.02	000
91122		A	Anal pressure record	1.77	NA	5.63	0.17	000
91122	26	A	Anal pressure record	1.77	0.62	0.62	0.10	000
91122	TC	A	Anal pressure record	0.00	NA	5.01	0.07	000
91123		B	Irrigate fecal impaction	0.00	0.00	0.00	0.00	XXX
91132		C	Electrogastrography	0.00	0.00	0.00	0.00	XXX
91132	26	A	Electrogastrography	0.52	NA	0.20	0.03	XXX
91132	TC	C	Electrogastrography	0.00	0.00	0.00	0.00	XXX
1133		C	Electrogastrography w/test	0.00	0.00	0.00	0.00	XXX
91133	26	A	Electrogastrography w/test	0.66	NA	0.26	0.03	XXX
91133	TC	C	Electrogastrography w/test	0.00	0.00	0.00	0.00	XXX
91299		C	Gastroenterology procedure	0.00	0.00	0.00	0.00	XXX
91299	26	C	Gastroenterology procedure	0.00	0.00	0.00	0.00	XXX
91299	TC	C	Gastroenterology procedure	0.00	0.00	0.00	0.00	XXX
92002		A	Eye exam, new patient	0.88	0.35	0.97	0.02	XXX
92004		A	Eye exam, new patient	1.67	0.70	1.70	0.03	XXX
92012		A	Eye exam established pat	0.67	0.30	1.01	0.01	XXX
92014		A	Eye exam & treatment	1.10	0.48	1.39	0.02	XXX
92015		N	Refraction	0.38	0.15	1.53	0.01	XXX
92018		A	New eye exam & treatment	2.50	1.12	NA	0.03	XXX
92019		A	Eye exam & treatment	1.31	0.58	NA	0.03	XXX
92020		A	Special eye evaluation	0.37	0.17	0.98	0.01	XXX
92060		A	Special eye evaluation	0.69	NA	0.75	0.02	XXX
92060	26	A	Special eye evaluation	0.69	0.30	0.30	0.01	XXX
92060	TC	A	Special eye evaluation	0.00	NA	0.45	0.01	XXX
92065		A	Orthoptic/pleoptic training	0.37	NA	1.38	0.02	XXX
92065	26	A	Orthoptic/pleoptic training	0.37	0.16	0.16	0.01	XXX
92065	TC	A	Orthoptic/pleoptic training	0.00	NA	1.22	0.01	XXX
92070		A	Fitting of contact lens	0.70	0.33	1.15	0.01	XXX
92081		A	Visual field examination(s)	0.36	NA	0.67	0.02	XXX
92081	26	A	Visual field examination(s)	0.36	0.16	0.16	0.01	XXX
92081	TC	A	Visual field examination(s)	0.00	NA	0.51	0.01	XXX
92082		A	Visual field examination(s)	0.44	NA	1.04	0.02	XXX
92082	26	A	Visual field examination(s)	0.44	0.19	0.19	0.01	XXX
92082	TC	A	Visual field examination(s)	0.00	NA	0.85	0.01	XXX
92083		A	Visual field examination(s)	0.50	NA	1.14	0.02	XXX
92083	26	A	Visual field examination(s)	0.50	0.23	0.23	0.01	XXX
92083	TC	A	Visual field examination(s)	0.00	NA	0.92	0.01	XXX
92100		A	Serial tonometry exam(s)	0.92	0.35	0.74	0.02	XXX
92120		A	Tonography & eye evaluation	0.81	0.33	0.82	0.02	XXX
92130		A	Water provocation tonography	0.81	0.38	0.93	0.02	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Facility PE RVUs	Non-Facility PE RVUs	Mal-Practice RVUs	Global
92135		A	Opthalmic dx imaging	0.35	NA	1.09	0.02	XXX
92135	26	A	Opthalmic dx imaging	0.35	0.16	0.16	0.01	XXX
92135	TC	A	Opthalmic dx imaging	0.00	NA	0.93	0.01	XXX
92136		A	Ophthalmic biometry	0.54	NA	2.00	0.07	XXX
92136	26	A	Ophthalmic biometry	0.54	0.25	0.25	0.01	XXX
92136	TC	A	Ophthalmic biometry	0.00	NA	1.75	0.06	XXX
92140		A	Glaucoma provocative tests	0.50	0.22	1.02	0.01	XXX
92225		A	Special eye exam, initial	0.38	0.16	0.22	0.01	XXX
92226		A	Special eye exam, subsequent	0.33	0.15	0.21	0.01	XXX
92230		A	Eye exam with photos	0.60	0.20	1.79	0.02	XXX
92235		A	Eye exam with photos	0.81	NA	2.75	0.07	XXX
92235	26	A	Eye exam with photos	0.81	0.38	0.38	0.02	XXX
92235	TC	A	Eye exam with photos	0.00	NA	2.37	0.05	XXX
92240		A	Icg angiography	1.10	NA	5.44	0.07	XXX
92240	26	A	Icg angiography	1.10	0.51	0.51	0.02	XXX
92240	TC	A	Icg angiography	0.00	NA	4.93	0.05	XXX
92250		A	Eye exam with photos	0.44	NA	1.58	0.02	XXX
92250	26	A	Eye exam with photos	0.44	0.20	0.20	0.01	XXX
92250	TC	A	Eye exam with photos	0.00	NA	1.38	0.01	XXX
92260		A	Ophthalmoscopy/dynamometry	0.20	0.09	0.25	0.01	XXX
92265		A	Eye muscle evaluation	0.81	NA	1.83	0.04	XXX
92265	26	A	Eye muscle evaluation	0.81	0.29	0.29	0.02	XXX
92265	TC	A	Eye muscle evaluation	0.00	NA	1.54	0.02	XXX
92270		A	Electro-oculography	0.81	NA	1.70	0.05	XXX
92270	26	A	Electro-oculography	0.81	0.35	0.35	0.03	XXX
92270	TC	A	Electro-oculography	0.00	NA	1.35	0.02	XXX
92275		A	Electroretinography	1.01	NA	2.01	0.04	XXX
92275	26	A	Electroretinography	1.01	0.44	0.44	0.02	XXX
92275	TC	A	Electroretinography	0.00	NA	1.57	0.02	XXX
92283		A	Color vision examination	0.17	NA	0.95	0.02	XXX
92283	26	A	Color vision examination	0.17	0.07	0.07	0.01	XXX
92283	TC	A	Color vision examination	0.00	NA	0.88	0.01	XXX
92284		A	Dark adaptation eye exam	0.24	NA	2.38	0.02	XXX
92284	26	A	Dark adaptation eye exam	0.24	0.09	0.09	0.01	XXX
92284	TC	A	Dark adaptation eye exam	0.00	NA	2.29	0.01	XXX
92285		A	Eye photography	0.20	NA	0.90	0.02	XXX
92285	26	A	Eye photography	0.20	0.09	0.09	0.01	XXX
92285	TC	A	Eye photography	0.00	NA	0.81	0.01	XXX
92286		A	Internal eye photography	0.66	NA	3.07	0.03	XXX
92286	26	A	Internal eye photography	0.66	0.30	0.30	0.01	XXX
92286	TC	A	Internal eye photography	0.00	NA	2.76	0.02	XXX
92287		A	Internal eye photography	0.81	0.32	2.87	0.02	XXX
92310		N	Contact lens fitting	1.17	0.45	1.10	0.03	XXX
92311		A	Contact lens fitting	1.08	0.36	1.20	0.03	XXX
92312		A	Contact lens fitting	1.26	0.51	1.18	0.03	XXX
92313		A	Contact lens fitting	0.92	0.29	1.17	0.02	XXX
92314		N	Prescription of contact lens	0.69	0.27	0.92	0.01	XXX
92315		A	Prescription of contact lens	0.45	0.17	0.93	0.01	XXX
92316		A	Prescription of contact lens	0.68	0.30	1.00	0.01	XXX
92317		A	Prescription of contact lens	0.45	0.17	1.03	0.01	XXX
92325		A	Modification of contact lens	0.00	NA	0.41	0.01	XXX
92326		A	Replacement of contact lens	0.00	NA	1.69	0.05	XXX
92330		A	Fitting of artificial eye	1.08	0.33	1.06	0.04	XXX
92335		A	Fitting of artificial eye	0.45	0.17	0.99	0.01	XXX
92340		N	Fitting of spectacles	0.37	0.14	0.69	0.01	XXX
92341		N	Fitting of spectacles	0.47	0.18	0.72	0.01	XXX
92342		N	Fitting of spectacles	0.53	0.20	0.75	0.01	XXX
92352		B	Special spectacles fitting	0.37	0.14	0.69	0.01	XXX
92353		B	Special spectacles fitting	0.50	0.19	0.74	0.02	XXX
92354		B	Special spectacles fitting	0.00	NA	9.15	0.08	XXX
92355		B	Special spectacles fitting	0.00	NA	4.48	0.01	XXX
92358		B	Eye prosthesis service	0.00	NA	1.00	0.04	XXX
92370		N	Repair & adjust spectacles	0.32	0.12	0.54	0.02	XXX
92371		B	Repair & adjust spectacles	0.00	NA	0.64	0.02	XXX
92390		N	Supply of spectacles	0.00	0.00	0.00	0.00	XXX
92391		N	Supply of contact lenses	0.00	0.00	0.00	0.00	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Facility PE RVUs	Non-Facility PE RVUs	Mal-Practice RVUs	Global
92392		I	Supply of low vision aids	0.00	NA	4.18	0.02	XXX
92393		I	Supply of artificial eye	0.00	NA	12.97	0.47	XXX
92395		I	Supply of spectacles	0.00	NA	1.42	0.08	XXX
92396		I	Supply of contact lenses	0.00	NA	2.38	0.06	XXX
92499		C	Eye service or procedure	0.00	0.00	0.00	0.00	XXX
92499	26	C	Eye service or procedure	0.00	0.00	0.00	0.00	XXX
92499	TC	C	Eye service or procedure	0.00	0.00	0.00	0.00	XXX
92502		A	Ear and throat examination	1.51	1.24	NA	0.06	000
92504		A	Ear microscopy examination	0.18	0.09	1.08	0.01	XXX
92506		A	Speech/hearing evaluation	0.86	0.41	1.60	0.04	XXX
92507		A	Speech/hearing therapy	0.52	0.24	1.50	0.02	XXX
92508		A	Speech/hearing therapy	0.26	0.13	1.39	0.01	XXX
92510		A	Rehab for ear implant	1.50	0.76	2.03	0.06	XXX
92511		A	Nasopharyngoscopy	0.84	0.42	1.33	0.03	000
92512		A	Nasal function studies	0.55	0.18	1.09	0.02	XXX
92516		A	Facial nerve function test	0.43	0.22	0.93	0.02	XXX
92520		A	Laryngeal function studies	0.76	0.40	0.55	0.03	XXX
92525		I	Oral function evaluation	1.50	0.58	1.66	0.07	XXX
92526		A	Oral function therapy	0.55	0.21	1.68	0.02	XXX
92531		B	Spontaneous nystagmus study	0.00	0.00	0.00	0.00	XXX
92532		B	Positional nystagmus test	0.00	0.00	0.00	0.00	XXX
92533		B	Caloric vestibular test	0.00	0.00	0.00	0.00	XXX
92534		B	Optokinetic nystagmus test	0.00	0.00	0.00	0.00	XXX
92541		A	Spontaneous nystagmus test	0.40	NA	1.54	0.04	XXX
92541	26	A	Spontaneous nystagmus test	0.40	0.20	0.20	0.02	XXX
92541	TC	A	Spontaneous nystagmus test	0.00	NA	1.35	0.02	XXX
92542		A	Positional nystagmus test	0.33	NA	1.50	0.03	XXX
92542	26	A	Positional nystagmus test	0.33	0.16	0.16	0.01	XXX
92542	TC	A	Positional nystagmus test	0.00	NA	1.34	0.02	XXX
92543		A	Caloric vestibular test	0.10	NA	0.40	0.02	XXX
92543	26	A	Caloric vestibular test	0.10	0.05	0.05	0.01	XXX
92543	TC	A	Caloric vestibular test	0.00	NA	0.36	0.01	XXX
92544		A	Optokinetic nystagmus test	0.26	NA	1.44	0.03	XXX
92544	26	A	Optokinetic nystagmus test	0.26	0.13	0.13	0.01	XXX
92544	TC	A	Optokinetic nystagmus test	0.00	NA	1.32	0.02	XXX
92545		A	Oscillating tracking test	0.23	NA	1.43	0.03	XXX
92545	26	A	Oscillating tracking test	0.23	0.11	0.11	0.01	XXX
92545	TC	A	Oscillating tracking test	0.00	NA	1.32	0.02	XXX
92546		A	Sinusoidal rotational test	0.29	NA	2.71	0.03	XXX
92546	26	A	Sinusoidal rotational test	0.29	0.14	0.14	0.01	XXX
92546	TC	A	Sinusoidal rotational test	0.00	NA	2.57	0.02	XXX
92547		A	Supplemental electrical test	0.00	NA	1.27	0.05	ZZZ
92548		A	Posturography	0.50	NA	3.70	0.13	XXX
92548	26	A	Posturography	0.50	0.27	0.27	0.02	XXX
92548	TC	A	Posturography	0.00	NA	3.43	0.11	XXX
92551		N	Pure tone hearing test, air	0.00	0.00	0.00	0.00	XXX
92552		A	Pure tone audiometry, air	0.00	NA	0.46	0.03	XXX
92553		A	Audiometry, air & bone	0.00	NA	0.68	0.05	XXX
92555		A	Speech threshold audiometry	0.00	NA	0.39	0.03	XXX
92556		A	Speech audiometry, complete	0.00	NA	0.59	0.05	XXX
92557		A	Comprehensive hearing test	0.00	NA	1.23	0.10	XXX
92559		N	Group audiometric testing	0.00	0.00	0.00	0.00	XXX
92560		N	Bekesy audiometry, screen	0.00	0.00	0.00	0.00	XXX
92561		A	Bekesy audiometry, diagnosis	0.00	NA	0.74	0.05	XXX
92562		A	Loudness balance test	0.00	NA	0.42	0.03	XXX
92563		A	Tone decay hearing test	0.00	NA	0.39	0.03	XXX
92564		A	Sisi hearing test	0.00	NA	0.49	0.04	XXX
92565		A	Stenger test, pure tone	0.00	NA	0.41	0.03	XXX
92567		A	Tympanometry	0.00	NA	0.54	0.05	XXX
92568		A	Acoustic reflex testing	0.00	NA	0.39	0.03	XXX
92569		A	Acoustic reflex decay test	0.00	NA	0.42	0.03	XXX
92571		A	Filtered speech hearing test	0.00	NA	0.40	0.03	XXX
92572		A	Staggered spondaic word test	0.00	NA	0.09	0.01	XXX
92573		A	Lombard test	0.00	NA	0.36	0.03	XXX
92575		A	Sensorineural acuity test	0.00	NA	0.31	0.02	XXX
92576		A	Synthetic sentence test	0.00	NA	0.46	0.04	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Facility PE RVUs	Non-Facility PE RVUs	Mal-Practice RVUs	Global
92577		A	Stenger test, speech	0.00	NA	0.74	0.06	XXX
92579		A	Visual audiometry (vra)	0.00	NA	0.75	0.05	XXX
92582		A	Conditioning play audiometry	0.00	NA	0.75	0.05	XXX
92583		A	Select picture audiometry	0.00	NA	0.92	0.07	XXX
92584		A	Electrocochleography	0.00	NA	2.56	0.17	XXX
92585		A	Auditor evoke potent, compre	0.50	NA	2.13	0.14	XXX
92585	26	A	Auditor evoke potent, compre	0.50	0.22	0.22	0.02	XXX
92585	TC	A	Auditor evoke potent, compre	0.00	NA	1.91	0.12	XXX
92586		A	Auditor evoke potent, limit	0.00	NA	1.91	0.12	XXX
92587		A	Evoked auditory test	0.13	NA	1.42	0.10	XXX
92587	26	A	Evoked auditory test	0.13	0.07	0.07	0.01	XXX
92587	TC	A	Evoked auditory test	0.00	NA	1.35	0.09	XXX
92588		A	Evoked auditory test	0.36	NA	1.69	0.12	XXX
92588	26	A	Evoked auditory test	0.36	0.17	0.17	0.01	XXX
92588	TC	A	Evoked auditory test	0.00	NA	1.52	0.11	XXX
92589		A	Auditory function test(s)	0.00	NA	0.55	0.05	XXX
92590		N	Hearing aid exam, one ear	0.00	0.00	0.00	0.00	XXX
92591		N	Hearing aid exam, both ears	0.00	0.00	0.00	0.00	XXX
92592		N	Hearing aid check, one ear	0.00	0.00	0.00	0.00	XXX
92593		N	Hearing aid check, both ears	0.00	0.00	0.00	0.00	XXX
92594		N	Electro hearng aid test, one	0.00	0.00	0.00	0.00	XXX
92595		N	Electro hearng aid tst, both	0.00	0.00	0.00	0.00	XXX
92596		A	Ear protector evaluation	0.00	NA	0.61	0.05	XXX
92597		I	Oral speech device eval	1.35	0.52	1.61	0.05	XXX
92598		I	Modify oral speech device	0.99	0.38	0.80	0.04	XXX
92599		C	ENT procedure/service	0.00	0.00	0.00	0.00	XXX
92599	26	C	ENT procedure/service	0.00	0.00	0.00	0.00	XXX
92599	TC	C	ENT procedure/service	0.00	0.00	0.00	0.00	XXX
92950		A	Heart/lung resuscitation cpr	3.80	1.16	1.44	0.21	000
92953		A	Temporary external pacing	0.23	0.23	NA	0.01	000
92960		A	Cardioversion electric, ext	2.25	0.86	2.18	0.08	000
92961		A	Cardioversion, electric, int	4.60	1.78	NA	0.17	000
92970		A	Cardioassist, internal	3.52	1.10	NA	0.17	000
92971		A	Cardioassist, external	1.77	0.86	NA	0.06	000
92973		A	Percut coronary thrombectomy	3.28	1.31	NA	0.17	ZZZ
92974		A	Cath place, cardio brachytx	3.00	1.21	NA	1.18	ZZZ
92975		A	Dissolve clot, heart vessel	7.25	2.90	NA	0.22	000
92977		A	Dissolve clot, heart vessel	0.00	NA	8.32	0.38	XXX
92978		A	Intravasc us, heart add-on	1.80	NA	5.45	0.26	ZZZ
92978	26	A	Intravasc us, heart add-on	1.80	0.73	0.73	0.06	ZZZ
92978	TC	A	Intravasc us, heart add-on	0.00	NA	4.72	0.20	ZZZ
92979		A	Intravasc us, heart add-on	1.44	NA	2.95	0.15	ZZZ
92979	26	A	Intravasc us, heart add-on	1.44	0.58	0.58	0.04	ZZZ
92979	TC	A	Intravasc us, heart add-on	0.00	NA	2.37	0.11	ZZZ
92980		A	Insert intracoronary stent	14.84	6.00	NA	0.78	000
92981		A	Insert intracoronary stent	4.17	1.69	NA	0.21	ZZZ
92982		A	Coronary artery dilation	10.98	4.43	NA	0.57	000
92984		A	Coronary artery dilation	2.97	1.20	NA	0.16	ZZZ
92986		A	Revision of aortic valve	21.80	10.19	NA	1.14	090
92987		A	Revision of mitral valve	22.70	10.57	NA	1.18	090
92990		A	Revision of pulmonary valve	17.34	8.15	NA	0.90	090
92992		C	Revision of heart chamber	0.00	0.00	0.00	0.00	090
92993		C	Revision of heart chamber	0.00	0.00	0.00	0.00	090
92995		A	Coronary atherectomy	12.09	4.88	NA	0.63	000
92996		A	Coronary atherectomy add-on	3.26	1.31	NA	0.17	ZZZ
92997		A	Pul art balloon repr, percut	12.00	4.73	NA	0.63	000
92998		A	Pul art balloon repr, percut	6.00	2.26	NA	0.31	ZZZ
93000		A	Electrocardiogram, complete	0.17	NA	0.53	0.03	XXX
93005		A	Electrocardiogram, tracing	0.00	NA	0.47	0.02	XXX
93010		A	Electrocardiogram report	0.17	0.06	0.06	0.01	XXX
93012		A	Transmission of ecg	0.00	NA	2.44	0.15	XXX
93014		A	Report on transmitted ecg	0.52	0.19	0.19	0.02	XXX
93015		A	Cardiovascular stress test	0.75	NA	2.03	0.11	XXX
93016		A	Cardiovascular stress test	0.45	0.18	0.18	0.01	XXX
93017		A	Cardiovascular stress test	0.00	NA	1.74	0.09	XXX
93018		A	Cardiovascular stress test	0.30	0.12	0.12	0.01	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Facility PE RVUs	Non-Facility PE RVUs	Mal-Practice RVUs	Global
93024		A	Cardiac drug stress test	1.17	NA	1.62	0.11	XXX
93024	26	A	Cardiac drug stress test	1.17	0.46	0.46	0.04	XXX
93024	TC	A	Cardiac drug stress test	0.00	NA	1.16	0.07	XXX
93025		A	Microvolt t-wave assess	0.75	NA	7.71	0.11	XXX
93025	26	A	Microvolt t-wave assess	0.75	NA	0.31	0.02	XXX
93025	TC	A	Microvolt t-wave assess	0.00	NA	7.40	0.09	XXX
93040		A	Rhythm ECG with report	0.16	NA	0.38	0.02	XXX
93041		A	Rhythm ECG, tracing	0.00	NA	0.15	0.01	XXX
93042		A	Rhythm ECG, report	0.16	0.05	0.05	0.01	XXX
93224		A	ECG monitor/report, 24 hrs	0.52	NA	3.74	0.21	XXX
93225		A	ECG monitor/record, 24 hrs	0.00	NA	1.28	0.07	XXX
93226		A	ECG monitor/report, 24 hrs	0.00	NA	2.26	0.12	XXX
93227		A	ECG monitor/review, 24 hrs	0.52	0.20	0.20	0.02	XXX
93230		A	ECG monitor/report, 24 hrs	0.52	NA	4.02	0.22	XXX
93231		A	Ecg monitor/record, 24 hrs	0.00	NA	1.57	0.09	XXX
93232		A	ECG monitor/report, 24 hrs	0.00	NA	2.25	0.11	XXX
93233		A	ECG monitor/review, 24 hrs	0.52	0.20	0.20	0.02	XXX
93235		A	ECG monitor/report, 24 hrs	0.45	NA	2.88	0.13	XXX
93236		A	ECG monitor/report, 24 hrs	0.00	NA	2.71	0.12	XXX
93237		A	ECG monitor/review, 24 hrs	0.45	0.17	0.17	0.01	XXX
93268		A	ECG record/review	0.52	NA	3.91	0.24	XXX
93270		A	ECG recording	0.00	NA	1.28	0.07	XXX
93271		A	Ecg/monitoring and analysis	0.00	NA	2.44	0.15	XXX
93272		A	Ecg/review, interpret only	0.52	0.19	0.19	0.02	XXX
93278		A	ECG/signal-averaged	0.25	NA	1.29	0.10	XXX
93278	26	A	ECG/signal-averaged	0.25	0.10	0.10	0.01	XXX
93278	TC	A	ECG/signal-averaged	0.00	NA	1.19	0.09	XXX
93303		A	Echo transthoracic	1.30	NA	4.48	0.23	XXX
93303	26	A	Echo transthoracic	1.30	0.49	0.49	0.04	XXX
93303	TC	A	Echo transthoracic	0.00	NA	3.99	0.19	XXX
93304		A	Echo transthoracic	0.75	NA	2.30	0.13	XXX
93304	26	A	Echo transthoracic	0.75	0.29	0.29	0.02	XXX
93304	TC	A	Echo transthoracic	0.00	NA	2.01	0.11	XXX
93307		A	Echo exam of heart	0.92	NA	4.35	0.22	XXX
93307	26	A	Echo exam of heart	0.92	0.36	0.36	0.03	XXX
93307	TC	A	Echo exam of heart	0.00	NA	3.99	0.19	XXX
93308		A	Echo exam of heart	0.53	NA	2.22	0.13	XXX
93308	26	A	Echo exam of heart	0.53	0.21	0.21	0.02	XXX
93308	TC	A	Echo exam of heart	0.00	NA	2.01	0.11	XXX
93312		A	Echo transesophageal	2.20	NA	4.72	0.32	XXX
93312	26	A	Echo transesophageal	2.20	0.81	0.81	0.08	XXX
93312	TC	A	Echo transesophageal	0.00	NA	3.91	0.24	XXX
93313		A	Echo transesophageal	0.95	0.22	5.00	0.05	XXX
93314		A	Echo transesophageal	1.25	NA	4.39	0.28	XXX
93314	26	A	Echo transesophageal	1.25	0.48	0.48	0.04	XXX
93314	TC	A	Echo transesophageal	0.00	NA	3.91	0.24	XXX
93315		A	Echo transesophageal	2.78	NA	4.95	0.34	XXX
93315	26	A	Echo transesophageal	2.78	1.04	1.04	0.10	XXX
93315	TC	A	Echo transesophageal	0.00	NA	3.91	0.24	XXX
93316		A	Echo transesophageal	0.95	0.24	5.51	0.05	XXX
93317		A	Echo transesophageal	1.83	NA	4.59	0.30	XXX
93317	26	A	Echo transesophageal	1.83	0.69	0.69	0.06	XXX
93317	TC	A	Echo transesophageal	0.00	NA	3.91	0.24	XXX
93318		C	Echo transesophageal intraop	0.00	0.00	0.00	0.00	XXX
93318	26	A	Echo transesophageal intraop	2.20	NA	0.85	0.06	XXX
93318	TC	C	Echo transesophageal intraop	0.00	0.00	0.00	0.00	XXX
93320		A	Doppler echo exam, heart	0.38	NA	1.92	0.11	ZZZ
93320	26	A	Doppler echo exam, heart	0.38	0.15	0.15	0.01	ZZZ
93320	TC	A	Doppler echo exam, heart	0.00	NA	1.77	0.10	ZZZ
93321		A	Doppler echo exam, heart	0.15	NA	1.21	0.08	ZZZ
93321	26	A	Doppler echo exam, heart	0.15	0.06	0.06	0.01	ZZZ
93321	TC	A	Doppler echo exam, heart	0.00	NA	1.15	0.07	ZZZ
93325		A	Doppler color flow add-on	0.07	NA	3.03	0.18	ZZZ
93325	26	A	Doppler color flow add-on	0.07	0.03	0.03	0.01	ZZZ
93325	TC	A	Doppler color flow add-on	0.00	NA	3.00	0.17	ZZZ
93350		A	Echo transthoracic	1.48	NA	2.40	0.13	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Facility PE RVUs	Non-Facility PE RVUs	Mal-Practice RVUs	Global
93350	26	A	Echo transthoracic	1.48	0.59	0.59	0.02	XXX
93350	TC	A	Echo transthoracic	0.00	NA	1.82	0.11	XXX
93501	.....	A	Right heart catheterization	3.02	NA	16.72	1.03	000
93501	26	A	Right heart catheterization	3.02	1.19	1.19	0.16	000
93501	TC	A	Right heart catheterization	0.00	NA	15.53	0.87	000
93503	.....	A	Insert/place heart catheter	2.91	0.71	NA	0.16	000
93505	.....	A	Biopsy of heart lining	4.38	NA	3.55	0.36	000
93505	26	A	Biopsy of heart lining	4.38	1.73	1.73	0.23	000
93505	TC	A	Biopsy of heart lining	0.00	NA	1.82	0.13	000
93508	.....	A	Cath placement, angiography	4.10	NA	13.24	0.75	000
93508	26	A	Cath placement, angiography	4.10	1.65	1.65	0.21	000
93508	TC	A	Cath placement, angiography	0.00	NA	11.59	0.54	000
93510	.....	A	Left heart catheterization	4.33	NA	35.70	2.13	000
93510	26	A	Left heart catheterization	4.33	1.75	1.75	0.22	000
93510	TC	A	Left heart catheterization	0.00	NA	33.95	1.91	000
93511	.....	A	Left heart catheterization	5.03	NA	35.08	2.11	000
93511	26	A	Left heart catheterization	5.03	2.03	2.03	0.26	000
93511	TC	A	Left heart catheterization	0.00	NA	33.05	1.85	000
93514	.....	A	Left heart catheterization	7.05	NA	35.82	2.22	000
93514	26	A	Left heart catheterization	7.05	2.77	2.77	0.37	000
93514	TC	A	Left heart catheterization	0.00	NA	33.05	1.85	000
93524	.....	A	Left heart catheterization	6.95	NA	45.98	2.79	000
93524	26	A	Left heart catheterization	6.95	2.79	2.79	0.36	000
93524	TC	A	Left heart catheterization	0.00	NA	43.19	2.43	000
93526	.....	A	Rt & Lt heart catheters	5.99	NA	46.79	2.81	000
93526	26	A	Rt & Lt heart catheters	5.99	2.41	2.41	0.31	000
93526	TC	A	Rt & Lt heart catheters	0.00	NA	44.37	2.50	000
93527	.....	A	Rt & Lt heart catheters	7.28	NA	46.12	2.81	000
93527	26	A	Rt & Lt heart catheters	7.28	2.93	2.93	0.38	000
93527	TC	A	Rt & Lt heart catheters	0.00	NA	43.19	2.43	000
93528	.....	A	Rt & Lt heart catheters	9.00	NA	46.85	2.90	000
93528	26	A	Rt & Lt heart catheters	9.00	3.66	3.66	0.47	000
93528	TC	A	Rt & Lt heart catheters	0.00	NA	43.19	2.43	000
93529	.....	A	Rt&lt heart catheterization	4.80	NA	45.08	2.68	000
93529	26	A	Rt&lt heart catheterization	4.80	1.89	1.89	0.25	000
93529	TC	A	Rt&lt heart catheterization	0.00	NA	43.19	2.43	000
93530	.....	A	Rt heart cath, congenital	4.23	NA	17.10	1.11	000
93530	26	A	Rt heart cath, congenital	4.23	1.56	1.56	0.24	000
93530	TC	A	Rt heart cath, congenital	0.00	NA	15.53	0.87	000
93531	.....	A	R & l heart cath, congenital	8.35	NA	47.64	2.96	000
93531	26	A	R & l heart cath, congenital	8.35	3.27	3.27	0.46	000
93531	TC	A	R & l heart cath, congenital	0.00	NA	44.37	2.50	000
93532	.....	A	R & l heart cath, congenital	10.00	NA	47.11	2.95	000
93532	26	A	R & l heart cath, congenital	10.00	3.92	3.92	0.52	000
93532	TC	A	R & l heart cath, congenital	0.00	NA	43.19	2.43	000
93533	.....	A	R & l heart cath, congenital	6.70	NA	45.65	2.86	000
93533	26	A	R & l heart cath, congenital	6.70	2.46	2.46	0.43	000
93533	TC	A	R & l heart cath, congenital	0.00	NA	43.19	2.43	000
93536	.....	D	Insert circulation assi	4.85	1.87	NA	0.27	000
93539	.....	A	Injection, cardiac cath	0.40	0.16	0.84	0.01	000
93540	.....	A	Injection, cardiac cath	0.43	0.17	0.85	0.01	000
93541	.....	A	Injection for lung angiogram	0.29	0.12	NA	0.01	000
93542	.....	A	Injection for heart x-rays	0.29	0.12	NA	0.01	000
93543	.....	A	Injection for heart x-rays	0.29	0.12	0.54	0.01	000
93544	.....	A	Injection for aortography	0.25	0.10	0.53	0.01	000
93545	.....	A	Inject for coronary x-rays	0.40	0.16	0.84	0.01	000
93555	.....	A	Imaging, cardiac cath	0.81	NA	6.09	0.31	XXX
93555	26	A	Imaging, cardiac cath	0.81	0.33	0.33	0.03	XXX
93555	TC	A	Imaging, cardiac cath	0.00	NA	5.76	0.28	XXX
93556	.....	A	Imaging, cardiac cath	0.83	NA	9.43	0.45	XXX
93556	26	A	Imaging, cardiac cath	0.83	0.33	0.33	0.03	XXX
93556	TC	A	Imaging, cardiac cath	0.00	NA	9.09	0.42	XXX
93561	.....	A	Cardiac output measurement	0.50	NA	0.66	0.07	000
93561	26	A	Cardiac output measurement	0.50	0.16	0.16	0.02	000
93561	TC	A	Cardiac output measurement	0.00	NA	0.50	0.05	000
93562	.....	A	Cardiac output measurement	0.16	NA	0.33	0.04	000

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Facility PE RVUs	Non-Facility PE RVUs	Mal-Practice RVUs	Global
93562	26	A	Cardiac output measurement	0.16	0.05	0.05	0.01	000
93562	TC	A	Cardiac output measurement	0.00	NA	0.28	0.03	000
93571		A	Heart flow reserve measure	1.80	NA	5.42	0.31	ZZZ
93571	26	A	Heart flow reserve measure	1.80	0.70	0.70	0.11	ZZZ
93571	TC	A	Heart flow reserve measure	0.00	NA	4.72	0.20	ZZZ
93572		A	Heart flow reserve measure	1.44	NA	2.87	0.28	ZZZ
93572	26	A	Heart flow reserve measure	1.44	0.50	0.50	0.17	ZZZ
93572	TC	A	Heart flow reserve measure	0.00	NA	2.37	0.11	ZZZ
93600		A	Bundle of His recording	2.12	NA	2.87	0.22	000
93600	26	A	Bundle of His recording	2.12	0.86	0.86	0.11	000
93600	TC	A	Bundle of His recording	0.00	NA	2.02	0.11	000
93602		A	Intra-atrial recording	2.12	NA	1.99	0.18	000
93602	26	A	Intra-atrial recording	2.12	0.85	0.85	0.12	000
93602	TC	A	Intra-atrial recording	0.00	NA	1.15	0.06	000
93603		A	Right ventricular recording	2.12	NA	2.57	0.20	000
93603	26	A	Right ventricular recording	2.12	0.84	0.84	0.11	000
93603	TC	A	Right ventricular recording	0.00	NA	1.74	0.09	000
93607		D	Left ventricular recording	3.26	NA	1.32	0.26	000
93607	26	D	Left ventricular recording	3.26	1.32	1.32	0.17	000
93607	TC	D	Left ventricular recording	0.00	NA	NA	0.09	000
93609		A	Map tachycardia, add-on	4.81	NA	4.74	0.66	ZZZ
93609	26	A	Map tachycardia, add-on	4.81	1.93	1.93	0.52	ZZZ
93609	TC	A	Map tachycardia, add-on	0.00	NA	2.81	0.14	ZZZ
93610		A	Intra-atrial pacing	3.02	NA	2.59	0.25	000
93610	26	A	Intra-atrial pacing	3.02	1.19	1.19	0.17	000
93610	TC	A	Intra-atrial pacing	0.00	NA	1.40	0.08	000
93612		A	Intraventricular pacing	3.02	NA	2.86	0.26	000
93612	26	A	Intraventricular pacing	3.02	1.19	1.19	0.17	000
93612	TC	A	Intraventricular pacing	0.00	NA	1.67	0.09	000
93613		C	Electrophys map, 3d, add-on	0.00	0.00	0.00	0.00	ZZZ
93615		A	Esophageal recording	0.99	NA	0.61	0.05	000
93615	26	A	Esophageal recording	0.99	0.28	0.28	0.03	000
93615	TC	A	Esophageal recording	0.00	NA	0.33	0.02	000
93616		A	Esophageal recording	1.49	NA	0.77	0.08	000
93616	26	A	Esophageal recording	1.49	0.44	0.44	0.06	000
93616	TC	A	Esophageal recording	0.00	NA	0.33	0.02	000
93618		A	Heart rhythm pacing	4.26	NA	5.82	0.42	000
93618	26	A	Heart rhythm pacing	4.26	1.72	1.72	0.22	000
93618	TC	A	Heart rhythm pacing	0.00	NA	4.10	0.20	000
93619		A	Electrophysiology evaluation	7.32	NA	10.90	0.77	000
93619	26	A	Electrophysiology evaluation	7.32	2.93	2.93	0.38	000
93619	TC	A	Electrophysiology evaluation	0.00	NA	7.96	0.39	000
93620		A	Electrophysiology evaluation	11.59	NA	13.91	1.04	000
93620	26	A	Electrophysiology evaluation	11.59	4.65	4.65	0.60	000
93620	TC	A	Electrophysiology evaluation	0.00	NA	9.26	0.44	000
93621		C	Electrophysiology evaluation	0.00	0.00	0.00	0.00	ZZZ
93621	26	A	Electrophysiology evaluation	2.10	0.84	0.84	0.15	ZZZ
93621	TC	C	Electrophysiology evaluation	0.00	0.00	0.00	0.00	ZZZ
93622		C	Electrophysiology evaluation	0.00	0.00	0.00	0.00	ZZZ
93622	26	A	Electrophysiology evaluation	3.10	1.24	1.24	0.67	ZZZ
93622	TC	C	Electrophysiology evaluation	0.00	0.00	0.00	0.00	ZZZ
93623		C	Stimulation, pacing heart	0.00	0.00	0.00	0.00	ZZZ
93623	26	A	Stimulation, pacing heart	2.85	1.14	1.14	0.15	ZZZ
93623	TC	C	Stimulation, pacing heart	0.00	0.00	0.00	0.00	ZZZ
93624		A	Electrophysiologic study	4.81	NA	3.97	0.36	000
93624	26	A	Electrophysiologic study	4.81	1.92	1.92	0.25	000
93624	TC	A	Electrophysiologic study	0.00	NA	2.05	0.11	000
93631		A	Heart pacing, mapping	7.60	NA	9.18	1.17	000
93631	26	A	Heart pacing, mapping	7.60	2.82	2.82	0.66	000
93631	TC	A	Heart pacing, mapping	0.00	NA	6.35	0.51	000
93640		A	Evaluation heart device	3.52	NA	8.82	0.53	000
93640	26	A	Evaluation heart device	3.52	1.41	1.41	0.18	000
93640	TC	A	Evaluation heart device	0.00	NA	7.41	0.35	000
93641		A	Electrophysiology evaluation	5.93	NA	9.80	0.66	000
93641	26	A	Electrophysiology evaluation	5.93	2.38	2.38	0.31	000
93641	TC	A	Electrophysiology evaluation	0.00	NA	7.41	0.35	000

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Facility PE RVUs	Non-Facility PE RVUs	Mal-Practice RVUs	Global
93642		A	Electrophysiology evaluation	4.89	NA	9.36	0.51	000
93642	26	A	Electrophysiology evaluation	4.89	1.94	1.94	0.16	000
93642	TC	A	Electrophysiology evaluation	0.00	NA	7.41	0.35	000
93650		A	Ablate heart dysrhythm focus	10.51	4.22	NA	0.55	000
93651		A	Ablate heart dysrhythm focus	16.25	6.53	NA	0.85	000
93652		A	Ablate heart dysrhythm focus	17.68	7.10	NA	0.92	000
93660		A	Tilt table evaluation	1.89	NA	2.50	0.08	000
93660	26	A	Tilt table evaluation	1.89	0.76	0.76	0.06	000
93660	TC	A	Tilt table evaluation	0.00	NA	1.74	0.02	000
93662		C	Intracardiac ecg (ice)	0.00	0.00	0.00	0.00	ZZZ
93662	26	A	Intracardiac ecg (ice)	2.80	1.14	1.14	0.41	ZZZ
93662	TC	C	Intracardiac ecg (ice)	0.00	0.00	0.00	0.00	ZZZ
93668		N	Peripheral vascular rehab	0.00	0.00	0.00	0.00	XXX
93701		A	Bioimpedance, thoracic	0.17	NA	0.79	0.02	XXX
93701	26	A	Bioimpedance, thoracic	0.17	0.06	0.06	0.01	XXX
93701	TC	A	Bioimpedance, thoracic	0.00	NA	0.73	0.01	XXX
93720		A	Total body plethysmography	0.17	NA	1.09	0.06	XXX
93721		A	Plethysmography tracing	0.00	NA	0.73	0.05	XXX
93722		A	Plethysmography report	0.17	0.05	0.05	0.01	XXX
93724		A	Analyze pacemaker system	4.89	NA	6.07	0.38	000
93724	26	A	Analyze pacemaker system	4.89	1.97	1.97	0.18	000
93724	TC	A	Analyze pacemaker system	0.00	NA	4.10	0.20	000
93727		A	Analyze ilr system	0.52	0.19	0.19	0.05	XXX
93731		A	Analyze pacemaker system	0.45	NA	0.69	0.05	XXX
93731	26	A	Analyze pacemaker system	0.45	0.18	0.18	0.02	XXX
93731	TC	A	Analyze pacemaker system	0.00	NA	0.51	0.03	XXX
93732		A	Analyze pacemaker system	0.92	NA	0.89	0.06	XXX
93732	26	A	Analyze pacemaker system	0.92	0.36	0.36	0.03	XXX
93732	TC	A	Analyze pacemaker system	0.00	NA	0.53	0.03	XXX
93733		A	Telephone analy, pacemaker	0.17	NA	0.82	0.06	XXX
93733	26	A	Telephone analy, pacemaker	0.17	0.07	0.07	0.01	XXX
93733	TC	A	Telephone analy, pacemaker	0.00	NA	0.75	0.05	XXX
93734		A	Analyze pacemaker system	0.38	NA	0.51	0.03	XXX
93734	26	A	Analyze pacemaker system	0.38	0.15	0.15	0.01	XXX
93734	TC	A	Analyze pacemaker system	0.00	NA	0.36	0.02	XXX
93735		A	Analyze pacemaker system	0.74	NA	0.75	0.06	XXX
93735	26	A	Analyze pacemaker system	0.74	0.29	0.29	0.03	XXX
93735	TC	A	Analyze pacemaker system	0.00	NA	0.46	0.03	XXX
93736		A	Telephone analy, pacemaker	0.15	NA	0.71	0.06	XXX
93736	26	A	Telephone analy, pacemaker	0.15	0.06	0.06	0.01	XXX
93736	TC	A	Telephone analy, pacemaker	0.00	NA	0.65	0.05	XXX
93737		D	Analyze cardio/defibrillator	0.45	NA	0.71	0.04	XXX
93737	26	D	Analyze cardio/defibrillator	0.45	0.17	0.17	0.01	XXX
93737	TC	D	Analyze cardio/defibrillator	0.00	NA	0.54	0.03	XXX
93738		D	Analyze cardio/defibrillator	0.92	NA	0.96	0.06	XXX
93738	26	D	Analyze cardio/defibrillator	0.92	0.36	0.36	0.03	XXX
93738	TC	D	Analyze cardio/defibrillator	0.00	NA	0.60	0.03	XXX
93740		B	Temperature gradient studies	0.16	NA	0.22	0.02	XXX
93740	26	B	Temperature gradient studies	0.16	0.06	0.06	0.01	XXX
93740	TC	B	Temperature gradient studies	0.00	NA	0.16	0.01	XXX
93741		A	Analyze ht pace device sngl	0.80	NA	1.01	0.05	XXX
93741	26	A	Analyze ht pace device sngl	0.80	0.32	0.32	0.02	XXX
93741	TC	A	Analyze ht pace device sngl	0.00	NA	0.69	0.03	XXX
93742		A	Analyze ht pace device sngl	0.91	NA	1.06	0.05	XXX
93742	26	A	Analyze ht pace device sngl	0.91	0.37	0.37	0.02	XXX
93742	TC	A	Analyze ht pace device sngl	0.00	NA	0.69	0.03	XXX
93743		A	Analyze ht pace device dual	1.03	NA	1.17	0.06	XXX
93743	26	A	Analyze ht pace device dual	1.03	0.41	0.41	0.03	XXX
93743	TC	A	Analyze ht pace device dual	0.00	NA	0.76	0.03	XXX
93744		A	Analyze ht pace device dual	1.18	NA	1.16	0.06	XXX
93744	26	A	Analyze ht pace device dual	1.18	0.47	0.47	0.03	XXX
93744	TC	A	Analyze ht pace device dual	0.00	NA	0.69	0.03	XXX
93760		N	Cephalic thermogram	0.00	0.00	0.00	0.00	XXX
93762		N	Peripheral thermogram	0.00	0.00	0.00	0.00	XXX
93770		B	Measure venous pressure	0.16	NA	0.09	0.02	XXX
93770	26	B	Measure venous pressure	0.16	0.06	0.06	0.01	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Facility PE RVUs	Non-Facility PE RVUs	Mal-Practice RVUs	Global
93770	TC	B	Measure venous pressure	0.00	NA	0.03	0.01	XXX
93784		A	Ambulatory BP monitoring	0.17	NA	1.06	0.02	XXX
93786		A	Ambulatory BP recording	0.00	NA	1.00	0.01	XXX
93788		N	Ambulatory BP analysis	0.00	0.00	0.00	0.00	XXX
93790		A	Review/report BP recording	0.17	0.06	0.06	0.01	XXX
93797		A	Cardiac rehab	0.18	0.07	0.34	0.01	000
93798		A	Cardiac rehab/monitor	0.28	0.11	0.44	0.01	000
93799		C	Cardiovascular procedure	0.00	0.00	0.00	0.00	XXX
93799	26	C	Cardiovascular procedure	0.00	0.00	0.00	0.00	XXX
93799	TC	C	Cardiovascular procedure	0.00	0.00	0.00	0.00	XXX
93875		A	Extracranial study	0.22	NA	1.71	0.10	XXX
93875	26	A	Extracranial study	0.22	0.08	0.08	0.01	XXX
93875	TC	A	Extracranial study	0.00	NA	1.63	0.09	XXX
93880		A	Extracranial study	0.60	NA	4.60	0.33	XXX
93880	26	A	Extracranial study	0.60	0.21	0.21	0.04	XXX
93880	TC	A	Extracranial study	0.00	NA	4.39	0.29	XXX
93882		A	Extracranial study	0.40	NA	3.24	0.22	XXX
93882	26	A	Extracranial study	0.40	0.14	0.14	0.04	XXX
93882	TC	A	Extracranial study	0.00	NA	3.10	0.18	XXX
93886		A	Intracranial study	0.94	NA	5.01	0.37	XXX
93886	26	A	Intracranial study	0.94	0.38	0.38	0.05	XXX
93886	TC	A	Intracranial study	0.00	NA	4.63	0.32	XXX
93888		A	Intracranial study	0.62	NA	3.44	0.26	XXX
93888	26	A	Intracranial study	0.62	0.23	0.23	0.04	XXX
93888	TC	A	Intracranial study	0.00	NA	3.21	0.22	XXX
93922		A	Extremity study	0.25	NA	2.38	0.13	XXX
93922	26	A	Extremity study	0.25	0.09	0.09	0.02	XXX
93922	TC	A	Extremity study	0.00	NA	2.29	0.11	XXX
93923		A	Extremity study	0.45	NA	2.89	0.22	XXX
93923	26	A	Extremity study	0.45	0.16	0.16	0.04	XXX
93923	TC	A	Extremity study	0.00	NA	2.74	0.18	XXX
93924		A	Extremity study	0.50	NA	4.07	0.26	XXX
93924	26	A	Extremity study	0.50	0.17	0.17	0.05	XXX
93924	TC	A	Extremity study	0.00	NA	3.90	0.21	XXX
93925		A	Lower extremity study	0.58	NA	4.53	0.33	XXX
93925	26	A	Lower extremity study	0.58	0.20	0.20	0.04	XXX
93925	TC	A	Lower extremity study	0.00	NA	4.33	0.29	XXX
93926		A	Lower extremity study	0.39	NA	3.36	0.22	XXX
93926	26	A	Lower extremity study	0.39	0.13	0.13	0.03	XXX
93926	TC	A	Lower extremity study	0.00	NA	3.22	0.19	XXX
93930		A	Upper extremity study	0.46	NA	4.50	0.34	XXX
93930	26	A	Upper extremity study	0.46	0.16	0.16	0.03	XXX
93930	TC	A	Upper extremity study	0.00	NA	4.34	0.31	XXX
93931		A	Upper extremity study	0.31	NA	3.29	0.22	XXX
93931	26	A	Upper extremity study	0.31	0.11	0.11	0.02	XXX
93931	TC	A	Upper extremity study	0.00	NA	3.18	0.20	XXX
93965		A	Extremity study	0.35	NA	1.99	0.12	XXX
93965	26	A	Extremity study	0.35	0.12	0.12	0.02	XXX
93965	TC	A	Extremity study	0.00	NA	1.86	0.10	XXX
93970		A	Extremity study	0.68	NA	4.69	0.38	XXX
93970	26	A	Extremity study	0.68	0.24	0.24	0.05	XXX
93970	TC	A	Extremity study	0.00	NA	4.45	0.33	XXX
93971		A	Extremity study	0.45	NA	3.74	0.25	XXX
93971	26	A	Extremity study	0.45	0.15	0.15	0.03	XXX
93971	TC	A	Extremity study	0.00	NA	3.59	0.22	XXX
93975		A	Vascular study	1.80	NA	6.37	0.47	XXX
93975	26	A	Vascular study	1.80	0.62	0.62	0.11	XXX
93975	TC	A	Vascular study	0.00	NA	5.75	0.36	XXX
93976		A	Vascular study	1.21	NA	4.67	0.31	XXX
93976	26	A	Vascular study	1.21	0.41	0.41	0.06	XXX
93976	TC	A	Vascular study	0.00	NA	4.26	0.25	XXX
93978		A	Vascular study	0.65	NA	4.39	0.36	XXX
93978	26	A	Vascular study	0.65	0.23	0.23	0.05	XXX
93978	TC	A	Vascular study	0.00	NA	4.17	0.31	XXX
93979		A	Vascular study	0.44	NA	3.15	0.24	XXX
93979	26	A	Vascular study	0.44	0.16	0.16	0.04	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Facility PE RVUs	Non-Facility PE RVUs	Mal-Practice RVUs	Global
93979	TC	A	Vascular study	0.00	NA	2.99	0.20	XXX
93980		A	Penile vascular study	1.25	NA	4.76	0.35	XXX
93980	26	A	Penile vascular study	1.25	0.42	0.42	0.07	XXX
93980	TC	A	Penile vascular study	0.00	NA	4.34	0.28	XXX
93981		A	Penile vascular study	0.44	NA	4.69	0.28	XXX
93981	26	A	Penile vascular study	0.44	0.15	0.15	0.02	XXX
93981	TC	A	Penile vascular study	0.00	NA	4.54	0.26	XXX
93990		A	Doppler flow testing	0.25	NA	3.18	0.21	XXX
93990	26	A	Doppler flow testing	0.25	0.09	0.09	0.02	XXX
93990	TC	A	Doppler flow testing	0.00	NA	3.09	0.19	XXX
94010		A	Breathing capacity test	0.17	NA	0.85	0.03	XXX
94010	26	A	Breathing capacity test	0.17	0.05	0.05	0.01	XXX
94010	TC	A	Breathing capacity test	0.00	NA	0.79	0.02	XXX
94014		A	Patient recorded spirometry	0.52	NA	0.17	0.03	XXX
94015		A	Patient recorded spirometry	0.00	NA	0.00	0.01	XXX
94016		A	Review patient spirometry	0.52	0.17	0.17	0.02	XXX
94060		A	Evaluation of wheezing	0.31	NA	1.47	0.06	XXX
94060	26	A	Evaluation of wheezing	0.31	0.10	0.10	0.01	XXX
94060	TC	A	Evaluation of wheezing	0.00	NA	1.37	0.05	XXX
94070		A	Evaluation of wheezing	0.60	NA	4.10	0.10	XXX
94070	26	A	Evaluation of wheezing	0.60	0.19	0.19	0.02	XXX
94070	TC	A	Evaluation of wheezing	0.00	NA	3.92	0.08	XXX
94150		B	Vital capacity test	0.07	NA	0.64	0.02	XXX
94150	26	B	Vital capacity test	0.07	0.03	0.03	0.01	XXX
94150	TC	B	Vital capacity test	0.00	NA	0.61	0.01	XXX
94200		A	Lung function test (MBC/MVV)	0.11	NA	0.61	0.03	XXX
94200	26	A	Lung function test (MBC/MVV)	0.11	0.03	0.03	0.01	XXX
94200	TC	A	Lung function test (MBC/MVV)	0.00	NA	0.58	0.02	XXX
94240		A	Residual lung capacity	0.26	NA	1.83	0.05	XXX
94240	26	A	Residual lung capacity	0.26	0.08	0.08	0.01	XXX
94240	TC	A	Residual lung capacity	0.00	NA	1.75	0.04	XXX
94250		A	Expired gas collection	0.11	NA	0.66	0.02	XXX
94250	26	A	Expired gas collection	0.11	0.03	0.03	0.01	XXX
94250	TC	A	Expired gas collection	0.00	NA	0.63	0.01	XXX
94260		A	Thoracic gas volume	0.13	NA	0.53	0.04	XXX
94260	26	A	Thoracic gas volume	0.13	0.04	0.04	0.01	XXX
94260	TC	A	Thoracic gas volume	0.00	NA	0.49	0.03	XXX
94350		A	Lung nitrogen washout curve	0.26	NA	1.90	0.04	XXX
94350	26	A	Lung nitrogen washout curve	0.26	0.08	0.08	0.01	XXX
94350	TC	A	Lung nitrogen washout curve	0.00	NA	1.81	0.03	XXX
94360		A	Measure airflow resistance	0.26	NA	0.55	0.06	XXX
94360	26	A	Measure airflow resistance	0.26	0.08	0.08	0.01	XXX
94360	TC	A	Measure airflow resistance	0.00	NA	0.46	0.05	XXX
94370		A	Breath airway closing volume	0.26	NA	1.92	0.03	XXX
94370	26	A	Breath airway closing volume	0.26	0.08	0.08	0.01	XXX
94370	TC	A	Breath airway closing volume	0.00	NA	1.84	0.02	XXX
94375		A	Respiratory flow volume loop	0.31	NA	0.64	0.03	XXX
94375	26	A	Respiratory flow volume loop	0.31	0.10	0.10	0.01	XXX
94375	TC	A	Respiratory flow volume loop	0.00	NA	0.54	0.02	XXX
94400		A	CO2 breathing response curve	0.40	NA	0.87	0.06	XXX
94400	26	A	CO2 breathing response curve	0.40	0.13	0.13	0.01	XXX
94400	TC	A	CO2 breathing response curve	0.00	NA	0.74	0.05	XXX
94450		A	Hypoxia response curve	0.40	NA	0.67	0.04	XXX
94450	26	A	Hypoxia response curve	0.40	0.12	0.12	0.02	XXX
94450	TC	A	Hypoxia response curve	0.00	NA	0.55	0.02	XXX
94620		A	Pulmonary stress test/simple	0.64	NA	2.23	0.10	XXX
94620	26	A	Pulmonary stress test/simple	0.64	0.20	0.20	0.02	XXX
94620	TC	A	Pulmonary stress test/simple	0.00	NA	2.03	0.08	XXX
94621		A	Pulm stress test/complex	1.42	NA	2.14	0.13	XXX
94621	26	A	Pulm stress test/complex	1.42	0.45	0.45	0.05	XXX
94621	TC	A	Pulm stress test/complex	0.00	NA	1.69	0.08	XXX
94640		A	Airway inhalation treatment	0.00	NA	0.69	0.02	XXX
94642		C	Aerosol inhalation treatment	0.00	0.00	0.00	0.00	XXX
94650		A	Pressure breathing (IPPB)	0.00	NA	0.65	0.02	XXX
94651		A	Pressure breathing (IPPB)	0.00	NA	0.60	0.02	XXX
94652		A	Pressure breathing (IPPB)	0.00	NA	0.83	0.06	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Facility PE RVUs	Non-Facility PE RVUs	Mal-Practice RVUs	Global
94656		A	Initial ventilator mgmt	1.22	0.33	NA	0.06	XXX
94657		A	Continued ventilator mgmt	0.83	0.26	NA	0.03	XXX
94660		A	Pos airway pressure, CPAP	0.76	0.24	0.66	0.03	XXX
94662		A	Neg press ventilation, cnp	0.76	0.24	NA	0.02	XXX
94664		A	Aerosol or vapor inhalations	0.00	NA	0.51	0.03	XXX
94665		A	Aerosol or vapor inhalations	0.00	NA	0.52	0.04	XXX
94667		A	Chest wall manipulation	0.00	NA	0.80	0.04	XXX
94668		A	Chest wall manipulation	0.00	NA	0.70	0.02	XXX
94680		A	Exhaled air analysis, o2	0.26	NA	1.84	0.06	XXX
94680	26	A	Exhaled air analysis, o2	0.26	0.09	0.09	0.01	XXX
94680	TC	A	Exhaled air analysis, o2	0.00	NA	1.76	0.05	XXX
94681		A	Exhaled air analysis, o2/co2	0.20	NA	2.45	0.11	XXX
94681	26	A	Exhaled air analysis, o2/co2	0.20	0.07	0.07	0.01	XXX
94681	TC	A	Exhaled air analysis, o2/co2	0.00	NA	2.38	0.10	XXX
94690		A	Exhaled air analysis	0.07	NA	2.06	0.04	XXX
94690	26	A	Exhaled air analysis	0.07	0.02	0.02	0.01	XXX
94690	TC	A	Exhaled air analysis	0.00	NA	2.04	0.03	XXX
94720		A	Monoxide diffusing capacity	0.26	NA	1.50	0.06	XXX
94720	26	A	Monoxide diffusing capacity	0.26	0.08	0.08	0.01	XXX
94720	TC	A	Monoxide diffusing capacity	0.00	NA	1.42	0.05	XXX
94725		A	Membrane diffusion capacity	0.26	NA	2.51	0.11	XXX
94725	26	A	Membrane diffusion capacity	0.26	0.08	0.08	0.01	XXX
94725	TC	A	Membrane diffusion capacity	0.00	NA	2.42	0.10	XXX
94750		A	Pulmonary compliance study	0.23	NA	2.04	0.04	XXX
94750	26	A	Pulmonary compliance study	0.23	0.07	0.07	0.01	XXX
94750	TC	A	Pulmonary compliance study	0.00	NA	1.97	0.03	XXX
94760		T	Measure blood oxygen level	0.00	NA	0.09	0.02	XXX
94761		T	Measure blood oxygen level	0.00	NA	0.16	0.05	XXX
94762		A	Measure blood oxygen level	0.00	NA	0.71	0.08	XXX
94770		A	Exhaled carbon dioxide test	0.15	NA	1.64	0.07	XXX
94770	26	A	Exhaled carbon dioxide test	0.15	0.04	0.04	0.01	XXX
94770	TC	A	Exhaled carbon dioxide test	0.00	NA	1.60	0.06	XXX
94772		C	Breath recording, infant	0.00	0.00	0.00	0.00	XXX
94772	26	C	Breath recording, infant	0.00	0.00	0.00	0.00	XXX
94772	TC	C	Breath recording, infant	0.00	0.00	0.00	0.00	XXX
94799		C	Pulmonary service/procedure	0.00	0.00	0.00	0.00	XXX
94799	26	C	Pulmonary service/procedure	0.00	0.00	0.00	0.00	XXX
94799	TC	C	Pulmonary service/procedure	0.00	0.00	0.00	0.00	XXX
95004		A	Allergy skin tests	0.00	NA	0.10	0.01	XXX
95010		A	Sensitivity skin tests	0.15	0.06	0.44	0.01	XXX
95015		A	Sensitivity skin tests	0.15	0.06	0.38	0.01	XXX
95024		A	Allergy skin tests	0.00	NA	0.15	0.01	XXX
95027		A	Skin end point titration	0.00	NA	0.15	0.01	XXX
95028		A	Allergy skin tests	0.00	NA	0.24	0.01	XXX
95044		A	Allergy patch tests	0.00	NA	0.21	0.01	XXX
95052		A	Photo patch test	0.00	NA	0.26	0.01	XXX
95056		A	Photosensitivity tests	0.00	NA	0.18	0.01	XXX
95060		A	Eye allergy tests	0.00	NA	0.36	0.02	XXX
95065		A	Nose allergy test	0.00	NA	0.21	0.01	XXX
95070		A	Bronchial allergy tests	0.00	NA	2.36	0.02	XXX
95071		A	Bronchial allergy tests	0.00	NA	3.02	0.02	XXX
95075		A	Ingestion challenge test	0.95	0.40	0.83	0.03	XXX
95078		A	Provocative testing	0.00	NA	0.26	0.02	XXX
95115		A	Immunotherapy, one injection	0.00	NA	0.40	0.02	000
95117		A	Immunotherapy injections	0.00	NA	0.52	0.02	000
95120		I	Immunotherapy, one injection	0.00	0.00	0.00	0.00	XXX
95125		I	Immunotherapy, many antigens	0.00	0.00	0.00	0.00	XXX
95130		I	Immunotherapy, insect venom	0.00	0.00	0.00	0.00	XXX
95131		I	Immunotherapy, insect venoms	0.00	0.00	0.00	0.00	XXX
95132		I	Immunotherapy, insect venoms	0.00	0.00	0.00	0.00	XXX
95133		I	Immunotherapy, insect venoms	0.00	0.00	0.00	0.00	XXX
95134		I	Immunotherapy, insect venoms	0.00	0.00	0.00	0.00	XXX
95144		A	Antigen therapy services	0.06	0.02	0.25	0.01	000
95145		A	Antigen therapy services	0.06	0.02	0.48	0.01	000
95146		A	Antigen therapy services	0.06	0.03	0.60	0.01	000
95147		A	Antigen therapy services	0.06	0.02	0.83	0.01	000

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Facility PE RVUs	Non-Facility PE RVUs	Mal-Practice RVUs	Global
95148		A	Antigen therapy services	0.06	0.03	0.81	0.01	000
95149		A	Antigen therapy services	0.06	0.03	1.01	0.01	000
95165		A	Antigen therapy services	0.06	0.02	0.20	0.01	000
95170		A	Antigen therapy services	0.06	0.02	0.26	0.01	000
95180		A	Rapid desensitization	2.01	0.84	1.61	0.04	000
95199		C	Allergy immunology services	0.00	0.00	0.00	0.00	000
95250		A	Glucose monitoring, cont	0.00	NA	3.12	0.01	XXX
95805		A	Multiple sleep latency test	1.88	NA	13.89	0.34	XXX
95805	26	A	Multiple sleep latency test	1.88	0.68	0.68	0.06	XXX
95805	TC	A	Multiple sleep latency test	0.00	NA	13.21	0.28	XXX
95806		A	Sleep study, unattended	1.66	NA	3.87	0.32	XXX
95806	26	A	Sleep study, unattended	1.66	0.55	0.55	0.06	XXX
95806	TC	A	Sleep study, unattended	0.00	NA	3.32	0.26	XXX
95807		A	Sleep study, attended	1.66	NA	26.10	0.40	XXX
95807	26	A	Sleep study, attended	1.66	0.54	0.54	0.05	XXX
95807	TC	A	Sleep study, attended	0.00	NA	25.56	0.35	XXX
95808		A	Polysomnography, 1-3	2.65	NA	19.70	0.44	XXX
95808	26	A	Polysomnography, 1-3	2.65	0.95	0.95	0.09	XXX
95808	TC	A	Polysomnography, 1-3	0.00	NA	18.75	0.35	XXX
95810		A	Polysomnography, 4 or more	3.53	NA	28.48	0.47	XXX
95810	26	A	Polysomnography, 4 or more	3.53	1.22	1.22	0.12	XXX
95810	TC	A	Polysomnography, 4 or more	0.00	NA	27.26	0.35	XXX
95811		A	Polysomnography w/cpap	3.80	NA	28.83	0.49	XXX
95811	26	A	Polysomnography w/cpap	3.80	1.31	1.31	0.13	XXX
95811	TC	A	Polysomnography w/cpap	0.00	NA	27.52	0.36	XXX
95812		A	Electroencephalogram (EEG)	1.08	NA	4.62	0.13	XXX
95812	26	A	Electroencephalogram (EEG)	1.08	0.46	0.46	0.04	XXX
95812	TC	A	Electroencephalogram (EEG)	0.00	NA	4.16	0.09	XXX
95813		A	Electroencephalogram (EEG)	1.73	NA	5.75	0.15	XXX
95813	26	A	Electroencephalogram (EEG)	1.73	0.72	0.72	0.06	XXX
95813	TC	A	Electroencephalogram (EEG)	0.00	NA	5.03	0.09	XXX
95816		A	Electroencephalogram (EEG)	1.08	NA	3.58	0.12	XXX
95816	26	A	Electroencephalogram (EEG)	1.08	0.47	0.47	0.04	XXX
95816	TC	A	Electroencephalogram (EEG)	0.00	NA	3.11	0.08	XXX
95819		A	Electroencephalogram (EEG)	1.08	NA	4.16	0.12	XXX
95819	26	A	Electroencephalogram (EEG)	1.08	0.47	0.47	0.04	XXX
95819	TC	A	Electroencephalogram (EEG)	0.00	NA	3.69	0.08	XXX
95822		A	Sleep electroencephalogram	1.08	NA	4.96	0.15	XXX
95822	26	A	Sleep electroencephalogram	1.08	0.47	0.47	0.04	XXX
95822	TC	A	Sleep electroencephalogram	0.00	NA	4.49	0.11	XXX
95824		C	Electroencephalography	0.00	0.00	0.00	0.00	XXX
95824	26	A	Electroencephalography	0.74	0.29	0.29	0.05	XXX
95824	TC	C	Electroencephalography	0.00	0.00	0.00	0.00	XXX
95827		A	Night electroencephalogram	1.08	NA	2.79	0.15	XXX
95827	26	A	Night electroencephalogram	1.08	0.42	0.42	0.03	XXX
95827	TC	A	Night electroencephalogram	0.00	NA	2.37	0.12	XXX
95829		A	Surgery electrocorticogram	6.21	NA	39.60	0.33	XXX
95829	26	A	Surgery electrocorticogram	6.21	2.41	2.41	0.31	XXX
95829	TC	A	Surgery electrocorticogram	0.00	NA	37.19	0.02	XXX
95830		A	Insert electrodes for EEG	1.70	0.75	3.51	0.07	XXX
95831		A	Limb muscle testing, manual	0.28	0.13	0.52	0.01	XXX
95832		A	Hand muscle testing, manual	0.29	0.12	0.43	0.01	XXX
95833		A	Body muscle testing, manual	0.47	0.23	0.59	0.01	XXX
95834		A	Body muscle testing, manual	0.60	0.29	0.57	0.02	XXX
95851		A	Range of motion measurements	0.16	0.08	0.57	0.01	XXX
95852		A	Range of motion measurements	0.11	0.05	0.47	0.01	XXX
95857		A	Tensilon test	0.53	0.23	0.64	0.02	XXX
95858		A	Tensilon test & myogram	1.56	NA	1.10	0.07	XXX
95858	26	A	Tensilon test & myogram	1.56	0.69	0.69	0.04	XXX
95858	TC	A	Tensilon test & myogram	0.00	NA	0.41	0.03	XXX
95860		A	Muscle test, one limb	0.96	NA	1.61	0.05	XXX
95860	26	A	Muscle test, one limb	0.96	0.43	0.43	0.03	XXX
95860	TC	A	Muscle test, one limb	0.00	NA	1.18	0.02	XXX
95861		A	Muscle test, two limbs	1.54	NA	1.46	0.10	XXX
95861	26	A	Muscle test, two limbs	1.54	0.70	0.70	0.05	XXX
95861	TC	A	Muscle test, two limbs	0.00	NA	0.76	0.05	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Facility PE RVUs	Non-Facility PE RVUs	Mal-Practice RVUs	Global
95863		A	Muscle test, 3 limbs	1.87	NA	1.80	0.11	XXX
95863	26	A	Muscle test, 3 limbs	1.87	0.83	0.83	0.06	XXX
95863	TC	A	Muscle test, 3 limbs	0.00	NA	0.97	0.05	XXX
95864		A	Muscle test, 4 limbs	1.99	NA	2.73	0.16	XXX
95864	26	A	Muscle test, 4 limbs	1.99	0.90	0.90	0.06	XXX
95864	TC	A	Muscle test, 4 limbs	0.00	NA	1.84	0.10	XXX
95867		A	Muscle test, head or neck	0.79	NA	0.96	0.06	XXX
95867	26	A	Muscle test, head or neck	0.79	0.36	0.36	0.03	XXX
95867	TC	A	Muscle test, head or neck	0.00	NA	0.60	0.03	XXX
95868		A	Muscle test, head or neck	1.18	NA	1.25	0.08	XXX
95868	26	A	Muscle test, head or neck	1.18	0.53	0.53	0.04	XXX
95868	TC	A	Muscle test, head or neck	0.00	NA	0.72	0.04	XXX
95869		A	Muscle test, thor paraspinal	0.37	NA	0.39	0.03	XXX
95869	26	A	Muscle test, thor paraspinal	0.37	0.17	0.17	0.01	XXX
95869	TC	A	Muscle test, thor paraspinal	0.00	NA	0.22	0.02	XXX
95870		A	Muscle test, nonparaspinal	0.37	NA	0.38	0.03	XXX
95870	26	A	Muscle test, nonparaspinal	0.37	0.16	0.16	0.01	XXX
95870	TC	A	Muscle test, nonparaspinal	0.00	NA	0.22	0.02	XXX
95872		A	Muscle test, one fiber	1.50	NA	1.27	0.08	XXX
95872	26	A	Muscle test, one fiber	1.50	0.65	0.65	0.04	XXX
95872	TC	A	Muscle test, one fiber	0.00	NA	0.62	0.04	XXX
95875		A	Limb exercise test	1.10	NA	1.70	0.09	XXX
95875	26	A	Limb exercise test	1.10	0.48	0.48	0.04	XXX
95875	TC	A	Limb exercise test	0.00	NA	1.22	0.05	XXX
95900		A	Motor nerve conduction test	0.42	NA	1.11	0.03	XXX
95900	26	A	Motor nerve conduction test	0.42	0.19	0.19	0.01	XXX
95900	TC	A	Motor nerve conduction test	0.00	NA	0.92	0.02	XXX
95903		A	Motor nerve conduction test	0.60	NA	1.03	0.04	XXX
95903	26	A	Motor nerve conduction test	0.60	0.27	0.27	0.02	XXX
95903	TC	A	Motor nerve conduction test	0.00	NA	0.77	0.02	XXX
95904		A	Sense nerve conduction test	0.34	NA	0.93	0.03	XXX
95904	26	A	Sense nerve conduction test	0.34	0.15	0.15	0.01	XXX
95904	TC	A	Sense nerve conduction test	0.00	NA	0.78	0.02	XXX
95920		A	Intraop nerve test add-on	2.11	NA	2.31	0.20	ZZZ
95920	26	A	Intraop nerve test add-on	2.11	0.96	0.96	0.14	ZZZ
95920	TC	A	Intraop nerve test add-on	0.00	NA	1.35	0.06	ZZZ
95921		A	Autonomic nerv function test	0.90	NA	0.73	0.05	XXX
95921	26	A	Autonomic nerv function test	0.90	0.34	0.34	0.03	XXX
95921	TC	A	Autonomic nerv function test	0.00	NA	0.39	0.02	XXX
95922		A	Autonomic nerv function test	0.96	NA	0.80	0.05	XXX
95922	26	A	Autonomic nerv function test	0.96	0.41	0.41	0.03	XXX
95922	TC	A	Autonomic nerv function test	0.00	NA	0.39	0.02	XXX
95923		A	Autonomic nerv function test	0.90	NA	2.95	0.05	XXX
95923	26	A	Autonomic nerv function test	0.90	0.39	0.39	0.03	XXX
95923	TC	A	Autonomic nerv function test	0.00	NA	2.56	0.02	XXX
95925		A	Somatosensory testing	0.54	NA	1.17	0.07	XXX
95925	26	A	Somatosensory testing	0.54	0.23	0.23	0.02	XXX
95925	TC	A	Somatosensory testing	0.00	NA	0.94	0.05	XXX
95926		A	Somatosensory testing	0.54	NA	1.18	0.07	XXX
95926	26	A	Somatosensory testing	0.54	0.24	0.24	0.02	XXX
95926	TC	A	Somatosensory testing	0.00	NA	0.94	0.05	XXX
95927		A	Somatosensory testing	0.54	NA	1.20	0.08	XXX
95927	26	A	Somatosensory testing	0.54	0.26	0.26	0.03	XXX
95927	TC	A	Somatosensory testing	0.00	NA	0.94	0.05	XXX
95930		A	Visual evoked potential test	0.35	NA	1.17	0.02	XXX
95930	26	A	Visual evoked potential test	0.35	0.15	0.15	0.01	XXX
95930	TC	A	Visual evoked potential test	0.00	NA	1.02	0.01	XXX
95933		A	Blink reflex test	0.59	NA	1.06	0.07	XXX
95933	26	A	Blink reflex test	0.59	0.25	0.25	0.02	XXX
95933	TC	A	Blink reflex test	0.00	NA	0.81	0.05	XXX
95934		A	H-reflex test	0.51	NA	0.45	0.04	XXX
95934	26	A	H-reflex test	0.51	0.23	0.23	0.02	XXX
95934	TC	A	H-reflex test	0.00	NA	0.22	0.02	XXX
95936		A	H-reflex test	0.55	NA	0.47	0.04	XXX
95936	26	A	H-reflex test	0.55	0.25	0.25	0.02	XXX
95936	TC	A	H-reflex test	0.00	NA	0.22	0.02	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Facility PE RVUs	Non-Facility PE RVUs	Mal-Practice RVUs	Global
95937		A	Neuromuscular junction test	0.65	NA	0.63	0.04	XXX
95937	26	A	Neuromuscular junction test	0.65	0.28	0.28	0.02	XXX
95937	TC	A	Neuromuscular junction test	0.00	NA	0.35	0.02	XXX
95950		A	Ambulatory eeg monitoring	1.51	NA	6.54	0.44	XXX
95950	26	A	Ambulatory eeg monitoring	1.51	0.65	0.65	0.08	XXX
95950	TC	A	Ambulatory eeg monitoring	0.00	NA	5.88	0.36	XXX
95951		A	EEG monitoring/videorecord	6.00	NA	39.02	0.58	XXX
95951	26	A	EEG monitoring/videorecord	6.00	2.63	2.63	0.20	XXX
95951	TC	A	EEG monitoring/videorecord	0.00	NA	36.39	0.38	XXX
95953		A	EEG monitoring/computer	3.08	NA	7.88	0.46	XXX
95953	26	A	EEG monitoring/computer	3.08	1.33	1.33	0.10	XXX
95953	TC	A	EEG monitoring/computer	0.00	NA	6.54	0.36	XXX
95954		A	EEG monitoring/giving drugs	2.45	NA	4.79	0.15	XXX
95954	26	A	EEG monitoring/giving drugs	2.45	1.08	1.08	0.10	XXX
95954	TC	A	EEG monitoring/giving drugs	0.00	NA	3.71	0.05	XXX
95955		A	EEG during surgery	1.01	NA	2.40	0.19	XXX
95955	26	A	EEG during surgery	1.01	0.37	0.37	0.05	XXX
95955	TC	A	EEG during surgery	0.00	NA	2.03	0.14	XXX
95956		A	Eeg monitoring, cable/radio	3.08	NA	14.49	0.47	XXX
95956	26	A	Eeg monitoring, cable/radio	3.08	1.34	1.34	0.11	XXX
95956	TC	A	Eeg monitoring, cable/radio	0.00	NA	13.14	0.36	XXX
95957		A	EEG digital analysis	1.98	NA	2.63	0.17	XXX
95957	26	A	EEG digital analysis	1.98	0.87	0.87	0.07	XXX
95957	TC	A	EEG digital analysis	0.00	NA	1.76	0.10	XXX
95958		A	EEG monitoring/function test	4.25	NA	3.59	0.29	XXX
95958	26	A	EEG monitoring/function test	4.25	1.79	1.79	0.18	XXX
95958	TC	A	EEG monitoring/function test	0.00	NA	1.80	0.11	XXX
95961		A	Electrode stimulation, brain	2.97	NA	2.71	0.24	XXX
95961	26	A	Electrode stimulation, brain	2.97	1.36	1.36	0.18	XXX
95961	TC	A	Electrode stimulation, brain	0.00	NA	1.35	0.06	XXX
95962		A	Electrode stim, brain add-on	3.21	NA	2.78	0.23	ZZZ
95962	26	A	Electrode stim, brain add-on	3.21	1.43	1.43	0.17	ZZZ
95962	TC	A	Electrode stim, brain add-on	0.00	NA	1.35	0.06	ZZZ
95965		C	Meg, spontaneous	0.00	0.00	0.00	0.00	XXX
95965	26	A	Meg, spontaneous	8.00	3.09	3.09	0.20	XXX
95965	TC	C	Meg, spontaneous	0.00	0.00	0.00	0.00	XXX
95966		C	Meg, evoked, single	0.00	0.00	0.00	0.00	XXX
95966	26	A	Meg, evoked, single	4.00	1.55	1.55	0.18	XXX
95966	TC	C	Meg, evoked, single	0.00	0.00	0.00	0.00	XXX
95967		C	Meg, evoked, each addl	0.00	0.00	0.00	0.00	ZZZ
95967	26	A	Meg, evoked, each addl	3.50	1.35	1.35	0.17	ZZZ
95967	TC	C	Meg, evoked, each addl	0.00	0.00	0.00	0.00	ZZZ
95970		A	Analyze neurostim, no prog	0.45	0.14	0.17	0.03	XXX
95971		A	Analyze neurostim, simple	0.78	0.22	0.27	0.06	XXX
95972		A	Analyze neurostim, complex	1.50	0.50	0.60	0.17	XXX
95973		A	Analyze neurostim, complex	0.92	0.31	0.38	0.07	ZZZ
95974		A	Cranial neurostim, complex	3.00	1.30	1.31	0.15	XXX
95975		A	Cranial neurostim, complex	1.70	0.66	0.69	0.07	ZZZ
95999		C	Neurological procedure	0.00	0.00	0.00	0.00	XXX
96000		A	Motion analysis, video/3d	1.80	0.70	NA	0.02	XXX
96001		A	Motion test w/ft press meas	2.15	0.83	NA	0.02	XXX
96002		A	Dynamic surface emg	0.41	0.16	NA	0.02	XXX
96003		A	Dynamic fine wire emg	0.37	0.14	NA	0.03	XXX
96004		A	Phys review of motion tests	1.80	0.70	0.70	0.08	XXX
96100		A	Psychological testing	0.00	NA	1.82	0.15	XXX
96105		A	Assessment of aphasia	0.00	NA	1.82	0.15	XXX
96110		C	Developmental test, lim	0.00	0.00	0.00	0.00	XXX
96111		A	Developmental test, extend	0.00	NA	1.82	0.15	XXX
96115		A	Neurobehavior status exam	0.00	NA	1.82	0.15	XXX
96117		A	Neuropsych test battery	0.00	NA	1.82	0.15	XXX
96150		A	Assess hlth/behave, init	0.50	0.19	0.21	0.02	XXX
96151		A	Assess hlth/behave, subseq	0.48	0.19	0.20	0.02	XXX
96152		A	Intervene hlth/behave, indiv	0.46	0.18	0.19	0.02	XXX
96153		A	Intervene hlth/behave, group	0.10	0.04	0.04	0.01	XXX
96154		A	Interv hlth/behav, fam w/pt	0.45	0.17	0.19	0.02	XXX
96155		A	Interv hlth/behav fam no pt	0.44	0.17	0.18	0.02	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Facility PE RVUs	Non-Facility PE RVUs	Mal-Practice RVUs	Global
96400		A	Chemotherapy, sc/im	0.00	NA	0.14	0.01	XXX
96405		A	Intralesional chemo admin	0.52	0.23	1.86	0.02	000
96406		A	Intralesional chemo admin	0.80	0.30	2.48	0.02	000
96408		A	Chemotherapy, push technique	0.00	NA	1.00	0.05	XXX
96410		A	Chemotherapy infusion method	0.00	NA	1.60	0.07	XXX
96412		A	Chemo, infuse method add-on	0.00	NA	1.19	0.06	ZZZ
96414		A	Chemo, infuse method add-on	0.00	NA	1.38	0.07	XXX
96420		A	Chemotherapy, push technique	0.00	NA	1.29	0.07	XXX
96422		A	Chemotherapy infusion method	0.00	NA	1.27	0.07	XXX
96423		A	Chemo, infuse method add-on	0.00	NA	0.50	0.02	ZZZ
96425		A	Chemotherapy infusion method	0.00	NA	1.48	0.07	XXX
96440		A	Chemotherapy, intracavitary	2.37	1.06	8.23	0.12	000
96445		A	Chemotherapy, intracavitary	2.20	1.03	8.30	0.07	000
96450		A	Chemotherapy, into CNS	1.89	0.93	6.60	0.06	000
96520		A	Pump refilling, maintenance	0.00	NA	0.92	0.05	XXX
96530		A	Pump refilling, maintenance	0.00	NA	1.10	0.05	XXX
96542		A	Chemotherapy injection	1.42	0.55	4.08	0.05	XXX
96545		B	Provide chemotherapy agent	0.00	0.00	0.00	0.00	XXX
96549		C	Chemotherapy, unspecified	0.00	0.00	0.00	0.00	XXX
96567		A	Photodynamic tx, skin	0.00	NA	1.65	0.03	XXX
96570		A	Photodynamic tx, 30 min	1.10	0.37	0.44	0.04	ZZZ
96571		A	Photodynamic tx, addl 15 min	0.55	0.20	0.21	0.02	ZZZ
96900		A	Ultraviolet light therapy	0.00	NA	0.44	0.02	XXX
96902		B	Trichogram	0.41	0.16	0.24	0.01	XXX
96910		A	Photochemotherapy with UV-B	0.00	NA	1.33	0.03	XXX
96912		A	Photochemotherapy with UV-A	0.00	NA	1.52	0.04	XXX
96913		A	Photochemotherapy, UV-A or B	0.00	NA	2.20	0.08	XXX
96999		C	Dermatological procedure	0.00	0.00	0.00	0.00	XXX
97001		A	Pt evaluation	1.20	0.43	0.55	0.10	XXX
97002		A	Pt re-evaluation	0.60	0.24	0.36	0.04	XXX
97003		A	Ot evaluation	1.20	0.32	0.71	0.05	XXX
97004		A	Ot re-evaluation	0.60	0.17	0.69	0.02	XXX
97005		I	Athletic train eval	0.00	0.00	0.00	0.00	XXX
97006		I	Athletic train reeval	0.00	0.00	0.00	0.00	XXX
97010		B	Hot or cold packs therapy	0.06	NA	0.04	0.01	XXX
97012		A	Mechanical traction therapy	0.25	NA	0.10	0.01	XXX
97014		A	Electric stimulation therapy	0.18	NA	0.19	0.01	XXX
97016		A	Vasopneumatic device therapy	0.18	NA	0.14	0.01	XXX
97018		A	Paraffin bath therapy	0.06	NA	0.12	0.01	XXX
97020		A	Microwave therapy	0.06	NA	0.05	0.01	XXX
97022		A	Whirlpool therapy	0.17	NA	0.26	0.01	XXX
97024		A	Diathermy treatment	0.06	NA	0.05	0.01	XXX
97026		A	Infrared therapy	0.06	NA	0.05	0.01	XXX
97028		A	Ultraviolet therapy	0.08	NA	0.06	0.01	XXX
97032		A	Electrical stimulation	0.25	NA	0.20	0.01	XXX
97033		A	Electric current therapy	0.26	NA	0.36	0.02	XXX
97034		A	Contrast bath therapy	0.21	NA	0.14	0.01	XXX
97035		A	Ultrasound therapy	0.21	NA	0.08	0.01	XXX
97036		A	Hydrotherapy	0.28	NA	0.34	0.01	XXX
97039		A	Physical therapy treatment	0.20	NA	0.08	0.01	XXX
97110		A	Therapeutic exercises	0.45	NA	0.25	0.03	XXX
97112		A	Neuromuscular reeducation	0.45	NA	0.28	0.02	XXX
97113		A	Aquatic therapy/exercises	0.44	NA	0.32	0.03	XXX
97116		A	Gait training therapy	0.40	NA	0.21	0.02	XXX
97124		A	Massage therapy	0.35	NA	0.21	0.01	XXX
97139		A	Physical medicine procedure	0.21	NA	0.21	0.01	XXX
97140		A	Manual therapy	0.43	NA	0.23	0.02	XXX
97150		A	Group therapeutic procedures	0.27	NA	0.19	0.02	XXX
97504		A	Orthotic training	0.45	NA	0.25	0.03	XXX
97520		A	Prosthetic training	0.45	NA	0.21	0.02	XXX
97530		A	Therapeutic activities	0.44	NA	0.43	0.02	XXX
97532		A	Cognitive skills development	0.44	NA	0.16	0.01	XXX
97533		A	Sensory integration	0.44	NA	0.21	0.01	XXX
97535		A	Self care mngment training	0.45	NA	0.34	0.02	XXX
97537		A	Community/work reintegration	0.45	NA	0.20	0.01	XXX
97542		A	Wheelchair mngment training	0.45	NA	0.22	0.01	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Facility PE RVUs	Non-Facility PE RVUs	Mal-Practice RVUs	Global
97545		R	Work hardening	0.00	0.00	0.00	0.00	XXX
97546		R	Work hardening add-on	0.00	0.00	0.00	0.00	ZZZ
97601		A	Wound(s) care, selective	0.50	NA	0.66	0.04	XXX
97602		B	Wound(s) care non-selective	0.00	0.00	0.00	0.00	XXX
97703		A	Prosthetic checkout	0.25	NA	0.42	0.02	XXX
97750		A	Physical performance test	0.45	NA	0.24	0.02	XXX
97780		N	Acupuncture w/o stimul	0.00	0.00	0.00	0.00	XXX
97781		N	Acupuncture w/stimul	0.00	0.00	0.00	0.00	XXX
97799		C	Physical medicine procedure	0.00	0.00	0.00	0.00	XXX
97802		A	Medical nutrition, indiv, in	0.00	NA	0.49	0.01	XXX
97803		A	Med nutrition, indiv, subseq	0.00	NA	0.49	0.01	XXX
97804		A	Medical nutrition, group	0.00	NA	0.19	0.01	XXX
98925		A	Osteopathic manipulation	0.45	0.15	0.37	0.01	000
98926		A	Osteopathic manipulation	0.65	0.26	0.44	0.02	000
98927		A	Osteopathic manipulation	0.87	0.30	0.51	0.03	000
98928		A	Osteopathic manipulation	1.03	0.35	0.58	0.03	000
98929		A	Osteopathic manipulation	1.19	0.38	0.64	0.04	000
98940		A	Chiropractic manipulation	0.45	0.13	0.24	0.01	000
98941		A	Chiropractic manipulation	0.65	0.18	0.30	0.02	000
98942		A	Chiropractic manipulation	0.87	0.24	0.36	0.03	000
98943		N	Chiropractic manipulation	0.40	0.15	0.34	0.01	XXX
99000		B	Specimen handling	0.00	0.00	0.00	0.00	XXX
99001		B	Specimen handling	0.00	0.00	0.00	0.00	XXX
99002		B	Device handling	0.00	0.00	0.00	0.00	XXX
99024		B	Postop follow-up visit	0.00	0.00	0.00	0.00	XXX
99025		B	Initial surgical evaluation	0.00	0.00	0.00	0.00	XXX
99050		B	Medical services after hrs	0.00	0.00	0.00	0.00	XXX
99052		B	Medical services at night	0.00	0.00	0.00	0.00	XXX
99054		B	Medical servcs, unusual hrs	0.00	0.00	0.00	0.00	XXX
99056		B	Non-office medical services	0.00	0.00	0.00	0.00	XXX
99058		B	Office emergency care	0.00	0.00	0.00	0.00	XXX
99070		B	Special supplies	0.00	0.00	0.00	0.00	XXX
99071		B	Patient education materials	0.00	0.00	0.00	0.00	XXX
99075		N	Medical testimony	0.00	0.00	0.00	0.00	XXX
99078		B	Group health education	0.00	0.00	0.00	0.00	XXX
99080		B	Special reports or forms	0.00	0.00	0.00	0.00	XXX
99082		C	Unusual physician travel	0.00	0.00	0.00	0.00	XXX
99090		B	Computer data analysis	0.00	0.00	0.00	0.00	XXX
99091		B	Collect/review data from pt	0.00	0.00	0.00	0.00	XXX
99100		B	Special anesthesia service	0.00	0.00	0.00	0.00	ZZZ
99116		B	Anesthesia with hypothermia	0.00	0.00	0.00	0.00	ZZZ
99135		B	Special anesthesia procedure	0.00	0.00	0.00	0.00	ZZZ
99140		B	Emergency anesthesia	0.00	0.00	0.00	0.00	ZZZ
99141		B	Sedation, iv/im or inhalant	0.80	0.38	2.13	0.04	XXX
99142		B	Sedation, oral/rectal/nasal	0.60	0.30	1.24	0.03	XXX
99170		A	Anogenital exam, child	1.75	0.53	1.96	0.07	000
99172		N	Ocular function screen	0.00	0.00	0.00	0.00	XXX
99173		N	Visual acuity screen	0.00	0.00	0.00	0.00	XXX
99175		A	Induction of vomiting	0.00	NA	1.44	0.08	XXX
99183		A	Hyperbaric oxygen therapy	2.34	0.74	NA	0.12	XXX
99185		A	Regional hypothermia	0.00	NA	0.66	0.03	XXX
99186		A	Total body hypothermia	0.00	NA	1.84	0.37	XXX
99190		X	Special pump services	0.00	0.00	0.00	0.00	XXX
99191		X	Special pump services	0.00	0.00	0.00	0.00	XXX
99192		X	Special pump services	0.00	0.00	0.00	0.00	XXX
99195		A	Phlebotomy	0.00	NA	0.46	0.02	XXX
99199		C	Special service/proc/report	0.00	0.00	0.00	0.00	XXX
99201		A	Office/outpatient visit, new	0.45	0.16	0.46	0.02	XXX
99202		A	Office/outpatient visit, new	0.88	0.32	0.75	0.05	XXX
99203		A	Office/outpatient visit, new	1.34	0.49	1.09	0.08	XXX
99204		A	Office/outpatient visit, new	2.00	0.73	1.48	0.10	XXX
99205		A	Office/outpatient visit, new	2.67	0.95	1.76	0.12	XXX
99211		A	Office/outpatient visit, est	0.17	0.06	0.37	0.01	XXX
99212		A	Office/outpatient visit, est	0.45	0.16	0.51	0.02	XXX
99213		A	Office/outpatient visit, est	0.67	0.24	0.68	0.03	XXX
99214		A	Office/outpatient visit, est	1.10	0.40	1.02	0.04	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Facility PE RVUs	Non-Facility PE RVUs	Mal-Practice RVUs	Global
99215		A	Office/outpatient visit, est	1.77	0.64	1.32	0.07	XXX
99217		A	Observation care discharge	1.28	0.44	NA	0.05	XXX
99218		A	Observation care	1.28	0.44	NA	0.05	XXX
99219		A	Observation care	2.14	0.73	NA	0.08	XXX
99220		A	Observation care	2.99	1.03	NA	0.11	XXX
99221		A	Initial hospital care	1.28	0.46	NA	0.05	XXX
99222		A	Initial hospital care	2.14	0.75	NA	0.08	XXX
99223		A	Initial hospital care	2.99	1.05	NA	0.10	XXX
99231		A	Subsequent hospital care	0.64	0.23	NA	0.02	XXX
99232		A	Subsequent hospital care	1.06	0.38	NA	0.03	XXX
99233		A	Subsequent hospital care	1.51	0.53	NA	0.05	XXX
99234		A	Observ/hosp same date	2.56	0.89	NA	0.11	XXX
99235		A	Observ/hosp same date	3.42	1.18	NA	0.13	XXX
99236		A	Observ/hosp same date	4.27	1.48	NA	0.17	XXX
99238		A	Hospital discharge day	1.28	0.50	NA	0.04	XXX
99239		A	Hospital discharge day	1.75	0.69	NA	0.05	XXX
99241		A	Office consultation	0.64	0.22	0.61	0.04	XXX
99242		A	Office consultation	1.29	0.47	1.00	0.09	XXX
99243		A	Office consultation	1.72	0.65	1.34	0.10	XXX
99244		A	Office consultation	2.58	0.95	1.78	0.13	XXX
99245		A	Office consultation	3.43	1.26	2.23	0.16	XXX
99251		A	Initial inpatient consult	0.66	0.25	NA	0.04	XXX
99252		A	Initial inpatient consult	1.32	0.51	NA	0.08	XXX
99253		A	Initial inpatient consult	1.82	0.70	NA	0.09	XXX
99254		A	Initial inpatient consult	2.64	1.00	NA	0.11	XXX
99255		A	Initial inpatient consult	3.65	1.36	NA	0.15	XXX
99261		A	Follow-up inpatient consult	0.42	0.16	NA	0.02	XXX
99262		A	Follow-up inpatient consult	0.85	0.31	NA	0.03	XXX
99263		A	Follow-up inpatient consult	1.27	0.46	NA	0.04	XXX
99271		A	Confirmatory consultation	0.45	0.16	0.65	0.03	XXX
99272		A	Confirmatory consultation	0.84	0.32	0.88	0.06	XXX
99273		A	Confirmatory consultation	1.19	0.45	1.08	0.07	XXX
99274		A	Confirmatory consultation	1.73	0.65	1.38	0.09	XXX
99275		A	Confirmatory consultation	2.31	0.84	1.63	0.10	XXX
99281		A	Emergency dept visit	0.33	0.09	NA	0.02	XXX
99282		A	Emergency dept visit	0.55	0.15	NA	0.03	XXX
99283		A	Emergency dept visit	1.24	0.32	NA	0.08	XXX
99284		A	Emergency dept visit	1.95	0.49	NA	0.12	XXX
99285		A	Emergency dept visit	3.06	0.74	NA	0.19	XXX
99288		B	Direct advanced life support	0.00	0.00	0.00	0.00	XXX
99289		I	Pt transport, 30–74 min	0.00	0.00	0.00	0.00	XXX
99290		I	Pt transport, addl 30 min	0.00	0.00	0.00	0.00	ZZZ
99291		A	Critical care, first hour	4.00	1.31	1.57	0.14	XXX
99292		A	Critical care, addl 30 min	2.00	0.65	0.85	0.07	ZZZ
99295		A	Neonatal critical care	16.00	4.84	NA	0.70	XXX
99296		A	Neonatal critical care	8.00	2.62	NA	0.23	XXX
99297		A	Neonatal critical care	4.00	1.34	NA	0.12	XXX
99298		A	Neonatal critical care	2.75	0.94	NA	0.10	XXX
99301		A	Nursing facility care	1.20	0.42	0.69	0.04	XXX
99302		A	Nursing facility care	1.61	0.56	0.97	0.05	XXX
99303		A	Nursing facility care	2.01	0.69	1.19	0.06	XXX
99311		A	Nursing fac care, subseq	0.60	0.21	0.49	0.02	XXX
99312		A	Nursing fac care, subseq	1.00	0.34	0.67	0.03	XXX
99313		A	Nursing fac care, subseq	1.42	0.49	0.86	0.04	XXX
99315		A	Nursing fac discharge day	1.13	0.39	0.72	0.04	XXX
99316		A	Nursing fac discharge day	1.50	0.52	0.92	0.05	XXX
99321		A	Rest home visit, new patient	0.71	NA	0.45	0.02	XXX
99322		A	Rest home visit, new patient	1.01	NA	0.69	0.03	XXX
99323		A	Rest home visit, new patient	1.28	NA	0.92	0.04	XXX
99331		A	Rest home visit, est pat	0.60	NA	0.47	0.02	XXX
99332		A	Rest home visit, est pat	0.80	NA	0.58	0.03	XXX
99333		A	Rest home visit, est pat	1.00	NA	0.71	0.03	XXX
99341		A	Home visit, new patient	1.01	NA	0.55	0.05	XXX
99342		A	Home visit, new patient	1.52	NA	0.85	0.05	XXX
99343		A	Home visit, new patient	2.27	NA	1.27	0.07	XXX
99344		A	Home visit, new patient	3.03	NA	1.55	0.10	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Facility PE RVUs	Non-Facility PE RVUs	Mal-Practice RVUs	Global
99345		A	Home visit, new patient	3.79	NA	1.81	0.12	XXX
99347		A	Home visit, est patient	0.76	NA	0.48	0.03	XXX
99348		A	Home visit, est patient	1.26	NA	0.72	0.04	XXX
99349		A	Home visit, est patient	2.02	NA	1.06	0.06	XXX
99350		A	Home visit, est patient	3.03	NA	1.42	0.10	XXX
99354		A	Prolonged service, office	1.77	0.62	1.44	0.06	ZZZ
99355		A	Prolonged service, office	1.77	0.59	1.23	0.06	ZZZ
99356		A	Prolonged service, inpatient	1.71	0.60	NA	0.06	ZZZ
99357		A	Prolonged service, inpatient	1.71	0.61	NA	0.06	ZZZ
99358		B	Prolonged serv, w/o contact	0.00	0.00	0.00	0.00	ZZZ
99359		B	Prolonged serv, w/o contact	0.00	0.00	0.00	0.00	ZZZ
99360		X	Physician standby services	0.00	0.00	0.00	0.00	XXX
99361		B	Physician/team conference	0.00	0.00	0.00	0.00	XXX
99362		B	Physician/team conference	0.00	0.00	0.00	0.00	XXX
99371		B	Physician phone consultation	0.00	0.00	0.00	0.00	XXX
99372		B	Physician phone consultation	0.00	0.00	0.00	0.00	XXX
99373		B	Physician phone consultation	0.00	0.00	0.00	0.00	XXX
99374		B	Home health care supervision	1.10	0.43	1.44	0.04	XXX
99375		I	Home health care supervision	1.73	NA	NA	0.06	XXX
99377		B	Hospice care supervision	1.10	0.43	1.44	0.04	XXX
99378		I	Hospice care supervision	1.73	NA	NA	0.06	XXX
99379		B	Nursing fac care supervision	1.10	0.43	1.44	0.03	XXX
99380		B	Nursing fac care supervision	1.73	0.67	1.69	0.05	XXX
99381		N	Prev visit, new, infant	1.19	0.46	1.47	0.04	XXX
99382		N	Prev visit, new, age 1–4	1.36	0.53	1.51	0.04	XXX
99383		N	Prev visit, new, age 5–11	1.36	0.53	1.46	0.04	XXX
99384		N	Prev visit, new, age 12–17	1.53	0.59	1.53	0.05	XXX
99385		N	Prev visit, new, age 18–39	1.53	0.59	1.53	0.05	XXX
99386		N	Prev visit, new, age 40–64	1.88	0.73	1.71	0.06	XXX
99387		N	Prev visit, new, 65 & over	2.06	0.80	1.84	0.06	XXX
99391		N	Prev visit, est, infant	1.02	0.39	1.01	0.03	XXX
99392		N	Prev visit, est, age 1–4	1.19	0.46	1.07	0.04	XXX
99393		N	Prev visit, est, age 5–11	1.19	0.46	1.04	0.04	XXX
99394		N	Prev visit, est, age 12–17	1.36	0.53	1.12	0.04	XXX
99395		N	Prev visit, est, age 18–39	1.36	0.53	1.16	0.04	XXX
99396		N	Prev visit, est, age 40–64	1.53	0.59	1.25	0.05	XXX
99397		N	Prev visit, est, 65 & over	1.71	0.66	1.35	0.05	XXX
99401		N	Preventive counseling, indiv	0.48	0.19	0.61	0.01	XXX
99402		N	Preventive counseling, indiv	0.98	0.38	0.85	0.02	XXX
99403		N	Preventive counseling, indiv	1.46	0.56	1.08	0.03	XXX
99404		N	Preventive counseling, indiv	1.95	0.75	1.32	0.04	XXX
99411		N	Preventive counseling, group	0.15	0.06	0.18	0.01	XXX
99412		N	Preventive counseling, group	0.25	0.10	0.24	0.01	XXX
99420		N	Health risk assessment test	0.00	0.00	0.00	0.00	XXX
99429		N	Unlisted preventive service	0.00	0.00	0.00	0.00	XXX
99431		A	Initial care, normal newborn	1.17	0.38	NA	0.04	XXX
99432		A	Newborn care, not in hosp	1.26	0.41	1.11	0.06	XXX
99433		A	Normal newborn care/hospital	0.62	0.20	NA	0.02	XXX
99435		A	Newborn discharge day hosp	1.50	0.51	NA	0.05	XXX
99436		A	Attendance, birth	1.50	0.46	0.50	0.05	XXX
99440		A	Newborn resuscitation	2.93	0.93	NA	0.11	XXX
99450		N	Life/disability evaluation	0.00	0.00	0.00	0.00	XXX
99455		R	Disability examination	0.00	0.00	0.00	0.00	XXX
99456		R	Disability examination	0.00	0.00	0.00	0.00	XXX
99499		C	Unlisted e&m service	0.00	0.00	0.00	0.00	XXX
99500		I	Home visit, prenatal	0.00	0.00	0.00	0.00	XXX
99501		I	Home visit, postnatal	0.00	0.00	0.00	0.00	XXX
99502		I	Home visit, nb care	0.00	0.00	0.00	0.00	XXX
99503		I	Home visit, resp therapy	0.00	0.00	0.00	0.00	XXX
99504		I	Home visit mech ventilator	0.00	0.00	0.00	0.00	XXX
99505		I	Home visit, stoma care	0.00	0.00	0.00	0.00	XXX
99506		I	Home visit, im injection	0.00	0.00	0.00	0.00	XXX
99507		I	Home visit, cath maintain	0.00	0.00	0.00	0.00	XXX
99508		I	Home visit, sleep studies	0.00	0.00	0.00	0.00	XXX
99509		I	Home visit day life activity	0.00	0.00	0.00	0.00	XXX
99510		I	Home visit, sing/m/fam couns	0.00	0.00	0.00	0.00	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Facility PE RVUs	Non-Facility PE RVUs	Mal-Practice RVUs	Global
99511		I	Home visit, fecal/enema mgmt	0.00	0.00	0.00	0.00	XXX
99512		I	Home visit, hemodialysis	0.00	0.00	0.00	0.00	XXX
99539		I	Home visit, nos	0.00	0.00	0.00	0.00	XXX
99551		I	Home infus, pain mgmt, iv/sc	0.00	0.00	0.00	0.00	XXX
99552		I	Hm infus pain mgmt, epid/ith	0.00	0.00	0.00	0.00	XXX
99553		I	Home infuse, tocolytic tx	0.00	0.00	0.00	0.00	XXX
99554		I	Home infus, hormone/platelet	0.00	0.00	0.00	0.00	XXX
99555		I	Home infuse, chemotheraphy	0.00	0.00	0.00	0.00	XXX
99556		I	Home infus, antibio/fung/vir	0.00	0.00	0.00	0.00	XXX
99557		I	Home infuse, anticoagulant	0.00	0.00	0.00	0.00	XXX
99558		I	Home infuse, immunotherapy	0.00	0.00	0.00	0.00	XXX
99559		I	Home infus, periton dialysis	0.00	0.00	0.00	0.00	XXX
99560		I	Home infus, entero nutrition	0.00	0.00	0.00	0.00	XXX
99561		I	Home infuse, hydration tx	0.00	0.00	0.00	0.00	XXX
99562		I	Home infus, parent nutrition	0.00	0.00	0.00	0.00	XXX
99563		I	Home admin, pentamidine	0.00	0.00	0.00	0.00	XXX
99564		I	Hme infus, antihemophil agnt	0.00	0.00	0.00	0.00	XXX
99565		I	Home infus, proteinase inhib	0.00	0.00	0.00	0.00	XXX
99566		I	Home infuse, iv therapy	0.00	0.00	0.00	0.00	XXX
99567		I	Home infuse, sympath agent	0.00	0.00	0.00	0.00	XXX
99568		I	Home infus, misc drug, daily	0.00	0.00	0.00	0.00	XXX
99569		I	Home infuse, each addl tx	0.00	0.00	0.00	0.00	XXX
A4211		P	Supp for self-adm injections	0.00	0.00	0.00	0.00	XXX
A4212		P	Non coring needle or stylet	0.00	0.00	0.00	0.00	XXX
A4214		P	30 CC sterile water/saline	0.00	0.00	0.00	0.00	XXX
A4220		P	Infusion pump refill kit	0.00	0.00	0.00	0.00	XXX
A4253		P	Blood glucose/reagent strips	0.00	0.00	0.00	0.00	XXX
A4256		P	Calibrator solution/chips	0.00	0.00	0.00	0.00	XXX
A4258		P	Lancet device each	0.00	0.00	0.00	0.00	XXX
A4259		P	Lancets per box	0.00	0.00	0.00	0.00	XXX
A4262		B	Temporary tear duct plug	0.00	0.00	0.00	0.00	XXX
A4263		B	Permanent tear duct plug	0.00	0.00	0.00	0.00	XXX
A4265		P	Paraffin	0.00	0.00	0.00	0.00	XXX
A4270		B	Disposable endoscope sheath	0.00	0.00	0.00	0.00	XXX
A4300		B	Cath impl vasc access portal	0.00	0.00	0.00	0.00	XXX
A4301		P	Implantable access syst perc	0.00	0.00	0.00	0.00	XXX
A4305		P	Drug delivery system >=50 ML	0.00	0.00	0.00	0.00	XXX
A4306		P	Drug delivery system <=5 ML	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	XXX
A4311		P	Catheter w/o bag 2-way latex	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	XXX
A4313		P	Catheter w/bag 3-way	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	XXX
A4315		P	Cath w/drainage 2-way silcne	0.00	0.00	0.00	0.00	XXX
A4316		P	Cath w/drainage 3-way	0.00	0.00	0.00	0.00	XXX
A4320		P	Irrigation tray	0.00	0.00	0.00	0.00	XXX
A4322		P	Irrigation syringe	0.00	0.00	0.00	0.00	XXX
A4323		P	Saline irrigation solution	0.00	0.00	0.00	0.00	XXX
A4326		P	Male external catheter	0.00	0.00	0.00	0.00	XXX
A4327		P	Fem urinary collect dev cup	0.00	0.00	0.00	0.00	XXX
A4328		P	Fem urinary collect pouch	0.00	0.00	0.00	0.00	XXX
A4330		P	Stool collection pouch	0.00	0.00	0.00	0.00	XXX
A4335		P	Incontinence supply	0.00	0.00	0.00	0.00	XXX
A4338		P	Indwelling catheter latex	0.00	0.00	0.00	0.00	XXX
A4340		P	Indwelling catheter special	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	XXX
A4346		P	Cath indw foley 3 way	0.00	0.00	0.00	0.00	XXX
A4347		P	Male external catheter	0.00	0.00	0.00	0.00	XXX
A4351		P	Straight tip urine catheter	0.00	0.00	0.00	0.00	XXX
A4352		P	Coude tip urinary catheter	0.00	0.00	0.00	0.00	XXX
A4354		P	Cath insertion tray w/bag	0.00	0.00	0.00	0.00	XXX
A4355		P	Bladder irrigation tubing	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	XXX
A4357		P	Bedside drainage bag	0.00	0.00	0.00	0.00	XXX
A4358		P	Urinary leg or abdomen bag	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	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Facility PE RVUs	Non-Facility PE RVUs	Mal-Practice RVUs	Global
A4361		P	Ostomy face plate	0.00	0.00	0.00	0.00	XXX
A4362		P	Solid skin barrier	0.00	0.00	0.00	0.00	XXX
A4364		P	Adhesive, liquid or equal	0.00	0.00	0.00	0.00	XXX
A4367		P	Ostomy belt	0.00	0.00	0.00	0.00	XXX
A4397		P	Irrigation supply sleeve	0.00	0.00	0.00	0.00	XXX
A4398		P	Ostomy irrigation bag	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	XXX
A4400		P	Ostomy irrigation set	0.00	0.00	0.00	0.00	XXX
A4402		P	Lubricant per ounce	0.00	0.00	0.00	0.00	XXX
A4404		P	Ostomy ring each	0.00	0.00	0.00	0.00	XXX
A4421		P	Ostomy supply misc	0.00	0.00	0.00	0.00	XXX
A4454		P	Tape all types all sizes	0.00	0.00	0.00	0.00	XXX
A4455		P	Adhesive remover per ounce	0.00	0.00	0.00	0.00	XXX
A4460		P	Elastic compression bandage	0.00	0.00	0.00	0.00	XXX
A4465		P	Non-elastic extremity binder	0.00	0.00	0.00	0.00	XXX
A4470		P	Gravlee jet washer	0.00	0.00	0.00	0.00	XXX
A4480		P	Vabra aspirator	0.00	0.00	0.00	0.00	XXX
A4550		B	Surgical trays	0.00	0.00	0.00	0.00	XXX
A4556		P	Electrodes, pair	0.00	0.00	0.00	0.00	XXX
A4557		P	Lead wires, pair	0.00	0.00	0.00	0.00	XXX
A4558		P	Conductive paste or gel	0.00	0.00	0.00	0.00	XXX
A4647		B	Supp- paramagnetic contr mat	0.00	0.00	0.00	0.00	XXX
A4649		P	Surgical supplies	0.00	0.00	0.00	0.00	XXX
A4890		R	Repair/maint cont hemo equip	0.00	0.00	0.00	0.00	XXX
A5051		P	Pouch clsd w barr attached	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	XXX
A5053		P	Clsd ostomy pouch faceplate	0.00	0.00	0.00	0.00	XXX
A5054		P	Clsd ostomy pouch w/flange	0.00	0.00	0.00	0.00	XXX
A5055		P	Stoma cap	0.00	0.00	0.00	0.00	XXX
A5061		P	Pouch drainable w barrier at	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	XXX
A5063		P	Drain ostomy pouch w/flange	0.00	0.00	0.00	0.00	XXX
A5071		P	Urinary pouch w/barrier	0.00	0.00	0.00	0.00	XXX
A5072		P	Urinary pouch w/o barrier	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	XXX
A5081		P	Continent stoma plug	0.00	0.00	0.00	0.00	XXX
A5082		P	Continent stoma catheter	0.00	0.00	0.00	0.00	XXX
A5093		P	Ostomy accessory convex inse	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	XXX
A5105		P	Urinary suspensory	0.00	0.00	0.00	0.00	XXX
A5112		P	Urinary leg bag	0.00	0.00	0.00	0.00	XXX
A5113		P	Latex leg strap	0.00	0.00	0.00	0.00	XXX
A5114		P	Foam/fabric leg strap	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	XXX
A5121		P	Solid skin barrier 6x6	0.00	0.00	0.00	0.00	XXX
A5122		P	Solid skin barrier 8x8	0.00	0.00	0.00	0.00	XXX
A5123		P	Skin barrier with flange	0.00	0.00	0.00	0.00	XXX
A5126		P	Disk/foam pad +or- adhesive	0.00	0.00	0.00	0.00	XXX
A5131		P	Appliance cleaner	0.00	0.00	0.00	0.00	XXX
A6154		P	Wound pouch each	0.00	0.00	0.00	0.00	XXX
A6196		P	Alginate dressing <=16 sq in	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	XXX
A6198		P	alginate dressing > 48 sq in	0.00	0.00	0.00	0.00	XXX
A6199		P	Alginate drsg wound filler	0.00	0.00	0.00	0.00	XXX
A6203		P	Composite drsg <= 16 sq in	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	XXX
A6205		P	Composite drsg > 48 sq in	0.00	0.00	0.00	0.00	XXX
A6206		P	Contact layer <= 16 sq in	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	XXX
A6208		P	Contact layer > 48 sq in	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	XXX
A6210		P	Foam drg >16<=48 sq in w/o b	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	XXX
A6212		P	Foam drg <=16 sq in w/border	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	XXX
A6214		P	Foam drg > 48 sq in w/border	0.00	0.00	0.00	0.00	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Facility PE RVUs	Non-Facility PE RVUs	Mal-Practice RVUs	Global
A6215		P	Foam dressing wound filler	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	XXX
A6217		P	Non-sterile gauze>16<=48 sq	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	XXX
A6219		P	Gauze <= 16 sq in w/border	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	XXX
A6221		P	Gauze > 48 sq in w/border	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	XXX
A6223		P	Gauze >16<=48 no w/sal w/o b	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	XXX
A6228		P	Gauze <= 16 sq in water/sal	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	XXX
A6230		P	Gauze > 48 sq in water/salne	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	XXX
A6235		P	Hydrocolld drg >16<=48 w/o b	0.00	0.00	0.00	0.00	XXX
A6236		P	Hydrocolld drg > 48 in w/o b	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	XXX
A6238		P	Hydrocolld drg >16<=48 w/bdr	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	XXX
A6240		P	Hydrocolld drg filler paste	0.00	0.00	0.00	0.00	XXX
A6241		P	Hydrocolloid drg filler dry	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	XXX
A6243		P	Hydrogel drg >16<=48 w/o bdr	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	XXX
A6245		P	Hydrogel drg <= 16 in w/bdr	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	XXX
A6247		P	Hydrogel drg > 48 sq in w/b	0.00	0.00	0.00	0.00	XXX
A6248		P	Hydrogel drsg gel filler	0.00	0.00	0.00	0.00	XXX
A6250		P	Skin seal protect moisturizr	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	XXX
A6252		P	Absorpt drg >16 <=48 w/o bdr	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	XXX
A6254		P	Absorpt drg <=16 sq in w/bdr	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	XXX
A6256		P	Absorpt drg > 48 sq in w/bdr	0.00	0.00	0.00	0.00	XXX
A6257		P	Transparent film <= 16 sq in	0.00	0.00	0.00	0.00	XXX
A6258		P	Transparent film >16<=48 in	0.00	0.00	0.00	0.00	XXX
A6259		P	Transparent film > 48 sq in	0.00	0.00	0.00	0.00	XXX
A6260		P	Wound cleanser any type/size	0.00	0.00	0.00	0.00	XXX
A6261		P	Wound filler gel/paste /oz	0.00	0.00	0.00	0.00	XXX
A6262		P	Wound filler dry form / gram	0.00	0.00	0.00	0.00	XXX
A6263		P	Non-sterile elastic gauze/yd	0.00	0.00	0.00	0.00	XXX
A6264		P	Non-sterile no elastic gauze	0.00	0.00	0.00	0.00	XXX
A6265		P	Tape per 18 sq inches	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	XXX
A6402		P	Sterile gauze <= 16 sq in	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	XXX
A6404		P	Sterile gauze > 48 sq in	0.00	0.00	0.00	0.00	XXX
A6405		P	Sterile elastic gauze/yd	0.00	0.00	0.00	0.00	XXX
A6406		P	Sterile non-elastic gauze/yd	0.00	0.00	0.00	0.00	XXX
D0150		R	Comprehensve oral evaluation	0.00	0.00	0.00	0.00	YYY
D0240		R	Intraoral occlusal film	0.00	0.00	0.00	0.00	YYY
D0250		R	Extraoral first film	0.00	0.00	0.00	0.00	YYY
D0260		R	Extraoral ea additional film	0.00	0.00	0.00	0.00	YYY
D0270		R	Dental bitewing single film	0.00	0.00	0.00	0.00	YYY
D0272		R	Dental bitewings two films	0.00	0.00	0.00	0.00	YYY
D0274		R	Dental bitewings four films	0.00	0.00	0.00	0.00	YYY
D0277		R	Vert bitewings-sev to eight	0.00	0.00	0.00	0.00	XXX
D0460		R	Pulp vitality test	0.00	0.00	0.00	0.00	YYY
D0472		R	Gross exam, prep & report	0.00	0.00	0.00	0.00	XXX
D0473		R	Micro exam, prep & report	0.00	0.00	0.00	0.00	XXX
D0474		R	Micro w exam of surg margins	0.00	0.00	0.00	0.00	XXX
D0480		R	Cytopath smear prep & report	0.00	0.00	0.00	0.00	XXX
D0501		R	Histopathologic examinations	0.00	0.00	0.00	0.00	YYY
D0502		R	Other oral pathology procedu	0.00	0.00	0.00	0.00	YYY
D0999		R	Unspecified diagnostic proce	0.00	0.00	0.00	0.00	YYY

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Facility PE RVUs	Non-Facility PE RVUs	Mal-Practice RVUs	Global
D1510		R	Space maintainer fxd unilat	0.00	0.00	0.00	0.00	YYY
D1515		R	Fixed bilat space maintainer	0.00	0.00	0.00	0.00	YYY
D1520		R	Remove unilat space maintain	0.00	0.00	0.00	0.00	YYY
D1525		R	Remove bilat space maintain	0.00	0.00	0.00	0.00	YYY
D1550		R	Recement space maintainer	0.00	0.00	0.00	0.00	YYY
D2970		R	Temporary- fractured tooth	0.00	0.00	0.00	0.00	YYY
D2999		R	Dental unspec restorative pr	0.00	0.00	0.00	0.00	YYY
D3460		R	Endodontic endosseous implan	0.00	0.00	0.00	0.00	YYY
D3999		R	Endodontic procedure	0.00	0.00	0.00	0.00	YYY
D4260		R	Osseous surgery per quadrant	0.00	0.00	0.00	0.00	YYY
D4263		R	Bone replce graft first site	0.00	0.00	0.00	0.00	YYY
D4264		R	Bone replce graft each add	0.00	0.00	0.00	0.00	YYY
D4268		R	Surgical revision procedure	0.00	0.00	0.00	0.00	XXX
D4270		R	Pedicle soft tissue graft pr	0.00	0.00	0.00	0.00	YYY
D4271		R	Free soft tissue graft proc	0.00	0.00	0.00	0.00	YYY
D4273		R	Subepithelial tissue graft	0.00	0.00	0.00	0.00	YYY
D4355		R	Full mouth debridement	0.00	0.00	0.00	0.00	YYY
D4381		R	Localized chemo delivery	0.00	0.00	0.00	0.00	YYY
D5911		R	Facial moulage sectional	0.00	0.00	0.00	0.00	YYY
D5912		R	Facial moulage complete	0.00	0.00	0.00	0.00	YYY
D5951		R	Feeding aid	0.00	0.00	0.00	0.00	YYY
D5983		R	Radiation applicator	0.00	0.00	0.00	0.00	YYY
D5984		R	Radiation shield	0.00	0.00	0.00	0.00	YYY
D5985		R	Radiation cone locator	0.00	0.00	0.00	0.00	YYY
D5987		R	Commissure splint	0.00	0.00	0.00	0.00	YYY
D6920		R	Dental connector bar	0.00	0.00	0.00	0.00	YYY
D7110		R	Oral surgery single tooth	0.00	0.00	0.00	0.00	YYY
D7120		R	Each add tooth extraction	0.00	0.00	0.00	0.00	YYY
D7130		R	Tooth root removal	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	YYY
D7220		R	Impact tooth remov soft tiss	0.00	0.00	0.00	0.00	YYY
D7230		R	Impact tooth remov part bony	0.00	0.00	0.00	0.00	YYY
D7240		R	Impact tooth remov comp bony	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	YYY
D7250		R	Tooth root removal	0.00	0.00	0.00	0.00	YYY
D7260		R	Oral antral fistula closure	0.00	0.00	0.00	0.00	YYY
D7291		R	Transseptal fiberotomy	0.00	0.00	0.00	0.00	YYY
D7940		R	Reshaping bone orthognathic	0.00	0.00	0.00	0.00	YYY
D9110		R	Tx dental pain minor proc	0.00	0.00	0.00	0.00	YYY
D9230		R	Analgesia	0.00	0.00	0.00	0.00	YYY
D9248		R	Sedation (non-iv)	0.00	0.00	0.00	0.00	XXX
D9630		R	Other drugs/medicaments	0.00	0.00	0.00	0.00	YYY
D9930		R	Treatment of complications	0.00	0.00	0.00	0.00	YYY
D9940		R	Dental occlusal guard	0.00	0.00	0.00	0.00	YYY
D9950		R	Occlusion analysis	0.00	0.00	0.00	0.00	YYY
D9951		R	Limited occlusal adjustment	0.00	0.00	0.00	0.00	YYY
D9952		R	Complete occlusal adjustment	0.00	0.00	0.00	0.00	YYY
G0001		X	Drawing blood for specimen	0.00	0.00	0.00	0.00	XXX
G0002		A	Temporary urinary catheter	0.50	0.16	3.25	0.03	000
G0004		A	ECG transm phys review & int	0.52	NA	7.69	0.45	XXX
G0005		A	ECG 24 hour recording	0.00	NA	1.28	0.07	XXX
G0006		A	ECG transmission & analysis	0.00	NA	6.22	0.36	XXX
G0007		A	ECG phy review & interpret	0.52	0.20	0.20	0.02	XXX
G0008		X	Admin influenza virus vac	0.00	0.00	0.00	0.00	XXX
G0009		X	Admin pneumococcal vaccine	0.00	0.00	0.00	0.00	XXX
G0010		X	Admin hepatitis b vaccine	0.00	0.00	0.00	0.00	XXX
G0015		A	Post symptom ECG tracing	0.00	NA	6.22	0.36	XXX
G0016		D	Post symptom ECG md review	0.52	0.22	0.22	0.02	XXX
G0025		B	Collagen skin test kit	0.00	0.00	0.00	0.00	XXX
G0026		X	Fecal leukocyte examination	0.00	0.00	0.00	0.00	XXX
G0027		X	Semen analysis	0.00	0.00	0.00	0.00	XXX
G0030		C	PET imaging prev PET single	0.00	0.00	0.00	0.00	XXX
G0030	26	A	PET imaging prev PET single	1.50	0.52	0.52	0.04	XXX
G0030	TC	C	PET imaging prev PET single	0.00	0.00	0.00	0.00	XXX
G0031		C	PET imaging prev PET multple	0.00	0.00	0.00	0.00	XXX
G0031	26	A	PET imaging prev PET multple	1.87	0.70	0.70	0.06	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Facility PE RVUs	Non-Facility PE RVUs	Mal-Practice RVUs	Global
G0031	TC	C	PET imaging prev PET multple	0.00	0.00	0.00	0.00	XXX
G0032		C	PET follow SPECT 78464 singl	0.00	0.00	0.00	0.00	XXX
G0032	26	A	PET follow SPECT 78464 singl	1.50	0.52	0.52	0.05	XXX
G0032	TC	C	PET follow SPECT 78464 singl	0.00	0.00	0.00	0.00	XXX
G0033		C	PET follow SPECT 78464 mult	0.00	0.00	0.00	0.00	XXX
G0033	26	A	PET follow SPECT 78464 mult	1.87	0.70	0.70	0.06	XXX
G0033	TC	C	PET follow SPECT 78464 mult	0.00	0.00	0.00	0.00	XXX
G0034		C	PET follow SPECT 76865 singl	0.00	0.00	0.00	0.00	XXX
G0034	26	A	PET follow SPECT 76865 singl	1.50	0.52	0.52	0.05	XXX
G0034	TC	C	PET follow SPECT 76865 singl	0.00	0.00	0.00	0.00	XXX
G0035		C	PET follow SPECT 78465 mult	0.00	0.00	0.00	0.00	XXX
G0035	26	A	PET follow SPECT 78465 mult	1.87	0.70	0.70	0.06	XXX
G0035	TC	C	PET follow SPECT 78465 mult	0.00	0.00	0.00	0.00	XXX
G0036		C	PET follow cornry angio sing	0.00	0.00	0.00	0.00	XXX
G0036	26	A	PET follow cornry angio sing	1.50	0.52	0.52	0.04	XXX
G0036	TC	C	PET follow cornry angio sing	0.00	0.00	0.00	0.00	XXX
G0037		C	PET follow cornry angio mult	0.00	0.00	0.00	0.00	XXX
G0037	26	A	PET follow cornry angio mult	1.87	0.70	0.70	0.06	XXX
G0037	TC	C	PET follow cornry angio mult	0.00	0.00	0.00	0.00	XXX
G0038		C	PET follow myocard perf sing	0.00	0.00	0.00	0.00	XXX
G0038	26	A	PET follow myocard perf sing	1.50	0.52	0.52	0.04	XXX
G0038	TC	C	PET follow myocard perf sing	0.00	0.00	0.00	0.00	XXX
G0039		C	PET follow myocard perf mult	0.00	0.00	0.00	0.00	XXX
G0039	26	A	PET follow myocard perf mult	1.87	0.70	0.70	0.07	XXX
G0039	TC	C	PET follow myocard perf mult	0.00	0.00	0.00	0.00	XXX
G0040		C	PET follow stress echo singl	0.00	0.00	0.00	0.00	XXX
G0040	26	A	PET follow stress echo singl	1.50	0.52	0.52	0.04	XXX
G0040	TC	C	PET follow stress echo singl	0.00	0.00	0.00	0.00	XXX
G0041		C	PET follow stress echo mult	0.00	0.00	0.00	0.00	XXX
G0041	26	A	PET follow stress echo mult	1.87	0.70	0.70	0.05	XXX
G0041	TC	C	PET follow stress echo mult	0.00	0.00	0.00	0.00	XXX
G0042		C	PET follow ventriculogm sing	0.00	0.00	0.00	0.00	XXX
G0042	26	A	PET follow ventriculogm sing	1.50	0.52	0.52	0.04	XXX
G0042	TC	C	PET follow ventriculogm sing	0.00	0.00	0.00	0.00	XXX
G0043		C	PET follow ventriculogm mult	0.00	0.00	0.00	0.00	XXX
G0043	26	A	PET follow ventriculogm mult	1.87	0.70	0.70	0.06	XXX
G0043	TC	C	PET follow ventriculogm mult	0.00	0.00	0.00	0.00	XXX
G0044		C	PET following rest ECG singl	0.00	0.00	0.00	0.00	XXX
G0044	26	A	PET following rest ECG singl	1.50	0.52	0.52	0.04	XXX
G0044	TC	C	PET following rest ECG singl	0.00	0.00	0.00	0.00	XXX
G0045		C	PET following rest ECG mult	0.00	0.00	0.00	0.00	XXX
G0045	26	A	PET following rest ECG mult	1.87	0.70	0.70	0.06	XXX
G0045	TC	C	PET following rest ECG mult	0.00	0.00	0.00	0.00	XXX
G0046		C	PET follow stress ECG singl	0.00	0.00	0.00	0.00	XXX
G0046	26	A	PET follow stress ECG singl	1.50	0.52	0.52	0.04	XXX
G0046	TC	C	PET follow stress ECG singl	0.00	0.00	0.00	0.00	XXX
G0047		C	PET follow stress ECG mult	0.00	0.00	0.00	0.00	XXX
G0047	26	A	PET follow stress ECG mult	1.87	0.70	0.70	0.06	XXX
G0047	TC	C	PET follow stress ECG mult	0.00	0.00	0.00	0.00	XXX
G0050		A	Residual urine by ultrasound	0.00	NA	0.88	0.04	XXX
G0101		A	CA screen; pelvic/breast exam	0.45	0.17	0.52	0.01	XXX
G0102		A	Prostate ca screening; dre	0.17	0.06	0.37	0.01	XXX
G0103		X	Psa, total screening	0.00	0.00	0.00	0.00	XXX
G0104		A	CA screen; flexi sigmoidscope	0.96	0.51	1.82	0.05	000
G0105		A	Colorectal scrn; hi risk ind	3.70	1.71	7.97	0.20	000
G0106		A	Colon CA screen; barium enema	0.99	NA	2.65	0.15	XXX
G0106	26	A	Colon CA screen; barium enema	0.99	0.34	0.34	0.04	XXX
G0106	TC	A	Colon CA screen; barium enema	0.00	NA	2.31	0.11	XXX
G0107		X	CA screen; fecal blood test	0.00	0.00	0.00	0.00	XXX
G0108		A	Diab manage trn per indiv	0.00	NA	0.82	0.01	XXX
G0109		A	Diab manage trn ind/group	0.00	NA	0.48	0.01	XXX
G0110		R	Nett pulm-rehab educ; ind	0.90	0.35	0.69	0.03	XXX
G0111		R	Nett pulm-rehab educ; group	0.27	0.10	0.29	0.01	XXX
G0112		R	Nett;nutrition guid, initial	1.72	0.66	1.21	0.05	XXX
G0113		R	Nett;nutrition guid,subseqnt	1.29	0.50	0.95	0.04	XXX
G0114		R	Nett; psychosocial consult	1.20	0.46	0.49	0.03	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Facility PE RVUs	Non-Facility PE RVUs	Mal-Practice RVUs	Global
G0115		R	Nett; psychological testing	1.20	0.46	0.72	0.04	XXX
G0116		R	Nett; psychosocial counsel	1.11	0.38	1.06	0.04	XXX
G0117		T	Glaucoma scrn hgh risk direc	0.45	0.21	0.97	0.02	XXX
G0118		T	Glaucoma scrn hgh risk direc	0.17	0.08	0.84	0.01	XXX
G0120		A	Colon ca scrn; barium enema	0.99	NA	2.65	0.15	XXX
G0120	26	A	Colon ca scrn; barium enema	0.99	0.34	0.34	0.04	XXX
G0120	TC	A	Colon ca scrn; barium enema	0.00	NA	2.31	0.11	XXX
G0121		A	Colon ca scrn not hi rsk ind	3.70	1.71	7.97	0.20	000
G0122		N	Colon ca scrn; barium enema	0.99	NA	2.69	0.15	XXX
G0122	26	N	Colon ca scrn; barium enema	0.99	0.38	0.38	0.04	XXX
G0122	TC	N	Colon ca scrn; barium enema	0.00	NA	2.31	0.11	XXX
G0123		X	Screen cerv/vag thin layer	0.00	0.00	0.00	0.00	XXX
G0124		A	Screen c/v thin layer by MD	0.42	0.19	0.19	0.01	XXX
G0125		A	PET img WhBD sgl pulm ring	1.50	NA	56.10	2.00	XXX
G0125	26	A	PET img WhBD sgl pulm ring	1.50	0.52	0.52	0.05	XXX
G0125	TC	A	PET img WhBD sgl pulm ring	0.00	NA	55.58	1.95	XXX
G0126		F	Lung image (PET) staging	1.87	NA	56.28	2.01	XXX
G0126	26	F	Lung image (PET) staging	1.87	0.70	0.70	0.06	XXX
G0126	TC	F	Lung image (PET) staging	0.00	NA	55.58	1.95	XXX
G0127		R	Trim nail(s)	0.17	0.07	0.25	0.01	000
G0128		R	CORF skilled nursing service	0.08	0.03	0.03	0.01	XXX
G0130		A	Single energy x-ray study	0.22	NA	0.90	0.05	XXX
G0130	26	A	Single energy x-ray study	0.22	0.11	0.11	0.01	XXX
G0130	TC	A	Single energy x-ray study	0.00	NA	0.79	0.04	XXX
G0131		A	CT scan, bone density study	0.25	NA	3.18	0.14	XXX
G0131	26	A	CT scan, bone density study	0.25	0.13	0.13	0.01	XXX
G0131	TC	A	CT scan, bone density study	0.00	NA	3.05	0.13	XXX
G0132		A	CT scan, bone density study	0.22	NA	0.90	0.05	XXX
G0132	26	A	CT scan, bone density study	0.22	0.11	0.11	0.01	XXX
G0132	TC	A	CT scan, bone density study	0.00	NA	0.79	0.04	XXX
G0141		A	Scr c/v cyto,autosys and md	0.42	0.19	0.19	0.01	XXX
G0143		X	Scr c/v cyto,thinlayer,rescr	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	XXX
G0145		X	Scr c/v cyto,thinlayer,rescr	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	XXX
G0148		X	Scr c/v cyto, autosys, rescr	0.00	0.00	0.00	0.00	XXX
G0163		F	Pet for rec of colorectal ca	1.50	NA	0.58	2.00	XXX
G0163	26	F	Pet for rec of colorectal ca	1.50	0.58	0.58	0.05	XXX
G0163	TC	F	Pet for rec of colorectal ca	0.00	NA	NA	1.95	XXX
G0164		F	Pet for lymphoma staging	1.87	NA	0.72	2.01	XXX
G0164	26	F	Pet for lymphoma staging	1.87	0.72	0.72	0.06	XXX
G0164	TC	F	Pet for lymphoma staging	0.00	NA	NA	1.95	XXX
G0165		F	Pet, rec of melanoma/met ca	1.50	NA	0.58	2.00	XXX
G0165	26	F	Pet, rec of melanoma/met ca	1.50	0.58	0.58	0.05	XXX
G0165	TC	F	Pet, rec of melanoma/met ca	0.00	NA	NA	1.95	XXX
G0166		A	Extrnl counterpulse, per tx	0.07	0.03	4.53	0.01	XXX
G0167		C	Hyperbaric oz tx;no md reqrd	0.00	0.00	0.00	0.00	XXX
G0168		A	Wound closure by adhesive	0.45	0.19	2.39	0.01	000
G0173		X	Stereo radoisurgery,complete	0.00	0.00	0.00	0.00	XXX
G0174		D	Intensitymodulatedradiation	0.00	0.00	0.00	0.00	XXX
G0175		X	OPPS Service,sched team conf	0.00	0.00	0.00	0.00	XXX
G0176		X	OPPS/PHP;activity therapy	0.00	0.00	0.00	0.00	XXX
G0177		X	OPPS/PHP; train & educ serv	0.00	0.00	0.00	0.00	XXX
G0178		D	Intensitymodulatedradiation	0.00	0.00	0.00	0.00	XXX
G0179		A	MD recertification HHA PT	0.45	NA	1.19	0.01	XXX
G0180		A	MD certification HHA patient	0.67	NA	1.28	0.02	XXX
G0181		A	Home health care supervision	1.73	NA	1.52	0.06	XXX
G0182		A	Hospice care supervision	1.73	NA	1.74	0.06	XXX
G0184		D	Ocular photdynamicTx 2nd eye	0.47	0.22	0.29	0.01	ZZZ
G0185		C	Transpuppillary thermotx	0.00	0.00	0.00	0.00	YYY
G0186		C	Dstry eye lesn,fdr vssl tech	0.00	0.00	0.00	0.00	YYY
G0187		C	Dstry mclr drusen,photocoag	0.00	0.00	0.00	0.00	YYY
G0188		D	Xray lwr extrmty-full lngth	0.00	0.00	0.00	0.00	XXX
G0188	26	D	Xray lwr extrmty-full lngth	0.00	0.00	0.00	0.00	XXX
G0188	TC	D	Xray lwr extrmty-full lngth	0.00	0.00	0.00	0.00	XXX
G0190		D	Immunization administration	0.00	0.00	0.00	0.00	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Facility PE RVUs	Non-Facility PE RVUs	Mal-Practice RVUs	Global
G0191		D	Immunization admin,each add	0.00	0.00	0.00	0.00	XXX
G0192		N	Immunization oral/intranasal	0.00	0.00	0.00	0.00	XXX
G0193		C	Endoscopicstudyswallowfunctn	0.00	0.00	0.00	0.00	XXX
G0194		C	Sensorytestingendoscopicstud	0.00	0.00	0.00	0.00	XXX
G0195		A	Clinicalevalswallowingfunct	1.50	0.74	2.04	0.07	XXX
G0196		A	Evalofswallowingwithradioopa	1.50	0.74	2.04	0.07	XXX
G0197		A	Evalofptforprescipspeechdevi	1.35	0.74	2.01	0.04	XXX
G0198		A	Patientadapation&trainforspe	0.99	0.55	1.11	0.03	XXX
G0199		A	Reevaluationofpatientusespec	1.01	0.55	1.82	0.03	XXX
G0200		A	Evalofpatientprescipofvoicep	1.35	0.74	2.01	0.04	XXX
G0201		A	Modifortraininginusevoicepro	0.99	0.55	1.11	0.03	XXX
G0202		A	Screeningmammographydigital	0.70	NA	2.90	0.09	XXX
G0202	26	A	Screeningmammographydigital	0.70	0.27	0.27	0.03	XXX
G0202	TC	A	Screeningmammographydigital	0.00	NA	2.63	0.06	XXX
G0203		F	Screenmammographyfilmdigital	0.00	0.00	0.00	0.00	XXX
G0204		A	Diagnosticmammographydigital	0.87	NA	2.92	0.09	XXX
G0204	26	A	Diagnosticmammographydigital	0.87	0.34	0.34	0.03	XXX
G0204	TC	A	Diagnosticmammographydigital	0.00	NA	2.59	0.06	XXX
G0205		F	Diagnosticmammographyfilmpro	0.69	NA	1.62	0.09	XXX
G0205	26	F	Diagnosticmammographyfilmpro	0.69	0.27	0.27	0.03	XXX
G0205	TC	F	Diagnosticmammographyfilmpro	0.00	NA	1.35	0.06	XXX
G0206		A	Diagnosticmammographydigital	0.70	NA	2.36	0.08	XXX
G0206	26	A	Diagnosticmammographydigital	0.70	0.27	0.27	0.03	XXX
G0206	TC	A	Diagnosticmammographydigital	0.00	NA	2.09	0.05	XXX
G0207		F	Diagnostic mammography film	0.58	NA	1.31	0.08	XXX
G0207	26	F	Diagnostic mammography film	0.58	0.22	0.22	0.03	XXX
G0207	TC	F	Diagnostic mammography film	0.00	NA	1.09	0.05	XXX
G0210		C	PET img WhBD ring dxlung ca	0.00	0.00	0.00	0.00	XXX
G0210	26	A	PET img WhBD ring dxlung ca	1.50	0.58	0.58	0.04	XXX
G0210	TC	C	PET img WhBD ring dxlung ca	0.00	0.00	0.00	0.00	XXX
G0211		C	PET img WhBD ring init lung	0.00	0.00	0.00	0.00	XXX
G0211	26	A	PET img WhBD ring init lung	1.50	0.58	0.58	0.04	XXX
G0211	TC	C	PET img WhBD ring init lung	0.00	0.00	0.00	0.00	XXX
G0212		C	PET img WhBD ring restag lun	0.00	0.00	0.00	0.00	XXX
G0212	26	A	PET img WhBD ring restag lun	1.50	0.58	0.58	0.04	XXX
G0212	TC	C	PET img WhBD ring restag lun	0.00	0.00	0.00	0.00	XXX
G0213		C	PET img WhBD ring dx colorec	0.00	0.00	0.00	0.00	XXX
G0213	26	A	PET img WhBD ring dx colorec	1.50	0.58	0.58	0.04	XXX
G0213	TC	C	PET img WhBD ring dx colorec	0.00	0.00	0.00	0.00	XXX
G0214		C	PET img WhBD ring init colre	0.00	0.00	0.00	0.00	XXX
G0214	26	A	PET img WhBD ring init colre	1.50	0.58	0.58	0.04	XXX
G0214	TC	C	PET img WhBD ring init colre	0.00	0.00	0.00	0.00	XXX
G0215		C	PETimg whbd restag col	0.00	0.00	0.00	0.00	XXX
G0215	26	A	PETimg whbd restag col	1.50	0.58	0.58	0.04	XXX
G0215	TC	C	PETimg whbd restag col	0.00	0.00	0.00	0.00	XXX
G0216		C	PET img WhBD ring dx melanom	0.00	0.00	0.00	0.00	XXX
G0216	26	A	PET img WhBD ring dx melanom	1.50	0.58	0.58	0.04	XXX
G0216	TC	C	PET img WhBD ring dx melanom	0.00	0.00	0.00	0.00	XXX
G0217		C	PET img WhBD ring init melan	0.00	0.00	0.00	0.00	XXX
G0217	26	A	PET img WhBD ring init melan	1.50	0.58	0.58	0.04	XXX
G0217	TC	C	PET img WhBD ring init melan	0.00	0.00	0.00	0.00	XXX
G0218		C	PET img WhBD ring restag mel	0.00	0.00	0.00	0.00	XXX
G0218	26	A	PET img WhBD ring restag mel	1.50	0.58	0.58	0.04	XXX
G0218	TC	C	PET img WhBD ring restag mel	0.00	0.00	0.00	0.00	XXX
G0219		N	PET img WhBD ring noncov ind	1.50	NA	1.01	0.04	XXX
G0219	26	N	PET img WhBD ring noncov ind	1.50	0.58	0.58	0.04	XXX
G0219	TC	N	PET img WhBD ring noncov ind	0.00	0.00	0.00	0.00	XXX
G0220		C	PET img WhBD ring dx lymphom	0.00	0.00	0.00	0.00	XXX
G0220	26	A	PET img WhBD ring dx lymphom	1.50	0.58	0.58	0.04	XXX
G0220	TC	C	PET img WhBD ring dx lymphom	0.00	0.00	0.00	0.00	XXX
G0221		C	PET img WhBD ring init lymph	0.00	0.00	0.00	0.00	XXX
G0221	26	A	PET img WhBD ring init lymph	1.50	0.58	0.58	0.04	XXX
G0221	TC	C	PET img WhBD ring init lymph	0.00	0.00	0.00	0.00	XXX
G0222		C	PET img WhBD ring resta lymp	0.00	0.00	0.00	0.00	XXX
G0222	26	A	PET img WhBD ring resta lymp	1.50	0.58	0.58	0.04	XXX
G0222	TC	C	PET img WhBD ring resta lymp	0.00	0.00	0.00	0.00	XXX

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[4] PE RVUs = Practice Expense Relative Value Units.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Facility PE RVUs	Non-Facility PE RVUs	Mal-Practice RVUs	Global
G0223		C	PET img WhBD reg ring dx hea	0.00	0.00	0.00	0.00	XXX
G0223	26	A	PET img WhBD reg ring dx hea	1.50	0.58	0.58	0.04	XXX
G0223	TC	C	PET img WhBD reg ring dx hea	0.00	0.00	0.00	0.00	XXX
G0224		C	PETimg WhBD reg ring ini hea	0.00	0.00	0.00	0.00	XXX
G0224	26	A	PETimg WhBD reg ring ini hea	1.50	0.58	0.58	0.04	XXX
G0224	TC	C	PETimg WhBD reg ring ini hea	0.00	0.00	0.00	0.00	XXX
G0225		C	PET img WhBD ring restag hea	0.00	0.00	0.00	0.00	XXX
G0225	26	A	PET img WhBD ring restag hea	1.50	0.58	0.58	0.04	XXX
G0225	TC	C	PET img WhBD ring restag hea	0.00	0.00	0.00	0.00	XXX
G0226		C	PET img WhBD dx esophag	0.00	0.00	0.00	0.00	XXX
G0226	26	A	PET img WhBD dx esophag	1.50	0.58	0.58	0.04	XXX
G0226	TC	C	PET img WhBD dx esophag	0.00	0.00	0.00	0.00	XXX
G0227		C	PET img whbd ini esopha	0.00	0.00	0.00	0.00	XXX
G0227	26	A	PET img whbd ini esopha	1.50	0.58	0.58	0.04	XXX
G0227	TC	C	PET img whbd ini esopha	0.00	0.00	0.00	0.00	XXX
G0228		C	PET img WhBD ring restg esop	0.00	0.00	0.00	0.00	XXX
G0228	26	A	PET img WhBD ring restg esop	1.50	0.58	0.58	0.04	XXX
G0228	TC	C	PET img WhBD ring restg esop	0.00	0.00	0.00	0.00	XXX
G0229		C	PET img metabolic brain ring	0.00	0.00	0.00	0.00	XXX
G0229	26	A	PET img metabolic brain ring	1.50	0.58	0.58	0.04	XXX
G0229	TC	C	PET img metabolic brain ring	0.00	0.00	0.00	0.00	XXX
G0230		C	PET myocard viability ring	0.00	0.00	0.00	0.00	XXX
G0230	26	A	PET myocard viability ring	1.50	0.58	0.58	0.04	XXX
G0230	TC	C	PET myocard viability ring	0.00	0.00	0.00	0.00	XXX
G0231		C	PET WhBD colorec; gamma cam	0.00	0.00	0.00	0.00	XXX
G0231	26	A	PET WhBD colorec; gamma cam	1.50	0.58	0.58	0.04	XXX
G0231	TC	C	PET WhBD colorec; gamma cam	0.00	0.00	0.00	0.00	XXX
G0232		C	PET WhBD lymphoma; gamma cam	0.00	0.00	0.00	0.00	XXX
G0232	26	A	PET WhBD lymphoma; gamma cam	1.50	0.58	0.58	0.04	XXX
G0232	TC	C	PET WhBD lymphoma; gamma cam	0.00	0.00	0.00	0.00	XXX
G0233		C	PET WhBD melanoma; gamma cam	0.00	0.00	0.00	0.00	XXX
G0233	26	A	PET WhBD melanoma; gamma cam	1.50	0.58	0.58	0.04	XXX
G0233	TC	C	PET WhBD melanoma; gamma cam	0.00	0.00	0.00	0.00	XXX
G0234		C	PET WhBD pulm nod; gamma cam	0.00	0.00	0.00	0.00	XXX
G0234	26	A	PET WhBD pulm nod; gamma cam	1.50	0.58	0.58	0.04	XXX
G0234	TC	C	PET WhBD pulm nod; gamma cam	0.00	0.00	0.00	0.00	XXX
G0236		A	digital film convert diag ma	0.06	NA	0.45	0.02	ZZZ
G0236	26	A	digital film convert diag ma	0.06	0.02	0.02	0.01	ZZZ
G0236	TC	A	digital film convert diag ma	0.00	NA	0.43	0.01	ZZZ
G0237		A	Therapeutic procd strg endur	0.00	NA	0.49	0.02	XXX
G0238		C	Oth resp proc, indiv	0.00	0.00	0.00	0.00	XXX
G0239		C	Oth resp proc, group	0.00	0.00	0.00	0.00	XXX
G0240		A	Critic care by MD transport	4.00	1.55	1.55	0.14	XXX
G0241		A	Each additional 30 minutes	2.00	0.77	0.77	0.07	ZZZ
G0242		X	Multisource photon ster plan	0.00	0.00	0.00	0.00	XXX
G0243		X	Multisour photon stero treat	0.00	0.00	0.00	0.00	XXX
G0244		X	Observ care by facility topt	0.00	0.00	0.00	0.00	XXX
G0245		R	Initial foot exam ptlops	0.88	0.32	0.75	0.05	XXX
G0246		R	Followup eval of foot pt lop	0.45	0.16	0.51	0.02	XXX
G0247		R	Routine footcare pt w lops	0.50	0.21	0.54	0.05	XXX
G0248		R	Demonstrate use home INR mon	0.00	NA	2.92	0.01	XXX
G0249		R	Provide test material,equipm	0.00	NA	2.08	0.01	XXX
G0250		R	MD review interpret of test	0.18	0.07	0.07	0.01	XXX
G0251		I	Stereotactic radiosurgery	0.00	0.00	0.00	0.00	XXX
G0252		N	PET image breast initial dx	0.00	0.00	0.00	0.00	XXX
G0252	26	N	PET image breast initial dx	0.00	0.00	0.00	0.00	XXX
G0252	TC	N	PET image breast initial dx	0.00	0.00	0.00	0.00	XXX
G0253		C	PET image brst dection recur	0.00	0.00	0.00	0.00	XXX
G0253	26	A	PET image brst dection recur	1.87	0.58	0.58	0.07	XXX
G0253	TC	C	PET image brst dection recur	0.00	0.00	0.00	0.00	XXX
G0254		C	PET image brst eval to tx	0.00	0.00	0.00	0.00	XXX
G0254	26	A	PET image brst eval to tx	1.87	0.58	0.58	0.07	XXX
G0254	TC	C	PET image brst eval to tx	0.00	0.00	0.00	0.00	XXX
G0255		N	Sensory nerve conduction tst	0.00	0.00	0.00	0.00	XXX
G0255	26	N	Sensory nerve conduction tst	0.00	0.00	0.00	0.00	XXX
G0255	TC	N	Sensory nerve conduction tst	0.00	0.00	0.00	0.00	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Facility PE RVUs	Non-Facility PE RVUs	Mal-Practice RVUs	Global
G9001		X	MCCD, initial rate	0.00	0.00	0.00	0.00	XXX
G9002		X	MCCD, maintenance rate	0.00	0.00	0.00	0.00	XXX
G9003		X	MCCD, risk adj hi, initial	0.00	0.00	0.00	0.00	XXX
G9004		X	MCCD, risk adj lo, initial	0.00	0.00	0.00	0.00	XXX
G9005		X	MCCD, risk adj, maintenance	0.00	0.00	0.00	0.00	XXX
G9006		X	MCCD, Home monitoring	0.00	0.00	0.00	0.00	XXX
G9007		X	MCCD, sch team conf	0.00	0.00	0.00	0.00	XXX
G9008		X	Mccd,phys coor-care ovrsght	0.00	0.00	0.00	0.00	XXX
G9009		X	MCCD, risk adj, level 3	0.00	0.00	0.00	0.00	XXX
G9010		X	MCCD, risk adj, level 4	0.00	0.00	0.00	0.00	XXX
G9011		X	MCCD, risk adj, level 5	0.00	0.00	0.00	0.00	XXX
G9012		X	Other Specified Case Mgmt	0.00	0.00	0.00	0.00	XXX
G9016		N	Demo-smoking cessation coun	0.00	0.00	0.00	0.00	XXX
J3370		R	Vancomycin hcl injeciton	0.00	0.00	0.00	0.00	XXX
M0064		A	Visit for drug monitoring	0.37	0.12	0.26	0.01	XXX
P3001		A	Screening pap smear by phys	0.42	0.19	0.19	0.01	XXX
Q0035		A	Cardiokymography	0.17	NA	0.47	0.03	XXX
Q0035	26	A	Cardiokymography	0.17	0.07	0.07	0.01	XXX
Q0035	TC	A	Cardiokymography	0.00	NA	0.40	0.02	XXX
Q0091		A	Obtaining screen pap smear	0.37	0.14	0.68	0.01	XXX
Q0092		A	Set up port xray equipment	0.00	NA	0.33	0.01	XXX
R0070		C	Transport portable x-ray	0.00	0.00	0.00	0.00	XXX
R0075		C	Transport port x-ray multipl	0.00	0.00	0.00	0.00	XXX
R0076		B	Transport portable EKG	0.00	0.00	0.00	0.00	XXX
V2520		P	Contact lens hydrophilic	0.00	0.00	0.00	0.00	XXX
V5299		R	Hearing service	0.00	0.00	0.00	0.00	XXX
V5362		R	Speech screening	0.00	0.00	0.00	0.00	XXX
V5363		R	Language screening	0.00	0.00	0.00	0.00	XXX
V5364		R	Dysphagia screening	0.00	0.00	0.00	0.00	XXX

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[FR Doc. 02–16146 Filed 6–27–02; 8:45 am]

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Vol. 67, No. 125

Friday, June 28, 2002

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FEDERAL REGISTER PAGES AND DATE, JUNE

38193–38340 3
38341–38582 4
38583–38840 5
38841–39240 6
39241–39594 7
39595–39840 10
39841–40136 11
40137–40580 12
40581–40832 13
40833–41154 14
41155–41304 17
41305–41588 18
41589–41808 19
41809–42182 20
42183–42466 21
42467–42702 24
42703–42980 25
42981–43216 26
43217–43524 27
43525–44013 28

CFR PARTS AFFECTED DURING JUNE

At the end of each month, the Office of the Federal Register publishes separately a List of CFR Sections Affected (LSA), which lists parts and sections affected by documents published since the revision date of each title.

3 CFR

Proclamations:
7568 38583
7569 38585
7570 39241
7571 39595
7572 40137
7573 40139
7574 42177

Executive Orders:
12345 (Revoked by EO 13265) 39841
13159 (see Notice of June 18, 2002) 42181
13180 (Amended by 13264) 39243
13219 (See Notice of June 21, 2002 42703
13264 39243
13265 39841
13266 42467
13267 42469

Administrative Orders:
Notices:
Notice of June 18, 2002 42181
Notice of June 21, 2002 42703
Presidential Determinations:
No. 2002-19 of May 27, 2002 39245
No. 2002-20 of May 30, 2002 39247
No. 2002-21 of June 3, 2002 40833
No. 2002-22 of June 3, 2002 40835
No. 2002-23 of June 14, 2002 42705

5 CFR

534 39249
550 40837
553 40837
591 39249
890 41305
930 39249

Proposed Rules:
831 38210
842 38210
870 38210
890 38210
1600 42856
1601 42856
1603 42856
1604 42856
1605 42856
1606 42856
1640 42856
1645 42856
1650 42856
1651 42856
1653 42856
1655 42856
1690 42856

7 CFR

226 43448
271 41589
272 41589
273 41589
275 41589
277 41589
300 41155
301 ..... 41307, 41754, 41809, 41810
318 41155
457 43525
723 41310
761 41311
905 40837
916 42707
927 39634
930 39637
948 40844
955 41811
981 41816
989 42471
1280 39249
1467 39254

Proposed Rules:
319 40874
330 41868
53 43566
911 40876
983 43045
987 40876
999 40879
1033 39871
1951 41869

8 CFR

100 38341
103 ..... 38341, 39255
212 39255
214 40581
236 ..... 38341, 39255
238 39255
239 39255
240 39255
241 39255
245a 38341
264 40581
274a 38341
287 39255
299 38341

Proposed Rules:
214 40985
241 38324
264 40985

9 CFR

77 38841

10 CFR

72.....39260
170.....42612
171.....42612
430.....38324

Proposed Rules:

50.....38427, 40622

11 CFR

100.....38353, 40586
104.....38353, 40586
109.....40586
113.....38353

Proposed Rules:

100.....40881

12 CFR

25.....38844
28.....41619
203.....43217, 43218
208.....38844
369.....38844
Ch. IX.....39791
1710.....38361

Proposed Rules:

550.....39886
551.....39886
702.....38431
741.....38431
747.....38431
951.....41872
1720.....42200

13 CFR

Proposed Rules:

121.....39311

14 CFR

23 .....39261, 39262, 39264
25 .....40587, 41157, 42478
39 .....38193, 38371, 38587, 38849, 38852, 39265, 39267, 39843, 39844, 40141, 40143, 40145, 40147, 40589, 41312, 41315, 41318, 41323, 41818, 42106, 42183, 42981, 42983, 42985, 42989, 43227, 43229, 43230, 43232, 43526, 43528
71 .....39473, 40591, 40592, 40985, 41160, 41819, 42477
73.....41820
97 .....38195, 38197, 40594, 40595, 43530, 43532
129.....42450
187.....42462
1260.....38855

Proposed Rules:

39 .....38212, 39311, 39314, 39640, 39900, 40239, 40249, 40623, 40626, 40894, 41355, 41357, 41640, 41875, 42202, 42204, 42207, 42739, 43056, 43058, 43566, 43568, 43570, 43572
47.....41302
71 .....40252, 40627, 40896, 42511

15 CFR

732.....38855
734.....38855
738.....38855
740.....38855
742.....38855
748.....38855
770.....38855
772.....38855
774.....38855

Proposed Rules:

50.....38445

16 CFR

305.....39269, 42478

17 CFR

3.....38869, 41166
4.....42709
11.....39473
40.....38379
200.....43534
231.....43234
240.....43534
241.....43234
249.....43534
270.....43534
274.....43534

Proposed Rules:

228.....42914
229.....42914
232.....41877
240 .....38610, 39642, 39647, 41877, 42914
249.....41877, 42914

18 CFR

35.....39272

Proposed Rules:

284.....39315

19 CFR

10.....39286
12.....38877, 43247
122.....42710

Proposed Rules:

133.....39321
141.....39322
151.....39322
201.....38614
204.....38614
206.....38614
207.....38614

20 CFR

217.....42713
404.....43537
416.....38381

Proposed Rules:

218.....41205
220.....41205
225.....41205
404.....39904
416.....39904

21 CFR

173.....42714
310.....42992
352.....41821
510 .....41823, 42717, 42997, 43247
52043247
522.....41823
529.....41823
558.....43248
822.....38878
884.....40848
1308.....42479

Proposed Rules:

101.....38913
201.....41360, 43068
211.....41360, 43068
312.....41642
601.....41360, 43068
880.....41890

22 CFR

41.....38892, 40849
42.....38892, 40849

Proposed Rules:

62.....43264

23 CFR

172.....40149

Proposed Rules:

450.....41648

24 CFR

200.....39238
1006.....40774, 42185
1007.....40774, 42185

Proposed Rules:

50.....43208
58.....43208
245.....41582
574.....43208
582.....43208
583.....43208
970.....43208

25 CFR

502.....41166
542.....43390

26 CFR

1 .....38199, 40157, 41324, 43538
301.....41324, 41621
602.....43538

Proposed Rules:

1 .....38214, 40629, 40896, 41362, 41653, 41892, 42210, 43574
41.....38913
48.....38913
54.....43574
145.....38913
301 .....39915, 41362, 41892, 43574
602.....41892, 43574

27 CFR

Proposed Rules:

4.....38915
7.....43496

28 CFR

105.....41140

Proposed Rules:

16.....39838
105.....41147

29 CFR

1979.....40597
4022.....40850
4044.....40850

Proposed Rules:

35.....39830

30 CFR

18.....38384
42.....42314
44.....38384
46.....38384, 42314
47.....42314
48.....38384, 42314
49.....38384
56.....38384, 42314
57.....38384, 42314
70.....38384
71.....38384
75.....38384
77.....42314
90.....38384
917.....39290, 41622
926.....41825

Proposed Rules:

875.....41756
917.....41653
950.....41656

31 CFR

917 .....38446, 38621, 38917, 38919

31 CFR

Proposed Rules:

1.....40253
501.....41658

32 CFR

199.....42717
341.....42722

Proposed Rules:

199.....40597
320.....38448
806b.....38450

33 CFR

1.....38386, 41329
3.....41329, 43252
26.....41329
81.....41329
89.....41329
100 .....41829, 41830, 41832, 41834, 42481
110.....41329
117 .....38388, 40606, 41174, 41329, 42997, 43252
120.....41329
127.....41329
128.....41329
148.....41329
151.....41329
153.....41329
154.....41329
155.....41329
156.....41329
157.....41329
158.....41329
159.....41329
160.....41329
164.....41329
165 .....38389, 38390, 38394, 38590, 38593, 38595, 39292, 39294, 39296, 39299, 39597, 39598, 39600, 39846, 39848, 39850, 39852, 40162, 40608, 40610, 40611, 40613, 40615, 40617, 40851, 40853, 40854, 40856, 40858, 40859, 40861, 40863, 40865, 41175, 41177, 41329, 41334, 41335, 41337, 41339, 41341, 41625, 41836, 41838, 41845, 42483, 42486, 42722, 42723
175.....42488

Proposed Rules:

66.....42512
110.....38625
155.....40254
160.....41659
165 .....38451, 39917, 39919,

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 JUNE 28, 2002

ENVIRONMENTAL PROTECTION AGENCY

Agency information collection activities:
- Reporting and recordkeeping requirements; published 6-28-02

Air programs:
- Stratospheric ozone protection—
  - Methyl bromide; allowances to produce for developing countries; published 4-29-02

HEALTH AND HUMAN SERVICES DEPARTMENT

Centers for Medicare & Medicaid Services

Medicare and medicaid:
- Physician fee schedule; practice expense survey data criteria for submssion; published 6-28-02

INTERIOR DEPARTMENT

Fish and Wildlife Service

Endangered and threatened species:
- Critical habitat designations—
  - Monterey spineflower; published 5-29-02
  - Scotts Valley spineflower; published 5-29-02

SOCIAL SECURITY ADMINISTRATION

Social security benefits:
- Federal old age, survivors, and disability insurance—
  - Respiratory system listings; expiration date extension; published 6-28-02

TRANSPORTATION DEPARTMENT

Coast Guard

Alternate hull examination program for passenger vessels, and underwater surveys for nautical school, offshore supply, passenger and sailing school vessels; published 4-29-02

Navigation and navigable waters; technical amendments, etc.; published 6-18-02

TREASURY DEPARTMENT

Internal Revenue Service

Income taxes:
- Consolidated return regulations—
  - Agent for subsidiaries of an affiliated group; published 6-28-02

RULES GOING INTO EFFECT JUNE 30, 2002

LABOR DEPARTMENT

Mine Safety and Health Administration

Education and training:
- Hazard communication (HazCom); effective date delay; published 8-28-01

POSTAL SERVICE

Domestic Mail Manual
- Postal zones; determination method; clarification; published 4-26-02

Domestic Mail Manual:
- Automated flats; new specifications; published 6-12-02
- Rate, fee, and classification changes; published 4-16-02

International Mail Manual:
- Special service fees; changes; published 6-5-02

COMMENTS DUE NEXT WEEK

AGRICULTURE DEPARTMENT

Animal and Plant Health Inspection Service

Livestock and poultry disease control:
- Foot-and-mouth disease; indemnification; comments due by 7-1-02; published 5-1-02 [FR 02-10724]

AGRICULTURE DEPARTMENT

Animal and Plant Health Inspection Service

Plant-related quarantine, domestic:
- Karnal bunt; comments due by 7-1-02; published 5-1-02 [FR 02-10723]

COMMERCE DEPARTMENT

Census Bureau

Document certification process; comments due by 7-5-02; published 6-4-02 [FR 02-13603]

COMMERCE DEPARTMENT

National Oceanic and Atmospheric Administration

Fishery conservation and management:
- Caribbean, Gulf of Mexico, and South Atlantic fisheries—
  - Puerto Rico and U.S. Virgin Islands; environmental impact statement; scoping meetings; comments due by 7-1-02; published 5-31-02 [FR 02-13707]

COMMERCE DEPARTMENT

National Oceanic and Atmospheric Administration

Fishery conservation and management:
- Northeastern United States fisheries—
  - Northeast multispecies; comments due by 7-5-02; published 6-5-02 [FR 02-14050]

COMMERCE DEPARTMENT

National Oceanic and Atmospheric Administration

Fishery conservation and management:
- West Coast States and Western Pacific fisheries—
  - Western Pacific pelagic; comments due by 7-3-02; published 6-3-02 [FR 02-13854]

DEFENSE DEPARTMENT

Grant and agreement regulations:
- Technology investment agreements; comments due by 7-1-02; published 4-30-02 [FR 02-10280]

ENERGY DEPARTMENT

Aquisition regulations:
- Classified information security violations; civil penalties assessment; procedural rules; comments due by 7-1-02; published 4-1-02 [FR 02-07764]

ENERGY DEPARTMENT

Federal Energy Regulatory Commission

Natural Gas Policy Act:
- Short-term and interstate natural gas transportation services; regulation; comments due by 6-30-02; published 6-7-02 [FR 02-14176]

ENVIRONMENTAL PROTECTION AGENCY

Air programs:
- Fuels and fuel additives—
  - Reformulated gasoline covered area provisions; modifications; comments due by 7-5-02; published 6-4-02 [FR 02-13977]

Air quality implementation plans:
- Preparation, adoption, and submittal—
  - Regional haze rule; Western States and eligible Indian Tribes; sulfur dioxide milestones and backstop emissions trading program; comments due by 7-5-02; published 5-6-02 [FR 02-10872]

Air quality implementation plans; approval and promulgation; various States:
- Alaska; comments due by 7-3-02; published 6-3-02 [FR 02-13698]

ENVIRONMENTAL PROTECTION AGENCY

Air quality implementation plans; approval and promulgation; various States:
- California; comments due by 7-5-02; published 6-4-02 [FR 02-13798]

ENVIRONMENTAL PROTECTION AGENCY

Air quality implementation plans; approval and promulgation; various States:
- California; comments due by 7-5-02; published 6-4-02 [FR 02-13799]

ENVIRONMENTAL PROTECTION AGENCY

Air quality implementation plans; approval and promulgation; various States:
- Indiana; comments due by 7-1-02; published 5-31-02 [FR 02-13516]

ENVIRONMENTAL PROTECTION AGENCY

Air quality implementation plans; approval and promulgation; various States:
- Indiana; comments due by 7-1-02; published 5-31-02 [FR 02-13517]
- Montana; comments due by 7-1-02; published 5-2-02 [FR 02-10333]
- Montana; correction; comments due by 7-1-02; published 6-14-02 [FR 02-15091]

FEDERAL COMMUNICATIONS COMMISSION

Common carrier services:
- Satellite communications—
  - Alaska; domestic satellite earth stations licensing in bush communities; comments due by 7-1-02; published 5-30-02 [FR 02-13298]

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/plawcurr.html*.

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/nara/nara005.html*. Some laws may not yet be available.

S. 2431/P.L. 107–196
Mychal Judge Police and Fire Chaplains Public Safety

Officers' Benefit Act of 2002 (June 24, 2002; 116 Stat. 719)

H.R. 3275/P.L. 107–197
To implement the International Convention for the Suppression of Terrorist Bombings to strengthen criminal laws relating to attacks on places of public use, to implement the International Convention of the Suppression of the Financing of Terrorism, to combat terrorism and defend the Nation against terrorist acts, and for other purposes. (June 25, 2002; 116 Stat. 721)

Last List June 21, 2002

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